**Interviewer:** *We can just start with what did you think when you heard about this study, when you even read the study info sheets about drug relapse and what came to your mind?*

I'll tell you a story rather than an image...It's a bit like, you walk down the road and you fall in a hole and you think, why am I in this hole? It's horrible. I don't like this hole! And you get out of the hole. You walk down the road and you fall back in another hole that's exactly the same and you think I don't like it here, it's not nice. And then you get out the hole and you walk down the road and you see the hole and you think I don't want to be in that hole! But you still end up in it and you think Why did I get here? And then you get to a point where you walk along the road, you see the hole and you walk around the hole. And then you get to a point where you walk down the road, but you don't even see the hole. So that's kind of my real like a kind of overview of like recovery and addiction and actually, sometimes, I think relapse. What I've seen most people if not everyone I've worked with has relapsed at some point to get to where they are so even before they enter treatment, they probably tried themselves and had short successes or, you know, periods of abstinence. I believe that that's part of the journey to get them through to recovery.

**Interviewer:** *Yeah, absolutely. Yes. It's almost like a natural progression when you walk down this road that you kind of get you get a little bit accustomed to, OK, it's you know, you're not so caught off guard by this whole thing. So it kind of shows how you think about it. You think about relapse because one of the next questions would be actually what is your from your experience with clients working, what is your understanding of relapse?*

I mean I would say addiction is a kind of way of like we're all human yeah?! And being human is not easy, I don't think, and in this world is quite an impressive world, you know it's quite a shaming world, it is quite a quite violent world. I think we all have internal violence towards ourselves, if we're honest, an internal battle that we all face. So being in our bodies and being human and doing life can be quite difficult. So I consider addiction as we all try to get away from that sometimes. There's a normality to that I think that's part of being human. But I think in addiction it is almost like a loss of self. It's almost like a dissociation, a way of dealing with acute pain, difficult emotions, unresolved traumas.

**Interviewer:** *Now, how do you understand relapse?*

So I kind of think it's a like people's journey of disconnect from self that they kind of end up in a point where they can't see it anymore. It's almost like just the pain that there's a strong emotion or a situation that they can't tolerate, that they kind of end up going back to a coping mechanism that actually really worked very well for a period of time, but no longer seems to do so...there's almost familiarity to it, often people in recovery. I talk about like a grieving process. So actually, it's like, let's be real. It's like, excuse me for being crude, but it's like a kind of a woman who, you know, is not very good for you or a man who's not very good for you. But, you know, they're really passionate, they are great and bed, but just a nightmare in every area of their life. And there's something quite attractive about that and quite luring...but actually, that relationship stopped working. It becomes abusive, but there's still parts of it that you really miss. And it's like, how do you grief that, how do you let go of that? But actually being a friend for a long time, you know, I think trust is a good part of recovery. A lot of people I work with they really struggle to show their true selves. There's a lot of shame, I think, when people have sort of worked through some stuff, but they haven't got to the core issues and they haven't really addressed the deeper stuff, I think situations in life throw back up those strong emotions that are intolerable. And then they slip back in to hanging out with their old best mate that they know. I know that sounds simplistic, but I really believe that.

**Interviewer:** *Yeah, no, I can I can recognise a lot of that in a really good analogy. I've not heard that before, actually. So it's really interesting to me. So the question was kind of when you first when you first heard about your client relapsing again. So this is just an experience with one particular client or two particular clients you think about, and they've relapsed. You've just got the news. They relapsed again. So let's say to second or third time. And how did that make you feel? What did that feel like to you?*

