"Internal Family Systems Therapy: A New Perspective on Addictions and Eating Disorders"

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ADDICTION - REDEFINED

- HISTORY OF MORAL JUDGEMENT
- ALTERNATIVE VIEWS:
- DISEASE = A STATE OF IMBALANCE – WEBSTER
- A RELIGION – MIKE ELKIN
- ANYTHING WE LIE ABOUT – CECE SYKES
- IN ALL OF US- GABOR MATE
- SOMETHING WE TO WHICH WE ARE BEHOLDEN MARY KRUGER

Addiction Categories

*__Chemical Addiction__: Alcohol, Illicit Drugs, Prescription Drugs & Tobacco

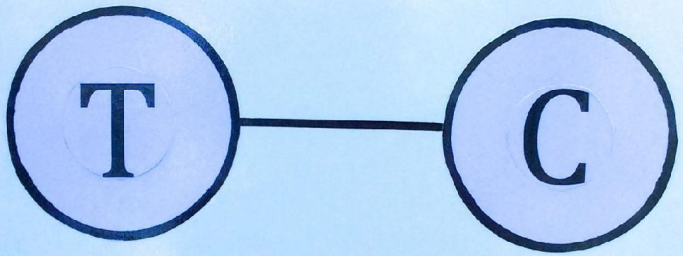
- vs
- **Process Addiction**: Gambling, Eating Disorders, Porn, Video Games, Shopping.

- Both “tickle” the reward center of the brain.
- Both activate the same parts process.
- Both follow a similar progression.

The Internal System



1st Order Change

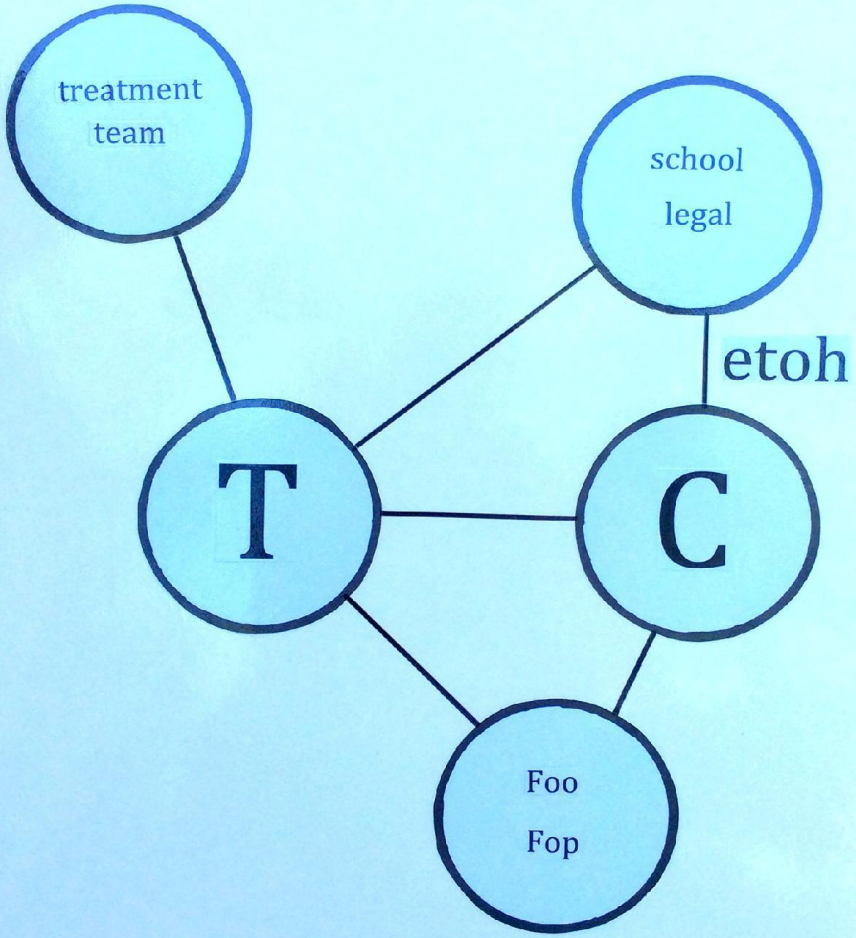


ETOH

(SOLUTION)

