**Learn how to have compassionate conversations**

**Stephen Andrew:**  Relationships are a spiritual quest for you to grow in your ability to love well. As long as you're safe, you can work hard, and you will gain, and everybody will gain, and your life will have a different perspective.

**Diane Atwood:** Welcome to the *Catching Health* podcast. I'm Diane Atwood. Today I'm having a conversation with Stephen Andrew. The work that Stephen does changes people's lives or at least their perspective on how they might move through their lives in a different manner. He does that in a variety of ways. Currently, he's what he calls the Chief Energizing Officer at the Health Education and Training Institute in Portland, Maine. The Institute specializes in educational training and coaching for individuals and agencies working in the criminal justice, healthcare and social services fields. He also hosts a podcast called *Conversations in Compassion*. Compassion is at the root of all that Stephen does. He helps bring compassionate conversations into the darkest places we know, particularly the world of opiate addiction and other chronic diseases. In this podcast among other things, we talk about how to have a compassionate conversation when you are feeling anything but compassion and how the consequences can be powerful, even life-changing for everyone involved.

**Diane:** Hello. Welcome.

**Stephen:** Thank you. Nice to see you.

**Diane:** Yes. I'm so glad that you had the time to do this podcast with me.

 **Stephen:** I'm honored.

**Diane:**  Is there any overarching message that you're hoping will come through?

**Stephen:** Well, that every healthcare interaction is an opportunity for compassion. I will say that I've been given some amazing gifts that feel an urgency to them.

**Diane:** What do you mean?

**Stephen:** Well, one is that the truth is that my work has been seen in such a delightful way that I've been given resources to be able to bring compassionate conversations into the darkest places that we know. And people will pay for it, so we don't have to scramble around. And the second is that there's an epidemic and we talk about the virus, but the opiate epidemic took more people in Maine's lives this year, then the virus.

**Diane:** Hmm.

**Stephen:** And it's underneath and it's forgotten and it creates an urgency in me.

**Diane:** You have been in this field for as long as I can remember.

**Stephen:** Y es. Yes.

**Diane:** And we go way back. We do. We go way back. I was thinking about it as I was preparing for our conversation that I think we must have met in the early eighties. And you had been in this field for a while already then or were you new in the field? I came into the field sort of as a person with lived experience early in the field and in my twenties. So, around 40 years now, 40, 50 years of being in the field in multiple levels. And when you and I sat at the time, I was the Executive Director of a large agency in town and trying to move the conversation along. At that time, it was about adolescents and young people and young adults and the issues of chemical dependency and more specifically, families of alcoholism and children of alcoholics.

**Diane:** Right. So, in that role as the Executive Director of Day One is the name of that organization as I recall.

**Stephen:** Yeah. I was there for seven years.

**Diane:** Well, I remember that at the time I was the health reporter on channel six in Portland and we were doing an interview for the noon news about adult children of alcoholics. And I don't know how it was that I got assigned to do this interview with you, but I was assigned, and it was probably divine providence because after we did that interview, I realized that I fit into that category and it started a cascade of events that occurred in my family and we are grateful to this day for that. My dad gave permission. My dad has passed away now, but my dad gave me permission a long time ago to talk about his story. He was an alcoholic and so all eight of us children were adult children of alcoholics and I didn't realize it until you and I did that interview. You gave me a shopping bag full of books that I should read and I remember reading them and the hair on the back of my neck just stood on end and I felt like somebody was punching me in the gut. It was so visceral. And that aha moment, this is my family. But as a result of that understanding, we did an intervention with the help of Day One on my dad and he was sober for more than 30 years for the rest of his life because of that. So, talk about gifts. You're a gift from God.

**Stephen:** Thank you. Thank you. I remember the interview well, and it was a particular phrase that I used in an interview that I'll never forget. And it came to me. And it was, you can never really experience joy unless you experience the pain. What I was trying to say is if you don't allow yourself to lean into the pain of your lives, then you rob yourself of joy and love.

**Diane:** But I think what happens and you can correct me if I'm wrong because you're the person with all of the experience, but sometimes it's difficult to recognize that you are in pain.

**Stephen:** The brain is tricky that way. It wants to stay away from all kinds of pain so, it just circles itself and detaches itself from the heart. And it's usually love or relationships that seemingly have a struggle and that tell us that something's not right something's off. And that exploration, because we yearn for love as human beings, that exploration begins to bring out the suffering, bring out the pain. Right. Because usually we get very adaptive. You know, our brain is so smart. We become very bright. So be a writer, be a teacher, but at some point that disconnection between the heart and the head shows up in one's life.

**Diane:** One of the things that I've learned over the years is that when you are raised in a certain environment, you develop adaptations or you develop traits in order to be able to cope.

**Stephen:** Yeah.

**Diane:** And you carry them with you forever and you probably don't need them, and they're probably not the best things in the world to carry around with you, but you don't know any different because that's, that's what you knew.

**Stephen:** What happens with alcoholism or drug addiction or trauma in families’ lives is there's a pressure that's put and people get into rigid roles, rigid adaptations and that becomes them, and they get kudos for it. The problem is that it's rigid and there really are four different dynamics so that we all need, and we need the flexibility of them. And that is to be heroes, that is to be rebels, that is to be a hermit or a person who would be able to retreat, and then finally to be a caregiver. And those four roles are very, very valuable and we've got to be able to fluctuate between them, but when alcoholism or drug addiction or trauma comes into our lives, then we get rigidly put into one of those roles. And what happens is the other roles are not accessible to us, and so what happens is that we're stuck in an emotional prison.

 **Diane:** Until somebody opens the door for us and shows us there's a different way, and that's the role that you play on many levels?

