

My Psychotherapy Career: The challenges of training and working as a psychotherapist

With UKCP psychotherapist Josephine Fernanda Discepolo Ahmadi

Jenna:

Hello and welcome to My Psychotherapy Career, a podcast where we explore the different therapeutic settings our members work in, and how they came into their career. I'm Jenna Rachid, the Digital Engagement Officer at UKCP. Our host Helen Willingham is the Head of Content and Engagement at UKCP, overseeing all our communications to members and the public, as well as our policy and research work. In this episode, Helen speaks to UKCP psychotherapist Josephine Fernanda Discepolo Ahmadi. Working to attain a career in psychotherapy, Josephine navigated the financial constraints of training and her disability, to begin her psychotherapeutic career. Working in NHS mental health services for 20 years, Josephine specialties include learning disabilities, forensic mental health and care management, and treatment of individuals suffering from a variety of mental health conditions, including personality disorders and eating disorders. Josephine now balances her time in her private practice, her role as a divisional EDI lead for an NHS Trust, her position as a UKCP liaison representative for the Association of Cognitive Analytic Therapy, and her work as an author and co-author of articles and book chapters on drama therapy, therapeutic storytelling, social justice, and the oppressive use of power. In this episode, Josephine talks to Helen about her transition from an artistic career into psychotherapeutic practice, and the range of roles she has held.

Helen:

Thank you for joining me today, Josephine. It's really great to speak to you. I just want to kick off with my first question, which is before you became a UKCP member, you began practising as a drama therapist. Can you tell us about this time in your career?

Josephine:

I think it was a very exciting time, because I was at the age of 44, more or less, when I started practising trauma therapy in the UK. And for the first time, a lifelong experience and knowledge came together. For the first time, the role of drama therapist allowed me to find the level of continuity in what I had done for over a longer time. And gave me, offered me also a theoretical structure to understand and develop a model of working that had been part of my practice before I moved to the UK, and retrained as a drama therapist. So, I think, what was challenging, I have to say I'm disabled, and at the time I was much better and fitter than I am now, that still I was a poliomyelitis survivor. As you might know, poliomyelitis was an epidemic that hit the world in the 1950s. And I was affected very mildly, but nevertheless, I was left with some mild limping when I was tired, and some vulnerabilities. So, to be disabled working as a trauma therapist with a group of individuals with multiple and severe disabilities, both from a mental health and physical health point of view, it was a challenge. And I think I had to review some of the level of denial about my disabilities. As I was also made aware by a poliomyelitis specialist in the UK, that the ageing process for poliomyelitis survivors is particularly challenging and particularly difficult as it proved to be. But at the time I was fit enough to work

with very vulnerable people and be able to lend my body, which is very often what was required on me, and part of the drama therapist role. So, it was a very exciting experience and made me realise that I had many transferable skills. And, unfortunately, did not last long. Because the first service where I worked as a senior drama therapist in a team where there were different arts therapists was shut down. And, strange enough, I went through a major health crisis and I had three operations within one year, including spinal neurosurgery, because I had spinal cord damage. But, you know, although it was a brief time, it was very intense and rewarding.

Helen:

Yeah, thank you for that. And you said, at the beginning there, you retrained. What led you to do that?

Josephine:

I'd come to this country on holiday, a sort of holiday. My daughter was at university here and I was experiencing some gaps in my working. And she asked me to join her for some time, and I came to the UK. It happened to be my birthday and I walked into a bookstore to buy myself a present. And I walked to the theatre section, as I do, and I used to do even more at the time. And there was a book with a very intriguing title. And as I got to the book, I discovered drama therapy. So, I discovered that the community projects I used to set up in Italy, that I taught were something that I was just inventing, were a profession in this country, a very well-regulated profession, and with a very rigorous training pathway. So, that was my decision, I decided to stay in this country and retrain.

Helen:

Wow, all from that bookshop look in the theatre section.

Josephine:

Yes, it was a longer process because to retrain as a drama therapist, I needed to gain clinical experience, which I had not at the time, because my background was a creative background. And so, the course wanted me to gain. And so, I had to find ways to work in a clinical setting for one year and a half before my application for retraining was accepted.

Helen:

You then went on to also set up in private practice. What set that off?

Josephine:

Private practice came later, when I was retraining as a cognitive analytic psychotherapist, because you know, my training cases required me to work with a range of, you know, mental health difficulties. At the time, I was working with a specialty service in social care in the NHS. And obviously, my old clients I could see at work as part of my training cases, came from one diagnostic group. So, I thought the only alternative that I could find at the time was to set up private practice under closer supervision. And that's what I did. And then when I completed my training cases, I still was receiving requests to work in private practice, and then I continued to do so. And also, when I trained as a supervisor, the requests increased, because there is a shortage on the supervisors. And so that's how my private practice developed.

