

Addiction as a defence against relationship? Relationship as an antidote to addiction? A phenomenological exploration of the significance of relationship in recovery.

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Introduction.

This paper is a joint project, undertaken by Andy, an Integrative psychotherapist and recovered alcoholic and Joanna, a Gestalt psychotherapist, supervisor and trainer. Working together as co-researchers, we tell Andy's story. Some of the details contained in the story are shocking but we believe that sharing them offers the reader the opportunity to enter more fully into Andy's experience and adds a further dimension to the relational model of this research.

Our relationship began as trainee psychotherapist and supervisor and has developed over several years to one of peers and friends. Andy has, alongside training as a psychotherapist, developed his thinking substantially in the field of addiction, worked innovatively and creatively within a residential treatment centre and become a leader in various forums relating to addiction. He has recently begun to offer training in this area to other workers in the field, including psychotherapists and brims with enthusiasm when sharing his ideas and experience. Along the way Joanna became involved as a workplace supervisor for Andy and colleagues and her interest in addiction, supported by personal family history, a much loved grandfather who died of alcoholism, grew. We both believe that relationship is the key to healing and that developing relational approaches in the field of alcoholism and addiction is the way forward. In terms of funding and discussion there is currently a move to make abstinence a goal rather than substance substitution, yet abstinence itself does not necessarily prevent dysfunction in other areas. By combining our skills and experience we aim to explore what is significant in terms of relationship, addiction and recovery.

Methodology.

We began writing together, wishing to honour Andy's experience and what he has learned about recovery, through a process of qualitative research. We chose to work relationally, exploring the importance of relationship in his story and the significance of the relationship between us in untangling and bearing witness to his deepest feelings. Finlay and Evans write that '*Qualitative research* is that which uses more subjective, impressionistic, interpretive, holistic and contextual methods going beyond the 'facts and figures of quantitative approach.' (2011, p1) They suggest qualitative research can only be considered relational if it involves 'a constantly evolving, negotiated, dynamic, co-relational process' (ibid p.9) and is therefore at least in part co-created. As Gestalt and Integrative psychotherapists, a qualitative relational approach is compatible with our underpinning philosophies and values. We strive to understand the meaning of experience for the other and in doing so are willing to be open to and changed by their experience. The telling of Andy's story to Joanna therefore influences the story itself and the data emerge from the between, 'the reality that is greater than the sum total of the experience of therapist and client' (Hycner 1991, p. 134) Andy's narrative draws on heuristic inquiry, a process of internal search through which one discovers the nature and meaning of experience (Moustakas, 1994). We are also influenced by the developmental components of inter-subjectivity and relational psychoanalysis as described by Finlay and Evans (2011, p. 34.) We grow and develop only in relationship with the other and our early learned patterns of inter-relating are played out in subsequent relationships, through transference and unconscious processes, primed for repetition and also offering opportunities for reparation.

The first part of our findings reflects relationally on what stands out from Andy's childhood and the road to addiction. The second reflects on his route to recovery, his attitude to relationship and how this has changed and developed over time. The following section explores our findings reflexively and theoretically before a critical evaluation of our methodology. Finally we make links with practice in the field, what we feel works and what we feel can be improved. Woven throughout are reflections on our relationship and the resonance this has for our findings and conclusion.

Data Collection.

We first conducted an unstructured interview exploring phenomenologically, what relationship meant to Andy in his experience of addiction and recovery. The interview took place at Andy's home at a time when we considered we knew each other well. Consequently some information was familiar to Joanna, but experienced differently by her in this context. Some was new. Subsequent to this we increased our data through email correspondence, skype and face to face discussion. In fact there was a danger of becoming overwhelmed by data as we emerged ourselves in our exploration. At the same time we were paying attention to the impact of and on our relationship. Neither of us wanted to hijack the process – our determination to write relationally- one in UK, one in France, felt very rich but also at times a bit like being lost in a jungle, both finding pathways but being unsure which to follow. We wondered if we were becoming addicted to the journey rather than to an end result, perhaps, in some ways, mirroring the process of recovery.

