**Interviewer:** *OK, so how about we go back to your personal item? I guess if you will, the idea of [character] and that you can kind of see yourself or identify with that character?*

OK, so now I'm naming my therapy site {name of site] but before, many years ago with the family that I knew, their kids all used to call me [name], and that's because I had a big tummy and they used to climb up on it. And so this kind of character, you know, and I think why I then started collecting the books and then sold them last year, that paid for this studio that I'm now sitting in so about ten thousand pounds from the sale of those books. So and so I think that the idea of seeing this character, on one hand is happy, go lucky and has these few friends that are kind of quite disparate in their characteristics and who they are. And this idea that there were times when he's always with someone, so he's always sharing their journey or they're sharing his journey. And so this idea of travelling together alongside someone for me as a therapist, I always say how much of a privilege it is to be sharing someone's journey, however devastating some of the stuff they've been through is, because I just think for someone to open up about some of this abuse and trauma, and especially when you think if you look at Gabor Mate's view on addictions, which I'm very much of his persuasion, to it's not a disease. It's dealing with emotional pain from the past and trauma. And we find that we do it in whatever way we can. And whether that's drinking alcohol or taking heroin or cocaine or crack is irrelevant almost because it's certainly Douglas Alexander, when he did his rat tests, one of the conclusions he came to is that rats that were confined went for opiates, but rats that were just playing loosely didn't, even when he forced opiates into them, they still didn't become addicted. And so there's a sense in which the view, my view is very similar to Gabor's view on addiction. So I believe everyone can recover. Whether they can recover to drink again is another thing, but I think they can recover. And I think, you know, given the right reference points and the right changes in their lives. So for me, [character] kind of represents this character who is there to share their journeys, and he doesn't have an image problem and is happy with who he is and he's happy with the people he meets, he's happy with the other characters even if some are very bouncy or depressed all the time. And so and so for me, it's about sharing their journey, whatever that is, and authenticating them, you know.

**Interviewer:** *I love that. I wonder with [character] how does it connect to your experiences with relapse when you see your clients relapsing and then connecting that to [character]?*

I guess he's a character who thinks things through. There's a sense in which...I always feel very disappointed and very sad and sometimes hurt and deflated when a client relapses. And so there is a joy. And if we talk about one specific kind of come on to that later. But there's a joy. I remember seeing one client back at rehab and saying to her, I think you're really brave to be back here. And I think that's great. But you know what? In a few minutes time they're going to work up how you fucked up [laughs]...and it was a sense in which I could be really honest with her and say, look, I'm really pleased to see you. But it was able to use her language to say, actually, in a few minutes time we can work out how you messed up and use her words rather than some posh English words. You know, and she burst out laughing as if to say, that's absolutely right. And so in that sense, I think I kind of learnt how to talk people's languages when I was in retail my first job in life. And so I learnt if I was working with a posh person selling something to a posh person, I use different language, compared to if I was selling something to someone in the east end of London. So this is a kind of assimilation to our clients.

**Interviewer:** *Yeah, that's such a skill, isn't it? that helps you build rapport…*

And I think people have their own kind of reference points to how, you know, and to some degree [character] is a universal figure that most people will have heard of. To some degree. I mean, I had one client who was suffering with deep anxiety. And she said at the end of the first session, that the Pixar movie called Inside Out really summed her up. And so I went home, got the video or DVD, watched it. I viewed it. And then we used the different characters in counselling. And it was one of the quickest counselling sessions I've had with a client where we we ended up only doing five sessions. But because she was authenticated and she realised I've gone home and done my homework and understood her language, that for her made all the difference.

**Interviewer:** *I love it.*

I start by saying to the client, you're the expert in the room. I said, all I've done is gone to university for five years. And I've learnt some bits and pieces about how we operate in our heads. I always find at least one moment in any session, however dark it is, to encourage my client and say, you know what, you should be so proud of that. That's an amazing achievement. You've done really well. And even when we're talking through relapse, that can be challenging, but it can be also, you know, so you didn't take the whole package only one spliff or only one line! You know, there's always something where you can encourage and so I like to think that we partner with our clients and that they are the experts. And all we're doing is saying, do you know why that happens? And then help them understand.

