

How to stay Present for Addictive Processes with Cece Sykes

Today on IFS Talks we're so happy to be welcoming back Cece Sykes. Cece has over 40 years of clinical experience specializing in recovery from trauma and addictive processes. She's currently a senior lead trainer of IFS and Cece has also developed a workshop as part of an ongoing worldwide project to explore the personal narratives of therapists and the impact on their work. Today, we're having a conversation with Cece about how to create order out of the chaos of addictive processes. How do you use IFS to find the patterns and addictive issues or in any intense polarized system. Basically, how to stay in charge without losing our minds or our hearts.

Tisha Shull: Cece, thanks so much for being with us today. Welcome back.

Cece Sykes: Thanks. It's so good to be with you guys.

Anibal Henriques: Welcome back, Cece. It's your take three for this podcast. So grateful for that. The topic you suggested to discuss today is the chaos of addictive processes. Such a complex topic. In the 2017 book *Innovations and Elaborations in IFS*, you published a chapter called *An IFS Lens on Addiction: Compassion for Extreme Parts* that illustrates how to interact compassionately with the entire client system and safely intervening with the polarizations you say are at the center of the addictive process. In that chapter, we can read that you see addiction has, and I'm quoting you, "an unremitting cyclical process characterized by a power struggle between two well intentioned teams of protective parts, each attempting to bring balance to the client's internal system." You also say "this escalating polarized struggle between two teams of protective parts who are trying to control or medicate underlying emotional pain is foundational to what you call the addictive process. So, it's this escalating polarized struggle responsible for the chaos you mentioned as a topic for this conversation? What is this chaos and what causes it?"

Cece: That's such a good question, Anibal. Yeah, I think it is absolutely what the chaos looks like. And one of the things I've really been thinking about is the idea of the inner world as a system. So that one of the things that helps clinicians make sense of what they're seeing in front of them is to begin to think about the patterns that their client is engaged in, into clump their behaviors, just clump them together a little bit. One of my favorite pieces of the model is a piece that I don't actually think we talk enough about and I'm trying to talk more about it, which is the word... is called internal, we get that family, we get that systems. So, family systems are, you know, Dick of course, that was his origins, he was a family systems thinker, writer, and trainer. And he brought us lots of frameworks, you know, just some big picture issues around how family systems work, analyzing lots and lots of different models. And, in the process developed his own. I was trained as a systemic thinker as well and trained in family systems. So, the idea, not just that we have parts, but that the more the manager tries to control, the more the firefighter feels desperate to create autonomy or freedom or get out from under, that the more that part tries to get out from under the more triggering it is to the managers. This power struggle creates chaos. It burdens exiles over and over again in a daily, weekly, monthly, yearly basis, so that the piles of unprocessed trauma accumulate. And so that by the time they see a therapist, they've had lots of experiences clinically and treatment or many times, but nevertheless feel that their life is chaotic and out of control. So, that's in the field and it impacts the therapist and therapists often feel out of control or don't want to work with that

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and want to refer to an expert. And what I think is if you know IFS and can work with your parts and your system to be comfortable with firefighters, that you can do really beautiful things with these clients.

Tisha: What is it that generally makes therapists uncomfortable with firefighters?

Cece: Because they could cause the client to die.

Tisha: Yeah. So, the managerial role becomes really embedded.

Cece: It does, Tisha, yes. I mean there's many things that make clinicians feel uncertain and want, you know, we've all had the feeling when we were sitting in front of a client and they're going through something and thinking to ourselves, I certainly have, I assume others have as well, "oh my God, I've got to refer them to a real therapist." You know? I mean, I feel very good about my skills, but you know, those moments when you just, "who could do this, someone else must be able to do this better than me," you know? And because you know, the human experience is so confounding. What is scary from what I hear in consultations and all the trainings and so forth is just the fear that the client could die. And also, the confusion, like, I think the other polarity for clinicians is the polarity between wanting to be compassionate because this person is suffering, but it also triggers our parts that are like, "what is wrong with you? Why do you keep doing this to yourself? You're ruining everything." So, the polarity... It's not the opposite of compassion, but it is definitely not compassionate. It's challenging, it's critical, it carries judgment in it. And I think that whether it's in our personal lives with a loved one or whether it's in our clinical experience, it triggers that same dilemma in the clinician, which is, should I help them or should I, you know, grab him by the collar and shake them?