Data analysis.

We seemed lost in ever-growing data for a long time. We tried to organize it in terms of themes but this seemed unwieldy. We did some joint supervision within a group on a residential and came up with a provisional title. What was clear was that there was a separation between the lack of relationship in Andy's history and the role of relationship in recovery. A structure began to emerge but the process continued for almost another year.

Finally we stopped worrying and let the material speak for itself. Key moments seemed to emerge- memories from Andy's history which stood out, some of which came up repeatedly in discussions, and which were significant both to Andy and to Joanna in the way that she was impacted by them. There were also aspects of our connection and the way we had grown together. Andy likened this process to one that works well in addiction, allowing the space for the client's chaos to settle, to 'taking your foot off the gas,' holding the boundaries and letting the client's coping strategies emerge. In the between of our relationship with each other and with the research, direction and meaning emerged. This surrender to the between, supports the concept of dialogue, where experience is confirmed and a new direction emerges. (Heard, 1993)

Our approach tends towards a narrative analysis, engaging in reflexive discussion of Andy's story, his personal struggle with addiction and his recovery. We also consider the significance of the contextual field, including our relationship. Finlay and Madill (in Finlay and Evans Eds. 2009, p.146) describe the complexity of narrative analysis and emphasise the 'constructed and collaborative nature of research narratives.' 'Researchers need to take care to distinguish between living a life story, telling and re-living that life story and then re-telling that life story.' (Clandini and Connelly, 1994, *ibid*)

Ethics.

Finlay and Evans suggest that 'relational centred researchers experience ethical challenges particularly acutely' (2009, p.159). They argue that 'relational ethics demands that we recognize the interconnection between researcher and researched and our wider communities.' (*ibid*) In this research Andy was co-researcher in the sense of co-author as well as providing the data through his story. The material he shares is very personal and connects with his personal and professional fields. Aided by our previous relationship and the level of trust between us the level of self disclosure is very deep. As psychotherapists we are both aware of the power of self disclosure (Perls, 1992, Zahm, 1995) We therefore agreed from the beginning that we would work with whatever arose, but that either of us could choose not to include something or to remove it later.

We re-visited this decision at different points in our project, particularly regarding Andy's personal experience, including also our relationship and the wider field in which we work. Andy chose not to remove anything because of his determination to move beyond the shadow of any shame, and his conviction that sharing his story would benefit others and be helpful professionally. Joanna, conscious of a potential power imbalance, based on her previous role as supervisor, shared her anxiety regarding this but was also aware that potential transference could make her over-protective. We also discussed the impact of our findings on those who work in the field. Supervision was helpful in exploring ethical issues.

Findings.

The Road to Addiction.

In the interview Andy describes a childhood environment where ‘my brother threw fucking darts at me for a laugh.’ His parents are unapproachable and seem oblivious to intense sibling violence and cruelty. His language oscillates between past and present, at times invoking the confusion, anger and hurt of a child and at others is moderated through the lens of psychotherapy training where he sounds more distant and reflective. He describes his early years as lacking ‘nurture, attunement and safety..As children we were given responsibility for Mum’s feelings and had a father with limited emotional availability...Does Mum throwing pots in the sink mean she is angry with me or with Dad ? ..How can I know my Dad or he know me if he is constantly obsessed with work or down the pub?’ He says with yearning ‘If I’d gone to my mum and said “Mum I’m really scared,” or “My brother’s doing this and I can’t cope,” the immediate thought is... “Get a grip of yourself.”’ He also says ‘You could never leave anything in my house with ‘them’ (brothers) around ... It was just took.... you couldn’t put anything anywhere safe.’ The little boy is present in his words , wanting someone to protect him and to respect the little things he tried desperately to hide, a small R2D2 figure covered in stickers ‘that was really nice and I loved it and I used to stash him all over the place to try and hide him.’ Joanna was aware of a sense of physical emptiness as Andy evoked the past and of a desire to protect amidst images of her own children when small.