**Interviewer:** *Wonderful. Well, how would you define relapse? What is your understanding of relapse?*

Well, that's an interesting word, for me, I think it's people returning to their struggles with the familiar habit. So they're revisiting their pain, the emotional pain, and they're revisiting it in the most secure way they feel able to deal with that. And so whether that's having a drink or whether that's sticking a needle in their arm or smoking something of a piece of foam, effectively they are trying to grapple with a journey that has been complicated. And it's been punctuated with trauma, neglect and all sorts of things. One of the fascinating things that Gabor says is 'we can't remember what didn't happen'. And the thing I like about that is it's not about this implicit impact on our lives that goes on until our brain begins to form, until our hippocampus begins to develop, so we can start remembering things properly. So it's that whole process of chemical memory for the first few years that is remembered and trauma and in fact, the way we deal with it as children. So we can't fight or flight when there's abuse because we're one we're not big enough and two we've got nowhere to go. So we do the opposite, which is freeze or please. So we become compliant. We become quiet, distant, disassociated. The problem with that is as we become adults and we visit new traumas, because the abuse doesn't stop necessarily, is we then deal with it in the same way we deal with it as a juvenile, as a child. But of course, that's not so appropriate and what we should be doing as adults is, punching the person in the face and running away. And so our childhood ways of coping can sometimes be a hindrance later on in adult life. And so for me, when someone is struggling with going back into bad behaviour, effectively, what they're doing is that they're still struggling with that same concept of neglect, abuse, pain, trauma. I mean, there's one girl that I worked with who, you know, was abandoned at birth, being physically abused, emotionally abused, sexually abused, you know, everything clearly abused. And during her A-levels was just kicked out of the house with a black sack. And she still went on to get the necessary grades to get to do a degree in maths. Despite all of that and then the summer before her final year, her boyfriend is found dead in her flat. And, you know, yet she still gets through all that. And so in some sense, I think the journey of relapses is a hurdle with trip-up. And I never judge people, and I think my work with addicts would tell me that for an addict to come off long term, they're probably going to have to go through between three and five rehab attempts. It's going to take three to five times of recovery before they stay in recovery for longer than just a few months or a few weeks. And so relapse frustrates the hell out of me. It disappoints me, it saddens me, but it kind of gives me hope because if you're then back with a client, there's something about their remembrance of what was good before they relapse, that they want to return to develop. And so for them I think relapse, you know, I'm an optimist. So I see relapse in a positive way because if my client comes back to me, says to me, you know what, I'm struggling. I messed up again, but I really want to resolve this. I had one guy, 42, said 'I still think I could settle down and have a wife and some kids', you know, and yet physically, the guy could barely stand up, you know, and yet he still has his dream. That one day I'll settle down have children and be normal. And he may not. But, you know, to some degree, I see them as wounded.

**Interviewer:** *Yeah. So what did it feel like to you personally when you first heard of your client relapsing again? Did you any sensation in your body or any feeling?*

There's my ego that feels as though. 'What do you mean, how could they relapse? I'm really good! What on earth they think they were doing? We'd already worked this through? How stupid can they be?' So there's a bit of me that is kind of, I guess, the vain side of me, my ego, which is kind of not judging them, but kind of really surprised because, you know, I'm the best therapist in the world. And in fact, I remember one particular instance where someone went from my session and relapsed and two weeks later I saw them again. And as we unfolded, I became aware I'm thinking, 'oh, I caused you to relapse!' So there's a bit of self punishment. Literally they left my session and relapsed.

**Interviewer :** *How was that like for you?*

I mean, I talked to my supervisor. I talked to people in the unit. And, you know, and clearly, I mean, I remember this person in that session had kind of said to me that they gone deeper with me for the first time that they had with others. They had exposed stuff that they not really hadn't really exposed to anyone else. The problem is, I didn't see the signs. I have to say there weren't many signs, but I didn't pick up the ones that were there, that they were about to walk out of the room and walk down the road and cross the road and into a retail unit and pick up some alcohol. And so there is a real sense of disappointment. There was a real sense, I think, in on those occasions where I feel 'I'm not good enough'. You know, it's self judgement. I'm busy saying to people, but you've got a degree, you've got a Masters. What's the matter with you? And yeah, I'm walking down the same road and banging my head. I'm almost excusing myself for being academic...So there is a real sense of disappointment. There is a sense in which. A bit of me wants to go, 'you know what, I love to talk to him again, I'd love to find out why, what happened'. And in fact, when I use the thing, I use timeline's, but I call them tapestries. And so we have the time line and we then have events, but we don't have underlying issues. We have emotions on the bottom with emojis. And then we have that second line, which is the relationship with the substance or whatever it is. And then we put in dates and experiences and write all over it. And I remember we got this particular time we got the relapse back to two and a half weeks before it happened.

