

## 'The scientist/practitioner divide is nonsense'

Ian Florance meets occupational psychologist **Almuth McDowall**

I caught up with Almuth McDowall at the 2015 Division of Occupational Psychology (DOP) conference in Glasgow. Among a number of appearances in the programme she reported on progress in revising the Stage 2 qualification process for the training and accreditation of occupational psychologists. It seemed a good time to pick her brains on occupational psychology as a career.

'I'm now full-time at Birkbeck

University of London, having previously worked at City University and Surrey University, based in the Department of Organisational Psychology, which was the first of its kind in the UK! I am Course Director of the CIPD accredited MSc programme in HR development and consultancy, I lead specialised modules, supervise postgraduate work, do funded research – it's a full-time academic role. Birkbeck is an interesting place: originally set up as college for the "working men of

London" it was also one of the first colleges to admit women as students; curious to think that this shocked the nation at the time. Over the years, it's been a stronghold of adult and further education. That's why a lot of teaching is done at weekends and in evening sessions. Sometimes this is challenge for my own work-life balance, not least as I am juggling a large research project which has to remain secret for the moment. But I've come to relish the full-day workshops.'

Almuth has been involved in the Society for some time – she was formerly chair of the DOP. I asked her how she'd started contributing to its work.

'One of my many PhD supervisors suggested I give time to the BPS. I started working in the DOP and grew interested in continuing professional development. Being honest, I got a bit fed up with how long it took to get things done. The membership networks continue to be run by volunteers, and we simply didn't have the resources to drive things through, and, in any case, in a members' organisation there are set steps you have to go through to action any initiative. So I took a back seat for a while until the need for urgent action dawned on me when I became an MSc course director.

'I realised that clients and potential customers don't understand what we still refer to as "Chartership" (AKA a Stage 2 society-led qualification, which people undertake once they have completed their MSc): we need to shout the benefits of working with a regulated profession from the rooftops. It also became increasingly clear that the master's curriculum did not fit the reality of occupational psychology work. The world of our work has changed – examples include the growth in coaching, more emphasis on wellbeing and the decline of ergonomics as a specialism. It was also clear that we were not working enough in organisational development and change, leaving this practice area to other professions.'

Almuth is clear that psychologists have so much to give: '...specialist



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knowledge and technical expertise, as well as our ethical stance, an appreciation of the limits to our competence, and drawing from evidence-based practice. Still, at an organisational level you also need the guts to be potentially controversial by suggesting something different, to be courageous and self-confident enough to work with senior teams. Psychologists often lack conviction, and there's a real tension between what we know and how we package ourselves. In Europe, even MSc training involves more work experience, as students undertake two-year programmes, and I feel that it is vital to integrate such practical components into our UK-based training.'

### I felt it was the last-chance saloon for our profession

'Anyway, I re-involved myself in the DOP. Central to my work is a strong belief that the scientist/practitioner divide is a load of nonsense. Applied psychologists are about evidence-based practice. Simple.'

Hazel Stevenson, then DOP chair, suggested that Almuth step forward as the next chair. 'I felt it was the last-chance saloon for our training path and therefore the future of our profession. We'd had done a major review of what we do and how we are perceived – *OP First*, the report published in 2006 – out of which had come the clear recommendation that action was needed, but it hadn't had any great effect. Then Hazel came along and persuaded some of the best minds in our Division to undertake a review of training and development, which reiterated that not doing anything was far more risky than trying to initiate change. I'm pretty stubborn and thought "I can get things done". You have to be realistic as a Division chair though and only take on what you can deliver. But the revision of Stage 1 – the MSc curriculum – is now done and dusted, being adopted and getting good feedback. I knew from the start that work on Stage 2 would be more difficult, and as you saw at the conference session there are widely differing ideas about what qualifying training should cover, how long it should take, what stages there would be. The issue of understanding post-MSc qualification routes remains key and we have to promote the value of being registered.'