Um, I think if I'm honest, I've got two separate ones with different feelings. And I think it depends, it's not always the same but one particular person sort of done rehab but had been to lots of different places and coming and was doing really well. And you've kind of got to trust their journey as a therapist and you can't really tell them what to do. But he was in a quite, he's gay and he's married to this guy that is quite promiscuous. They both are. And it was a very co-dependent relationship and they were both being dishonest and he never really dealt with it and let it go and moved on and basically left. And there was an argument. And, you know, I think he found a condom in his partner's bed and he was fuming and then he picked up and drank. And I remember he ended up in hospital literally nearly dead I mean he was in intensive care, but I felt quite angry towards him. Even in that point. There was a sadness there, but there was also like a frustration and anger. And then another situation. I worked with someone who ended up being so they were messing about on the programme. You know, we've run the programme and, you know, they were kind of just not really engaging and it was kind of put to them that. Do you really want to be here and you need to kind of change and come and comply to some of the boundaries, or we'll ask you to leave. But he chose to leave on his own. And then I was home and I got a phone call from my boss, which is quite unusual, to basically say this guy left and gone into [name of town], which is a local town, and he's had a hit of heroin that was fentanyl and he was drunk and he died. So the day he left. So I felt shocked. I felt guilty I felt like I could have done stuff differently, were we too harsh on him? Weren't we harsh enough? I felt a deep sadness. I also felt anger for the daughter that he left behind and continued the pattern of like transgenerational trauma for which he'd experienced. It was like just recreating the story that was going on for all of his family. So that hit really hard. That's really heavy. I mean, even now, I still feel like a sense of sadness with that and kind of it was so soon. I mean, I've had other people that I've worked with alcoholic users that have died, you know, but it's not been such a shock because they've been in the act of addiction for quite a while. And it's kind of obviously people are using, the older they get the more they are using. Whatever drugs, there's always a chance that they can die. But I think it's the fact that he's been here one day and the next day he was dead. Then that day there was a big kind of investigation. And obviously I'm not at fault, but I still felt what could I have done differently? But that's the investigation with the police and because they had to do a post-mortem, because he was was found in the flat and all sorts of stuff. What happened? So it was in the newspaper. So it was kind of quite traumatic.

**Interviewer:** *Yeah it's heartbreaking to hear that like it's I yeah. I lost one of my former clients this summer to suicide. So it's it breaks you as a therapist.*

Yeah but I think it matures you as well. It's a reality check that we can't fix everyone. Although we would love to.

**Interviewer:** *That is so true. Yes. OK, great. So am I. I'm now interested in kind of the the hierarchy, if you will, of relapsing. So people who've relapsed once or twice and then those you've seen relapse four or five times, maybe if you have so kind of the way that you reacted to these clients and the frustration and maybe the guilt in the and sadness what you felt and did that change with the numbers that they relapse, like the more they relapsed or was it kind of it's always kind of the same frustration, initial frustration, or does it shift or does it not with the number of times they relapse?*

It sounds terrible, but I think the longer I've been in the field, the less I'll let it affect me. So I've become more philosophical. I so I kind of now because of the work...so you know the school let's be honest, the statistics aren't great and you get more losses than you do wins. But the longer I've worked in the field, what I've seen or what I've stopped doing is predicting who does well and who doesn't? Because sometimes the people, I don't think are gonna do well do really well and the people I think are going to do brilliantly don't...I think I see it as sowing seeds. So like, I feel like it's a lot more fruitful working that way because actually quite often I've seen people get what they need to do and then, you know, relapse, but then they need to learn another lesson. And then over time they get to a point where some of the seeds of sort of fertilized and they're starting to grow and they then have enough resources to stay in recovery for longer, I would say, definitely frustrating but I think I've got better at it. I'm more graceful, definitely more graceful because like I said about the internal violence. I think people with addictions, the more they relapse, the more negative their internal violence towards themselves is. And I think. I tried to come from a place of grace and, you know, what happened? kind of thing. I also feel like some people - it's like a train, you've got lots of stops along the route to the destination. And some people get on at one stop, but they might get off at the next, just for whatever reason you may never understand that but then other people might stay on for two or three stops and then other people will stay on the train till they get to their destination. And I quite like that view that they might step off, but they can get back on again and get to another destination. I find that much more nourishing in terms of working in the field.

**Interviewer:** *Yes, I'm really I'm really interested in it. So when you say you kind of got better at it, in a sense, that meant you kind of got desensitized?*

Yeah I would say so [laughs]. So when I was first training, it was like every time someone relapsed, it was like, you know, maybe about me, you know, if I'm honest, I felt like oh crap. All my colleagues will think...and I used to judge myself on how well my clients were doing. I've learnt not to do that as much. I should say that, yeah, there are still times I'm quite hard on myself as well.

**Interviewer:** *Yeah, so, um, yeah, so that's really interesting to me that that is kind of a little bit of it, even a journey. You know, when we talk about the client having this internal battle, I kind of wonder what's going on within you. Like, is there some form of internal battle you might be having as the therapist of like, you know, on one hand, you are frustrated. On the other hand, you like you know, I know it's not my fault kind of thing.*