Anibal: So challenging. Cece, maybe we should start off clarifying what you mean by addictions once there are so many addictions, right? It can be screen time, overworking, late night drinking, overspending. So, those are some common ones, low risk ones, you say. So, we have firefighters, some more risky than others. Do you subdivide them in high-risk and low-risk?

Cece: Yeah, I think that's a short, that's an easy way to do it. It's high risk and low risk. So less, I think they are less different. I don't want to divide them by their behavior so much as their intensity. In other words, I think there's more similarities than differences for the clinician. Not necessarily for the client. Okay. But for the clinician, in terms of understanding and intervening for someone who's binge purging, someone who's using alcohol and drugs, then someone who picks up their phone 19 times a day to do porn or place a sports bet, right? So, how the clinician intervenes with that, they seem very, very different. Of course, each of those clients is very unique, but their process of feeling stress in using, and then trying to get back in control and then feeling out of control and alone, and then using. The cyclical nature of what they do, that there are big patterns there that are similar for anyone who's caught up in a cycle where they're trying to both relieve themselves of pain and yet the relief choice they've chosen brings them pain. When that's the case, these different issues are more similar than different for us as clinicians to enter in.

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Anibal: You'll say IFS can help us find the patterns in addictive issues or any intense or polarized system. How can we do that? Find the patterns.

Cece: Yeah. How do you start doing it?

Cece: One of the ways that I started doing that is to think about the big picture intentions of each of Dick's three categories of parts: managers, which are self-explanatory. The managers manage life. We all have them, we all need them. They try to take care of business and they're task-oriented, but managers are also growth-oriented or improvement-oriented so that they want to push us to do better, be better. And, in a healthy way that makes us, you know, take a new class or try something new or learn how to, you know, whatever, play pickleball. But when that gets extreme, then those improvements become self-challenging, becomes self-loathing, self-contempt, massive criticism. So, what I say to my clients is, you know, looks like there's a whole bunch of parts that are really activated, that are telling you what a bad job you're doing. Rather than trying to define one part or another. Or I might say looks like there's a whole bunch of your parts. You know, you're still going to work. You came to your session today. You're, you know, you did this stuff with your kids, you're making your car payment. So, a lot of things, a lot of your managers are still on board. Although I hear your critics are kind of out of control right now. So that group has been pretty busy. And then this other side over here, it sounds like, you know, tell me more about what's happening for you with drinking this week and with your sports bets or, you know, something like that. So, all the parts that are trying to give you some kind of relief. So, the big picture of managers is to keep in control and keep improving or make sure it doesn't get worse. The big picture of firefighters is to get some kind of relief. And I know I'm not talking about exiles here. What I want to say about that is that exiles that are vulnerability and are burdens and are attachment wounds, or just even feelings of alienation, that kind of emotional pain causes us to try to protect ourselves, you know, starting from a young age. And we might protect ourselves by being very managerial and getting very involved in being good. And we might protect ourselves in other kinds of ways, by acting out in different kinds of ways and many people, most people have some variations on both.

Anibal: Interesting.

Cece: But for when I'm working with my clients and when I'm teaching this model, I want to actually overemphasize the relationship from Self to protectors. All roads lead to Rome. They're going to take us back to the roots. And the roots are like roots. They're underground, they're under the surface, they're in the dark and we're going to go there, and we need to do that. But if my client can, when they identify their big picture ways of functioning, helps them unblend from that. And they have to have enough unblend to find those and be available to those exiles. So, finding one exile might be very good and you might do some good work, but for most people with heavy protectors, that's not going to change their functioning that much.