What does the future of occupational psychology look like? 'We need something dramatic to trigger change and a process of self-organisation. If that doesn't happen I suspect that occupational psychology will not exist as a major identifiable profession in 10

years' time. But this is not just an issue for the Division. Psychology has huge opportunities given the thirst for psychological knowledge, particularly in the media. A question I often hear is "What is behavioural science?" Shouldn't we as psychologists be in the forefront of that debate? Increased public promotion of psychology is written into the Society's strategic plan but we need concrete and tangible action.'

### I grew up surrounded by British squaddies

Where does this huge commitment to her profession as well as her strong views on the future of psychology come from? Almuth described her route into psychology, and I suspect it explains, in part at least, her unique perspective.

'I grew up in Westphalia which is a lovely but also very boring part of Germany! My home town housed the now last remaining British army base in Germany, so I grew up surrounded by British squaddies. I originally came to England to complete my classical dance training but fell out of love with dance here. In the UK you repeat endless drills. The Russian school, which I'd grown up with, stressed a more mentally challenging and creative approach. I suppose that's where I learnt internal discipline, but also to put on a show, even when you don't feel like it. These are core skills which have stood me in good stead, as working with clients, but also working in education, is often about performance. Our clients and our students deserve to get the best, and it's not only what you know but also how you deliver this that makes the difference. I also discovered that I was less interested in teaching children, but I loved teaching dance to adults as I could be as creative as I wanted, rather than stick to set instructions. So I trained as a fitness instructor and really enjoyed being a personal trainer to some high-profile people. But I began to realise that some were becoming over-dependent on me and expecting to be sure of the results of fitness training. And, of course, you can't change physically unless you change mentally. As my workload had been growing but I was also having thought about how best to look into the future, I had two choices – start up a company to service my growing client base or retrain. I did the latter.'

It's interesting that, in interviewing practitioners for *The Psychologist*, training in dance has cropped up more than you would expect. Almuth suggests the link between mind and body (which is central,

particularly to classical dance) and the need for (staggering amounts of) discipline feeds into success as a psychologist

Did psychology surprise you? 'I'd been warned about the statistics and "science bit"', so no. I'd already done a course in systemic therapy at Birkbeck and was initially interested in counselling psychology, but psychologists have an absolute responsibility to call a spade a spade and be honest about what we are good at. I was not suited to working with individuals day in day out. But I've kept up my interest in the area and am a very active member of the Special Group in Coaching Psychology. I did my own MSc at Goldsmiths where there was a wonderful faculty that inspired me. Clive Fletcher convinced me to do a PhD and I stayed at Goldsmiths for a few years. My supervisors changed a lot and I ended up finishing my PhD at City University where John Rust's Psychometrics Centre was at the time. Then I moved to Surrey.'

### Work as we know it is changing as we speak

You've mentioned some internal issues for occupational psychology as a profession. Given your experiences, what are the key issues for it as a practice? 'Change and complexity. If you want to make a difference in any organisation, you have to address these. Slowly but surely organisations are beginning to take the diversity agenda on board, and this has positive implications for the work-life balance issue, which is very dear to my heart. But there's lots to do. Work as we know it is changing as we speak, as we work more connected, more virtual, and often also with more ambiguity. Plus, we seem to lose sight of the necessity of switching off – young peoples' work penetrates every aspect of their life, as they are often connected 24/7.'

Almuth practises what she preaches ensuring she balances her work with a wide range of external interests. But she is passionate, though clear-sighted, about occupational psychology, drawing on her work experience, her training and the views developed through her roles in the Society. 'I'd encourage anyone to go in for it, even though I've suggested the future is uncertain. Most practitioners I know do what they do because they see it as a way to make a genuine difference to people's lives. Work is so important to our life satisfaction, to our happiness, to our mental health and wellbeing. We have an important and satisfying role; the beauty about occupational psychology is that you can apply it anytime and anywhere.'