**Stephen:** That's the role we played in that moment when I tapped on your door and sort of said, Diane, there's more here.

**Diane:** Yeah. Well, I can attest that there is more here. So, all of your adult life then, you have been helping people. Primarily people who are affected by some sort of an addiction and not just helping the individual with it or the adult child or the spouse, but you're also helping other therapists. That's been a large part of your career.

**Stephen:** It's been the last 20 years. It's been primarily working with organizations and therapists and workers and trying to create what is a good, compassionate conversation that will be helpful to people who are struggling with a chronic illness like alcoholism.

**Diane:** Okay. So, I personally have witnessed some not very compassionate thoughtful conversations in a variety of scenarios in which you have somebody who's clearly not in good shape, and the person who's trying to communicate seems to be doing everything that might make that person feel worse, not safe. Right. Is that sort of a normal reaction for people, though? Because they become frightened? They don't know what to say, so, they go right to the scolding and things like that?

**Stephen:** People generally react in lots of different ways, but when they react at all, they tend to react from the head. And then when they react from the head, they're usually thinking about solving a problem or being mad at somebody. It's all reactive in nature and reactive is generally a part of who we are. In other words, it's what we learn, and we pass it on from generation to generation, that reactive nature. And really what we're trying to do is be proactive. Like when you sit with somebody suffering in terms of their chronic illness, can you be proactive in the sense of believing their perception of the world? Can you believe in their thoughts? Can you believe that they are way out is helpful to them? So, can we believe in people and we generally don't. When people are suffering, we tend to come over the top and say, this is what you need to do. And I just finished a podcast on this issue of the violence of advice, and what that is, is that unsolicited advice that we do to people, or we argue with people, or we hurt people, literally when they sort of touch us in a moral discord.

**Diane:** Hmm. And that's just second nature for humans to do that?

**Stephen:**  It's second nature if you've been exposed to it yourself. Your nature is actually your heart and it's meant to be empathetic and compassionate. But what happens is the mind dominates because that was the experience you have. And the more you experience something, the more you cut off from your heart actually, and you get more into your thinking.

**Diane:** So, it seems to me that what you do is you help people tap into their own humanity.

**Stephen:**  Yes, and their own belief about themselves. I think that what is inside of people is a soft, compassionate voice that lives within, and it knows where to go or how to go somewhere or what to do about their addiction, their diabetes, whatever that chronic illness is, they know what to do. Now there's another voice that comes from the head that goes you can't do that, you don't matter, you're not likable, you're not lovable, don't trust the world, and that's the historical residue. That's what happened to him. That's the oppression of our culture, that's the stigmatization, that's the trauma itself for the children of alcoholics, and whatever they got, which is really family of self-trauma, you know, and that voice dominates everything because it's protective. It's protective in nature. It sort of says, I'm going to protect you from ever getting hurt again. I'm going to protect you from any more shame.

**Diane:** We stop listening to our guts, our hearts, and just listen to the critical voice in our head.

**Stephen:** Yeah, and what we do is we hear it about ourselves, but we also project it on to others because that is what we're hearing, so we project it on to others, and so if you walk into most emergency rooms across this country, and somebody's there for an opiate use, it's rare that somebody wouldn't be judging them in terms of the moral discord, you know, geez, when are you going to get it together? And there's so much of that moral discord that it feeds this soul that says, I don't matter. How the hell you going to find a way out and find recovery or discovery, if you don't believe you matter?

**Diane:**  And it seems like thinking about families where there's somebody who has an addiction, that it becomes a vicious cycle. And in the beginning, you know, and the family rallies together, perhaps to help somebody and then the person maybe has a relapse and it just happens over and over again, and family members run out of if they had compassion, they run out of it because they're just so spent.

**Stephen:** Well, it's a very interesting statement. Yesterday, I did an interview in front of a group of counselors with a woman who was struggling with a very significant eating disorder. I mean, we're talking feeding tube, we're talking close to death in terms of anorexia, and she talked about her care provision, you know, the people in her life and she said that everybody would come into her life kindly until she didn't behave the way they assumed she should behave. And then they turned into power over, then they turned into derogatory, then they turned into being distant. It's like, there's an until button and that's what you just said, you know, you could hear it in the family. It's like you've got a struggle let's be there for you, but then there's an until button. Like you didn't do what we asked you to do and now we're mad. Now take somebody who has a chronic progressive illness and say to him, I'm mad at you and you don't matter. And I need to set boundaries, I need to get you away from me that's the opposite.

**Diane:** What I'm getting from hearing what you're saying is that that person, not the person who's, dealing with the addiction, but the caretaker, the family member, whatever needs to be able to take care of themselves too, in order to be there, they need to be compassionate to themselves or they're not going to be able to be present for that person.

**Stephen:** You cannot do empathy if you're in negative self-talk. Either about a person or about yourself. Cause empathy comes from the heart, negative self-talk comes from the mind, and if you are wanting to be at the heart, you've got to take care of yourself. You've got to have the same self-compassion. You've got to see your own vulnerabilities. You’ve got to be taking care of yourself in terms of the way you eat, the way you sleep, the people you have in your life. Do you have enough social capital yourself? You know, all of those things are necessary if you sit with somebody who has a chronic illness.

**Diane:** I was looking at your biography and you wear a lot of different hats. In your role at the Health Education and Training Institute, you're the chief energizing officer —I love that — and storyteller. So, you work with a lot of people teaching them these tools that you're talking about. You go into schools, community task forces, treatment providers, criminal justice, healthcare providers, social service agencies. Are you also working with family members? I see them kind of as that first line.

