Smoking Cessation with IFSsm
A Primer
Michael Elkin

When I quit smoking in 1978, I received letters from Virginia and North Carolina pleading for me to reconsider. Because I had been the smoker from hell, I have always had a special interest in helping people quit. For years, I used hypnosis, with results I thought were quite good at the time --about 2/3 of the people I worked with were able to quit for at least three months (the time of my follow-up call). I added EMDR to the hypnotic techniques, but I did not treat enough people with the combination to determine whether the results were significantly better.

Since I began to employ IFSsm, I have worked with 17 smokers, and as of this writing ALL of them are still free of the weed. Two of them relapsed and came back to try again. When people I treated with hypnosis relapsed, repeated treatment had poor results, but re-treating people with IFS was very effective, and also taught me things which helped me with subsequent clients.
It is useful to open the session by engaging the client in a general conversation about their smoking: history, their decision to quit, previous attempts and relapses, situations or circumstances they expect will cause trouble. Encourage the client to talk about the times cigarettes taste really good, and especially the apprehensions they have about quitting: why now might be a bad time, what part of quitting they dread, and their guilt about not being able to stop.

The facts you glean from this conversation might come in handy, but for me the most useful aspect of this conversation is to bring forth the parts of the client who will have to be engaged for the project to succeed. All IFS therapists know that whatever trouble you might have with volatile exiles or dangerous firefighters is as nothing compared to the difficulty generated by managers who are unenrolled in your project. Uncovering these reticent parts is the primary goal of this conversation.

Managers, as we know, are very inclined to favor stability over improvement, especially when there is no immediate crisis, Therefore they are often unexcited by the prospect of quitting the use of a substance which many of them believe gives them the power to relieve anxiety, buy time, cover emotions, soothe exiles, and generally calm things down. Also, they fear disorganization and diminished competence due to nicotine withdrawal. These managers must feel that all their concerns have been adequately addressed for your client to have an easy time quitting.

Happily, you are not without leverage with these managers. They are vulnerable to the guilt trips of other managers who are upset by health risks, dependency on an outside agent, and increasing social stigma (a very potent issue with many managers). Most important, however, is the fact that *all* of the perceived advantages listed in the previous paragraph are spurious. Cigarettes do not grant any of these powers, in fact; and these very desirable powers are obtainable without cigarettes.

It might be useful, at this point, to provide a sample conversation addressing a typical manager:

Therapist (T) So this part thinks that it's a bad time for you to quit?

Client (C) Yes. He thinks that this project at work will create a lot of pressure and anxiety, and it's really important that I do a good job.

T Why does he think that quitting smoking will hurt your work on the project?

C He's afraid that I'll get distracted and confused like the last time I tried to quit, and also I will need cigarettes to handle the pressure.

T Those are important concerns. Obviously we are going to need help from the parts of you that control where you direct your attention, and he is going to have to be satisfied that they can do an adequate job of keeping the withdrawal sensations from confusing you and helping you to keep your focus on your work.

About the other concern, however, I wonder if this part is willing to let me give him some information about how he came to believe that cigarettes help you handle pressure?

C He's willing.

T I don't know when you first tried a cigarette, but I do know this: the first time you tried a cigarette, it tasted terrible. I know that because our bodies are genetically programmed to reject poisons. All poisons taste bad. If you put moldy bread or rotten meat in your mouth, you will want to spit them out, and because nicotine is a deadly poison, the first time you tried it, it had to taste awful.

Also, the moment that the nicotine leached through the mucus membranes of your mouth and entered your bloodstream, your body recognized it as a poison and immediately constructed an antibody to combine with it and render it less toxic. Ironically, this antibody is very stable, and after the nicotine broke down, the antibody remained in your bloodstream and when it was not combined with nicotine it had the unfortunate side effect of irritating the nervous system, creating a sensation very much like anxiety.

The next time you smoked, nicotine combined with the antibody, which stopped it from irritating your nerves, creating a sensation of relief. Very quickly you were hypnotized to associate the act of smoking with a sensation of relief, and you found yourself looking forward to the next time you could smoke. You found that this deadly poison started to taste good. You had been hypnotized to believe that this poison gave you the power to relieve anxiety, rather than just scratching the itch that it itself created, and, of course, the scratching creates a new itch. And you are hooked into believing that you need something you never needed before. Cigarettes do not give you the power to relieve anxiety, or help you handle pressure, and if you help Client quit smoking, I promise I will teach you some tricks which actually can help you handle pressure.

C The part says it will help if we can get help with the withdrawal.

Although this looks like the therapist is very active, almost all the work in smoking cessation is done by the self Once initial managerial concerns are cleared, the client can use rationalizations or feelings of dread or anxiety triggered by the idea of quitting to locate parts that need unburdening.

For example, the client may have a fear of weight gain. It might be useful to ask the manager who expresses this fear to locate the part (possibly a firefighter) who it is afraid will use food to compensate for tobacco. Once the part is engaged, it can be helped to realize that the loss is illusory, and its aid enlisted in dealing with whatever exiles are stimulating it.

It is important to remember that the beliefs that cigarettes are desirable or useful are classic burdens, and can be removed by self. Some clients are even able to remove a smoking history and the belief that they are addicted.

Nicotine withdrawal can be managed by utilizing the parts of the client which manage the focus of attention. These parts seem to be willing and able to keep withdrawal sensations out of the client's awareness, and to experience any sensations which do enter awareness as the body ridding itself of a poison, rather than a craving for a missing friend.

Unlike hypnosis, which induces the practitioner to feel responsible to invent strategies to achieve effects such as the analgesia and perceptual changes mentioned above, IFS encourages a collaborative process in which the self can ask parts the best ways to help them reduce withdrawal sensations, or to be present to the fact that they are experiencing detoxification, not deprivation.

Finally, it is useful to put aside impatience. While I have seen clients quit after one session, some require a reasonably elaborate process, especially when exiles are involved. IF a client uses hypnosis and returns to smoking, they feel "it didn't work." With IFS, it merely indicates that there are still parts who have yet to be enrolled in the process, so failure is just a way of gathering data about work which remains to be done.

In my experience IFS is a consistently effective tool for helping even deeply addicted, long-term smokers. Unlike hypnosis, which is experienced as a "treatment" by an expert, IFS is experienced as a process of mobilizing their own resources and enrolling mistaken parts toward a deeply desired and vitally important goal.