# People first, science second

**Ann Wood** explores the personal and professional issues encountered when addressing the spiritual lives of service users in mental health settings

It has been suggested that religion and spirituality is psychiatry's 'last taboo', and that the spiritual beliefs of service users are frequently 'pathologised' by mental health practitioners (see the Mental Health Foundation report from 2007, *Keeping the Faith*, [tinyurl.com/l7qxrz](http://tinyurl.com/l7qxrz)). Isabel Clarke, a clinical psychologist with a special interest in spirituality, recalls ([tinyurl.com/nfe6znb](http://tinyurl.com/nfe6znb)) offering spirituality awareness training for staff and how it was an extremely difficult subject for some to discuss, as difficult as issues of sex and sexuality once was: '...staff were frequently at a loss when faced with the religious and spiritual preoccupations of the people they were working with.'

Whilst this could be considered an extreme response and aversion to spirituality, the sentiments shared resonate quite strongly with me. Whilst working as an assistant psychologist on an inpatient ward, I was asked to facilitate a spirituality group and was astonished by the number of professional and personal issues it raised. I will briefly explore this issue and how the experience of facilitating the group led to fundamental changes in how I work and interact with service users.

## My experience and ambivalence about the group

The spirituality group, 'My Journey', was offered at Phoenix Ward, a rehabilitation unit for 18 individuals at Springfield University Hospital, London. The ward specialises in offering care and treatment to individuals who have significant mental health difficulties and have found it difficult to live independently or in less supported accommodation. In recent years a spirituality group has been offered on the ward many times, and along with the chaplain I became a group facilitator in 2010.

I was very ambivalent about becoming involved in the group as I was more familiar with offering sessions that were highly structured, psycho-educational in nature and with a 'proven' evidence base, such as cognitive behaviour therapy. At the outset I was particularly concerned about the value of this intervention and in particular whether it was endorsed by research evidence.

I was also concerned about some of the very difficult, personal and spiritual topics that we would talk about in group. I felt unable to prepare myself adequately to respond and support group members, especially when discussing such a diverse, 'unscientific' topic in a 'manual-free'



environment. I lacked confidence in my own clinical skills and was perhaps drawn to offering structured sessions that provided me with a sense of order and confidence in the material discussed; a sense of legitimacy and authorisation for the interventions.

I also considered whether discussing spirituality might be difficult or unhelpful for some service users. Harold Koenig has found ([tinyurl.com/6wbm6du](http://tinyurl.com/6wbm6du)) that approximately one third of people who are experiencing psychosis either describe or are pre-occupied with 'religious delusions'. Others have found that people with schizophrenia who were engaging in very excessive religious practice, such as spiritual healing, were more likely to experience further episodes of psychosis (see [tinyurl.com/krk4xv8](http://tinyurl.com/krk4xv8)). Therefore, it is perhaps understandable that many practitioners, including myself, are hesitant about discussing spirituality.

I was also very aware that, despite having worked in mental health services for over 10 years I had not been involved with or even aware of spirituality groups being offered on inpatient units. I carried out a literature review of the topic and struggled to find many research articles. I had also hoped to uncover a 'manualised' approach that I could confidently use as a guide. Whilst this was all quite

disappointing, my reading nonetheless proved extremely useful in other ways because a theme that I repeatedly encountered in my reading was that spirituality is an area that is 'religiously' overlooked by services.

I was also pleased to discover that some authors had indeed reviewed spirituality groups offered on mental health units. For example, Russell Phillips from Bowling Green State University facilitated a semi-structured group, and each week they proposed a specific topic (e.g. forgiveness, hope) (see [tinyurl.com/myunhww](http://tinyurl.com/myunhww)). They asked group members for informal feedback and found that the group was highly valued and that participants wanted it continue. And Nancy Kehoe, a psychologist who has 30 years' experience of running spirituality groups, says that such a group 'provides valuable therapeutic experiences in tolerance, acceptance of other's views, and thoughtful examination of belief systems, as well as opportunities to apply spirituality and values to life questions' (see [tinyurl.com/oz3gwju](http://tinyurl.com/oz3gwju)).

The descriptions of these two groups gave me the final push I needed, despite my reservations, to commit to running the group spirituality group at Phoenix.