**Stephen:** Yeah. and caregivers and the carers of people who are struggling are the most important. We do that in many different ways. We do that in support groups. We do that in couples therapy. Often our parents come to me and want some help to figure out what to do with their son or daughter, because it's constant in their lives. It could be couples wanting to figure out a different way to develop their relationship in terms of caring for their children. So, there's a lot of caregiving. You know, caregiving should not be entered by just a family member or a therapist. We're all in this larger community and we all need to be caregivers. And we all have people that are suffering at different times in their lives. And once they've gotten enough social capital around them, enough compassionate witnesses around them, they will start to thrive and once they start to thrive, then they can join the circle to be the carers of the next group. And we won't have enough resources if we think of it as just the workers, the families, and so on. We're one natural community and we are going to be cared for at times, and we're going to be the carer at times.

**Diane:** So, that's in a perfect world.

**Stephen:** That's in a perfect world. That's in a perfect world. I dream about a compassionate, perfect world.

**Diane:**  And that's what you're working toward. But in reality, it seems to begin at the family level. Sure. And then the families have to figure out where do I go for help? And sometimes, the help isn't there the way it might be for them. One of the things that you're trying to do then is to teach all of these other people in the community how to communicate?

**Stephen:**  Right. And how to communicate with compassion. That's why my podcast is called *Conversations in Compassion*. They're all about trying to get a skill. If we could get one particular skill, which is the ability to have an empathetic reflection which will develop a state of compassion. If we could just have that skill. Trauma creates this voice that I was talking about. I don't matter. If somebody comes along and says you matter through a compassionate conversation, that voice can't exist any longer. And so, my goal is to find as many different realms as possible, wherever there's a human interaction, to see if I can help people move forward in being skillful at empathy and compassion. I love what Thich Nhat Hanh said. He said we all have the great ability to love. We're just not skillful. And that's my belief. We're just not skillful. It's not that we can't love. That's the reason we're here is to love well.

**Diane:** And isn't it so sad? When you said it, it made me feel so sad. The scenario that you were talking about somebody coming into say the ER. Yeah. And it's their umpteenth visit and the doctor, whomever might say, can't you get your act together? What might that healthcare professional say instead?

**Stephen:** You seem to be struggling. Tell me how we can be of support to you. You're struggling with a disease, an illness that's chronic, progressive and fatal and I want to be of support. Do you have any idea how we can do that? We're part of your community. We care deeply for you. You're struggling with an illness. You know, I want a person who has an addiction to be treated just the same as somebody who was struggling with cancer. I want the person who is struggling with diabetes and can't stop eating sugar and hurting themselves to be treated just as well as anyone else. We did a focus group asking the people who are not doing well in diabetes, we took 25 of them that weren't progressing in terms of the health care system. And I sat with them and I asked them, how come you got all these resources, all these people who are looking out after you. How come? It's not getting any better, in fact, it's getting worse. You know, their number one concern was the way my provider talks to me.

**Diane:**  I would not have expected that.

**Stephen:** Because everyone us has that until button. You know, this person frustrates me because I saw him once and we were kind and we did the right thing and we did all of that. We saw him the second time we still were kind, but the third time we're now mad. Like why aren't you getting this together? There's a place where it turns into judgment and judgment is a form of violence. And sometimes we're going to sit with people and be compassionate right to the last day. And not think that we have some responsibility to change it. There's some responsibility to sit with it.

**Diane:**  I could imagine that, but really hard work for some people. So how do you reach them?

**Stephen:**  My motto is one compassionate conversation at a time. You know, I don't know. It looks like it's one-third, one-third, one-third. One-third is really excited about changing the way they're doing things because they can see, they can see the epidemiology. People are dying from a chronic illness. They're not dying from acute. They're dying from chronic illnesses, substance use disorder, diabetes. These are chronic issues and we're not doing so well. The epidemiology shows it’s just growing on. Some people are very interested in what do we do differently because it's not the medication, it’s not the screening tools, it's not the caring doctor. It's something in the conversation that we haven't examined. You know, Diane, that a doctor can get out of medical school, a social worker can get out of social work school, a nurse can get out of nursing school without ever having to prove that they can have a conversation in a compassionate way with another human being. That seems bizarre.

**Diane:**  It does, and yet we hear those stories and we've probably met the doctors ourselves. Well, they have a terrible bedside manner, but I trust his judgment or her judgment.

**Stephen:** Yeah, and some people they'll follow through on the judgment because they're in action. But the people that are chronic, they don't follow through. They leave the office and they don't follow through and they get sicker. And you know what, they stay away from the healthcare system longer and longer because they don't like the interaction. And so, when they don't like the interaction, they wait longer, and guess what happens when they do come into it? It's expensive as all hell. And the reason that it's as expensive as all hell is, they waited too long. They could've gotten help a lot sooner, but the truth of the matter is the interaction between some people and the system is actually mean. It's a discord. It's based on I know; you don't know. That is not the answer. The answer is I know how to have a conversation. I know the technology and you're the expert of your life. we have two experts in the room

**Diane:** And what about the argument well, I only have 15 minutes. Got to cut to the chase.

**Stephen:** Right. And the argument goes back to, yes, that is so true. The question is what are you going to do with that 15 minutes? Because if you are derogatory, if you're power over, then you are going to lose them whether you have 15 minutes or 15 hours. The time does not matter. What matters is how you use it. And that is really what I've noticed over and over is people will say I'm too stressed. I can't, I can't do that. I just got to ask a bunch of questions, get a good idea of what they need and tell them what to do. That's what I have to do. That's what I've been trained to do. And yesterday sitting with an eating disordered young woman who is almost dead, the resident, the doctor, the people in the room said, the only thing I learned to do was to ask you questions. And not really care what your answers were. I was just going to put together a treatment plan for you.