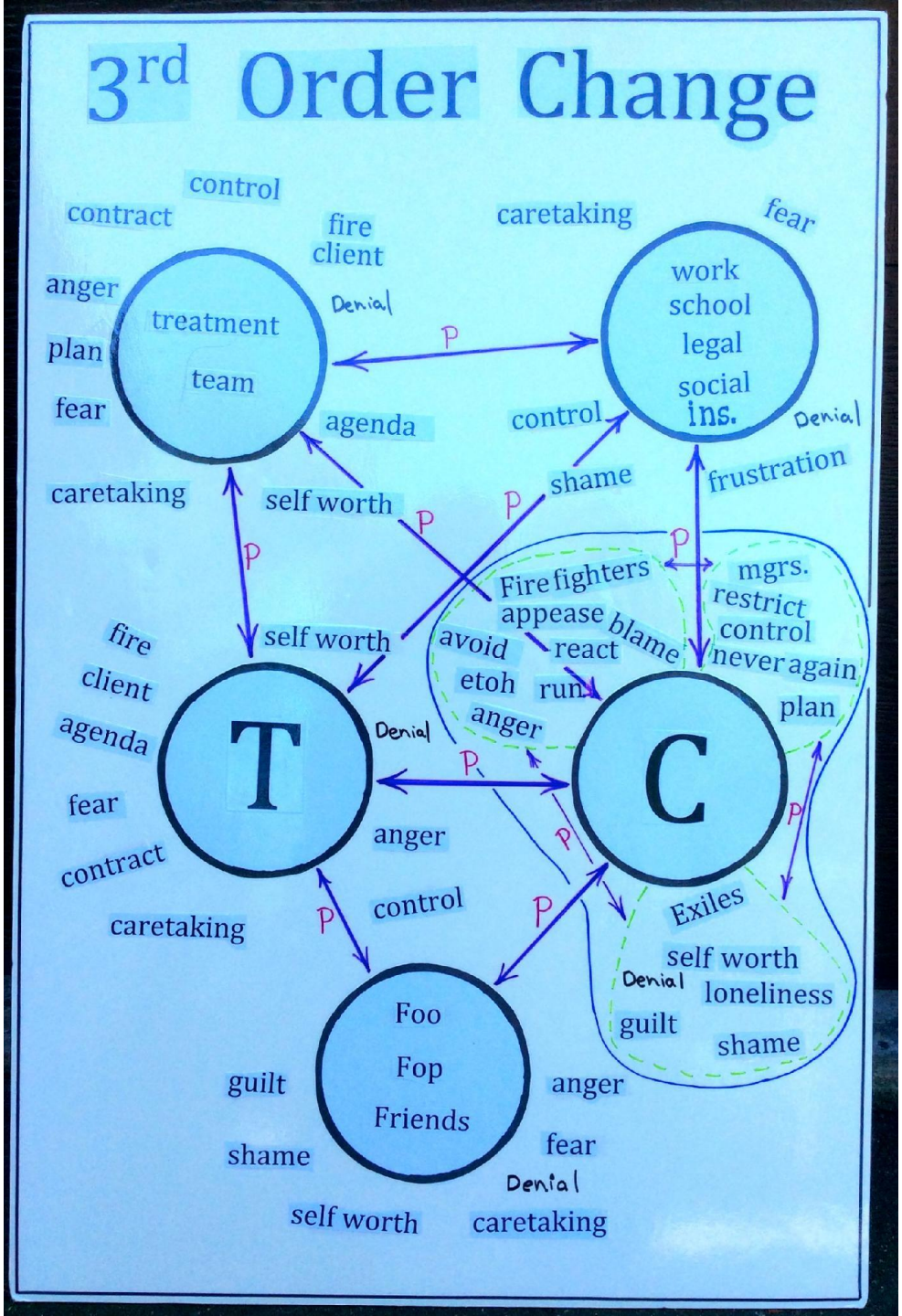
A + B = C

2nd Order Change



A+B+C+D = Solution

3rd Order Change



KEY CONCEPTS OF IFS & ADDICTION

- NON – PATHOLOGIZING :DISEASE = IMBALANCE IN SYSTEM
- COLLABORATIVE – ELIMINATES POWER STRUGGLES
- INTEGRATIVE – WITH OTHER MODELS & 12 STEPS
- HONORS PROTECTIVE SYSTEM
- RECOGNIZES THE POSITIVE INTENTION OF ALL PARTS
- TREATS THE SYSTEM NOT THE SYMPTOM
- DIFFUSES INTERNAL/EXTERNAL POLARIZATIONS
- REDUCES RELAPSE BY UNBURDENING TRAUMA
- ADDRESSES CODEPENDENT DYNAMICS IN EXTERNAL SYSTEM
- RECOGNIZES AND ADDRESSES THE LEGACY OF ADDICTION
- EMPHASIZES INFLUENCE OF THERAPIST PARTS

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“EXTERNAL CONSTRAINTS”

- CONFLICTING APPROACHES – TEAM, FOO/FOP, CULTURAL MESSAGES.
- FOO/FOP – CONTROLLING, DENYING, USING,NON PARTICIPATING, DV, ABUSE
- CULTURAL BELIEFS/ INEQUALITY
- “MEDS” BEING OVERUSED/MISUSED
- DIET & NUTRITION PLANS – UNBALANCED
- MEDICAL COMPLICATIONS: DIABETES, BRAIN DAMAGE/FOG, GASTRIC ISSUES, ENDOCRINE , ETC .