Helen:

And then I just want to pick up on the NHS side as well, because you mentioned that then, and you've

worked in the NHS therapeutically within special needs service, in the forensic mental health service, eating disorder service, and personality disorder service. What drew you to the NHS side of things?

Josephine:

Well, I started gaining my clinical experience for my initial training as a drama therapist. And I discovered that one way for me to get clinical experience, and at the same time earn a living... Because at the time, I was still supporting my daughter at university, and I was divorcee and I needed to earn a living. And I realised that in the UK, you have unregistered nurses. So, I applied for a few jobs, very reluctantly, because I felt very ill-equipped to, you know, to work in such a role. And I had people in the NHS who really supported me and, you know, reassured me that, you know, I had transferable skills and that I would receive training and support. And so that's what I did. I started working in the NHS even before I started my training as a drama therapist. And I worked in, it was actually a halfway house. It was the residential setting for people with severe and enduring mental health conditions. And the job was just a healthcare support worker, very basic, but I learned so much. Coming from an artistic background, I entered the different world, and I learned a lot. And I was very admiring of the model that the NHS adopted, the multidisciplinary team working, that I'd read about, but without realising the implications, the potential, the richness of it. So, that was my step in the NHS, and I have now 26 years of continuous work in the NHS.

Helen:

On another aspect, you have a passion, interest in social injustice and difference. Can you tell us how this is presented in your psychotherapeutic world?

Josephine:

I think that early in my drama therapy training and in my cognitive analytic training, I came across a range of individuals whose difficult mental health difficulties were obvious consequence of all sorts of differences, and social injustice, and deprivation. And I was already inclined to focus on the dynamics of power always at play in our lives. And I came across the work of some very inspiring theories like David Smail and Theresa Haugen, who have written and published extensively on the topic. But what really was an interesting tool was the articles they published on power mapping. And what was also very inspiring was the difference that they were very clearly describing between power and empowerment. The word empowerment is often used by psychotherapist, as if power is something that can be psychologically gained almost without connection with the reality of the dynamics of power and injustice. So, that really was a very useful experience for me. And because I worked, as I said, with very deprived communities - I worked in the London Borough of Haringay and in the London Borough of Chelsea and Westminster - so all the richness of a multi-ethnic city like London was very stimulating in developing such an approach in my work.

Helen:

I want to take you back and ask, why did you become a psychotherapist, and what prompted you to begin training?

Josephine:

There is a sort of myth or mythology about this, but I think it's part of the story of my development. I had always an interest for theatre and I remember in high school I set up my first drama group. And it was a very interesting experience. And one of the young friends that I was working with gave me a birthday present. And surprise, surprise, it changed my life. It was *The Interpretation of Dreams* by Freud. And it was such an

eye-opening experience. There was something about it that was making sense of so much of my experience as an adolescent in Italy in the 1960s, working in theatre and experiencing some of those experiences that Freud described so well in his books. So, that was the beginning of my interest, which was then a lifelong interest. And also, the theatre activity I was involved with was the closest thing to psychoanalysis that you can think of. Because of experimental theatre in the 1970s, especially in Italy where all the international practitioners were experimenting and running workshops in Italy. Somehow, I was also fascinated with the discovery of French feminist psychoanalysis, and how they worked very closely with theatre, performers, with playwrights. I came across people like H  l  ne Cixous, who wrote so many plays which were based in psychoanalysis very deeply. So really, theatre and psychoanalysis or psychotherapy were for me almost the same thing or part of a process that has many similarities. And so, the idea of training as a psychotherapist and to begin with as a drama therapist - something that brought together my two early passions in life - was a sort of dream coming true. And I am still mourning the loss of that kind of marriage and wonderful combination of interest. But as I retrained in cognitive analytic psychotherapy, I felt that there were similarities in the approach, in the model that helped me to retain part of what I was losing. As I could no longer practice drama therapy, or at least I could no longer practice drama therapy in the active, embodied model, that I privileged, and I preferred, and that I have the skills to adopt.

Helen:

And a slightly different question. Who is your psychotherapy or counselling hero?

Josephine:

My psychotherapy hero, I have really agonised over this question for a long time because there are so many theorist who have helped me to develop and have inspired me. And the list is very long. And I know it could be Winnicott in the UK, it could be Stephen Mitchell in the States, it could be Anthony Ryle back in the UK, or many others. And when I lived in London, I had opportunities to visit the places where all these dialogues developed. However, my psychotherapy hero is the younger colleague who starts working now, possibly in the public sector, who possibly has gone through a very costly training and a very demanding training, who is still managing to negotiate his knowledge, his motivation, his passion, with what is required of him in a very changed and changing landscape. That would be my psychotherapy hero. The people whom we should credit for the survival of the profession in the way we have known and respected for decades and decades.