Andy also says, ‘I felt like an adult, I felt like I knew stuff.’ He describes feeling different to his peers, thinking, ‘.. you don’t get it do you, you don’t get it. ...watching two 11 year olds or 12 years olds role around on a bit of tarmac....I’d think, that’s not a fucking fight!’

There is repeated evidence in the transcript of Andy’s loss of spontaneity and childlike joy, of his always being on guard. At the same time he says, ‘I always remember there being drink around as a child and sneaking or being given a drink during birthdays, Christmas or whenever there were parties. I can almost remember the sense of its being a reward or feeling special because I was given a drink.’ Alcohol became linked to feeling good, special in a world where there was little opportunity for specialness and paradoxically formed a bridge to relationship or at least pseudo relationship with the adult providing the ‘treat’.

Later he says, referring to his father, ‘And everyone loves the guy that can walk into a bar and buy everyone a drink. Everyone loves that...That was a big message in the house- to relax, de-stress or enjoy yourself alcohol would have to be involved....after a hard day’s work....or as part of a family event or day out.’ Alcohol became seen as the way to have friends or ‘relationships’ and of sublimating difficult feelings, tension, tiredness, stress.

This message is acted out vividly in his adolescence. Andy describes a school trip to Germany ‘sharing a house with a German family, my German was terrible, I was 13 to 14 years old ,nowhere near any of the other students and scared, but detached to a degree and at a party. I drank some schnapps and the sensation hit me straight away, the anxiety lifted. I forgot where I was ...and felt amazingly confident, my sense of humour came out and I wasn’t bothered about my environment...what a relief... I didn’t stop drinking that night and was sick for two days. ..My mother was ashamed of what other people would think and my dad laughed (when my mother wasn’t around). I don’t think that sense of relief ever left me after that experience. I knew there was an answer to this painful way of living.’ There is a sense of pseudo –relationship created by alcohol, which has desensitised the scare and created a sense of a more confident seeming connection to others, including his father.

Later he refers to the drinking culture as very powerful and laced with rites of passage. One example is ‘being sick and having to drink straight after, being told “that’s how you will get used to drinking and be able to handle it, ” followed by ‘further abuse for being less and a wimp on site the next day .’ Andy refers to a sense of shame, ‘because I couldn’t poison myself sufficiently to their standards’ and because ‘my father was embarrassed as well, which was hurtful as I wanted him to stop the madness at times.’ The sense of yearning for connection is potent, and as when a child, linked to being able to manage and control alcohol.

Joanna’s reaction to Andy’s description, feeling his longing for support from his father and his loneliness as a young boy was very physical, entailing intense heat in her neck, a constriction in her jaw, swollen lump in her throat and pain in her stomach. She felt she recognised this as sadness, shame and retroflected rage. When she shared her experience with Andy he immediately described the reaction as familiar to his own bodily reactions, continuing now when working with clients in recovery and including a history of stomach problems.

Andy describes the escalation of the significance of alcohol as his job and responsibilities became more stressful and potentially more isolating with work in Europe. ‘Yes back in Germany. I learned of a different level of drinking on the overnight ferries ...We would go straight to duty free, get plenty of spirits and get so drunk. ... I could feel the atmosphere as we drove

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towards the ferry and I loved it ...there was even a strange sense of belonging and camaraderie...' The sense of finally feeling connected to the other workers, of the pseudo-relationship formed by alcohol is vividly present.

Later Andy describes his experience as a young adult going to rehabilitation. 'It's like winter time and I walked in...it was wet and it was dark and I had a couple of black bin liners.. I didn't know anyone in there, so there was no relationship for me. I was just frightened and alone.' Hearing this Joanna felt physically cold and chilled, again in her stomach. The cold bleak environment outside seemed to echo a sense of coldness and winter time inside.

Andy's language and descriptions of the time he went into rehab indicate a sense of objectification both by others and by himself. He recounts being told "let's get you to your room, breathalyse you" When met by Joanna's shock at this he conveys the sense of resignation and hopelessness he felt at that time '...it's nothing compared to hospitals where people say "these beds are for people who are really sick" and doctors doing examinations and leaving the curtains open because you're not really... human'?