Mike Elkin's Assessment Questions

1. Do you do it in secret?

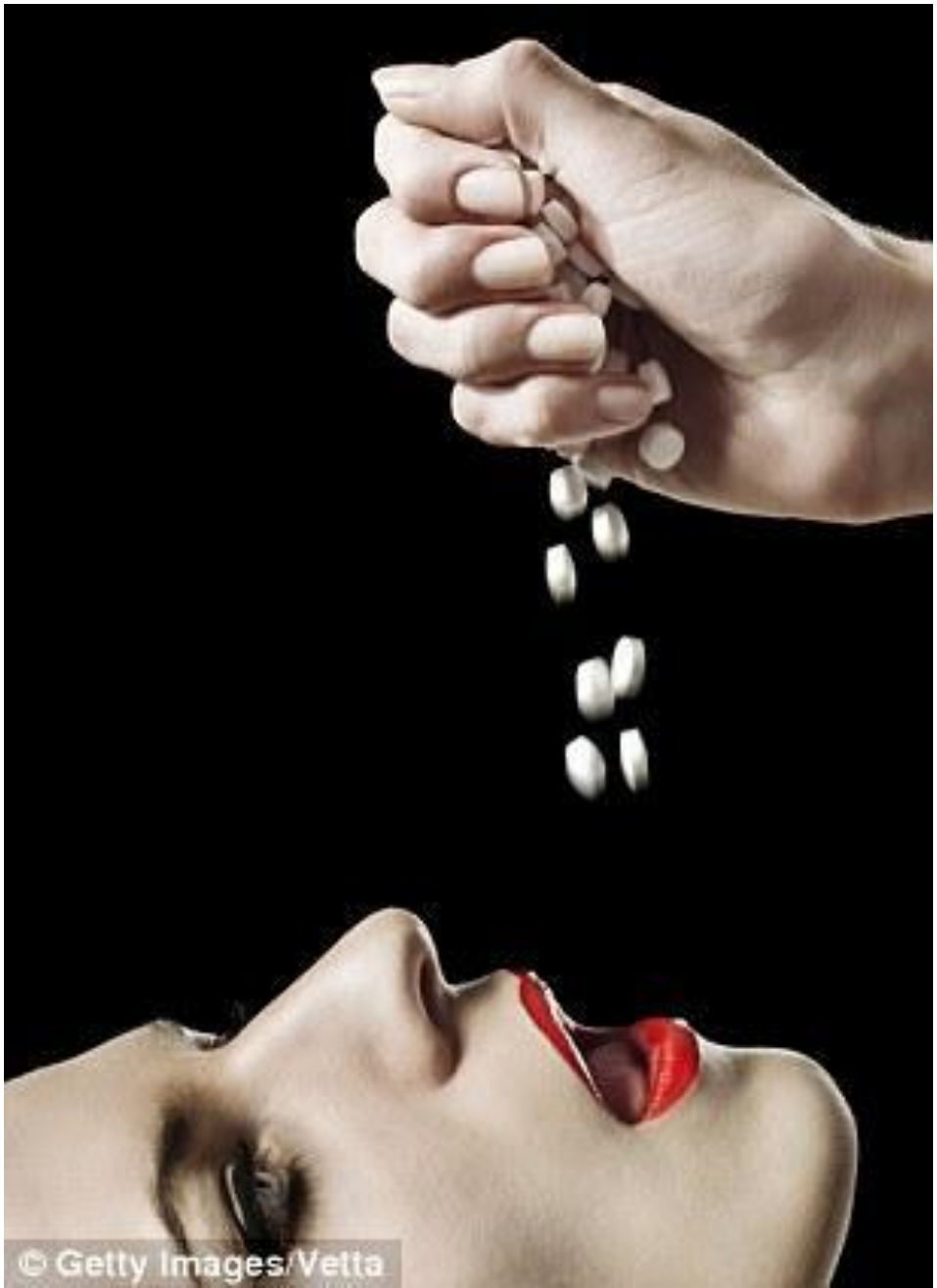
2. Does it impact your work?

3. Does it impact your relationships?

4. Can you keep your promises to others?

5. Can you keep your promises to yourself?

OVERWHELMED!



THE THREE MAIN IFS METHODS

- THE THREE METHODS INCLUDE:
  - INSIGHT
  - DIRECT ACCESS
  - EXTERNALIZING
- EXTERNALIZING PARTS INVOLVES CONCRETELY REPRESENTING PARTS THRU FIGURES, SAND TRAY, DRAWING, PROPS,CLAY, EMPTY CHAIR, PUPPETS, SCULPTS, ETC.

Insight VS Direct Access

*__Insight:__ Used when part is 70% or less blended with client. Client has some level of differentiation and/or awareness of parts.

* Client has a self to part relationship with own part.

- Client's self is healing energy for the part.

- **Direct Access**: Used when client is unable to un-blend from parts, often when client is new or traumatized.
- Self of the therapist is in relationship to the part.
- Self of the therapist provides healing .

- **Implicit:** Therapist is speaking to parts of client without acknowledging he/she is doing so.
- **Explicit**: Therapist asks to speak directly to the part or to have the client answer as the part.

Important: You are doing IFS even when you don't "go inside". The way in which you work is determined by the client's level of differentiation. Many IFS sessions are a combination of two or three of the approaches.

IFS Continuum

- No Differentiation — Some Awareness — Awareness
- No access to self energy — Notes lots of parts — Differentiation
- I am my addiction/part — Some access to self energy — Self energy
- |_____|_____|
- Direct Access — Combination — Insight

Self Spectrum:
Degrees of Consciousness



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The 5 “P’s”

- PRESENCE
- PERCEPTION
- PERSISTENCE
- PATIENCE
- PLAYFULNESS

STAGES OF ADDICTION

- 1. EXPERIMENTATION, OCCASIONAL TO WEEKLY SOCIAL USE – SYSTEM IS IN BALANCE- – PARTS ARE DIFFERENTIATED-CLIENT CAN DO INSIGHT IFS.

