Manager and Firefighter Polarizations: An Internal Family Systems View of an Addiction Cycle

Cece Sykes, LCSW

"Whoever fights monsters should see to it that in the process he does not become a monster."

Friedrich Nietzsche

An addiction can be described in the Internal Family System model as a systemic, unremitting inner power struggle or *polarity* occurring between two extremely oppositional aspects or *parts* of a person's personality. The primary intention of each position in the polarity is to offer protection to the system from the threat of emotional overload. This power struggle is fueled by the overwhelming fear of the perceived weakness, vulnerabilities and emotional pain in the system from becoming fully exposed.

This article details these internal addiction dynamics and offers options for intervention and healing using the model of Internal Family Systems as a blueprint for intervention.

The inner system of someone suffering from addictive, compulsive or chronically risk-taking behavior may often be composed of many parts or personality characteristics that are similar to those exhibited in a non- addicted person. However, what creates the addiction cycle is that the parts carry out their basic protective roles in a far more intense, extreme or compulsive manner.

. In the Internal Family Systems (IFS) model of psychotherapy, every person's personality is conceived as composed of three major categories: **Firefighters, Managers and Exiles,** each with a particular role or function.

Managers are highly valued, socially sanctioned parts in the inner system whose primary role is to uphold operations and maintain a high level of functioning, primarily through attempts to control both the inner and external environment. Managers are proactive, future- oriented and strategic. They typically are intent upon preventing any and all activation of exiled feelings of vulnerability through responsible, competent and thoughtful accomplishment of everyday tasks and obligations, i.e., they "always try do the right thing."

Common Manager behaviors include: logical or rational thinking, analyzing, caretaking, self-sacrificing, perfectionism, worrying, over-responsibility, people-pleasing, approval-seeking, conflict avoidance, caution, planning, pessimism, over-working, intellectualizing, ambitious striving, self-criticism, advice-giving, reassuring, sympathizing and judgment or moralizing.

Firefighters is the term employed in the IFS model to describe the parts of a person's inner system that are characterized by behavior that is reactive, impulsive, risk-taking or comforting and is generally focused on performing 'in the moment'.

Firefighter parts encourage behaviors designed to "put out emotional fires," that is, to give immediate distraction, comfort, relief or sense of disassociation from the type of vulnerable, fragile feelings that most people will at times find intolerable to acknowledge or to bear, as when someone is 'burning with shame.'

The Firefighters role in the system is to prevent the possibility of the fragile, emotionally activating, repressed emotions known as the **Exiles** from completely flooding the inner system and rendering the person dysfunctional.

The scope of Firefighter activity ranges from mildly distracting behaviors such as mindless lounging in front of the television, to much more debilitating activities like abusive rage or chronic self-destructive compulsions such as 'cutting' or excessive alcohol abuse.

Common and generally socially acceptable Firefighter behavior could include: television, web-surfing, computer games, shopping, overeating, caffeine, cigarettes, a few drinks, sleeping, sex, dieting, prescription drugs, exercising, flirting, telephoning, lying, anger, sarcasm, gambling, car-racing, fantasizing and procrastination.

Less socially acceptable, less widespread, or extreme or addictive/dysfunctional Firefighters can include: binging and purging, anorexia, suicidal ideation and suicide attempts, stealing, shop-lifting, panic-attacks, running away, multiple sexual relationships, and sexual compulsivity. Also, it includes abuse of alcohol, prescription drugs and illegal drugs, rage, emotional abuse, domestic and street violence, physical and sexual abuse of children, sexual assault, and murder.

Exiles, the parts of the personality that the Managers and Firefighters are protecting, are fragile, vulnerable parts of the psyche that have been chronically ignored and relegated to the emotional 'back burners' of a person's everyday reality. **Exiles** generally carry the painful memories and stubbornly held beliefs generated from early, difficult or tragic life events or from less-than-nurturing or abusive past experiences that a person never had the opportunity to explore safely or integrate coherently into their sense of identity. They are *exiled*, or removed from a person's full, conscious awareness due to their perceived threat to a person's overall functioning.