**Diane:**  Are you saying that in this dialogue you had yesterday, was it just with her or was it with a room full of ...

**Stephen:** A room full of other people watching me have this dialogue with her.

**Diane:** That's part of the training? You show them real life scenarios?

**Stephen:** Real life people and talk about addiction. That's what, again, my podcast is about people who have been struggling with all of these issues, whether it's eating or obesity, anorexia, talked about opiate addiction. We talked about people who are close to the side of the road and being dead. You know, what moves them? What changed them and every time, every story I don't even ask for it. It comes with empathy. It comes with somebody cared. It comes with somebody looking at them in the eye and saying I care about you.

**Diane:**  You know, I just did an interview with a woman who has mitochondrial disease, something that she might've had for years and years and years. They couldn't figure out what it was because mitochondrial disease is not very common in adults. But she told me some stories about visits that she made to doctors in trying to figure out. They thought she might have ALS and she saw a specialist in another city. Talk about lack of compassion. She said that he made her feel so demoralized that she left the office crying. All he wanted to do was prove to her that she did not have ALS, the end. And so, he forced her to make some maneuvers, some movements, which took her a long time and she finally was able to do it. And he said, good, if you had ALS you couldn't do that. She was grateful she didn't have ALS, but this man said, why are you crying? You should be happy. You don't have ALS. And then he said here, let me tell you a funny joke to cheer you up. She has told this story many times because it had such an effect on her.

**Stephen:** What the issue is that there was an expert here and the expert knew what he'd do, and that he was going to demoralize her so that he could feel better about himself. I call it the pesky ego and he feels better about himself at the end of the day because he made the right diagnosis in his mind and he doesn't really care about whether that person feels good. And that is a driven field based on pesky ego.

**Diane:**  Well, we all have either bruised egos or pesky egos, right?

 **Stephen:** Sure? And our job is to be able to gently put it over here for something greater until it's called upon, because we can all be very knowledgeable about something, but until we engage with people in an empathetic way, which will reduce their shame, the only only thing we have to reduce shame is empathy. That's the antidote, and we're not very skilled at it. The truth be known. We're not skilled.

**Diane:** Can you describe for me what empathy is?

**Stephen:** Well, empathy is this feeling that I will sit with you and then emerge into seeing the world through your eyes, seeing the world through your being. I am so committed to knowing what it's like for you.

**Diane:** So it should have nothing to do with you.

**Stephen:** That's right. Not a thing. You don't matter, you don't matter until you earn the right to matter.

**Diane:** Well, that's interesting because you've been talking about the patient or the client feeling like they don't matter.

**Stephen:** Right. But the antidote is to make them feel like they matter. So, what does that mean in 15 minutes? It means you sit down and you say these were your symptoms today. Tell me what that means for you. And then you start empathizing. And you can do that for three to four minutes and the person feels like you hear them, you have listened to them, you believe them. And then you can even say, well, would you like some of the ideas that I have based on what I've heard? Now I'm asking permission for a reason, because this is your life. I'm going to give you my knowledge if you want it, but I'm not going to force it. So, I'm going to ask permission. I'm going to just say, now that I've heard what you're talking about and I've gotten this screening material, would you mind if I offer you what I know about this, or at least what I think about it.

**Diane:**  That sounds so loving and respectful.

**Stephen:** Yes. And I did it in five minutes.

**Diane:** Yes, you did. And so what the go-to often is, is, okay. I looked at your tests, I've got the answers and I'm the expert here so, let me give it to you.

**Stephen:**  Right. And that's helpful in acute medicine but it's not helpful in chronic medicine. And this is where I've been trained to help people. Is that acute medicine. If you have a broken leg, you don't want anybody sitting down and going and being nice to you. You want them to screen and resolve the leg now. You don't want anybody looking at you and going, Jesus, you must be in a lot of pain. You want to kill them at that point. You know, you just want them to deal with it. And now the history of medicine is acuity. It comes from acuity. The problem is we have another client, another patient, another person we serve and they are chronic. We can't use acuity for chronic. It's two languages. We don't have the second language. So the epidemiology is showing us that it's growing on us. It's getting worse. I mean, the idea that a hundred thousand people in the United States have died from an opiate use, that is just amazing. If you even begin to think about young people, older people dying from just one shot of a drug they desired to have because they felt like they didn't matter.

**Diane:** And all they had was the feeling that they got from that one shot that made them feel better for how ...,

**Stephen:** For this moment, for this moment, that feeling that I don't matter, that I'm not lovable. That, you know, I couldn't trust the world.

**Diane:** Can you talk a little bit about the nature of addiction? Why is that even in a single family, you can have some family members who become easily addicted to substances and others doesn't affect them at all.

**Stephen:** Well, the interesting thing is that you, again, you go back to these roles, you know, these roles become rigid and they become different kinds of addictions. So what we see is that one or two of them will develop, if you had four children, one or two of them will develop an addiction. Well, the firstborn might become actually compulsive to work and they do work over and over and over and they try to be successful all the time and often are and then the silent one is more depressed, but they're more reserved. So, they all are struggling with different components. Some of them are doing the addiction that they witnessed and some are doing reaction to the addiction, but it's still a pattern and the pattern is driving their lives. And the problem we have with addiction is that we only look through the lens drinking or drug taking, instead of looking at the process addictions like gambling or love and sex, and things that people do that are really hurtful or withdrawal or isolation, or just different ways in which people compulsively manage the voice that says they don't matter, that they're not lovable or likable.