- 2. INCREASING REGULAR USE – PSYCHOLOGICAL DEPENDENCE- PROTECTIVE PARTS ARE STRONGER – PARTS ARE MORE POLARIZED AND LESS DIFFERENTIATED- CLIENT CAN STILL DO INSIGHT IFS.

- 3. PREOCCUPATION WITH USE- PROBLEMS ARE DEVELOPING- PROTECTIVE PARTS ARE STRONGER-LESS ACCESS TO THE SYSTEM- CLIENT MOVES FROM ONE PART TO THE NEXT QUICKLY- RESPONDS TO A COMBINATION OF DIRECT ACCESS AND INSIGHT IFS.

STAGES OF ADDICTION, CONT'D

- 4. PHYSICAL DEPENDENCE- CLIENT ONLY FEELS NORMAL WHEN USING- "IT'S WHO I AM"-CLIENT IS COMPLETELY BLENDED AND DOESN'T RECOGNIZE PARTs as separate– RESPONDS TO DIRECT ACCESS AND EXTERNALIZATION OF PARTS. COGNITIVE IMPAIRMENTS MAY MAKE THERAPY IMPOSSIBLE WITHOUT MEDICAL INTERVENTION.



Working With Entrenched Systems

- ESTABLISH SAFETY & TRUST WITH CLIENT.
- TRACK PARTS AND IDENTIFY POLARIZATIONS.
- HELP CLIENT TO UN-BLEND.
- ESTABLISH SELF TO PART RELATIONSHIP.
- OFFER HOPE – PARTS ARE STUCK IN ROLES.
- DISCOVER AND ACKNOWLEDGE POSITIVE INTENTION OF FF.
- NEGOTIATE WITH PROTECTORS.
- UNBURDEN PARTS THEY ARE PROTECTING.
- CHECK FOR BACKLASH.

How Not to Collude with Managers

- Un-blend from Therapist's Parts: Fearful, Judging, Hopeless, Controlling.
- Befriend F.F. – Don't Demonize.
- Establish Self to Part Relationship (8 C's).
- Uncover & Diffuse Polarizations.
- Acknowledge + Intentions & Wisdom of F.F.
- Negotiate rather than wrestle with FFs & MGRS.

POLARIZATION

- “ A KEY ASPECT OF THE IFS MODEL IS THE RECOGNITION OF THE COMPLEX INTERACTIONS AAND DYNAMICS OF PARTS, WHICH ARE SIMILAR TO THE PATTERNS SEEN IN FAMILIES AND OTHER RELATIONSHIPS”

TYPES OF ORGANIZATIONS OF PARTS

HIERARCHICAL: PARTS HOLD RANK OR ARE IN CHARGE OF OTHER PARTS.

ALLIANCES: PARTS JOIN FORCES/ WORK AS A TEAM.

POLARIZTIONS: A POWER STRUGGLE BETWEEN TWO PARTS THAT ARE OPPOSING OR COMPETING WITH EACH OTHER

FIGHTING THE INNER BATTLE!



Common Addictive Polarizations

- RESTRICT – PERMIT
- CONTROL – REBEL
- CONSTRAINED – IMPULSIVE
- CLOSED – CHAOTIC
- CONFRONT – AVOID
- EXAGGERATE – MINIMIZE/DENY
- SHAME - BLAME

TRAUMA AND THE INTERNAL SYSTEM

Exiles can become burdened by trauma in several ways:

1. Major trauma: A sudden massive experience.

2. Complex trauma: Protracted exposure to prolonged trauma or traumas.

3.Developmental or Relational Trauma: Caused by lack of security, inappropriate boundaries, excessive demands on the child, lack of attunement, poor attachment/bonding or events which impact the parental relationship.

4. Legacy/Historical Trauma: Traumatic events experienced by ones ancestors/prior generations.

5. Moral Injury: Having to participate in or witness traumatic events which cross the line of morality.

TRAUMA AND THE CONNECTION TO THE ADDICTIVE PROCESS

- EXPOSURE TO TRAUMA INCREASES ONE'S SUSCEPTIBILITY TO ENGAGING AN ADDICTIVE PROCESS AS A COPING STRATEGY.
- WHY?: IMPACT OF DOPAMINE 2 RECEPTORS, OXYTOCIN SEEKING, PARTS HAVE NO OTHER ALTERNATIVE COPING STRATEGIES.
- REFERENCES:
- CLIENT STORY: ELLA AND ED GROUP
- KAISER PERMANENTE STUDY
- " WHAT DO COOKIES AND METH HAVE IN COMMON" NYT ARTICLE

ADVERSED CHILDHOOD EXPERIENCES - UPDATED

SHAME VS GUILT

GUILT: KNOWING, OWNING AND ACKNOWLEDGING THAT ONE HAS DONE SOMETHING WRONG OR MADE A MISTAKE.

SHAME: SEEING ONESELF AS INHERENTLY BAD AND UNREDEEMABLE.

THE PRESENCE OF SHAME IS RECOGNIZABLE BY THE INNER SHAMER/CRITIC DIALOGUE AND THE FELT SENSE CARRIED BY THE EXILE (LITTLE ONE).