Um, yeah. I think I feel compassion I'm all about so quite often. I feel a sense of control. I think I feel like I love the term grace, so it's a mixture of feelings. It's not, it would be hard to just say oh I'm frustrated and I'm sad. Sometimes I'm even excited if someone relapses and they come back and they're more motivated because I've seen that as well. Someone comes back and they're just more and more hungry to do whatever it takes. But I tend to like, try and come from like a compassionate mind of like we are all human. How is that, how is it for you have how you know, you know like try not to personalise it, to make it about how I'm feeling. It's almost like, What's it like being with me, being in your body, having relapsed after doing quite well or after struggling and you know. So I would say there's also like grace therapy as well, which is like actually, you know, really compassionate. It depends on the relationship because I think the opposite of addiction is connection because I think addiction is totally about not connecting. So I believe to actually we do all this therapy, but actually that's why 12 steps groups worked really well, that's why people in groups tend to do better in supportive environments or having people around them that encourage them. And most of the time when they are put away from that quite often I see that's when relapses happen. Like they might be like 'I'm living in my own flat'...they just get they just work, they stop, they drop out of the social interactions. And I believe that connection drops. And I think if there was a pill for how you can get people to connect, addicts would probably take hundreds. But, you know, you probably I really see that as the way forward and I see it here, we do the therapy and we think we good, we do all the training. But actually the guy's just sitting around together saying, 'yeah I felt like that, yeah, I've done this' quite often that [emphasis] is the antidote.

**Interviewer:** *OK, and the next question is, can you kind of describe what your clients relapse means to you? How does it kind of I guess how does that kind of affect you personally?*

I'm more philosophical now than I was, but I think I always feel slightly sad if somebody relapsed...and slightly annoyed at times like 'why, why did you do that?' like 'why are you hurting yourself?' So I guess a mixture of annoyance and sadness.

**Interviewer:** *Yeah. So by philosophical, what exactly do you mean by that? Is it kind of like you are more understanding of what it's like or you kind of away from your feelings?*

Slightly desensitised, I would say, because I've seen it so much. I would say. I think I've been long enough. So I guess I've learnt to get close to a client, but not too close. And when I first started out, I probably got too close and I was overinvested.

**Interviewer:** *And how do you how do you manage the news if you when your client relapses, can you kind of walk me through how do you process this yourself or what are some practises you do to manage the news?*

I pray quite a bit, obviously I have faith. I talk about it and supervision. I just learn to breathe into what's happened. There's a kind of like letting go. I guess I probably disassociate a bit from it if I'm truthful. Probably, yeah. I'm kind of, I think again, it's almost like I'm powerless over that person as much as I kind of want people to do well. I can't do it for them so I kind of feel like I let go of, you know, I probably when I first hear the news it's that like, ' ugh really? Did you have to why? What's happened?' and then it's like 'ok well they've got a choice. That's their choice, their journey. I can't influence that.' I can walk alongside someone. That's all I've got.

**Interviewer:** *Yeah. Yeah. Very, very good. Yes. OK, so I'm now moving into some questions about your how how this kind of affects you as your in your professional way. So, um, so can you kind of think about maybe how how this I guess you kind of already hit on this, but how you clients relapse affects you professionally as your you know, on your work, on your work, that you do the work as a therapist.*

I guess if I'm working with them again, I would be interested to know what the process is. What was the process. What was the build up? Did they get in a relationship? What were the feelings? What was their behaviour leading up to it? What have they noticed what have they learnt from that? You know, I would use the analogy of the falling into the hole to them and then like, how did you get back up of the hole; who helped you out of the hole? What might help you see the hole in the future? Kind of get them to play with that and just kind of gain some understanding so I'd kind of use it as a therapeutic opportunity, I guess.

**Interviewer:** *Right. How kind of does it affect like does it does it affect the way that you view yourself as a therapist?*

Not anymore. When I first started, definitely. But now I kind of my own inner kind of compassion is much more gentle. I mean, the love is kind of, you know, I know what I do is good enough, I'm not the best or the worst, but I'm pretty experienced and I've seen people do really well. So I kind of that is philosophical...like, again, it comes back to the seed. I just try to reframe how, yeah, the work I do, it's like what work have you done, what seeds are sown? I try to look at it and not think, you know, if you've got loads all going at once, it can be a bit of a body blow. But generally, yeah, I think not so much now. I think it makes me evaluate. I would always sort of process what did they miss; what did I miss? So having a robustness, you know, I work with loads of ex offenders, who have a history of trauma, you know, like some of the complex trauma of childhood trauma, childhood trauma followed by adult trauma, followed by prison, they're traumatised from prison their kind of defence mechanisms are so entrenched. A super complex client. And I know that. When you get one success there it's like worth 10 successes in other enviornments. So, yeah, I said, I'll rather work with someone complex now because I get bored with working with someone who smokes couple of spliffs a week. And yeah, I'm fascinated by trauma now and trauma and addiction and attachment. And it's just hard stuff, you know, it's like we can't heal them. You know, we can't do that we can only walk alongside them. We can help them. It's like us as therapists or me as a therapist - we have to learn about ourselves. It's not about fixing anything. It's about helping someone accept themselves and be in their body.