**Diane:** And then is there the physiological piece to it?

**Stephen:** Yeah, there's a genetic disposition but, you know, there's a vulnerability that lives within people, but the real issue is that when the drug comes in, like you're there as a 16 year old, a 17 year old young person and you taking this substance and you've been operating with this level of anxiety because there has been a trauma in your life. So you have anxiety. The drug comes in and there's almost an automatic calmness. That goes to the brain and becomes an imprint. I know how to get that calmness. Now we chase that calmness and it becomes itchy and it becomes compulsive. Every time the tension scale goes up and hits that level of anxiety there's an imprint and that imprint goes use. And then you end up using. And I see addiction as OCD, which is obsessive compulsive. I just see that is, you hit a point and anxiety, you got to do the behavior, you hit the point, you got to do the behavior. And the real answer to it is to lower the point, lower the anxiety scale. Find a way to lower that. And that happens with social capital. That's why 12 steps or other things like that, the support groups have been so phenomenally successful because they lower the tension level. I am loved. I am cared for. I have a group of people. It forces you up against that message when you're isolated, the message just keeps going.

**Diane:** Or if you keep confronting people in the world who reinforce that message that you don't matter like we've been talking about?

**Stephen:** Yeah. I sat with a guy last week, who, it took two days for us to find a detox. He wanted a detox, he wanted to find some way to get off the, took two days cause he didn't have resources. It took him two days for us to find a bed for him. You know, he had to drink for two days over the top just to find a space where people would welcome him.

**Diane:** You mean he drank for those two days to keep himself calm? Is that what you're saying?

**Stephen:**  Yeah. Yes. Now what I'm interested in is why is the community that is as wealthy as it is allow somebody out there for two days that they knew about he knocked at the door, they just said, we don't have a bed available. why is that happening?

**Diane:** Are there fewer beds available?

**Stephen:**  There's fewer beds available, fewer resources.

**Diane:** And yet we've got growing problem.

**Stephen:** Exactly.

**Diane:** Doesn't make sense. Does it?

**Stephen:** It only makes sense if you have a moral discord, which is they don't matter. Those people don't matter. Then it starts to make sense.

**Diane:** But we hear all of these cries for, we've got to help people, you know, we need more resources. Is that just shouting into the wind or what's going on?

 **Stephen:** Well, I think there's two conversations out there, right? I mean, we could just look at it in the virus. You know, there are people who want to mask and there are people who don't want to mask, you know, and there are people that believe it's a hoax. There are people that believe, listen, we've got to wash our hands, we've got to stay distant. We've got to mask because we got to find a way to this and we do it not for us, we do it for the common good. Now there are other people going, it's not even there. I mean, there's an anti mask demonstration. That's going to hurt us. I mean, there's people are getting together for the purpose of, we can't do anything about it. That's their argument. Now we do the same thing with addiction. We say, yes, we should have beds, we should have enough and so on and so forth, then we've got another group of people going why do we keep taking care of these people? They're never going to get better. Why don't we just put them in jail? What do we do? Got bigger jails, more people in jail. We clearly know that this has nothing to do with criminal justice. It's a healthcare issue, but we put them in jail anyways cause we've got nowhere else. We argue all the time about compassion.

**Diane:** It must be so frustrating for somebody like you to be in this position. Where your life's work is trying to help people to be more compassionate and to have to listen to these arguments.

**Stephen:** Diane, there are moments where I can't stop crying. I can't believe it. You know, I'm so close to it based on my work with Dignity that I co-founded, which is a nonprofit to deal with the opiate epidemic. There isn't a week that I don't get a text from some family or friend with somebody who's just died in an alleyway. We know, based on the Portugal experience, that if we legalize this and we're able to help people, and we're able to show up where they are, that there would be no deaths. We have zero in Portugal, none because they legalized it and they made it a health care concern, and they showed up for people and they made sure that the people had the right resources. They went from hundreds of people dying to zero.

 **Diane:** Well, I bet you get an argument here in the United States.

**Stephen:** Absolutely, absolutely. Canada is sitting there with beautiful sites for people to go in and and sit with people and use and make sure they're safe and they can walk out in the streets. There's no judgment. And what did they do? They cut the death rate by one half just by putting safe consumption sites. All that is is compassion. It says I will meet you where you are. I won't judge you about your illness. I won't judge you as a human being. Who's struggling with something. I will hold you. I will believe in you and I will provide the resources I can to help and support wherever you are. And if I do that, I trust that you will move forward in terms of health. They go towards health. They find some meaning in life because we gave them this dosage of empathy and compassion they started to think, oh, I guess I matter. What greater medicine there is than to have somebody believe that they matter?

**Diane:** Did that happen to you ever when you were a kid? Perhaps. I'm asking you a personal question, but were you ever in a position where you felt like you didn't matter?

**Stephen:** The answer is absolutely, yes. I was in prison from the time I was 13 till the time I was 18.

**Diane:** Wow. I didn't know that.

**Stephen:**  This was long before they had all status offenses. Status offenses were kids that ran away from home, didn't go to school and were considered stubborn children. Those are status offenses, and up until about 1970, all status offenses were as a criminal event so that we would take kids who ran away from home and put them in a prison, basically and we locked them up and I was one of them. And I was there from the time I was 13 to the time I was 18.

**Diane:** Is that like a reform school? Did they call them?

**Stephen:** Yeah, that's what they call them is training schools, reform schools, and there were thousands of kids. Where I was, was 175 kids and an institution. It was 175 kids, and today that same institution has 20 kids. That's the legal limit. I lived in a small room with three other boys. I was a throw away child.