Anibal: You say we need to know how to unblend polarities. So, first of all, how do we know someone is blended in a polarity?

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Cece: Well, polarities are the meat and potatoes for all the vegans of the world, the beans and rice of human experience. I mean, it's universal, right? It is universal. It's not unique to our clients or to us. We all have parts of us that do things that other parts of us think we do too much or too often or spend too much time on or spend too much money on. So, finding, because that's an attempt to find balance. And so, when I do workshops and I do a visual, find a part that's doing something that other parts of you think you do too much. I've never had anyone raise their hand and say, you know, I'm not aware of that, you know, and it doesn't have to be a bad thing. It can be a good thing. I mean, maybe, you know, it's social media, whatever, but it's universal to have some kind of a polarity between doing the right thing or keeping ourselves in check or working or taking care of obligations in life. And I think there's also universal wish for rest, relaxation, pleasure, comfort, novelty, or adventure. And that's what I think... I think our firefighters can become addictive. They can engage in negative behaviors, but they don't all engage in negative behaviors and they aren't all extreme. And they have a role in our system to balance manager energy. When our system is burdened, it is even in addiction. It is not just the firefighters that are out of control. The managers are out of control. They're desperate. They crave order, peace, predictability, just as much as firefighters crave their practice or their substances, there's craving on both sides and desperation.

Tisha: I think really, really quickly back to how easily it is to get polarized as a therapist with firefighter energy, and I was thinking about it before our conversation, because like I feel like I meet with addictive people in my life and clients not necessarily from managerial energy, but from other parts that are maybe checking out more subversive, firefighter behavior, like parts of me that don't trust and parts that are like, how do I know if they're okay and wanting to kind of like put my hands up, like feeling helpless, like those kinds of... It doesn't feel like it's managerial towards the firefighters, but it feels like it's a little bit, if it feels like it gets a little more nuanced.

Cece: That is a great statement what you're saying, because yes, the person who is using has powerful, powerful polarities. Right? So, but what's happening in the therapist? We would might not necessarily be... We're smart enough and evolved enough in our process to not start wagging our fingers at our clients and telling them how messed up they are. We're much more subtle, but we're paying attention to the parts of us that feel vigilant, that do feel should I trust this person? Do I think that they're telling me the truth? Parts that feel helpless or hopeless, there'll be our exiles. Those are very natural and inevitable responses to firefighter parts because firefighters, you know, those parts sometimes lie and defend or avoid or avoid the truth or avoid accountability. So that we naturally have parts that are vigilant. And I do advise therapists to really pay attention to their gut and to how they feel with someone. And if they feel like something's happening, that doesn't feel truthful, to pay attention to that. And so, rather than to get focused on the other person, and now they're telling me to tell the truth or what's going on with them, I always invite clinicians to pay attention to their own parts, their own inner world, their own inner world has very important information like, this doesn't feel right, this doesn't add up, I'm feeling a little manipulated here... And so, to notice and to speak for the parts, you know, but where I will go with that is it if I had to make a statement around that, you know, or if I want to take a moment and say, something's coming up in me where I'm not totally buying everything you're saying to me. So, I'm wondering if there's a part that needs to tell me this information in this way and I'm wondering if any other part of you has a different point of view here, will be a way to go. Or I wonder if, you know, I wonder about this

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part is really trying to convince me that you're not using, or you didn't go there or you didn't do this. And it seems like it's really trying to convince me of that. And I hear that, and I hear the energy behind that. What would happen if you and I get to know that part a little bit and listen to it and listen to its intention, you know, and what if... So, I'll try to do an unblend so that they have Self toward that part. So, I don't have to be in control of it. My wish is always for my client to gain control over their parts so that I don't have to take that role, my role isn't to control them and be vigilant. My role is to help them find their own parts that are vigilant toward themselves. Does that make sense?