Helen:

What does being a UKCP member mean to you?

Josephine:

Well, I think it is such a respected and revered organisation. And it was such an achievement to become a member or be part of such a large and rigorous organisation. So, it was an achievement, full stop. And as soon as I became a member, I started attending meetings and I really wanted to try and find a place within an organisation. One can never say, you are familiar with an organisation because organisations change and must change in order to survive. But I guess it was as if the family was growing, and I needed to be an active part of this growing family.

Helen:

Thank you. And looking back now, is there anything you wish you knew before you started your training?

Josephine:

I understood very early, even at the very beginning when I was just trying to meet requirements to apply for drama therapy training – so, as a healthcare support worker working in almost speciality service – I realised that if I want to widen my knowledge, I joined the bank, they have a list in all different trusts in the NHS, where you can work, even if you have a full-time job as I had. And I was training part-time. I used to do some other shifts on other services just to gain an experience of what it was like to work in a therapeutic community, what it was like to work in services for children with mental health difficulties, what it was like to work on an acute ward and so on and so forth. I wish I had done even more. My experience was broad and interesting, but perhaps I wish I had more confidence and asked people who were working as psychotherapists or psychological therapists within those services about the reality of the work, how they develop their role, how they felt about their contribution in multidisciplinary teams.

Helen:

And the other side of training is obviously the logistics, and you mentioned this actually when we're talking about psychotherapy heroes, the rigour of a course and the cost and the time. But how did you manage that when you were training? And you've just said you were working and doing extra shifts on bank as well. But how did you manage that at the time?

Josephine:

I had some advantage, just one, I was single. At that point, my daughter did not require any more of my financial support, and I had to look only after myself. But was it easy or affordable? No, it never was. I borrowed money from the bank. In those days – I don't know if these kinds of loans are still available – but you could borrow 10,000 pounds from a bank for postgraduate training. And that's what I did. And I repaid the loan over the three years. Together with that, I always had to study part-time. My drama therapy training, I could have done it full-time, but I couldn't afford the full-time training. So, it took longer, and I trained part-time while I was working full-time. And I owe to the fact that I always applied for jobs where I could work on shifts. And despite all the difficulties that I had, which were innumerable, I had very supportive colleagues. At times, I had also the very unsupportive ones, but I had also supportive colleagues who managed to be very understanding and make sure I had my days off when I had to go to university and, you know, organise my rota in a way that I could do my training. I think that's how I managed.

Helen:

Yeah, that understanding of colleagues and those around you was a real benefit.

Josephine:

Yes, but this did not really spare me. The studying, and writing essays, and organising placements in the community in my own time. Weekends were all about studying, and writing, and reading, and long late into the night, early into the morning. Yes, there was a lot of that as well. Yes.

Helen:

Very full time.

Josephine:

Yes.

Helen:

And what advice would you give to someone considering training as a psychotherapist or a psychotherapeutic counsellor?

Josephine:

The advice would be what I wish I'd done myself: to gain more of an understanding of what it is like to work as a psychotherapist in private practice or in a range of services. To speak with colleagues.

Helen:

And my final question, how has training changed you?

Josephine:

It has given me the sense of continuity, has made me realise that a lifetime of experience following very different pathways, there was some level of continuity in my journey. It helped me to see that, and this is really the wonderful gift that the profession has offered to me. And the other thing is, it keeps me on my toes, which is a mixed gift really, a bit of a curse at times. Sometimes one wishes to be able to shift the responsibility outside of the self and that becomes impossible when you are in this profession. Because then you know, the focus goes inward, as well as outwards. And so, I think it has changed me and also has helped me to understand the responsibilities towards my community, the main communities I belong to.

Helen:

Great, and I think that's a really good note to end on. There are a few takeaways there from how it's changed you, but amazing to hear all about your background, your career and also your training. So, thank you very much for joining me today, Josephine.

Jenna:

That was UKCP psychotherapist Josephine Fernanda Discepolo Ahmadi speaking to Helen Willingham, our Head of Content and Engagement. If you're interested in exploring training, then you can visit our psychotherapy training page, where you can find information on psychotherapy as a career, as well as the different training pathways available to you. Just go to www.psychotherapy.org.uk/psychotherapy-training. All episodes of My Psychotherapy Career are available on our website psychotherapy.org.uk. You can also subscribe to our channel, UKCP, on your favourite streaming platform. Do you have feedback you'd like to share with us on this episode or any from our series? Get in touch with us at communications@ukcp.org.uk. Join us again next month. Till then, thank you for listening and take good care of yourselves.