**Diane:** But did somebody reach out to you and give you what you needed?

**Stephen:**  I was asked by the cook in this institution to come and work in the kitchen. I jumped at the chance because it meant getting out of the population and he was a kind soul. He was just kind. Called me by my name instead of my number. He looked at me in the eye. He appreciated me when I made good pizzas. He noticed when I gave an extra scoop of mashed potatoes on the right kid's plate so that I wouldn't get beat up and he applauded me for it. He appreciated that I stayed up until 11 o'clock at night scrubbing pans until they shined because I didn't want to go back into the population. He was not a counselor, he wasn't a coach, he wasn't a case manager. He was a human being who decided for whatever reason to support me. And the rest of it was mean and awful and far more violent than you could ever imagine. But that sunlight, that moment. Cause when I left the institution, I'll never forget the guard looked at me and he said, see you later because most of the boys came back. Sadly, you don't matter. Why wouldn't you just go back.

 **Diane:** But you didn't.

**Stephen:** I didn't. Cause I looked at him in the eyes and I said, not me. I won't be back. At 33 years old looking for work I was interviewed for the superintendent of that building of the 20 boys, and I was offered the job by the Department of Corrections in the state of Massachusetts. I couldn't do it because it was too many ghosts. I had gone a long way from that moment to that moment. Far beyond my imagination. So I feel every day that I'm lucky, you know, lucky to train people, lucky to write a book, lucky that there are 15 people around me trying to figure out how to support me. That's why I'm lucky. And that's why I'm the chief energizing officer.

**Diane:**  So that cook planted the seed in you, that you mattered. Yeah. That's lovely.

**Stephen:** And that's what you can do in 15 minutes. You can be that person. And a very interesting thing is that if you can do that, you actually don't get tired. You get tired when you start to care that the person do what you want them to do. That's when you're tired, because you're outside of your realm of power. You're outside of the realm of what you can do. What you can do is to be responsible for the intervention and not the outcome. And if you can get good at that, if you can get responsible for the intervention, you're going to have better outcomes, but that's not the issue. The issue is can you stay within your control within your sphere of power? And get good at what you do in terms of a compassionate conversation, and then let the rest happen?

**Diane:** Letting go is really hard.

**Stephen:** Yes, Yeah. And there's three, there's three things that I wish for people, that are like legs on the stool. One is that they'd be empathetic. That that's what they meet people with even if they're mad, even if they're irritating. To meet them with empathy. And then you've got to be able to set compassionate boundaries. You've got to be able to state what you need. And so when I gave you the example of the healthcare worker, I said on one hand, here's where you are, here's what I know. You know, that's the compassionate boundary. It's not going to be okay to just let them be the expert. There are two experts in the room, so you want to be the expert, but you want to be secondary to the other person. That's setting a boundary. That's setting the information out for people to utilize. And then the third dynamic is the let go of the outcome.

**Diane:** That's just like the serenity prayer in a way. Isn't it.

**Stephen:** Exactly, exactly. That is the serenity prayer. Accept the things I cannot change. Everybody else. Everybody else I can only change me. And that takes courage and the wisdom to understand the difference between those two.

**Diane:** Right? Well, Stephen, we're going to run out of time and I have a lot of other questions to ask you. You mentioned you've written a book, you co-authored a book with two other men. Game Plan, a Man's Guide to Achieving Emotional Fitness. So is that where all the trouble is? You guys?

**Stephen:** Yeah, that's a particular cultural phenomenon right now. What I can say is that men were socialized to stay away from the heart. They're socialized away from it. And the reason for the book. It was two things, Diane. First is that on June 28th, 1997. I had a child, which I never expected. I was 47 at the time, and I pretty much had given up the idea that I was going to be a father. And it happened to be a boy. His name is Sebastian. And I noticed that I had an oh no, in my head and the oh no, was that I felt like men have been treated poorly in terms of the oppression. The oppression of you have to be manly. You have to be tough. You have to be independent. You have to be successful. You have to protect, you have to provide, you have to perform well. And these are the things that are attractive about you, and none of them say anything about emotions.

**Diane:** Men are not supposed to show emotion, right? It's not what they've been taught traditionally?

**Stephen:** One emotion's okay. Anger. And if you do that too much, we will start to develop consequences for you. So you've got to do just the right amount. Every feeling has to be put through a funnel and drip out anger. I wanted to do something about men's lives and so that was my purpose of grabbing two other men in my life and ask them if we would write a book together. My original idea was to help men in treatment of alcoholism and drug addiction to understand the levels of their gender and how that played a role in their addiction. And now I'm blessed with six men's groups a week, 72 men who come and hang out with me in any given week trying to figure out how to be empathetic and compassionate and having emotional fitness.

**Diane:**  We're always works in progress, right?

**Stephen:** Yes. Yes.

**Diane:** So in the book and in the men's groups, how does that work? How do you teach a bunch of, I'm assuming all grown men to suddenly become different than how they've been all their lives?

**Stephen:** Well, usually, they have come to the edge of shame and they want something different.

**Diane:** What does it mean to come to the edge of shame?

**Stephen:** It's usually their partner, their life partner has looked at them and said, I don't want to do this with you anymore. I don't feel like you're here with me. And that's the edge of shame. It's like oh, wait a minute, I don't want that. And so usually then that life partner slips them a card that says, go see this guy and I talk about empathy and I respond to them about, is that something you want? Cause I promise you a better relationship if you get that skill. And it served, it served these men well.

**Diane:**  So it's kind of the same lessons that you might teach in your training, how to be empathetic and show compassion in healthcare.

**Stephen:** Yep, and be able to do those three legs of the stool, which is that empathy, state what you need and let go of the outcome. And being able to do that and being able to do that as a human being. We all wanted to do the same thing. We all want to connect with people and we also want to separate, we want to differentiate and we want to connect and we want to be able to do that smoothly. We don't want just connection. because that'd be like taking the breath in and holding it. We want to exhale also. We want to learn how to do those two things and healthcare needs to learn and do it, individuals need to learn how to do it, men need to learn how to do it, especially. A lot of these systems are run by men, so that's part of the problem.