Tisha: My mind is blown. I'm like, wow, this is great. It makes sense and I think it's really helpful to hear that hopelessness about a client, which, I mean, it makes sense, but that that's self-referential like, there's my exiles poking through.

Cece: But it's in the field, Tisha.

Tisha: It's in the field.

Cece: So, if you're feeling it, and you're feeling it strong, you know, your clients got it strong. Because it's that strongly in the field, and I would say probably it feels like manipulation or stealing or lying is the biggest block, I don't think that's the biggest block, those are just protective parts and I want to get my client to know them. I do think the biggest block to healing is hopelessness and despair. If we think this is, if we come at this thing from a place of I don't think this is going to get better, then I think that hopelessness adds a sort of, it's like, you know, a chain around the ankle, it's a drag on the system. And I think it affects the process. And it's understandable. And when my client has hopelessness toward themselves, I always say, let's be with that part because there's reasons why they're hopeless. For many clients they're the only one in their family that's trying to get better. Everybody they know is crazy or messed up. So, what then? They sit with someone like me and they go, oh, really? Now there are parts that say, people don't get better are, have been proven over and over and towards themselves. I've been trying and trying. So, but to say in IFS, the gift of IFS is to say, let's, you know, I know you're going to think this is crazy, but let's be actually with your hopelessness. Is actually, as big as it is, it's just a part of you. And actually, if you and I get to know it a little bit, I'm not saying you shouldn't have it and we never try to get rid of parts and IFS, but, but I'd like you to be able to unblend from it. I'd like you to have some choice. My wish for you is that we could help that happen.

Anibal: Cece, you also say, we need to use tracking when working with addiction. So, what is tracking? What should we track and how does it help us with addictions?

Cece: That's such great questions, Anibal. Yeah, tracking is a family therapy term as I believe is where it comes from, and I'm sure family therapy pulled it from systemic therapy thinking prior to that. But anyway, it is to pay attention to sequences. What happened, A happened, and then B, and then what happened after that? And then what happened after that? It's just that simple, is paying attention to sequences. So, the sequence when you're checking a couple might be, well, when you say that, how does that impact you? And then when you respond this way, how's it impacting you?

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So, you're going between two people and it's sort of obvious what I say impacts you, what you say impacts me back. In IFS we're doing that internally and we're watching how one part impacts the other outside of the client's awareness before they have IFS. Right? So, they're not aware of it. They'll say things like, all of a sudden, I'm in my car again, and I'm driving over to my dealer's house. And they're not aware of what happened, so we help them track. And I might specifically say a little bit more about their day or what's going on, but over time we're going to help them track one feeling from another, there was a feeling they had, they got scared, they got lonely, their exile got triggered or their manager got exhausted. And then their exile got triggered and felt isolated and their firefighters said, "Hmm." And that sequence is out of their awareness. But what IFS does is help people go inside and we all know that when we're inside, we learn new information and we learn how one part relates to another. What someone who's using can learn is they have a pattern. And we all do, but it's, it can make things so much clearer when I say, "oh" ...Even if we can't do a witness and unburdening that day, to just say, "oh, I was lonely, yeah, no, I'm feeling...Yeah." And they can't maybe witness and unburden it that day. They don't have enough Self-energy to listen to all that, they don't. But a lot of times I help people just recognize that exile and notice it, send a little energy to it, kind of a one-way street sort of thing, Self to part. But then begin to notice, it's so illuminating. Oh, I didn't even realize how lonely I was, or I didn't even realize how nervous I was, how scared I was. I didn't really realize that hurt me. I didn't know, you know, those things that we all don't exactly know. But there's then a sequence of activities. We do an experiential in many level one and level two, maybe, exercises. Find that time that someone hurt you a little thing, not the biggest thing in your life. Someone just looks at you funny and then, you know, find that, and then look at the ways you coped, maybe even find something that happened in the training that was hard or challenging for you, that hit an exile. Right? I felt dumb or I felt not seen, or I felt nervous or I felt exposed. And then watch how you covered it up. How did you protectors step in. That is a sequence, and it can be a pattern. And so, that would be what tracking looks like and we don't name it maybe as specifically as we could in our teaching of it. But that's really what we're doing.