THE INTERACTION OF PARTS (MGR, FF & EXILE)MAINTAINS AND FILLS THE SHAME RESERVOIR.



WHAT IS SHAME?

- There is no way you can share your inner self because you are an object of contempt to yourself. When you are contemptible to yourself, you are no longer in you. To feel shame is to feel exposed in a diminished way. When you're an object to yourself, you turn your eyes inward, watching and scrutinizing every minute detail of behavior. This internal critical observation is excruciating. It generates a tormenting self-consciousness that Kaufman describes as "creating a binding and paralyzing effect upon the self." This paralyzing internal monitoring causes withdrawal, passivity and inaction. The severed parts of the self are projected in relationships."
- — John Bradshaw, *Healing the Shame that Binds You*
-



FAMILY SECRETS & SHAME

- Have you ever had to hold something close to your heart? A family secret that you could not acknowledge or share due to fear, shame and/or loyalty? What have you had to sacrifice in order to hold the secret? How have you adapted? What do parts of you hold?
- Family secrets can arise in your current family, the childhood family and/or from prior generations as a way of survival. Secret keeping often arises out of fear and shame, in order to protect ourselves and our family members from judgement, harm, community exiling, and even death.
- In order to maintain secrets, certain spoken and unspoken rules arise in the family. Our parts absorb and follow those rules in order to maintain balance in the family system. The result is to be burdened by a deep sense of shame and worthlessness, which keeps us from embracing our true essential self.

THE RULES OF SHAME

- The Rules of Shame = The Managers Creed
- Manager parts live by the motto: "Never Again"
- Control: Be in control of all behaviors and interactions, yours and everyone else.
- Perfection: Always be "right", do the "right" thing, strive for perfection, use criticism to try to ensure perfection.
- Blame: If something does not happen has you plan, if you feel something you don't want to feel, blame (self or others).
- Denial: Deny feelings, especially negative or vulnerable ones.
- Unreliability: Do not expect reliability or constancy in relationships. Watch for the unpredictable. DO NOT TRUST!
- Incompleteness: Don't bring transactions to resolution or completion because you might have to face feelings or honest revelations you're protecting against. Don't let secrets out.
- No Talk: Don't talk openly and directly about shameful, abusive, or compulsive behaviors or feelings.
- Disqualification: When disrespectful, shameful, abusive or compulsive behaviors occur, disqualify, deny or disguise them, make excuses.
- Compare: Yourself to others and highlight how you are not as accomplished, attractive, smart - or have a level of privilege so you don't deserve to feel the way you do. Be acutely aware of how you don't measure up.
  Adapted from Evan Imber-Black's 8 Rules of Shame from Secrets in Families and Family
- Therapy (1993, p. 37)



Healing the Shame that Binds You

- “Toxic shame results from the unexpected exposure of vulnerable aspects of a child’s self. This exposure takes place before the child has any ego boundaries to protect herself. Early shaming events happen in a context where the child has no ability to choose. The felt experience of shame is being exposed and seen when one is not ready to be seen.”
- — John Bradshaw, *Healing the Shame that Binds You*

- Blame. Whenever things don’t turn out as planned, blame yourself or others. Blame is another defensive cover-up for shame. Blame maintains the balance in a dysfunctional system when control has broken down. 4. Denial of the Five Freedoms. The five freedoms, first enunciated by Virginia Satir, describe full personal functionality. Each freedom has to do with a basic human power: the power to perceive, to think and interpret, to feel, to want and choose, and the power to imagine. In shame-based families, the perfectionist rule prohibits the full expression of these powers. It says you shouldn’t perceive, think, feel, desire or imagine the way you do. You should do these the way the perfec-tionistic ideal demands.”
- — John Bradshaw, *Healing the Shame that Binds You*

- SOCIETY AS COMPULSIVE AND ADDICTED Our society is highly addictive. We have sixty million sexual abuse victims. Possibly seventy-five million lives are seriously affected by alcoholism, with no telling how many more through other drugs. We have no idea of the actual impact on our economy of the billions of tax-free dollars that come from the illegal drug trade. Over fifteen million families are violent. Some 60 percent of women and 50 percent of men have eating disorders. We have no actual data on work addiction or sexual addictions. I saw a recent quotation that cited thirteen million gambling addicts. If toxic shame is the fuel of addiction, we have a massive problem of shame in our society.”
- — John Bradshaw, *Healing the Shame that Binds You*

…Shame Continued

- There is no way you can share your inner self because you are an object of contempt to yourself. When you are contemptible to yourself, you are no longer in you. To feel shame is to feel exposed in a diminished way. When you're an object to yourself, you turn your eyes inward, watching and scrutinizing every minute detail of behavior. This internal critical observation is excruciating. It generates a tormenting self-consciousness that Kaufman describes as "creating a binding and paralyzing effect upon the self." This paralyzing internal monitoring causes withdrawal, passivity and inaction. The severed parts of the self are projected in relationships."
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- SHAME-BASED MARRIAGE AND PARENTAL MODELS It is obvious that a major source of toxic shame is the family system and its multigenerational patterns of unresolved secrets. More specifically, these families are created by the shame-based people who find and marry each other. Each expects the other to parent the child within him or her. Each is incomplete and insatiable. The insatiability is rooted in each person's unmet childhood needs."
- — John Bradshaw, *Healing the Shame that Binds You*
-
- Healthy shame is the psychological foundation of humility. It is the source of spirituality. What I discovered was that shame as a healthy human emotion can be transformed into shame as a state of being. As a state of being shame takes over one's whole identity. To have shame as an identity is to believe that one's being is flawed, that one is defective as a human being. Once shame is transformed into an identity, it becomes toxic and dehumanizing."
- — John Bradshaw, *Healing the Shame that Binds You*