He describes accepting this feeling of de- humanisation. There is a sense of resignation, of 'not particularly feeling a lot... but wondering when someone dies on the ward if that will be me ..if this is my last night...But there's a strange relief with that because then it would all end. It's a horrible place to be not even caring about me.'

There is also a link here with his earlier history, feeling he had no personal identity, 'I could walk into a bar and buy everyone a drink and they'd say, "Fucking Dave's son. He's a good lad isn't he?" I didn't even have a name.'

Andy also indicates a sense of objectifying others around him, 'there's me and there's these other people that are going to try and do stuff.' There is a sense in which none of these people have faces – their responses in Andy's view are pre- determined. He is second guessing and predicting the environment, as he did when he was a child.

At this point in the interview Andy recognises how he is shutting down feelings and disconnecting. When Joanna refers to her sense of fear, despair and overwhelm, he says, 'I'm struggling to feel anything now... my windpipe is going dry and my stomach is like a dead weight ...it's so familiar.' There then seems to be confusion between past and present. 'It's just I don't want to talk and I don't want to....being on a ward and people trying to strike conversation up, it was such hard work. You start to think please just leave me alone, anything to avoid eye contact.' And yet when brought back to the here and now, as Joanna points out gently that he is in fact making good eye contact and that she can see his distress he is able to share his sense of shame and how he no longer carries as much when around people he feels safe with. 'I'm safe to talk about this stuff now and I'm not going to go back to that place today.'

At one point reflecting on our dialogue Andy wrote to Joanna 'I have a reluctance to unpack the transcript session as my fear is that I will just see how you are with me as a method, or as your way of being as a therapist.' The past anxieties had again come to the fore. However he then reflects on our relationship and says 'Yet as I type this I know that not to be true... through your attuning and inquiry I felt that you cared.'

The route to recovery.

As he moved towards describing the time he stopped drinking Andy shared a memory of a nurse he met when he was in hospital, seriously ill through addiction. She moved his drip so that he could see the fireworks- 'a little thing but to someone frightened, really frightened and little she conveyed a sense of being seen even if it was difficult to let that knowledge in. It didn't feel like a relationship. It felt more like jumping on someone's coat tails and just hanging on and saying, "can you just stay there for a bit because I'm not sure what the hell is happening right now." ...I think she saw I was frightened.' The yearning to be seen is very vivid. Joanna felt very touched by this, remembering times she had enjoyed fireworks with her own children, when they were small, wanting like the nurse to protect and nurture.

In the treatment centre Andy describes having an indirect desire for contact which he relates to the desire to live. 'I saw it in a few people, real loneliness in the treatment...odd moments I could see in people's eyes that they wanted to live and I was intrigued about them.'

He describes a fellow client, a man just slightly older than himself who seemed really happy and would say, "we don't have to do it anymore", feeling really impacted by him, by his talking about going on holiday and how big the planet was. However he also says, 'I hated him for it because he was right...it was almost like getting us a memory and saying, "Remember that. Remember what living life is like and you don't have to pick a bottle up...."' Andy describes his behavior towards this man as 'like picking on the person I really wanted to be. It was like, "Fuck off will you and stop being so positive. Don't you know everyone in his building is going to die soon?"' At the same time Andy describes feeling utterly confused because 'I believed him and ... in those moments something would shift for me...it was like the defibrillators ...it was like 'poof', a sense of being able to move from 'a spiritual rock bottom...a soul rock bottom'

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On re-reading our dialogue Andy wrote that 'whilst in the transcript I know I am curious about what the other guy was so happy about ...I know there was a deep anger at the sight of others as they related, the juxtaposition of seeing what I wanted so much ...and feeling the internal barrenness in my own relationships...heightened by the soul crushing fear of not wanting to keep repeating the cycle of self-harm'. His memory suggests a wakening desire for relationship alongside growing, sometimes overwhelming feelings of fear, anger and sadness. So Andy kept checking out this man and others like him, hypervigilant as when a child. 'I was watching and watching to see how consistent they was' On re-reading the transcript Joanna became aware that she had been eager for him to find relationships, wanting them to be the answer and that she had not really been attuned to his ambivalence.

