

'We need to do more to stop talented future psychologists being filtered out early'

Ian Florance meets Bianca Neumann-May

Bianca Neumann-May wrote to us, suggesting her work at the Bereavement Café in Bury St Edmunds would be an interesting subject for an interview. She added, 'I have had quite a varied career so far.' As you'll find, that's something of an understatement.

What is the Bereavement Café?

It's a free, drop-in meeting place for people who have been bereaved, based at The Apex, a performance venue in Bury St Edmunds. It's hosted by St Nicholas Hospice and it takes place in the middle of an actual café area. I facilitate it with two volunteers each time it opens. People can stay as long as they like, talking, sometimes singing and laughing. They show the resilience people naturally have when coming to terms with the often unbearable pain of someone's death. The facilitator's role involves ensuring new people are included in the group, making connections, and offering advice and in-depth support by signposting to other groups and services. There are other activities, such as recommending books on bereavement each week.

Tell me a bit about your family background.

I grew up in the western part of Berlin. We lived on the sixth floor of a high rise. When I was 12 my dad left the family and I watched as my mum's mental health declined... her happiness disappeared. This affected me and my two younger sisters. They were in a children's home and mental health facility for some time.

I went to school, and struggled when my dad left, but persuaded the teachers and my mum that I could do the *Abitur* (German A-levels). I worked at night, went to school during the day and looked after my mum and sisters since I had grown up quickly through all these events. I lived in my own flat after my mum threw me out – an effect of the decline in her mental health. When I got the A-levels I did a year doing a diploma to become a geriatric nurse – I didn't believe

I was clever enough for university.

During this period, I walked into a psychotherapy practice – you can access these services directly in Germany. This, together with what had happened in my family and to close friends – my best friend killed herself when she turned 18 – were signposts to my career in psychology. In the end I ran away to England to start afresh and made it into university.

How did you train, and what sorts of jobs have you done?

There was no psychology module at school in Germany, so I had no academic, only lived experience of it. I completed my BSc Psychology at Middlesex University in 2009. I was always bad at maths and foolishly ignored the fact that psychology today heavily relies on the use of statistics. I remember sweating and counting the minutes till the finish of a statistics lecture.

Anyway, I am the first in my family to have a degree. After that, I did a certificate and diploma in psychodynamic counselling. This was invaluable in two ways. Really listening to someone and making relationships is the key to positive change. The course also made me aware of my processes and drives, and how they impact work and client relationships.

I wanted to learn how people experience their differences in their own environment, so I decided to become a support worker for people with mental health issues. First children, then adults with and without learning disabilities. I did the NVQ Level 3 in Health and Social Care. All this helped me to see what clients' – and carers' and family members' – worlds look like. Unless they do work alongside a service user, students miss a lot. That experience will help psychologists inform their interventions by their own observations and experience.

After that I had a variety of roles – as an NHS mental health practitioner (with the word 'unqualified' in a bracket after the title); an assistant psychologist



in learning disability services; then working in stroke services and neuro-rehabilitation.

You moved from neuropsychological work to palliative care. What sparked this new interest?

I was frightened of death and dying. This partly resulted from personal experience – I have had a miscarriage and supported my mother when she died. Shortly after my mother's death I visited a patient with aphasia in a care home. She was reduced to using yes, no and head movements to make her thoughts and

needs known, since there were no communication aids. I sensed she had a lot that she wanted to communicate, especially since she was in a lot of pain – physically and psychologically. She was bored in the care home. Her 'labels' were pre-morbid anxiety and being difficult. The socks she had had put on her were covered with pictures of cats. She hated cats. I ended up holding her hand as she died.

I wanted to help people experience a death that celebrates their lives rather than being a traumatic experience. We all have our own resources to cope

with our own grief and to support other people through the pain of loss.

If you were advising someone who was thinking of going into psychology, what sort of advice would you give them?

The positive points I'd want to make include my experience that if you want something hard enough you can make it happen... most of the time. As I've discovered, this gives you the confidence to master any situation and increases your levels of resilience. Dipping into different jobs means learning more and more, not just from psychologists but also from the other professionals around you. I have learned a lot from speech and language therapists, occupational therapists and medical teams, not to mention charities and social services, care homes and care agencies. Experiencing multi-agency work makes you a more rounded practitioner, able to apply a more holistic approach to treating patients. My round-and-about way into the profession has been far from a set-back; it's all a part of life and your journey. Live it!