The events that create these parts may range in seriousness from early situations of loneliness or unimportance related to family changes after a divorce, to chronic, abusive victimization or exploitation of a child by a parent or other family member. The parts that hold these particular memories often have formed beliefs about their character that feel core to the person's sense of identity as in: "I am alone; No one loves me; I am worthless; I will never be good enough; or I am so ashamed."

No matter how rational one's adult perspective is about these memories and experiences, if left unexplored and unhealed, these sensitive parts continue to seem like a threat to the equilibrium of the system because of the profound feelings of weakness and fragility and the buried reservoir of fear, loneliness, self-loathing and despair they contain.

1

The proactive Manager parts and reactive Firefighter parts of a person's inner system often carry a life-long fear that fully acknowledging these exiled, vulnerable emotions will create an overload in the system that renders the person completely dysfunctional. They form the protective 'front line' of defense in the battle to maintain inner homeostasis. In these cases, clients express the fear that fully acknowledging these feelings of these Exiled parts could truly threaten their survival, i.e., the perception is "it would kill me" if they had to deal with that situation from their past.

This intense fear of overwhelm can result in a compulsive, polarized battle for control between these two major types of protectors that steadfastly prevent acknowledgement and healing of the exiled experiences and eventually form a chronic cycling of parts that is addictive in nature.

A basic assumption of classic systems theory is that all systems wish to create and maintain homeostasis, requiring that for every action there is an opposite reaction of equal force. This is also considered a basic assumption of the IFS model regarding the inner system, or the psyche.

A **polarization** occurs when two teams of parts that seemingly operate at cross-purposes develop an on-going, escalating power struggle while attempting to control a behavior, outcome, or decision. This escalated inner conflict is typically between parts that are protecting the system with vastly different approaches, such as a Manager-Firefighter polarity.

The polarization results in persistent dissonance that disrupts any inner homeostasis as each side battles to determine which parts can best protect the person's functioning and best maintain inner stability.

This power struggle can ultimately escalate into a **cycle of addiction**: a state of unremitting internal stress that is characterized by extremely compulsive, impulsive, self-destructive Firefighter parts of the personality regularly triggering Manager parts that are extremely harsh and judgmental, fueling intense, inner self-criticism or self-loathing and chronic acting out. Reactive thinking on both sides of the conflict results in unhealthy, out of control activity and impulsive decision-making that has highly negative implications for the person's functioning. It further prevents the opportunity for any real change in behavior or relief from the frequent emotional upheaval and compulsions, since the emotionally loaded, exiled experiences are not able to be examined.

Since virtually all Manager activities are considered socially acceptable and oftentimes even socially desirable behaviors, often even the external environment -- family, work and the cultural messages support and encourage this side of the polarity, as in, "if I work hard, I will get ahead, or "if I am nice to people, they will like me."

This is in contrast to many of the Firefighter activities, whose primarily impulsive, risk-taking, unsanctioned status tends to generate an oppositional reaction in the external environment that results in attempts to limit, judge or control the target behavior in the client.

Generally, in an addiction cycle, the same protective parts interact over and over again, often without ever acknowledging the vastly unmet needs of the sensitive, fragile emotions that are underlying and fueling these oppositional interactions: those parts are exiled.

They addiction dynamics are cyclical, so they can be thought to be initiated by an external event or by either protective position (Manager or Firefighter) in the system. We will describe this example starting with the dynamics of a risk-taking target behavior, such as substance abuse, purging food or womanizing.