Andy describes the treatment centre as helpful but limited because 'it was quite shame based.' There were messages like 'you've been selfish, you've been inconsiderate...now let's do something different.' He says however 'If you were quick on the uptake to admit when you're wrong you'll be ok...' Acting ashamed became a way of being able to get by and manipulate the environment but avoid deeper feelings. He describes similar experiences with sponsors who didn't seem to understand everything he had learned and AA meetings where, 'I would share into what felt like a big void.' As he described this Joanna noticed Andy lowering his head and sensing shame in her counter-transference asked him about it. He said, 'I had moments of believing there was something wrong with me.' Looking back he says passionately and angrily, 'It's like, if you do service at meetings, if you carry the message to others... doesn't that make you good? It's a powerful place to be because these poor unsuspecting people who are alcoholics don't know...and it worked ..."cast your stuff into the middle of the room and leave it there.'" That was the relationship in the meetings.'

Andy clearly dissatisfied by relationships at this time, kept relatively isolated, treating his flat as a kind of sanctuary where, in contrast to when he was a child he could have his own space. He says many people went to meetings then back to their space, a bit like going to the Off License and back. He says, 'I was thinking. ..I'm sick of coming here. I'm sick of listening to people beating themselves up. .. everything the same, the same.'

On deciding to go to college and thereby accessing free therapy, Andy began to experience a very different relationship. He says initially he did not feel any connection with his therapist but was intrigued by 'how comfortable she sat in her own skin...a bit like the guy at the rehab centre.'" He then says that although he wouldn't have said it at the time if he had had to stop, 'I would miss you(the therapist) and I would miss what I get from being around you.' He describes telling his therapist about the time his brother broke his (Andy's) wrist, a story he had told many times. 'I could just hear a noise (wrist breaking), my brother was an asshole for doing it and you know that's the way it was back then.' He was shocked when his therapist cried and even more shocked when he assumed she didn't want to hear such difficult things and was told, "I'm fine thanks. I was really sad about what I heard. And I'm ok now.'" He says she was 'doing what I want to do...crying...it was a massive moment to see someone cry.' With his therapist Andy felt able to explore new territory, to stop objectifying himself. He says I would often blame the therapist for starting things off in me...you know even then not wanting to own.., but it gradually it became not 'I will say something then you will say something, which was very like AA, but **we** will discuss something.' Andy's sense of himself as a manipulator changed as he realized what he was really trying to get: 'I want to care and I want to be cared for.'

Theoretical and Reflexive Exploration

This section reflects on the data, exploring it relationally from both a personal and theoretical perspective.

In terms of Andy's history the lack of relationship is clear. There is no protection from parents so Andy felt he had to protect himself from feeling too much and stay 'two steps ahead', developing a kind of hyper-sensitivity or hyper vigilance in his chaotic, unpredictable home environment. He also became pseudo-mature, believing that he could manipulate people and situations and thus maintain a sense of control. He links his lack of trust in the environment with a lack of inner resources and inability to self soothe. These issues, lack of internal security and a need to manipulate the environment are common amongst the addicts he has worked with and mitigate contact or relationship. He suggests they explain the idea of the super-sensitivity often attributed to addicts.

In Gestalt terms we make, 'creative adjustments.' (Perls et al, 1994/1951.) We make meaning and adjust our behavior by formulating our understanding of the field in the way that best supports our survival. Children who make the creative adjustment of becoming highly sensitive to their environment are doing so because it is the only way of feeling any kind of safety. Obsessive behaviour is also encouraged as this adds to the sense of control. From an object relations perspective children whose parents are unable to help them recognize and contain their emotions lack mirroring, they have no sense of their feelings being acknowledged and seen (Kohut, 1978) If feelings are unacceptable, unmanageable, it becomes safer to deny them and to find an external way of desensitizing, as Andy discovered on his school trip to Germany. We can only really know ourselves, our joyful, fearful, angry, sad selves in relationship and when this is denied there appears a frantic search for a pseudo relationship, a pseudo sense of belonging, the adult who offers the special drink, the camaraderie on the ferries, which while meeting some needs on the outside, leaves an internal sense of emptiness, a void.