**Interviewer:** *Interesting. So would you say that you said that you felt a bit frustrated and maybe prideful or whatever? I just there was something in you that was critiquing how you worked. Is was there anything else that you thought it was that kind of the main feelings that came about in in those when you first heard about it? Just kind of revisiting that really quickly before I move on.*

There is always a sadness and a disappointment. There was a moment when you discover that a client you'd be working with has relapsed, that you...I remember seeing one client. And he hasn't relapsed, but when I first saw him, I needed to go to my supervisor because he looked as though he should be dead. He arrived in rehab, couldn't stand up, was incontinent, couldn't do anything, was so diseased with his alcohol misuse. And when I first saw him, I thought, I don't even know where I'm bothering. And so there is a sense in which we do have our own judgement. And I don't ever want to judge people, but we inevitably do judge them. And so there's that. I feel deflated and I think, certainly there is a real initial deflation...that kick to the ego. There's that feeling disappointed. And I suppose at the end of all of that, there's that 'stupid boy or stupid girl'. But for first it seems 'stupid me', you know. 'What didn't I do?'

**Interviewer:** *Do you think those feelings changed with the number of times your client relapsed or was it always the same feeling?*

It's always the same. I invest in my clients and I feel equally disappointed each time and I think saddened. And it is part of my growth. Part of my growth is then, I think, 'do I need to do a different CPD? Do I need to study this a bit better? Do I need to do I need to do something a bit more?' So my clients lead my journey of learning still.

**Interviewer:** *I love that it's great. And that kind of goes along a little bit with the next question, because the next question is about what effects would you say it has on you personally? Like what would relapse? What would your clients relapse mean to you?*

I look at myself in the mirror and I think, you know, you look wise, you look kind and everything else. But then if I think of what's going on in my head, there's a bit of me it goes: 'Yeah, but you don't know the half of it.' But there's a real sense of well, actually, I didn't ever succeed at anything. And there's still that feeling of I'm not good enough somehow to be working with this client. I'm not skilled enough. I haven't spent as much time studying or reading as I could have done. I remember one client where my supervisor said, just take a break, you know, because it can drag you down. But so to some degree, it's a real joy when I get that call back, because I think, OK, let's think about it. Let's write about it. Let's analyse it. But let's find ways for it not to happen again. And specifically when you're dealing with them for three or four times and you think not again! but when I begin to understand that actually the human pain and suffering that they gone through. They are doing really well. And actually, you know, I just need to be kind to them, gracious to them as understanding I may be the only person that they talk to that doesn't judge them. And therefore, I'm very mindful when I go back in to a new series of sessions with a client that's relapsed that I need to be more self-aware and also more aware of what I'm seeing and what, you know, what are they not telling me that they're trying to tell me? And I sometimes have this set of questions I ask. I sometimes say, you know, is there a question I should have asked you that I haven't asked you?

**Interviewer:** *Yeah. That's interesting. Yeah. So when you hear about your kind relapsing again and again and again, how do you typically process that information? Is there like a certain practise you do or what do you do when you when you hear the news?*

I prepare myself like I do for every client. And for every session. And so I go through a sort of a mindfulness process of just checking in with myself. How am I feeling emotionally? Physically? And so for me, it's about calming my spirit down, preparing myself and being mindful of anything that might get in the way so that I can be conscious of that before I go into the session.

**Interviewer:** *Yeah, no, that's great because. Yeah, because that's one of the questions for referring to you, you personally, how you manage those news? And you actually already answered two of my other questions with the other one was and whether you continue to work with the same client and what that makes you feel.*

I've never turned down a client who has relapsed. Never, ever. Because I think the last thing they need is to be thinking, you know what, I failed them and now I've been abandoned yet again. So even if they've been challenging and difficult, I will never not meet them again, because I just think the last person I need to judge them is the person who was trying to work with them and help them and support them.

**Interviewer:** *Can you tell me a little bit how what what's the effect that your clients relapses, particularly the ones that have relapsed multiple times? What effect did that have on you professionally? How do you see yourself as a therapist?*

Well, there's two bits to me. One is that I'm a crappy therapist because if I was a good therapist, they wouldn't relapse. So there's basically an internal conversation about how competent I am. But on the other hand, there's the higher power, including my supervisor, who makes me realise that actually they're on their own journeys. All I'm doing is walking along with them. The fact that they fell off a cliff as we were walking along the path is not my fault. And so there is a sense in which I would want to judge myself as being incompetent. But at the same time, there's that sort of paradox between the 'I'm a bad therapist, or actually, I'm not a bad therapist'. There's the bit that I'm not worthy. Don't come near me. And the bit that says come on, let's dust ourselves up, we both need to do this again. So it's almost as if I've relapsed a therapist. You know, so I've had therapy relapse, therapist relapse.

**Interviewer:** *That's actually a really cool way of putting it. Yeah. Well that was it, thank you so much Andrew!*