These **Firefighter** parts are single - minded, impulsive, and narcissistic. During the acting out of the target behavior the person appears to be oblivious to other's needs, as focused solely on their own desire to act out, as ignoring any potential consequences, risk or danger and seem completely insensitive or oblivious to any pain or damage caused by this behavior. This is essentially an accurate portrait: this is how Firefighter parts operate. When the part is dominating the person's decision-making the client is determined to drink (or over- eat or cut their skin or womanize). When these parts are in control of the system, it is "act now and think later - if ever."

As Firefighter parts often form in a cluster, essentially creating a team of acting out behaviors, angry, defensive outbursts, use of other controlled substances, overspending and sleeping often are chronic accompaniments to the target behavior. This all contributes to the overall protective goal of diverting or disassociating the person from any awareness of feeling overwhelmed by emotional pain.

Clients typically report how engaging in this behavior is effective, at least in the short-term. Clients will state: while cutting their skin they feel "in control of something" or someone heavily drinking states they feel "relaxed and happy" or the client's new relationship or sexual encounter has "made me feel good again." Or the client merely states they are able to just totally focus on the behavior itself and "forget about everything else for awhile." If asked why they were acting out, or what their motivation is, they generally feel somewhat mystified, or vaguely reply "they had a bad day and just felt like it," or even that "they just had to do it." Often there is little sense of a direct trigger or reason for acting out.

Generally the shame, self-loathing or feelings of failure that triggers the need to act out remain quietly under the surface during a person's daily functioning and firmly exiled from the person's awareness during the target behavior or period of acting out.

Some hours later, when the behavior has exhausted itself, the addiction cycle escalates and a very different activity begins within the inner system. An equal and opposite force begins as the **Manager's Backlash** begins to escalate the addictive cycle.

In a desperate effort to create the homeostasis needed after this extreme acting out, Managers begin their own campaign to combat and control the system. These parts initiate an inner diatribe of forceful disregard and shaming, saying they "hate" this out-of -control behavior, often fighting fire with fire. The blaming critics, analyzers and other

judgmental Managers make an inner comeback that is equally compelling, their message usually harshly critical, moralistic and punitive or contemptuous. The client is often extremely blended with these Managers, commonly making statements about the acting out like "It's pathetic" or "That is just not like me" and "I have to get rid of that in my life."

When extreme, the language and attitude of Managers during their period of backlash often qualifies as emotionally self- abusive, just as the target behavior the Firefighters is engaged in is behavior that is generally self-destructive or abusive to others.

Eventually these critical Manager parts combine with other Managers, such as a person's perfectionist part, and task-master or approval - seeking parts and the client feels the desire and resolve "to get back on track." A flurry of redeeming activities sets in as the person gets to work early, cleans the house, finishes school work or engages in other worthwhile tasks and projects. They appear to be in a phase where they are Manager-Led in their day to day living, with the target behavior 'in remission.'

However, although the person seems to be high-functioning again, there is more that has happened in the inner system under the surface. While it is true that the Managers have succeeded in temporarily subduing the target behavior, it is not because they have successfully eliminated it. The contempt and self-rejection of the Manager Backlash is actually as ineffective in maintaining a high—functioning system as the Firefighter's abusive, out of control target behaviors.

It is often not long before the Firefighters reject the Manager controls. This is because in order to truly accomplish their intention to further protect the Exiles, the acting out parts have taken a very defensive, oppositional inner position regarding the judgment and blame the Managers are attempting to lie at their feet during the bout of Backlash.

Firefighter parts defend themselves. They refute what the managers are suggesting and generally excuse their behavior and defend their impulsive choices, declaring they "deserve" to have this time off, they "couldn't help themselves" or by throwing the blame back upon extreme positions Manager parts have taken as in "I can't be perfect all the time" or "When is it my turn?" or "It is your fault I did this--you pushed me so hard that you made me do it!" In other words, the basic response to the Manager backlash is that the Firefighters consider themselves undeserving of the Manager's harsh attempts to judge them and may further escalate the internal conflict by proclaiming entitlement to "do exactly as they please."