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Our reflections indicated clearly that Andy's early history was characterised by lack of contact and that his prime way of relating became through drink, making what seemed like superficial relationships with others only through this medium. In fact the strongest relationship seems to become with alcohol itself. At one point he says 'I feel that addiction was almost a safe relationship as opposed to risking falling into the void or nothingness of despair.' In an email discussion Andy wrote 'I feel like saying that relationship created the void and relationship would heal the hurt and fill the void, but what a journey and so complex- I have the image of a minefield in my mind.'

Andy's story suggests that although relationship is important to recovery, the timing and type of relationship is crucial. There was a time when he needed to observe others, to be around them, for contact to be available but not forced- the nurse in the hospital, those residents of the treatment centre who really evidenced a desire to live. This provided the possibility of a different world, a big planet. From Stern's developmental perspective this suggests a reworking of the phase of the emergent self, where the child is developing sufficient security to be curious, to be allowed to explore his world (Gilbert and Evans 2000, p26.) It was clear that contact at this stage in recovery is also frightening. For someone who has been close to dying there is a strong sense of 'juxtaposition' to the 'barrenness inside.' When the experience of genuine contact and attunement stirs memories of what was missing in the past, there is the potential for defensive reaction based on fear, anger and shame. (Erskine, 1995) Pacing is important at this time. We noticed Andy's need for privacy in his flat, something he had lacked in his history.

Andy also indicates an initial acceptance of the treatment ideology, the shaming stance of the other. This seems to involve the development of a kind of pseudo –identity who can manage the externally produced shame and in doing so deflect from the deep sense of shame inside. Shame is felt when aspects of the self are deemed unacceptable, are not met by the environment. Consequently if, as a child angry or sad feelings are not met, these angry, sad parts of the self eventually become shame bound and inaccessible. (Kaufman,1991) There is a similar process with other spontaneous emotions including joy and excitement. Eventually the whole of the self becomes shame bound and shame defenses are necessary in order to survive. These are the child's creative adjustments and may include rage, dissociation, self harm and addiction. By desensitizing the real need, alcohol keeps the addict in a vicious loop. As soon as painful feelings begin to emerge the immediate adjustment is to move swiftly to action by drinking and so fix the gestalt in an unhealthy way, thus avoiding awareness of the deep source of the pain. Shame binds are made up of introjects, messages absorbed from the environment and taken in without real assimilation. (Lee, 1995) The developing child learns, 'I'm bad, My parents can't protect me so I must protect myself. The world is a hostile, violent, lonely place where some people just don't get it and nothing is safe'

Perhaps what happens at this stage of recovery is that a new set of introjects are absorbed, where shame seems manageable if one espouses the doctrine of self flagellation. The addict can embrace the identity of abstinence and recovering alcoholic, with clear rules about how to engage with others and the world. Andy said he saw the treatment centre as somewhere to get through, as 'relatively easy as there were lots of rules so that I can say and do the right things.' There is an objectification of the self- an 'I-it.' (Buber, 1923/1996) For some people this may be as far as they are able to go, venturing further into contact may feel unsafe.