LEGACY BURDENS AND ADDICTIONS

A LEGACY BURDEN IS: A BELIEF, THOUGHT, FEELING, BEHAVIOR(S) OR SENSATION THAT WAS PASSED DOWN THROUGH PRIOR GENERATIONS. IT WAS NOT ORIGINALLY TAKEN ON BY THE CLIENT'S PART(S) THROUGH THE CLIENT'S OWN EXPERIENCES/TRAUMA.

THICH NHAT HANH : " THE HABIT ENERGY OF THE FATHER"

HOW DO LEGACY BURDENS OCCUR?

- DISPLACEMENT/REFUGEES
- ADOPTION
- IMMIGRATION
- RACISM
- CLASSISM
- EXPLOITATION AND COLONIZATION OF INDIGENOUS GROUPS
- WAR – VETERANS AND CHILDREN
- SLAVERY
- FAMINE/GENOCIDE ie. Ireland, Holocaust, Ukrainian Famine, Pol Pot
- CULTURAL/RELIGIOUS ROLE DEFINITION
- ADDICTION, ALCOHOLISM, ED'S
- FAMILY VIOLENCE/ SEXUAL ABUSE
- GENDER/ SEXUAL IDENTITY
- INCARCERATION

- CAN YOU THINK OF SOME OTHER WAYS?

SOME BELIEFS/BURDENS PASSED DOWN WHICH CAN IMPACT DEVELOPMENT OF ADDICTIONS/EXTREME FIREFIGHTERS:

- **SOME BELIEFS/BURDENS PASSED DOWN WHICH CAN IMPACT DEVELOPMENT OF ADDICTIONS/EXTREME FIREFIGHTERS:**
-
- IT'S NOT OK TO FEEL OR THINK OR TALK.
- DON'T TRUST OUTSIDERS.
- KEEP THINGS SECRET TO STAY SAFE.
- AVOID CONFRONTATION TO STAY SAFE.
- DON'T LOOK BACK AT YOUR PAST OR YOU WON'T BE ABLE TO GO ON.
- DON'T UPSET OTHERS.
- I AM DIFFERENT THAN OTHERS.
- THERE IS SOMETHING WRONG WITH ME.
- I DON'T FIT IN BECAUSE ….
- PAIN SHOULD BE IMMEDIATELY EXTINGUISHED.
- USING IS A FAMILY TRADITION.
- ANY PAIN IS UNBEARABLE.
- ALWAYS BE STRONG – DON'T SHOW VULNERABLILITY.
- THIS IS WHAT MY PARENTS/GRANDPARENTS DID

SOME INDICATORS OF A LEGACY BURDEN

- CLIENT HAS NO IDEA WHY THEY HAVE CERTAIN SYMPTOMS. THEY CAN'T POINT TO A SPECIFICINCIDENT
- POINT TO AN EVENT AND PARTS AREN'T MINIMIZING OR AMNESIAC.
- FAMILY OF ORIGIN PATTERNS.
- PART SAYS BURDEN HAS BEEN WITH THEM FOREVER.
- BURDEN DOESN'T SEEM TO HAVE ENERGY OF CLIENT.
- PART INDICATES THAT IT FEELS LIKE THE ENERGY / VOICE OF MOM, DAD, TEACHER, ETC.
- PART SAYS/INDICATES IT CAME FROM SOMEWHERE ELSE.
- CLIENT IS UNABLE TO LET GO OF ADDICTIVE/EXTREME FIREFIGHTER BEHAVIOR.

- SHARE CLIENT STORY OF "LISA" & WINE

QUESTIONS TO ASK:

ASK PART IF BURDEN BELONGS TO THEM OR CAME FROM SOMEWHERE ELSE.

ASK PART IF BURDEN FEELS LIKE THEIR'S.

ASK PART WHOSE BURDEN THIS IS.

ASK PART WHERE THIS BURDEN ORIGINATED.

ASK PART HOW IR CAME TO TAKE ON THIS BURDEN.

ASK PART IT'S CONCERNS ABOUT LETTING IT GO. GIVING IT BACK.