A polarization is now re- created between these two camps as they escalate the debate over their diametrically opposed manner of protecting the person from feeling vulnerable.

Unfortunately, it is the Exiles, who are already shell-shocked, vulnerable and fragile, who actually respond to the Manger's angry diatribe, absorbing every word. New harsh, negative internal beliefs are added to the building reservoir of shame or worthlessness. Gradually the person begins to feel worse than they did before the whole acting out events were initiated.

Using the IFS model, this means that at this point the **Exiles** have flooded the system, giving the person an overwhelming sense of worthlessness, shame and self-revulsion. When this happens the person's core sense of themselves encompasses the deeply held beliefs of these unhealed Exiles. The client believes in these moments they are "a loser", or a "hopeless drunk," or "they really are crazy" and "have finally done it this time" and "ruined their lives." This despair is often accompanied by feelings of isolation and hopelessness about the possibility of change and redemption.

This does inhibit the person's functioning, and the protective Parts feel forced to return to their roles, resuming the cycle of and destructive, addictive behavior and harsh, self- critical backlash.

Thus, an addiction can be described as existing when such a chronic polarization and rapid cycling occurs between Manager and Firefighter positions that there is little or no attention ever paid to Exiles and these sensitive parts are constantly re-activated by various types of extreme behavior and then promptly ignored. The person's life is dominated by unrelenting feelings of unmanageable behavior, extreme emotions and a desperate sense of unworthiness that they cannot seem to calm or dissipate.

The person has very few, if any, moments of feeling what this model describes as in Self: feelings of contentment, peace of mind, clarity about one's choices or acceptance of themselves.

In a family or couple with one Firefighter—Led member, often the partner or another family member embodies the Manager role and this same internal polarization also develops in the external family or relationship. Whether it is in the internal or the external system, the polarized exchange often sounds like the following:

What Firefighters like to say to Managers:

"I just felt like it."

"I deserve this."

"Try and stop me from... eating, cutting, and drinking."

"I don't give a ----."

"I don't care what you think."

"It is not my fault."

What Managers like to say to Firefighters:

"Do you ever stop and think?"

"You can't do this anymore!"

"You are totally out of control."

"You should be ashamed of yourself."

"You are hopeless."

"You will never change."

What Exiles Feel:

"I am ashamed of myself."

"I never do anything right."

"Nobody cares about me."

"Nothing ever changes."

"This is hopeless."

"I give up."

When utilizing this model, the therapist will often encounter a team of parts, or a cluster, all aligned by similar intentions and methods of protecting the system, resulting in both a Manager cluster and a Firefighter cluster of behaviors. While each client is certainly unique, it is often helpful for the therapist in the process of what this model calls parts detection to have a general sense of similarities in the parts occurring in an addiction-led system.

The team or cluster of impulsive, risk-taking or self- soothing behaviors occurring and interacting in conjunction with one another may include the following roles:

<u>Target Behavior</u>: Part that impulsively wants to, or seeks todrink, binge eat, have sex, mark their skin, work, exercise, surf the web, over-spend

<u>Scanner</u>: regularly searches for opportunities to engage in target behavior or lines up the next occasion

<u>Manipulator</u>: Negotiates with Manager or other parts to bargain for new opportunities or more time to engage in the behavior

<u>Hero</u>: assures a fragile Exile of its desire to rescue it and by promising to engage in the target behavior soon

<u>Defender</u>: protects target behavior by blocking information or feedback from others about the effects of the target behavior from being accepted or acknowledged

Projector: protects Exiles and target behavior by focusing attention away from person onto another person or other behavior

 $\underline{\mathbf{Avoider:}}$ offers distraction and /or sense of obliviousness to person, helping them ignore feedback and criticism

<u>Under-Responsible:</u> helps person forget promises or commitments they have made, especially ones that couldn't get accomplished during the acting out

Common examples of the Manager pro-active parts that work conjointly to maintain the functioning of the system and the status quo **or** to control the image or impact of this person on other people are:

<u>Critic:</u> Constantly finds fault with behavior of other parts in the system, particularly with the target behavior

Blamer/Shamer: shows contempt for the target behavior, belittling its intentions
Logical / Analyzer: observes behavior from an intellectual, unemotional point of view

<u>Minimizer:</u> rationalizes or minimizes emotions expressed by the Exiles, reducing their importance

<u>Perfectionist:</u> attempts to achieve perfection in a wide variety of small and large tasks, and in social interactions and relationships

<u>Caretaker /Self-Sacrificer</u>: consistently focuses attention on meeting the needs of others, i.e., people in the external family or colleagues, as opposed to the needs of one's own

<u>Enabler/ Over –Responsible</u>: often takes over or completes both the working and relational tasks of others, tasks that they in fact could accomplish themselves

<u>Achiever/Perfectionist:</u> consistently urges the person to do better and is seldom satisfied with the current results of any efforts

Some examples of various protective Firefighter parts that are presented frequently in clinical situations include chronic substance abuse, eating disorders, chronic sexually acting out, or chronic use of internet pornography. In this model we might say the client has a part that encourages them to abuse substances, cut their skin, have affairs, binge-eat or view pornographic websites. We might describe this person as someone who is **Firefighter-Led**, in that the parts of them that engage in the behavior are prevailing frequently as dominant decision- maker in their system.

Generally, the person will report that they have a long history of attempts to control or limit this target behavior, but have never been successful in eliminating it altogether. They will report trying many times, but not being able to persist in their resolve to change.

(Another frequent clinical scenario is when an intimate partner or family member has requested a change in the client's behavior, or the client is at risk of losing a relationship due to the consequences of the acting out. Common examples are parents who bring in a daughter with an eating disorder, or a partner relating stress over drinking or unfaithfulness that is affecting a marriage or partnership).

There are a variety of guidelines for working with the addictive cycle. As in any IFS work, initially guiding the client to spend time 'inside' contemplating their inner world and initiate the process of trying to identify and unblend from their parts is the first step.

When a client first begins to look inside, they are usually unaware of the inner polarizations of their addictive cycle and almost certainly not clear how instinctively and quickly their system operates to protect them from feeling pain. They generally have entered therapy extremely focused on one or the other side of the polarity. For example, they present in the therapy with the goal of eliminating the presenting problem, ie seemingly very Manager – Led, or with many parts that minimize the impact of the target behavior on their lives, i.e. more Firefighter –Led parts. It is important to begin to identify the polarities and reactivity of their strategies. The therapist begins the *hope merchant* process by assuring them that therapy will not eliminate any parts of them and that each of these parts, even the addictive ones, has a positive intention for them.

Often the client will in report feeling hatred toward the acting out parts and rage and defensiveness towards some of their more controlling parts. The process of helping

the client to begin to be in Self and experience the sense of being able to 'be with' and appreciate both sides of the inner conflict is essential and often offers initial relief.

In other works, much of the initial focus of therapy when working with extreme parts is the long process of reducing the inner turmoil by changing the interactions from manager-to-firefighter or part - to -part to building a relationship from Self to each part or team in the system. The clinical intervention focuses over and over on helping them address the inner reactivity and complexity they are struggling to contain. Noticing the intense reactivity that occurs to the question of 'how do you feel toward that part' can be illuminating to both client and therapist as they both appreciate how harshly the client's parts engage in self—loathing, particularly towards their target parts' behavior.

Generally, though it seems important to reduce the Firefighter behavior initially, what actually needs to happen to create safety is helping the client unblend from various Managers that have escalated to address the risk-taking behavior. This seems very unfamiliar and even dangerous to the client's parts. It is often very difficult for the client to truly separate from a sense of severe self-judgment regarding the damage and fears and difficulties their acting out parts had wrought in their own lives and that of their families as well. Yet this is essential in order for it to feel safe for the acting out parts to emerge fully and be available for the clinical work

Manager Parts often express as "mind chatter" or in other head and neck regions of the body, or as burdens around the body, like a weight on their shoulders. Differentiating this cluster of Manager parts and observing and appreciating their interrelationship can be very helpful.