The negatives include the fact that it takes a long time and plenty of stamina to get a career in psychology. There is a lot of competition, not that many jobs, and the training pathways are few and regulated. This makes it difficult for a mature student who might have children, family and a house. A career in psychology requires flexibility – accepting a six-month contract as an assistant psychologist, mostly on full-time hours, learning as much as you can as well as contributing, then moving on to the next one. It is difficult to get part-time work and being able to achieve what you need to achieve to remain competitive.

I'm trying to highlight the issue of feedback in the whole process of training. Let me give an example. I applied for a funded doctorate many times, but there was a lack of feedback on why I wasn't successful after spending hours, days and weeks trying to complete applications. Trainees need to be prepared for a lack of constructive feedback on how to improve an application. Academics could think about improving this area.

I also think we still need to look at being more inclusive to single parents, the LGBTQ populations, people who have not got the money to be able to commit to short contracts. A lot of creativity and great potential is lost because this psychology can

often only be pursued by the middle-class population. For example, studying for a doctorate in integrative psychotherapy means going down the privately funded route – you pay tuition fees, for personal therapy and a supervisor, as well as expenses like submitting your dissertation.

These comments seem to reflect your past work as an organiser for minorities in pre-qual clinical psychology.

The group now comprises about 250 members with seven organisers and a chair. We are passionate about equality and diversity in clinical psychology training. As I've commented, there is not much diversity across the trainee population. Why is that? We need to do more to stop talented future psychologists being filtered out early or not even feeling there is a point to applying since initial hurdles are too high.

Does the British Psychological Society help you at all? What could it do more of?

I think a lot of people are unsure what the Society does – it should send out more information on the full scope of its activities and could help more on ethical issues.

The whole issue of 'being qualified' needs a review. Many assistant psychologists are very well qualified and experienced. They often do the work of a qualified psychologist. In Germany you are classed as a psychologist if you have a master's in psychology. Perhaps reforms of this system are needed to meet the NHS's demands for psychology services and the needs of an ever-growing population of service users.

What new projects or areas of activity are you thinking about now?

I am trying to get funding and build a team for an innovation project comprising a set of picture-based worksheets that enable people with aphasia to explore what has happened to them, give them the tools to express their wide range of emotions post-stroke, and increase interaction with their families. Recently I've exhibited posters at conferences and was a finalist at the HEE Innovation Awards. I'm writing my second book: the first one I wrote, a children's book about IVE, made me want to write for adults next. And I'm looking for a PhD to fully realise my aphasia work.

If you could change one thing about your work, what would it be?

Not just one! I'd like change to happen quicker. I'd also like to have a say in how money is spent in health services. People who need mental health treatment should have smoother transitions. It all goes back to attachment theory; how can a system that does not feel secure make people better? I'd like to see the terms and conditions of health service staff made more equal and to reduce hierarchy. Cutting red tape would mean we could help people rather than spending time trying to improve the system.

Might you have an interesting story to tell about your career path, the highs and lows of your current role or the professional challenges you are facing? **If you would like to be considered for a 'Careers' interview** in *The Psychologist*, get in touch with the editor Dr Jon Sutton (jon.sutton@bps.org.uk). Of course there are many other ways to contribute to *The Psychologist*, but this is one that many find to be particularly quick, easy and enjoyable.

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Shame is one of the most pernicious of affects. It can be unbearably painful and corrosive. It threatens to annihilate the self if and when attachment needs are expressed. With everything that is known about neglect and other attachment traumas, it seems that shame is inevitable. In the context of our clients' experience in the therapeutic relationship, the feeling of shame may relate to past or current events, actions and memories. In the absence of meaningful relationships and connections, shame can often trigger the terror of dissolution.

John Bowlby, along with an ever expanding body of empirical research, has taught us that secure relationships are the bedrock of affect regulation and reflective functioning. Seeing shame as a relational problem, which can so often immobilise both; therapist and the client capacity to move on. It is here that the client can gradually learn to move away from the overwhelming cycle of unbearable shame affects.

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Friday evening, 21 September 2018 6.30pm to 9pm and Saturday, 22 September 2018 9.30am to 5pm at the Institute of Child Health, University College London, 30 Guilford Street, London WC1N 1EH

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