**Interviewer:** *Yeah. So I wanted to because you said, you know, it's different now and there's a there's a change from how it was before. So you desensitise more philosophical. So I wonder like how did that happen, that change, did it just come with time, with the experience that you have a client who relapses two, three or four times and you just went...*

Yeah, yeah. When the guy died the same day after leaving...it really hit me hard. It made me really evaluate how I did the work. So I'd say it was at that point I thought, hang on, this is the reality. You need to kind of find a way to work with people and build a relationship, but equally holding the fact that a high percentage of people with chronic addictions are likely to relapse.

**Interviewer:** *Yeah, yeah. OK, so let's say you've been working with this client and he comes back, he relapsed. He comes back and you've been working with this client again, and then he might relapse again and then he comes back in. Do you do you take on the same clients then and then if you do, kind of how does that make you feel?*

Well, we tend to switch therapists. So we don't personalise it. But we started to do now is actually so I have done in the past and I think it can be helpful to work with the same person because you know them very well, but it can be frustrating if it's over and over again. And quite often we just because we people of different styles and different ways of working, I guess what we're like is let's try something a little bit different. Let's come from a different perspective, you know, different theoretical background, whatever it might be, just to see how that works because. You kind of work with people in groups here as well. So there's a lot of group work. You still work with them and the truth being known often you've done the work, but it's not really sunk in. I mean, what they know what happened as well. Quite often they do know. So I think it's really just being curious, a bit like Columbo 'I'm confused you were doing so well, you know, it was like you seemed very motivated for recovery. And I'm baffled. Like what happened, really?'

**Interviewer:** *Yeah, yeah. And so I guess I'm interested when you don't work with the same client, let's say, then the client goes on to work with somebody else in your team. How does that make you feel then? Is that different, as if you were to continue on with working with this client? What's it like for you?*

One of our counsellors left to go back to South America with all the covid stuff, and I was working some of his guys said 'can I work with you?' So we allowed the guys to sort of pick who they wanted to work with. So one of the guys picked me. I worked with him for two sessions and then he dumped me and went to work with someone else. And I did feel a bit like 'oh I'm not good enough'. But then I was like, I just check my ego and thought does it really matter? Actually what's best for my client. I'm gonna hold it lightly. I guess it's kind of like I grew attracted to different people. So, yeah, I guess initially I was like, 'oh, I'm not good enough.' Yeah radical acceptance [laughs].

**Interviewer:** *Yeah. OK, so is there would you say particularly about relapse and your own life experience with that. Is there anything about your experience with that that you feel is important for me to know or for people to know?*

I just think it's the defeated feeling of doing well and then been back in the hole again. And what that feels, the shame that that can bring up after doing well and people watching you do well and then suddenly the shame of, 'oh, back in the hole again, I've done it again. There's something wrong with me. Why can't I do that?'

**Interviewer:** *So that's that's for the client. Right. That's what you've witnessed the client is going through. What about your own experience of kind of second hand experiencing their relapse?*

Just the devastation that it's like it's sad to look at the sort of deflated person in front of you that's like 'where do we go from here?', but I kind of always have that candle of hope, because I've seen so many people there and come back really strong, partly holds the candle of hope and it is sort of, I don't know. Sometimes I'm actually quite optimistic as I think like let's look at... You know, if you can't be optimistic, I'll hold optimism for you until you're ready to take it for yourself. And quite often, somebody who has had a serious relapse they are so much more motivated, you know, but initially deflation. I guess for me, I try and look forward to the session, especially with people that are struggling. I try and sit down, look at all the positives that they possess that I can see in them. A, it motivates me when I can sit in the chair and see that in a session, and that gets transferred across on some spiritual transference level.

**Interviewer:** *Would there be anything that you would kind of want other therapists to know about working with people with relapse?*

don't shame the client. Don't become shaming and critical...because they'll be beating themselves up enough. Help the client to bring in their compassionate, loving, wise mind, that is able to kind of work the situation and start to internalise what's happened and understand what's happened in order to kind of move for them to move forward next time they come to the hole in the road.

**Interviewer:** *Yeah, yeah, yeah. Very, very good. Very good. I love that you have that story is almost like it's a picture you're holding in front of yourself when you work with them and kind of how you understand that it's like it's just another hole in the road. Really. Yeah. So I love that.*