Work directly with the Firefighter parts will generally occur after a period of time spent appreciating the stress, frustration and panic the Manager cluster often carries. With an addiction – led system the negotiations with Managers has occurred on two levels – the promise that the Firefighter behave can improve as well as promise that the Exiles that are living beneath the surface can also be unburdened safely from their intense pain and despair.

When first contacting the Firefighter parts, they have a variety of responses and fears that often focus on the Manager pressures in addition to fears of Exile takeovers. Firefighters are accustomed to intensity and chaos and often express fears of leading a mundane, constricted existence. Other very common fears the Firefighter express is that of always having to compromise their positions, that the person will collapse into caretaking or chronic conflict avoidance. Frequently this is related to long-term polarizations with over-responsible, critical, or self- sacrificing Managers. The Firefighter parts say they are protecting the client's individuality or their right to "be themselves" by "allowing" them to get angry or to act out irresponsibly.

Another frequent initial presentation is the client maintaining a position of feeling both mystified and despairing, saying they just "don't know why they... get so angry; eat so much; started this affair." In this case it is very helpful to reassure these clients, letting them know they are merely blended with the Manager-Firefighter polarization. They have been trying, sometimes for years, to *understand*, to *analyze*, why they are engaged in this high-risk or hurtful behavior, while continuing to engage in it. Helping them unblend from these thinking Managers and assuring them even their very provocative or out of

control parts do actually hold these answers "inside" is initially confusing, although also offers them much hope about this process that feels so out of control.

Since Firefighter parts tend to hold intense energy and are often experienced as a compulsion, another useful intervention is helping the client focus on their body sense of the part. After some unblending this newly discovered internal quiet or calm may be triggering, however, which can lead the Firefighter part to try to label all this "going in" as *boring*. Having lived with many intense, powerful, compulsive parts, the absence of chronic surges of adrenalin may be very unfamiliar for the client. Staying curious and pursuing *what would be bad* about being bored will generally lead the therapist and client to references to the exiles of hopelessness or fears of abandonment.

There is no simple answer as to whether therapy will be effective when the client flooded with an addiction – led system, i.e. when actively drinking, abusing substances or chronically engaged in gambling or internet use, or whether the target behavior has to have been stopped in order to achieve results. Using this model can be productive in interrupting the cycle, but the therapist will need to use their own judgment as to whether the protective system is so extremely entrenched that the initial work may need to be on guiding the person to rehab or in some other way setting boundaries and guidelines as to what conditions are necessary for therapy to actually help the client experience healing from their chronic overwhelm an unmanageability.

When a polarization exists in the external environment, which is quite common as well, as in the family or couple, each partner in a couple may *embody* one side of the polarity. A common example of this is an under-functioning substance abusing Firefighter husband -- and -- an over-responsible, critical Manager wife, engaged in a chronic power struggle over drinking, responsibility and judgmental attitudes.

In this case it is often helpful to begin work with the person in the system, in this case the wife, who is flooded with their Manager parts. A decrease in the critical reactivity and an increase in that person's clarity and self-focus will interrupt the addiction cycle, bring more Self energy to decision making in the system and reduce the extreme polarities.

All roads lead to Rome in this model. While this article is primarily focused on working with the protective system, eventually working towards the shame, emotional pain and vulnerability that exists within the Exiles is the central core of the therapeutic process. It is assumed that entrenched, extreme protectors have taken such extreme roles to protect Exiles that are extremely burdened and severely in need of the attention and tender witnessing that the IFS model advocates.

Cece Sykes, LCSW csykes427@aol.com 708 957-7630