Tisha: Do you have any tricks or tips to externalize that tracking? Do you like to make maps or do you like to have clients journal about parts that they encounter?

Cece: You know, Tisha. So many therapists are more creative than me.

Tisha: Is it important just to kind of get it and go through?

Cece: It does help to get it and visualize, but absolutely to write it down, to draw it, you know, you guys know I use a triangle in my teaching. I think of the system in as... I organize it via the triangle. I do triangles with my clients or I do soft triangle, just tracking, writing them down. Sometimes with my clients I'll do stuff in the room, have them move. All right. This side of the room is all your firefighters, this side of the room's the managers over here we get the little exiles, right? Let's come sit over here for a while. So, you know, you can use space in the room for a little bit and do some Direct Access in each of those places. And so, there's a lot that... I guess if I would externalize that's probably the biggest kind of externalizing I might do is have people use different places in the room where I might do Direct Access for a time, then maybe have them sit right here and then go to another part. But people who are good with drawing can draw their parts, mapping and people who

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can do homework, you know, sometimes people love to have index cards for their parts or some of the supports in the IFS store. I don't know why I don't tend toward that, but they're very, very helpful for many, many people as symbols that they can hang on to.

Anibal: Absolutely. Cece, you have been always saying and writing it that first steps start with the managers. Why is that so important to start with the managers?

Cece: Because it's universal to be blended with her managers when faced with out of control behavior. It's like physics. If that's fire, and someone correct me, I think it's centripetal force. But if firefighters are twirling, twirling around over here, and remember how that goes, the fascia twirls, it starts to pull in other things toward it. This is what happens to us into the loved ones. When you watch someone's self-destruct and twirl and speed up in a self-destruct or self-harming kind of way, the speed and the intensity of that draws us in closer. And it's actually harder to stay detached than to fall into that with them. And so, it's inevitable that someone has firefighters towards their own behavior and towards the behavior of others that they love, who are suffering and spinning. And if we don't, we're always looking at the firefighter from a manager perspective and it's just the thing that you're talking about Tisha. Is that there's a subtle way in which you're like "hum mm." A subtle way in which we don't really buy in. A subtle way in which we or the client doesn't truly accept the positive intention of those firefighters. And when their positive intention isn't really understood, they are highly unlikely to trust.

Tisha: I get really curious about how that is a function of our society and culture as a whole, and how we regard firefighter behavior. And I'm just wanting to hear a little bit of your thoughts on that.

Cece: Well, that reminds you of a conversation we were having before all this started about having fun, you know, and how this idea of what, I mean, and fun can be widely defined. You know, one person's fun is, I don't want to give any examples, I'll just say something dumb, but anyway, but fun, you know, that is my real sense of firefighters' role in all of our lives. We universally, as humans, for me, that is my perspective, we need managers or parts to keep us functioning and help us moving forward a little bit and we need parts that help us rest, relax and enjoy pleasure and sweetness. Geneen Roth wrote a lot of books, one of them was if you're going to eat at the refrigerator, pull up a chair. You know, really welcoming parts that are comfort eating. And she presented at the IFS conference once, you know, she was very appreciative of the IFS model and took a little piece of chocolate. And I think she passed everyone around a piece of a Hershey's kisses. And she said, I think we just all need a little sweetness in life. And it went right through me as to how culturally me and our larger culture has such a polarity around pleasure, around sexual pleasure, sensual pleasure, around the pleasure of food, the pleasure of altering our consciousness. You know, I'm putting this Martha Sweezy and I are working on a manual right now, my skills manual for working with the addictive processes. And so, I was looking up the first examples of alcohol are like 6,000 BC and there were dice four sided figures, you know, at 3000 BC, you know, humans have used an ecstatic experience, they've used plants based, you know, other kinds of properties that help alter consciousness for eons. And they've been part of the human experience. They might be used for rituals and for milestones and for marking birth and deaths there. But they have been employed as a part of human experience. Ecstatic dance. So, you know, whether it's chanting, native American