**Diane:**  I was thinking, as you were talking, about this book I read many years ago called the Dance of Anger. It's a book about relationships. If you've got a couple that's having issues and one of them seeks help in this case, maybe the male partner goes to one of your groups, changing the dance steps. And even if the other partner said, I don't want to be part of this relationship anymore to have steps changed. Yeah. So the partner that's not been going into therapy or whatever works even harder to get that dance going the way it used to, even though they didn't like that dance.

**Stephen:** Right. And if the person is able to hold on to the passion of believing in empathy and compassion, they won't be sucked into other people's dance steps, you know, and what happens is in every relationship, only one person needs to change and they both will change.

**Diane:**  That's good to know. I think that's really important to know, because I have read, heard whatever that relationships are doomed if only one person's doing all the work.

**Stephen:** Not true. If one person's becoming skillful, then what will happen? You know, I sit with couples a lot and I wrote a life book for couples also. What's the name of that book? It's called Conscious Dialogue, and it's a workbook for couples. It's called my life book for couples. And it's just a very simple workbook, if you will. But what I talk about is if people are in conflict and one person gets unhooked, there's no hook anymore. The other person can still be in that. Relationships are a spiritual quest for you to grow in your ability to love well. As long as you're safe, you can work hard and you will gain and everybody will gain and your life will have a different perspective. Sometimes people are in unsafe relationships so I'm not promoting that, but I'm saying if they're emotionally safe and you begin to change the way you dance with it then the dance step has to change.

**Diane:**  Let's pretend a couple is about to get into an argument. So, how can the enlightened partner diffuse that?

**Stephen:** Yes. When you feel triggered, right? When you're in the argument, when you feel triggered, that's the moment where you breathe in and you go towards empathy because you know that that's your first response. Your second response is what you want and need. So if you're, if you're triggered, if you're both triggered and one of you starts to say, I want to hear you. I want to know what you're really telling me right now. You can deescalate it and then you can say, would you be open to hearing what I'm thinking?

**Diane:** It's exactly the same script that you gave us for a healthcare professional. It's really simple. The work is hard. The work is hard. Yes. I think the important thing that you said too was to take a deep breath.

 **Stephen:** You've got to shift it from reactive to proactive. Do you know what I mean? Cause reactive is our history. That's the only thing you have to operate from is our history. Proactive says I'm going to go to my heart and then I'm going to share, then I'm going to say what I need or want, and then I'm going to let go of the outcome.

**Diane:** Okay.

**Stephen:** All three of those are skillful.

**Diane:** Takes some practice. Yes. But don't give up.

**Stephen:** That's right. And that's what groups are for. That's what support groups are for. That's what you practice all the time when you're in relationship. Relationships is the best, best therapy there is because you have to practice. If you want it to survive, you have to practice. If you get that rhythm down, then nobody has the power to ever really impact you unless it's dangerous.

**Diane:** Well, I would like to end our wonderful enlightening conversation talking about your podcast, because that's the latest thing that you have added to all the things that you're doing. Yes, The podcast sounds to me like you're in conversation with people who can bear witness to the power of compassion.

**Stephen:** You know, I listen to a lot of podcasts around people who told me about compassion, but I didn't witness it a lot and so what I decided to do was to see if I could just sit in the room with people that had events happen in their lives. My very first podcast is with a black man who's 70 years old. I was interested in this issue of Black Lives Matter. I mean, where did that come from? And when you hear his story, you realize, holy crap, he got the message a thousand times that he didn't matter. Over and over and over. So , I understand the movement, based on that conversation, but I didn't ask him about Black Lives Matter or any of that. I just said, you're a black man. Tell me what that's like for you.

**Diane:** You use a technique called motivational interviewing? Motivational interviewing, yes. And is it a technique and I use that term?

**Stephen:** The story of it is simply that there was an epidemic in the early eighties around native American men and they were dying from alcoholism. I mean, 90% of the men on the reservations of this country were dying at the age of 47. And Bill Miller, who was a very sweet compassionate professor in Albuquerque, New Mexico opened up an alcohol clinic outpatient clinic, and these men rushed in and there was this hopelessness that was everywhere. Like what is going to matter here? And what was bizarre is what they were doing for treatment was confronting people, giving them information, doing great assessments, but they weren't changing. They were still dying at 47 on average. So he did something that I've totally respected and I'm thankful to this day, He said, I believe that if people come up with their own ideas, they're more likely to follow through. That was his principle, right? If people come up with their own ideas about whatever struggle they're in, they're more likely to follow through. That's a fair premise. So then what he did was he turned on a tape recorder and he listened to conversations between counselors and people who are suffering with this disease of alcoholism. And when people came up with their own ideas within the session, it didn't frequently happen but when it did, what did the worker just do? In other words, what was the conversation that happened for this person to feel safe enough to bring up their own idea? Now, what if you repeat that? With people, listening to conversations over and over different conversations. And what if you found a rhythm? What if you found that there's a certain attitude and skills that people had to have? And he found an attitude, a way of being with people that Karl Rogers was talking about, and he found a set of skills and what it is is called compassion with direction. What's the direction towards people's dreams, towards what people wish for. I particularly believe I know what they wish for. Might be a little arrogant on my part, but I think that human beings are wishing for power and control over the destiny of their lives. They're wishing to love and to be loved. They're wishing to have purpose. They're wishing to belong. That's the core yearning that lives in the soul of the human spirit. Doesn't care about race. Doesn't care about culture. Doesn't care about gender. Doesn't care about age. Doesn't care about disabilities. It doesn't care about anything. It's still exists. And when we can tap into it, we can motivate people. And that's where motivational interviewing came.