For Andy this I-it stance continues as he begins therapy, but from Stern's perspective he begins a movement to the phase of 'the Core self'. (Stern, 1985) Evans and Gilbert (2000, p26) summarise the key issue in this phase as identity. 'Whilst curious about you I am mostly concerned about me.' Andy is curious about how his therapist sits comfortably in her own skin but is mostly concerned to be seen and mirrored, to have his feelings verified and understood. 'It was a validating experience...I have been this tough...what I have been through is tough.' There is a sense of moving from I-it to swinging between I-it and I thou. (Evans and Gilbert, 2000)

Continuing therapy he is supported to move into the inter-subjective phase of contact (ibid), this being evidenced as he begins working in the treatment centre himself. There he is able to use his personal experience and at the same time look for the uniqueness in each story. Andy wrote that although drink was figural in his environment and therefore his favoured creative adjustment, that this is not the case for all addicts. We believe the focus needs to be on the deficits in any client's early relationships, how these have created their unique adjustments and how this leads to the defense against relationship in the present. The work of Clemmens (2005) supports the idea of working developmentally towards fuller contact and relationships.

Wheeler (1995) suggests that support in the form of connection is the antidote to shame. The opportunity to share his story in therapy, to be able to explore the darker parts without judgment, without having to recite the litany of shame at past behaviours, offers Andy the opportunity to move into Stern's verbal phase. This brings 'the ability to create and share a joint meaning of our experience with others.' (Gilbert and Evans, 2000, p.95) Andy also describes a desire to read as much as possible and a keenness to put his thoughts on paper.

Stern's phases culminate with the narrative phase, when the child develops a reflective sense of self, who thinks about and evaluates courses of action and his/her stance in relation to the world. It is linked with the child's interaction with

the mother, even if she was not present at the events being narrated. Gilbert and Evans (ibid) refer to the power of the supervisor in this regard and their warning also resonates for the co-researcher!

This narrative phase seems evident in our research, though as all phases incorporate the previous ones, it was also important to be aware of earlier needs. Andy's heuristic reflections are supported by Joanna's inquiry and gentle mirroring. The strength of our relationship was important in conducting the interview dialogically. We discuss how our contact always felt significant to both of us, how we had a sense of trust from the beginning, when Andy was a second year trainee and Joanna was a beginning supervisor, how Andy had carried around a piece of paper on which Joanna had written, 'You're a star.'

At times looking at the transcript in terms of our relationship was painful. Andy linked this to a sense of heightened paranoia in the process of recovery and a need for the therapist to be 'therapeutically robust' and prepared to really stick with the client. Perhaps this also links with the length of time and amount of material generated as we have undertaken this project- the need to really prove the relationship and deepen the contact over time. The project required both of us to be willing to take risks at the contact boundary, to share our vulnerability and move beyond the shadow of shame.

There is a mother/ son aspect to our contact. The transferences are triggered probably in part by our age difference, by Andy's yearning for a mother who really saw him and by Joanna's seeing in Andy aspects of her own son. Andy's determination to live his life in recovery and to create meaning from his experience echoed her son's struggle with and recovery from cancer. The transference is captured in the following email conversation, which took place when Andy wrote in more detail about his adolescence.

Joanna: I've just read what you've written and find myself feeling really sad- sad with a very physical sense to it. I'm writing it down so I don't lose it. I realise I didn't know about this part of your life and I'm glad you are telling me about it. At the same time I find it painful to read so am wondering what it's like for you to write...

Andy: I've always wanted you to know more about my history and to know you more. I think somewhere in the painful hope that you would come and get me. You remind me of a woman who noticed how scared I was one night in Morocco when I was little, she sat and stroked my head all night in a strange bar...I remember I was worried she wouldn't like me because I was sweating..

Joanna: I do wish I'd been there to come and get you.

Critical Evaluation of the Methodology.

Working relationally in this way has been enriching personally and professionally. It enabled us to go very deeply into Andy's experience, using our relationship to bear witness to profound suffering and outstanding achievement. Our relationship has developed alongside our understanding of the significance of relationship in recovery. Our work evidences what we held previously as more intuitive thoughts and feelings, and has brought new insights. We have felt able to embed these in a clearer theoretical framework. We have drawn on our strengths, the fact that we are both psychotherapists, Andy's personal experience and closer familiarity with the field, Joanna's experience as a writer and researcher. Our trust and belief in each other has been vitally important. We have been appreciative and considerate of each other's input and stayed open to learning.