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chanting, monks chanting, you know, so nun saying the rosary, all of these kinds of repetitive things also alter our consciousness. And some of them alter our consciousness in really large ways. So, we have, I think, a polarity about this, we're afraid of being out of control, and I'm almost afraid that the natural inclination towards pleasure will overcome us and sort of ruin us. And I think that if you take the polarity out and the judgment out that the human, that each human wants to find balance, we don't seek to be out of balance. You might seek an experience and then we seek return. So, that is not to say that I think that everything should be unregulated. I don't want to get into all of this politics around... But most of our drug laws in the United States, Portugal, you guys are different, in the United States have really been used to control and discriminate against minorities and black, our black and brown BIPOC population. There are whole books written about this and it has so little, some of it has so little to do with helping people and so much to do with institutionalized racism. So, in addition to sort of the cultural polarity around pleasure that I think we struggle with, at least in the United States, I think that we also have used a lot of control and government control and institutional control to control people, to control the progress and to control the access to opportunity and, but separate even from substances. If we also look at the institutional approach to alcohol use, to eating disorders, to any kind of behavior, it's scary because they're high risk behaviors and it's scary, but there is a tendency toward control and management as opposed to curiosity and understanding. And I'll give one example before I pause. I'm thinking about someone I was in consultation with and she's working in a treatment center. And one of the women in our treatment center who was very shut down, everyone was recovering from drugs and alcohol, very shut down. But one day she told an extremely poignant story about losing her son. And it was really, no one had heard any of this or knew her story at all. And she said it in a small group. And then the next day she found a way to bring some, you know, get some pills and ended up bringing them into the treatment center and use them and then got caught and then was asked to leave the treatment center. And I understand they were afraid. And even some of the other people in recovery were afraid. You're bringing pills to us. We can't be close to them and we don't want that near us. And which I totally understand that. And yet, it's so short-sighted because we would call that a huge breakthrough for that person and then the pain it brought up created a strong desire to medicate. And I understand that there needs to be some regulations and some policy and safe containers. And yet at the same time, I would wish for there also to be, within treatment settings, a more nuanced understanding of that people aren't just using because they want to get away with something and they're just rebels and they can't handle authority. It's maybe a little more complex than that.

Tisha: Thank you. I really appreciate hearing your voice with that answer.

Anibal: Cece, you say we need to connect even with self-destructive distractors. Is that possible?

Cece: You're asking all the hard questions, Anibal. It's painful, but yes, it is possible because the blocks, again, this is where IFS is such a genius model. Thank you, Dick Schwartz. When we cause something apart, it's an object it's other than us, it's separate from us, in naming it and identifying it. So, we just have to identify what parts of us are blocking us from viewing this self-destructive part from an open-minded way. You know, and I say to my clients a lot, you know, "tell those managers, those firefighter parts they're causing trouble. They're making a mess and they need help." We stipulate to that. They're right, however, if they'll step back, those parts are much more

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complex than they look. And even the toughest manager, you know, kind of can hear that, because really that's known in the system. If we think about it, there's always Self behind all parts and within each part. So, the idea that there is something more than destruction and violence or chaos in a firefighter, that there's more to that part than meets the eye, I think that we can get to that place. And when we're in that place of curiosity, we can hear, you know, talking about someone who's using their pornography and just their particular types of pornography they were attracted to. And I remember somebody saying to me, I just felt like, you know, this woman, she was just looking at me in my eyes. Like she could see me, and she wanted me. And so, the idea of someone being wanted, you know, this is such a powerful desire. And we all want to be wanted, that's universal. So, when we can get to that exile, the part that's wrecking their life and making them use it, pick up their phones in the middle of their workday and wreck their, you know, risk their work and blah, blah, blah. You know, if we find what's behind what appears, what is? I always say never an excuse, always a reason. I'm not here to pass out excuses. You don't get excuses for the parts that are causing, that are hurting other people. They're hurting you. These are the risks that are going on here. I'm not trying to excuse or minimize the impact of the behavior. That's not useful, because if you do that, the managers don't trust. Feel like, okay, you people are crazy. No, we're not stepping back, no. But when you understand, when you accept without excuses, no excuses for this, it's really causing trouble. But what if there are reasons and we can get to that. And what if we can address that? That's the gift and Aníbal, it doesn't take just one session. That's the process.