**Diane:**  And that's what you use when you're trying to help people to a certain extent?

**Stephen:** Yeah. I had this part of me anyways, when you met me, it was before I met motivational interview so you knew this part of me already. I have a grant that says I can go over to any organization and say for free, I can help you incorporate compassionate conversations. The U.S. Government and the organizations that are specific to addiction watched me for the last 10 years of my life And they called me.

**Diane:**  Because they saw that your approach worked.

**Stephen:** And they believed in the process of motivational interviewing. They believed that it had the evidence. They knew that this was the way to help addiction, and if I can find different organizations that would be open to trying it out and getting better at it, that they would come up with the resources to help me do that. That's why I'm busy. I have been around the world. I'm not going around the world much anymore. I'm sitting here in my chair.

**Diane:**  We're in the middle of the pandemic. How has that affected what you do?

**Stephen:** Well, I'm the kind of guy that would rather be on a flight to Singapore and helping the police officers of Singapore deal with the issue of domestic violence in the homes or be in China, helping them deal with the issue of opiate use. But it has increased the amount of accessibility to me cause there's only so much that can put me on a plane and get me somewhere and there's only a small audience. now, there are constant, I mean this morning I was working with youth workers in the state of Vermont to help them deal with kids leaving foster care. They're aging out, you know, and how to have compassionate conversations. So, it expands my reach. We're into 32 organizations now from Oregon all the way to, of course, Portland, Maine.

**Diane:** And what does the training look like? How long does it last?

 **Stephen:** Well, we do so many different types, but basically we're on zoom for about four hours a day and one training might be for two days in a row. Some trainings. I'm working with Maine Medical Center right now around their voc rehab folks and we're doing two hours every couple of weeks. Next week I do a week long training for supervisors in the addiction field. So, it's many different opportunities. Part of the reason I have 15 people is that we're also doing other trainings in other places. And you know, it's all coming out of Health Education now.

**Diane:**  And the podcast. Are you using these podcast interviews in the trainings now?

Yes. Yeah. We send them out to people. We let them have the link. They use them as homework to listen. They're part of the training now. We just did a training on eating disorders and M I, and we've sent out two podcasts that we have one on obesity and another one on anorexia to every one of the participants. I want them to focus on what am I doing? I'm not trying to do an interview. I'm trying to do a conversation. And the safer they feel, the more engaged they feel, the more they talk and the more elaborate the story becomes. If I go back to the first one where Black Lives Matter that I did, this was a man I knew for 30 years and his story was so remarkable. You can't ever forget how he got the message that he didn't matter. It just can't slip your mind, you know what I mean? It's there. When he was 10, he heard his mom talking to a friend about the hanging of a neighbor and he wasn't supposed to hearit. That's in his heart.

It's in his heart and his soul and it affects every step he's taken in his life.

**Stephen:**  Yeah. And that was only one of them. But when you hear the story, then you, you have that reaction. You can feel it yourself. You go, Whoa. It's only in 45 minutes. It's like, that's all I'm trying to do here is try to demonstrate how to have a compassionate conversation in 45 minutes. The human being is like a garden to be tended. And so you ask, like putting the seeds in and then you've got to tend to the garden and that's the empathy and that creates the harvest that creates the blossom if you will, of the story and it's not respectful curiosity that does it. It really is walking alongside them. It's tending to their garden. It's listening to what did they just say? And can we hear the whisper of what they haven't said?

**Diane:**  Right.

What do you wish for in life?

**Stephen:** One compassionate conversation at a time.

**Diane:**  And do you practice what you preach on yourself?

**Stephen:** Some days.

**Diane:** You're hard on yourself some days?

**Stephen:**  Some days is it's hard because to do leadership, to step outside you know, there's also , a harshness in the world. Those are hard days, I'm blessed with a number of people around me who will listen to me and do that compassionately.

**Diane:** Do you find yourself struggling ever to live up to your own expectations?

**Stephen:** All the time? All I have to do is talk to my 24 year old son. That's usually where it comes flying out. The problem I have is one you've caught right in the beginning. I am driven and sometimes drive means that you push people out of the way without really knowing it. So I have a cadre of people who sort of, I didn't see them. I just pushed by them. I always feel sorry about that.

 I think we go through our entire lives learning lessons right up until the end.

 Right to the last moment.

**Diane:** Well, let's let that be our last moment for this interview, then. Keep trying.

**Stephen:** Thank you.

**Diane:** You're doing good in the world and be kind to yourself.

**Stephen:** Thank you very much. And also just want to say what a beautiful honor to sit with you again.

**Diane:** Thank you. You changed the trajectory of my life and my family's life. So, I owe a lot to you.

**Stephen:** Thank you.

**Diane:** You have been listening to the Catching Health podcast. I'm Diane Atwood, host and producer. And I've been talking with Stephen Andrew, Chief Energizing Officer at the Health Education and Training Institute and host of the podcast Conversations in Compassion. For more information about both go to hetimaine.org. That's h-e-t-i-m-a-i-n-e.org. Thank you for spending time with us and thank you to our Catching Health sponsors Avita of Stroudwater, a memory care facility and Stroudwater Lodge, an assisted living community, both in Westbrook, Maine. My mother who had Alzheimer's lived at Avita for about two years and she received excellent care and a lot of love. So did the entire family. For more information about both facilities, go to northbridgecos.com and to read my blog Catching Health, listen to more episodes of the Catching Health podcast and find a transcript of my conversation with Stephen Andrew, go to catchinghealth.com. That's it for now stay well and I hope you have a great day.