

Stories of hope and growth

Four very different Assistant Psychologists find a common thread through peer supervision – the inspirational power of people’s stories, and working in a way that allows them to be shared.



Luis Soares

‘When I hear other people’s stories, I like to believe that they contribute to my Encyclopedia of Human Experience. The stories I hear help me expand my definition of what love is, what pain feels like, what sacrifice means, what laughter can do. I hear a story and learn from it.’ – Sarah Kay, poet

‘There is nothing more powerful than a good story’ – Game of Thrones

We are defined by the stories we tell ourselves and others about our past experiences. How we relate to these narratives fascinates me. It’s what inspires me to come to work most mornings: being in a very privileged position, that people and their families are comfortable to share their story with me and my colleagues.

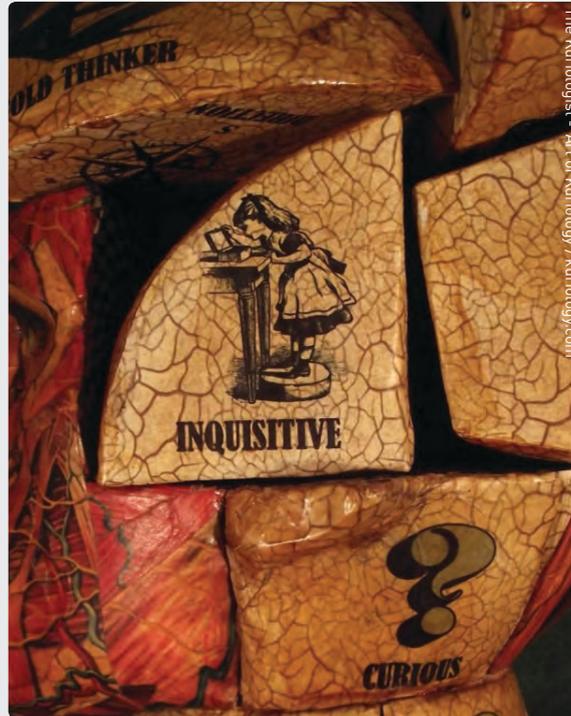
It’s a position of responsibility, but with helpful and attentive supervision I can work with clients to hypothesise on what could be therapeutically helpful to explain, contain and sometimes relieve the stress or emotional difficulties they might be going through. Linking with people and their stories in both my professional and personal life is the main driver for my work. It is something that grounds me, but also cultivates compassion and makes me more human when I relate to others.

I know what you must be thinking... Another assistant psychologist who loves their job and obsesses over psychology 24/7! I can’t argue. I love my job. And how the past shapes us in being who we are – personality traits, attachment styles or the ability to cope with general stressors of day-to-day life – has always interested me. Through my teenage and early adult years, perhaps because I did not lead a very interesting life myself, I spent most of my time listening to friends’ challenges. From an ‘amateur’

psychodynamic observer's point of view, these difficulties would often follow patterns. Being an active listener to so many stories eventually led me to this profession, I think.

I like to read stories of people's resilience through stress, trauma and mental health difficulties. For example, Arnold Thomas Fanning's *Mind on Fire: A Memoir of Madness and Recovery* is a beautifully written and brutally honest account of how his past shaped his present... the highs and lows of his journey through mental health difficulties. From feelings of isolation in his own father's house to being admitted several times to mental health wards, Arnold tells his own story. That story, however, follows a similar pattern to so many individual stories I have come across.

To pick out just one aspect of those stories: the importance of hope, and how hope is linked to the process of recovery. As an assistant psychologist, formulating with a client, a colleague or the wider team involves telling someone's story in a way that aids understanding of what has happened and what is still happening to the person we are working with. In highlighting the resilient nature of a person, one can collaboratively create a message of hope and set a clearer, more concrete path to recovery.



Olivia Holzhauser-Conti

What drew me to psychology, the seeds of my interest, changed and grew when I worked as a support worker in an adolescent Psychiatric Intensive Care Unit. A curiosity around human behaviour, especially the more unusual aspects, became a concern with how it is managed and treated in a hospital environment.

The hospital was private, but NHS commissioned. The hospital as a whole, but the adolescent ward in particular, was chaotic, understaffed and appeared to be more focused on containment than therapeutic intervention. Yet despite the challenges, frustrations and the long shifts, the time spent on this ward provided the two main reasons I stayed within mental health services and psychology: a few key members of staff, and the service users with their stories.

Most shifts were mainly made up of agency staff who were unfamiliar with the service users, and who, for a number of reasons, took a back seat when it came to certain areas of the job. However, there were some permanent, agency and bank nursing staff who so clearly understood the needs of the young people. They formed really strong therapeutic relationships, and used this to formulate and support them through a difficult admission (despite being mostly unsupported themselves).

Each of the service users had a large yellow folder in the nursing office with their name on. Inside were psychiatric reports, admission documents, parent/carer/social worker interviews, in depth descriptions of the events leading up to being sectioned. Some of these contained distressing accounts of abuse, trauma,



and the ensuing challenging behaviour. You could see the effects of these events: the flashbacks, emotion regulation and attachment difficulties.