Tisha: Any advice for therapists on addressing that? Like, you know, just to in general, like, is it working with your own system? Is it really tracking internally? Is it making sure that...?

Cece: There's a couple of different things? Of course working with their own parts is helpful, but in particular, if we have been impacted in our personal lives, by, you know, a parent, if we've lost relationship or connection to family members, to parents, to loved ones, to lovers, to partners, to our kids, our own experiences, our own fears, our own disillusionment, our own losses. This is powerful stuff. This is real. And so, to process our losses, I think is really important trying to be in Self toward our clients that seems to be in a losing game, you know, and we can either be triggered to want to do too much, or we can be triggered... It's just what you talked about, Tisha. We can, we don't necessarily going to start yelling at them, but we might feel, for instance, a hopelessness or we might feel an overwhelm, or we might be ruled by fear. So, to look at any losses that would relate to, you know, the client in front of us. So, any ways in which we've experienced personal loss, we don't really always have great ways to honor our losses and yet from that place, when you've worked with your parts, it can be such a gift. You know, knowing that we can recover from loss, I think is helpful with the clients that they can recover. I think the other thing, and I don't know how to create exactly, Tisha, but I... The idea of hope, the idea that there is possibility here, this is true for any kind of trauma recovery. That's a long slow process. I worked, you know, from the beginning of my work, as a therapist, I've worked with physical abuse and sexual abuse and families and survivors of sexual abuse and men and boys who had sexually abuse. And, you know, there's a lot of desperation in all that. Yet, I'm over and over again impressed by the human spirit and the ability of people to heal. So, I think to hold on to our belief that anyone can heal, and my job isn't to get them to, I don't know, some extreme place, some place far down the road, some image of healing. My job is to help them from wherever they are today, to move the ball forward, to move it forward. I might be at this

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little section of their recovery or of their healing or with this part I might be early in, I might be in the middle, I might be later. Whenever we meet our client, I don't know what the proper outcome for them is or what it's going to look like or what their life is going to look like. But my job is to hold out the hope and the possibility that they can heal and to take them to whatever their next step is, as opposed to some ideal, I don't mean to lower the bar but to handle it in ourselves the clarity of our mission, I'm not here to fix them. I'm here to help them get to know their own system better. And from there healing will occur.

Tisha: Yeah. That makes a lot of sense. Even just spending time with those extreme firefighters inside, with some amount of understanding. What a triumph.

Cece: Right, and everyone doesn't want to give up their drugs and their alcohol and their stuff. Many people feel quite relief when there, and many people, that's not their thing. That's not their goal. That's not where they are today. So, I'm not going to say, well, go away. You know, when you stop using, and you've gone to these many meetings, then come back and see me. I mean, I do actually get that. I've been that therapist in a certain way or been close to that therapist in a certain way I think in my life. I've been one degree of separation from them. But what I think IFS allows us to do, and I don't think every model does, IFS allows us to see those parts, to see that ambivalence or that disinterest in changing to say, okay, so these parts of you are committed to this practice. You are sitting in a therapist office, so, what is it that you are here for? Back in the day, the first rule of the ethics of social workers is client's self-determination. And I think in other words, they tell us why they're here. We don't tell them why they're here. So, what if we, you, will you tell me what you did? Well, my girlfriend left me, I want to talk about that. Hey, trust me, we're going to get to the using, we'll get there. We're going to get to the pain, you know, so I can accept wherever my client comes and see where we're going to go next. I don't have to know that.