## My journey

My initial ambivalence about facilitating the group melted away very quickly when we got started. I soon found being involved with the group extremely rewarding. The whole atmosphere in the group was completely different to any other group that I had experienced. From the moment we invited people to attend the group it felt different. Each week everyone was warmly invited to attend the group, as you might invite someone to attend a social event. It was a personal and genuine invitation for people to spend time together. In practice, whilst the facilitators always had some ideas and topics in mind, the group was largely directed by group members and the topics which they wanted to bring. However, if topics or items were introduced by the facilitators, the emphasis remained on the

personal interpretation and meaning for group members. We encouraged an environment where people could share honest and critical opinions.

Over the course of two years we discussed many different topics, such as religious festivals, religious texts and stories, spiritual journeys and suffering – no two sessions were ever alike. This was a group about acceptance, people being themselves and being present with one another. The chaplain was particularly good at encouraging group members to share their own beliefs, and I could see that his curiosity and genuine interest meant a great deal to service users. To emphasise the importance of each contribution we started the 'Phoenix Book of Wisdom'; a book where participants could share and record their own ideas.

The atmosphere within the spirituality group might be described as 'non-directive', an approach that has infused many psychological theories, such as recovery approaches and person-centred therapy. I was already familiar with the work of the American counselling psychologist Carl Rogers from the 1940s, and I feel that the atmosphere within our group promoted the three 'core conditions' of this approach – unconditional positive regard, empathy and congruence. I also found that I was continually drawing on different psychological theories and therapeutic approaches, such as motivational interviewing, psychodynamic theories, mindfulness and guided discovery. Whilst in the past I would have used theory in a more mechanical and rigid manner, in this group I was still drawing on my knowledge and skills but was doing so in a more sympathetic, responsive and creative manner. I have since learned that this approach also has a name: an 'integrative' approach.

However, I am still left wondering whether a tension remains within me about how to work with people: the one side drawn to offering pure, therapy from one theoretical viewpoint and the other feeling more confident about responding more creatively using an integrative approach. Whilst reflecting on this I found it useful to consider the comments of Isabel Clarke in her book *Madness, Mystery and the Survival of God*, as she recommends that there are two ways of thinking about the self: the 'functional office represents the rational, either-or logic, way of knowing. The mysterious room with no clear limits corresponds to the relational and emotional, way of knowing that is based on experience.' I suspect that when I became involved with the spirituality group I worked

solely within the 'functional office'. The group encouraged me to consider the 'mysterious room' and to experience for myself this way of being with people.

The experience has also led to me reflecting on the mindful atmosphere within the group. Mindfulness practitioners often refer to the two modes of 'being' and 'doing'. Often we are in the 'doing' mode and lose contact with the here and now or the 'being' mode. I feel that the very directive work which had been my preferred approach was akin to the 'doing' mode whilst the group made room for 'being' with service users.

### Evaluation

It was rewarding to see people 'come alive' when they were in the group, the pride reflected in their faces when they themselves and their views were warmly accepted. When we asked people what the group meant to them, they tended to say it offered a sense community, that their contribution was respected, and that we were not trying to change them. They were thankful for the compassion and interesting discussions. Of course, this was an optional group, and we therefore only met with people who had a genuine wish to engage with us. And we could not demonstrate that this group made a difference for service users in terms of their symptoms, prognosis and length of stay in hospital. But we nevertheless felt that it had made a difference in terms of how people felt about themselves and that it had strengthened our therapeutic relationship with many service users.

Despite the apparent success of this group and the format used, it is also important to recognise that it was offered in a context where service users were offered many different interventions. Our group was facilitated alongside more directive interventions, assisting individuals to alleviate symptoms of their mental health problems and work towards their goals. However, this group seemed to offer a therapeutic counterbalance to interventions that place more emphasis on the need for change.

I look back at my experience in this group with great affection. I was inspired by many aspects of the experience; but mainly, the sensitivity of the chaplain, group members' enthusiasm and the respectful and welcoming atmosphere fostered. I am also more inclined towards being in the moment, present and mindful with service users. Whilst I will continue delivering more 'recognised' and evidence-based treatments, I feel nonetheless that my experience of this group has made me a better practitioner.



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