At the same time it has been a very long process, with an extensive incubation period. We have had to be committed to making time to meet and discuss our work, despite distance and busy personal and professional lives. It would not be an easy model to follow, without a depth relationship, willingness to be open on both sides, and the ability to work with and through shame. Both of us have had moments of anxiety when sending work to the other to read. There are also many other areas, which we have explored, but which would need more space to share, for example the involvement of non-alcoholics in recovery work.

Dialoging openly in this way and sharing the outcome required courage, being available at the contact boundary. Andy's willingness to share his story with readers is particularly courageous and demonstrates his commitment to supporting others. We remain aware that some of the data is shocking but to sanitise it would be to devalue Andy's experience and diminish the challenges faced by people in recovery.

Conclusion and Implications for Practice.

Andy has experienced and worked with a treatment programme founded on an adaptation of the 12 step programme called 'Recovery Dynamics'. We wish to acknowledge the sensitive and relational work done by some of his colleagues there. He feels there are both attributes and some limitations to the programme's approach. The fellowship addresses the anti-social nature of addiction, providing a crucial forum for re-integration into society and a place to develop lost social skills. Many people refer to their home group as their recovery family and feel a sense of belonging. The structure and reliability are important as low self esteem makes it difficult for people to believe that others care and will listen. The ca-

maraderie, that is referred to in the original text of Alcoholics Anonymous is seen as one of the cornerstones of its success.

However his experience suggests there is also a danger that some people, themselves in recovery, offer care via an unacknowledged hierarchy, defending against their own shame as recovering substance abusers by transferring shame onto others. They dissociate and retrofect or hold back feelings, whilst projecting disowned attributes of the self, onto newcomers.

We feel there is a point at which confluence, merging with the other who has experienced similar issues can be extremely helpful. In recovery there can be a strong desire for twinship, the desire to see oneself in the other, (Kohut, 1971.) The confluence generated supports the client to take in a new set of healthier introjects, absorbed from the programme. However these introjects can also define the client's identity as that of a recovering alcoholic, bound by shame in relation to their past behaviour. Andy has observed a tendency in many groups to refer to anyone without a substance problem as 'the others' or as 'normal'.

Our research suggests the pacing of therapeutic work is important. Understanding and personal experience of addiction on the part of the therapist, can offer an accelerated therapeutic alliance if someone is desperate for recovery, potentially making the client more vulnerable to this process.

For some people, abstinence as a goal in itself may actually mean staying out of contactful relationships. Experiencing deeper contact may bring the risk of feeling overwhelmed by unmanageable feelings, the juxtaposition, with what has been missed seeming too painful to bear. For some recovering alcoholics externalizing shame by embracing a survivor identity may be as far as they feel able to go.

Time and patience are necessary for people to really discover and re-integrate those parts of the self that have been lost, to explore the dark places without judgment and move beyond the shadow of shame. The original AA text advises the reader to get down to 'causes and conditions' whilst emphasizing altruism and not being self centred. This focus on the other is helpful but limited if there is no space for difference. True contact requires the appreciation of difference and it is only through contact that we can really know ourselves and in doing so are able to see and know the other. (Evans, 1996)

Clarissa Pinkola Estes suggests, writing of women surviving sexual abuse, 'if we stay as survivors only, without moving to thriving, we limit ourselves and cut our energy to ourselves and our power in the world...' (in Dolan, 1998 p.6) This also seems true of survivors of alcohol addiction and the circumstances, which led to that becoming their creative adjustment. Dolan (ibid, p7) suggests that survivor could be one of many badges and that moving beyond this is living, 'according to the totality of who you really are as a person deep inside,' with subsequently enhanced relationships and experiences. It seems relationship isn't simply the antidote to addiction as such, but a way of moving '**beyond recovery**' in the traditional sense.

Our research suggests that it is important to work dialogically from a secure base, re- visiting developmental phases and deficits at the client's pace. This allows the reworking of developmental issues, the discovery of buried parts of the self and the appreciation of each person's unique difference. Doing so offers the opportunity to live life more fully, in vibrant contactful relationship with the self and others.

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