Anibal: Cece, do you believe IFS can play a special role approaching addictions as seems to be the case with the psychedelic assisted therapies?

Cece: Well, that's a whole other subject and not exactly about addiction, but it's about a different view of looking at different forms of medicine or medication or chemicals or drugs in a different light. And it is requiring and inviting our community, not IFS community, but our larger psychological community to look at drugs in a little more complex light and I am very fascinated by all that. Of course, I'm always careful, you know, we're not looking for the silver bullet here. There's not one drug that's going to get us over it, get us over, right. Or one experience. So, there's a lot around that. There has to be a lot of support and preparation around all of that. And other people in our community can speak to that quite directly. But I think where it both relates to my view in particular is the idea of becoming curious about the impact of any drug on our experience and the intention of that and not making an assumption.

Anibal: Thank you. Cece, would you agree with the journalist and Ted Talk presenter, Johann Hari statement that the opposite of addiction is not about sobriety, but about connection?

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Cece: I think that is a great statement. Here there is some controversy about him and so I don't want to get into controversy about him in particular. But around that statement what I would say is, yeah, that's a great way to... What we do in IFS has helped someone connect to the different kinds of parts in their own inner world in a healthy way, in an open-minded way, in a curious way, in a welcoming way. And so, there's enormous amount of connection. They're separate from that, but from internal, which is that isolation, is a terrible... The shame of having to hide what we do creates enormous isolation and feelings of alienation from other. And that shame-based loneliness and isolation is very very painful. And so, healing and working directly with that shame, I think can make someone feel more willing and bring out the courage to connect to others.

Anibal: Thank you. Cece, what about the new book and manual, what's the title exactly that you are working on?

Cece: We have a working title, so we'll see what the final title is, but there's two phrases that are important to me, compassion and also the phrase addictive process, rather than addiction. I, of course, use the word addiction because we all understand it. There is common understanding of it, but I'm trying to talk about nuances, to have a more nuanced view of the word addiction and of the idea of addiction and of what addiction is. And I do think that it's an internal process, not a thing. And I think I want to invite us to look at it in a more broad, nuanced, complex way. And it involves every part in the system, not just a part that uses. So, that's why I'm invested in that title. PESI and other publishing companies want titles... To be able to understand the book by looking at the title and maybe, you know, so we'll see how all that goes. But that's [inaudible] in compassion for, because I do think we're always running up against our own internalized and larger cultural judgment around anything to do really with pleasure and senses. We have some fears that we're just going to get crazy. And I say it in a light way, but I think it's a real polarity that enters the therapy room every day.

Anibal: And when we will have the manual, Cece?

Cece: Soon, soonish.

Anibal: Soonish.

Cece: Soonable. We actually are... The light is very much, we are closer to the light of the end of the tunnel now in terms of sending it to the publisher. And of course, there'll be a lot of back and forth around that, but I would like to see it out. I don't know how long it takes them to get things ready for distribution, but I'd like to see it by the end of this year.

Anibal: Beautiful.

Cece: It's been a labor of love and I'm so grateful to Martha Sweezy who is quite a brilliant person. And I'm very lucky to have her.

Tisha: Yeah, she is amazing. I really appreciate your desire to change the languaging too, because that's how things shift, is bringing attention to them and naming why.

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Cece: Right. Thanks for saying that, Tisha. That's right. I want to jar us a little bit off our center. Look at these, this idea of addiction. I want us to be a little off center. Yeah. Thanks.

Tisha: Thank you.

Anibal: Cece, thank you so much for sitting with us again and for such a valuable conversation on addictive processes, and congratulations on your coming manual. It was a joy to be here with you and Tisha, and we hope we can keep meeting and sharing this model, our work and our lives. Thank you.

Cece: Thank you both. Thanks for asking such great questions.

Tisha: Thanks for giving such great answers. Thank you. It's great to see you again.

Cece: I look forward to connecting again. Thanks guys.