There could often be a gap between these past experiences and the management plans. Several of the young people had very specific needs, and were also very resistant to being helped. The majority left with a diagnosis of emerging personality disorder: few knew what this meant, and it didn't connect to their experiences. It wasn't unusual to hear staff say 'they have no right to try to feel this way, their parents have money', 'she's just doing it for attention', or 'they can't

Olivia Holzhauser-Conti

expect people to be nice to them after what they've done', from certain members of staff. Medication and physical restraint were common, a psychology presence was not.

Where was the willingness to understand how stories and experiences had shaped them, leading them to a place where they might harm themselves or others? I put it down to the lack of a psychology team. There was no reflective practice offered, no formulations available. Ward staff were putting together the pieces as and when they were able. It was a volatile environment: there were often difficult and confusing feelings without the space to reflect

on or resolve them. A sense of empathy, even in the unpleasant scenarios or with people who have done 'bad' things, would have been vital in helping these young people move on.

As an assistant psychologist I have tried to hold this in mind throughout different roles; prisons and medium secure wards, general adult community, and with looked after children and young offenders. I'm determined to hold my experiences in mind, alongside the wider importance of stories. I will learn, grow and develop. One day I'll walk back into a similar environment, and I'll hope to offer some of what was missing.

Aimee Corner

What if I could see through the eyes of a patient admitted into hospital? I anxiously glance at the name badge of the professional leading my care. How will the staff handle me? What sort of treatment would I receive? Most importantly, would I feel respected by those professionals looking after me? Can they fully understand my complex story?

I think I experienced all that in a single hour. It was one of the longest hours of my life.

I had accompanied my friend to a Care Programme Approach (CPA) appointment whilst in a psychiatric admission. I'll call her 'Delta', after her pet dog she's besotted with. Delta has been diagnosed with Borderline Personality Disorder, Bulimia Nervosa and Generalised Anxiety Disorder. Delta is a very interesting character; she fluctuates between being ridiculously happy, to highly anxious and then self-destructive all within a few hours.

Although these are symptoms of her disorders, I have always wondered just how much people see her as Delta and not as the augmentations of her illness.



Aimee Corner

I cherish the 'real' Delta that I know every day. This CPA would give me a professional's perspective and interpretation of a person suffering from psychological illness.

The meeting began as I had predicted – Delta shouting, swearing and contesting her move to the psychiatric unit. She believed that she would be better off in the community as she was not going to receive help through an admission. I found my defences rising to argue her case. Although I'd never personally visited her during her previous admissions, she'd told me she'd had a rough time.

Within 10 minutes, my preconceived judgements of these professionals changed. I was inspired. The psychologist told the group how well Delta had been doing, how much progress she had made recently and how her defences were up because she was scared of how she had been judged in the past. This psychologist assured me that she wouldn't be treated as a product of her disorders.

Following that admission, Delta has not been admitted to hospital again. Since I began working as an assistant I have constantly held the words of her psychologist in my mind. With compassion, care and determination I could make the lives of some of the most complex patients more comfortable. I hope that I can play my part in keeping patients happy and safe in the community.



Faye Wilson

'Every single thing has its own unique beauty. People with autism get to cherish this beauty, as if it's a kind of blessing given to us.' – Naoki Higashida

As a young girl, I asked too many questions. I was too curious, or 'nebbly' as my parents may have said. Looking back, I see that I wanted to know all of the relevant, crucial details, to be able to gather my thoughts about something – essentially, to formulate.

Back then, a kind smile and a hug was all I could provide. I didn't have the maturity, the words to say. Now I am learning about the world, and the unique, beautiful and complex individuals that surround me.

A book reminded me recently that I will continue to learn for the rest of my life, no matter my qualification or age. *The Reason I Jump: One Boy's Voice from the Silence of Autism* was written in 2005 by Naoki Higashida, a then 13-year-old Japanese boy with autism. It is a fascinating insight into his views on how autism has shaped his perspective. The book was published in Japan in 2007, translated into English by Keiko Yoshida and her author husband, David Mitchell, and consequently published again in 2013.

The book is written through question and answers and explains how an autistic individual's mind runs: how they feel, how they perceive and more importantly how and why they respond in ways someone of a

typical mind-set may not even consider or imagine. Some have questioned details of the book, or how much of Naoki's voice remains, but it connected my heart and mind. It's too easy to get lost in the facts, forgetting to empathise.

I continue to seek to understand others, to learn how to provide reassurance, coping mechanisms, alternative ways of thinking, and inspiration, for those who are struggling in their own mind and find it difficult to express themselves.

We learn from stories in the books we read, but also the service users we come into contact with. As an assistant psychologist, I have completed 1:1 psychoeducational and therapeutic sessions with service users, where not only they learn from me, but I learn from them. That's what working collaboratively is all about.



Faye Wilson



On our website...

Out of the fog of uncertainty

Holly Edwards and Sarah Cassidy with advice for new Assistant Psychologists.

'We were recruited together after enduring a challenging interview day which consisted of a nerve-racking group activity and a timed report-writing task. Throughout the day we watched as our competitors seemingly excelled themselves as we scrutinised our own performance for our perceived inadequacy. It was almost a shock to be offered the job after so much self-doubt...'

<https://thepsychologist.bps.org.uk/out-fog-uncertainty>