PARTS FEARS ABOUT LETTING GO:



SOME WAYS TO PROCESS AND UNBURDEN LEGACY BURDENS:

- IFS BASED EXPERIENTIALS & UNBURDENINGS
- RELIGIOUS RITUALS
- 12 STEP WORK
- INDIGENOUS RITUALS
- FAMILY CONSTELLATION WORK (BERT HELLINGER)
- COMMUNITY HEALING

- NOTE: INNOVATIONS & ELABORATIONS – ANN SINKO P176

RESOURCES

- MEMES – RICHARD DAWKINS
- IT DIDN'T START WITH YOU – MARK WOLYN
- MY GRANDMOTHER'S HANDS – RESMAA MENAKEM
- ANCESTRAL MEDICINE – DANIEL FOOR
- LISTENING WHEN PARTS SPEAK – TAMALA FLOYD
- INNOVATIONS & ELABORATIONS – ANN SINKO

Common Parts and Cycles Activated in the Addictive Family System

- **Internal Family Systems (IFS)**

- **Common Parts and Cycles Activated Within the Addictive Family System**

- It is important to note that family members' become part of the cycle of addiction by virtue of living with it. Parts begin to activate and accommodate to the extreme behaviors. Parts may also become extreme in order to force change in the other person or to prevent change (maintain the status quo). It has been noted that family members parts will become as extreme as that of the active "addict" should there be no interruption of the dynamic.

- Common couples patterns:

- Manager – Firefighter: One partner tries to force the other to stop destructive behavior.
- Firefighter-Firefighter: Partners are "using" buddies.
- Manager –Exile: One partner tries to save the other.
- Exile-Exile: Partners try to get each other to heal their exiles.
- Manager-Manager: Partners fight each other for control.

Continued

- Common Parts Beliefs:

- Don’t think, Don’t talk, Don’t feel, Don’t trust.
- I don’t fit in. I’m different.
- Don’t ask for help.
- Vulnerability is weakness.
- Other family members are responsible to heal my parts.
- It’s got to be somebody’s fault.
- My life would be great so & so would change.
- It’s my fault.
- It’s their fault.

- Common Cycles:

- Shame/Blame Cycle
- Denial –Elephant in the Living Room
- Parts Led Family Interactions
- Lack of Parental Leadership - parentified children
- Over responsible parts /Under responsible parts
- Fire Drills – Crisis oriented
- Pursuer – Distancer

Continued

Common Parts:

- Critical
- Fearful
- Rebellious
- Angry
- Guilty
- Shame
- Self loathing
- Abandoned
- Self Pity
- Caretaking
- Hopeless
- Isolative
- Untrusting
- Dishonest
- Controlling
- Perfectionistic
- Judging
- Comparing

Common "Weapons";

- *Threats to divorce or abandon.
- * Threats of violence or intimidation.

Important Elements of IFS Based Group Therapy

Connection:

- Shared Experience i.e. Addictions, Eating Disorders, Anger, Etc.
- Interaction amongst group members.

Contract:

- Agreement on Goals (what members want and need from group).
- Checking and Renegotiating periodically.

Safety:

- Asking what Parts need to feel Safe.
- Therapist(s) maintain Safety.

Group Therapy cont'd.

Self Energy:

- Begin group with meditations/exercises that bring/access self energy into the room.
- Therapist(s) do own work before group begins.

Self Leadership:

- Members are guided and encouraged to speak for parts.
- Therapist(s) continually check for own parts during group process.
- Therapist models speaking for parts.

The 8 C's:

- Calm, Curiosity, Compassion, Confidence, Courage, Clarity, Connection, Creativity

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11/24/14

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Important Considerations

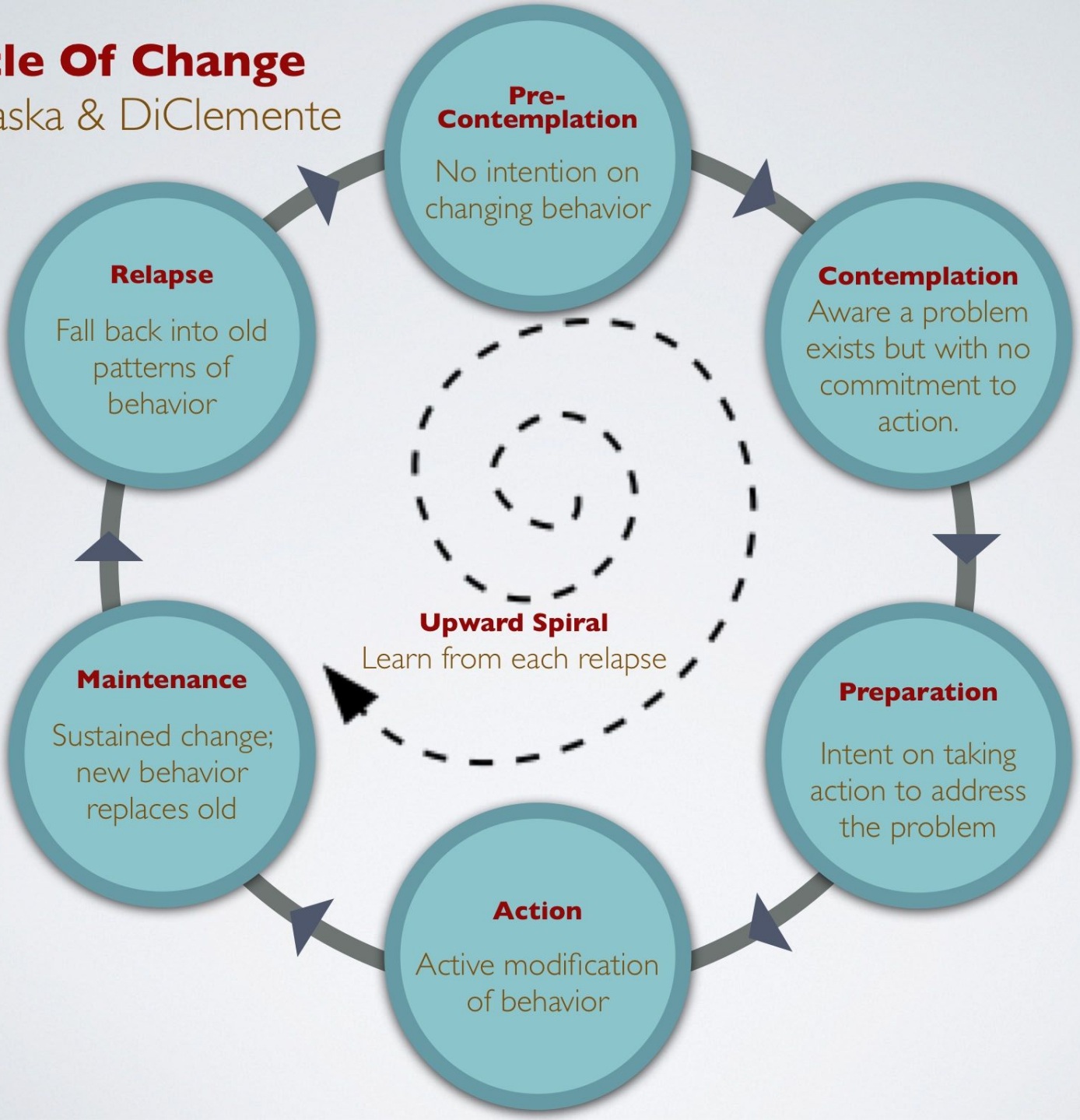
- Self Leadership of Therapist
- Contracting for Work with Client
- Developing Safety & Trust:

  A safe structure/ container
  Addressing Manager Concerns
  Accessing Resources/Self Energy

- Assessing Client(s) Level of Differentiation
- Establishing a Self to Part Relationship with Parts
- Negotiating with Protectors
- Unburdening Exiles
- Integration
- Checking for Parts Backlash
- Don’t do internal Work if:

Cycle Of Change

Prochaska & DiClemente



SOCIAL WORK TECH .com

A NEW BEGINNING

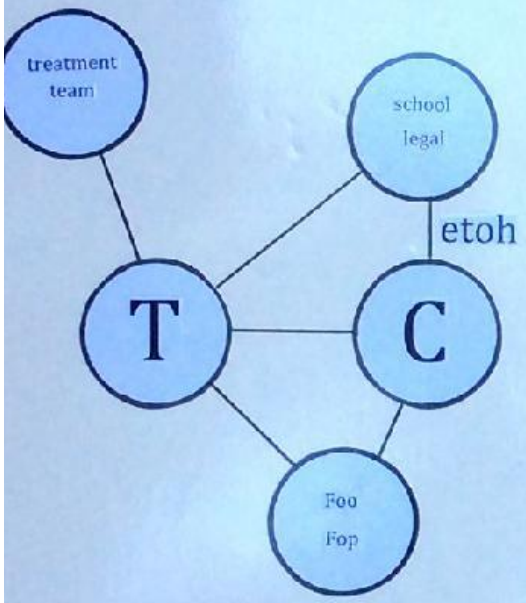


Key Concepts: Addiction

(dangerous firefighters)

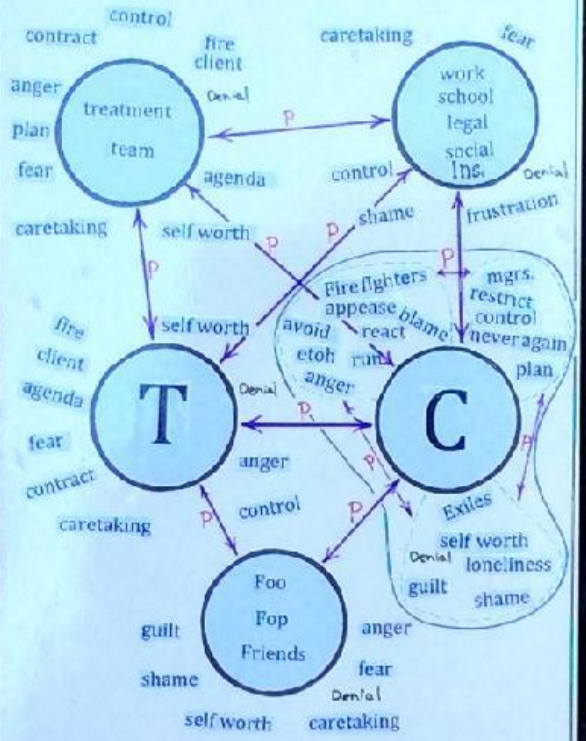
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- Integrative
- Collaborative
- Befriend: honors protectors
- Diffuses polarizations
- Unburdening
- Psycho – spiritual
- Therapist parts
- External conflict / constraints

2nd Order Change



A+B+C+D = Solution

3rd Order Change



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IFS and the Addictive Process: Recognizing the Voice of Addiction

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