**Samantha Banbury transcript**

**Hello, and welcome to the BACP Communities of Practice podcast. Welcome to the BACP Communities of Practice podcast series, episode five. I'm Rebecca Stew, the Communities of Practice lead, and today I'm joined by Samantha Banbury, a reader in psychology and psychosexual therapy based at London Met University. Hi, Samantha. Could you tell me a bit about what led you to becoming a therapist, and the areas of practice that you currently focus on?**

Hi, everyone. Basically, I'm a psychologist by trade, and I started off in psychology, went through the traditional route. Then, when I was doing my PhD and looking at coercive sex in British prisons and forced drug searches, I took a counselling quali [sic] to support the victims who had been abused, and set it up to support them. So that was the first taste that I had of a counselling course. Quite liked it.

[Interruption 0:01:09.2 - 0:01:14.6]

Continued with that and ended up doing the full qualification in counselling, which would support my research interests, which is sex research. Did psychosexual and relationship therapy course, and this is something which I'm currently pursuing at the moment. I wanted to balance the practitioner and the theory, because I do think, even as an academic, it makes a huge difference when you're actually working in the field. Basically you're working with individuals, you're working with their problems, and it informs the way that you teach the students. That's how it led. It was cumulative, and now, all the way to becoming a reader in psychology. So a mixture of counselling and psychology. The way I practice is actually integratively, so integrative counselling.

**It's a bit of a journey, isn't it.**

It's a bit of a journey, that one!

**I'm really enjoying hearing about how our members become therapists through the podcast series, and I've yet to hear a straightforward story of…**

There's nothing in life that's straightforward, Rebecca, yes!

**[Laughs] You're one of our communities' champions on the Communities of Practice platform for the psychosexual and relationship therapy community, which has some really interesting discussions on at the moment. You've recently completed a review on mindful compassion and sexual intimacy in women with cancer, haven't you, which you talk about on the platform. Can you tell me a bit about how you got involved in that?**

Yes. My friend and colleague was diagnosed with breast cancer. Came as a huge shock. That's not the kind of news you want to hear. Her and myself, we've got similar research interests. I was interested in mindfulness. I am not a mindfulness practitioner. I'm too type A personality, but I respect its effectiveness in different areas. So me and my colleague got together, and we started to have a look what was in the literature. We were actually kind of surprised. [?Brotto 0:03:39.8] in Canada is what I call the queen of mindfulness interventions, but even so, there are about ten papers throughout the world, maximum, that look at mindful compassion, or mindfulness, in supporting women who are undergoing cancer treatment, breast gynaecological. There's one study for men, that's it, and there's no study and no research in palliative care. When I speak to women who have gone through chemo, radiation, hormone treatments, and particularly with the gynae cancer, a lot of the women actually report embarrassment, they're concerned about their sexual behaviour and intimacy. It can sometimes affect their relationships. So I thought, well, this isn't good enough.

There's nothing out there, and there's nothing to support these women. The research feels as though it's being brushed under the carpet. From this systematic review, I've developed three interventions with [?Dellian 0:04:54.7], my research assistant, who's been an absolute gold dust in all of this, and helping support this. Most people are touched or affected or have somebody that they know that's had cancer, and everybody forgets about intimacy and relationships, and everything else associated with that. We need to be more mindful. I hate to use that term, but we really do, in terms of helping this group. Work with body shame, work with insecurities, work with pain, because mindfulness does also help with pain, according to some research, sexual pain. It's quality of life, and that's the most important thing here, is working with these women and men, where there are quality of life issues associated with their sexuality, and their intimacy that they have with their partners. So I'm on a bit of a mission. I've created three interventions, and we're starting to rock and roll with that. Hopefully we can start to push things forwards and get these out there.

They're all going to be online. That, I am going to say. I work online, the interventions I develop, it's digital in technology. I'll say one more thing. What we're trying to do now is put the mindfulness into virtual reality. That's going to be the next step of the interventions that we create, because apparently it's a lot more powerful. We want to help these women. Diagnosis, prognosis, should not stop when you're told that you have cancer, and the way that we express our sexuality, and that includes individuals in palliative care. It's the lifestyle choice, and the quality of their lifestyle choice, and how they choose to spend the remaining of their days. So that's where we're at with the cancer research.

**A huge range of intimacy topics that you're covering, isn't there? The digital element sounds really interesting and quite groundbreaking.**

Yes, we're excited because we're just about to ping a research paper to a journal that's looking at mindfulness, cognitive intervention for African-Caribbean men. We wanted to balance up the clinical trials, because no clinical trials exist with that intervention for anyone with BAME, ethnic, cultural varied backgrounds. There's only one study for men who are all white, and there's no one else. So this is really exciting, because we've used all sorts of apps and technologies in this research, as well. The gentlemen, didn't they, they reported that they would prefer to have a Black male counsellor? The attrition rate is pretty much so minimal, and we think it's because they had a choice, and we used a bottom-up approach, so to speak, so they could choose their therapist, and they've loved it. We are really proud of that, because they loved it, it's helped them. It's not a magic wand, so to speak! They still have erectile dysfunction, but it's gone from severe to moderate, and their levels of sexual self-efficacy have increased, as well as their well-being. So that's done, and that's a pilot study, and that's about to be forwarded in. I can put a wee bit of that up on the champions.

The next one we've got is chemsex. That's underway, helping men who have sex with other men, in terms of their chem use. We're a month into that, so fingers crossed. I've got a cannabis one, medical cannabis, before everybody…! We're combining that with mindful compassion for sexual pain disorder across the board, so fingers crossed with that. I've just put that into *Ethics* today, and a virtual-reality one for students. That's about the most straightlaced one of the lot! We're wanting to work with students with their procrastination, their academic procrastination, so we're hoping to reduce that so we can increase their level of engagement. So fingers crossed. The ethics went in for that as well today, so let's see how that goes.

**Everything's going down [over speaking 0:09:30.7].**

So that's what we're doing at the moment at London Met.

**Sounds very busy. I know you're looking for some help promoting that stuff, aren't you, where it's one of the reasons you got involved in the Communities of Practice project.**

Yes. Well, I'll be very transparent, because I can't be bothered to be any other way. You reach an age, and you'd just rather be open with everything! There's a dual purpose. We want the voices of the people who are involved in this research, and only the participants, to be heard and seen and recognised. That's what the platform is about, for counsellors as well. For me, it sets up a sense of inclusivity, and I would also really think it would be wonderful if the BACP would consider a division for psychosexual and relationship therapy, because I think, in terms of popularity, it's increased. Intimacy and relationships is extremely important, and I think it would be lovely if we had something to guide us where we can make referrals, recommendations, who we can suggest, so that we can really make sure that we endorse professionalism and ethics within that particular sector. So practitioner and research. So that's what I'm really interested in pursuing and supporting this, with the BACP.

**Do you see the platform enhancing counselling and psychotherapy as a practice?**

Yes, love it. I use the term, it's a megaphone. I want the counsellors and psychotherapists to get out there and shout, and how lovely, actually, I saw on the BACP about a pilot study that's being done in the NHS. Now, I absolutely love CBT, because I am a bit of a behaviourist. It's a bit obvious! Other therapies, all counselling modalities are important, they're all equally important, and it's down to individual differences and what works best for some or better for some compared to others. It looks like this pilot study may, in the NHS, provide that for some clients, where six sessions in CBT is like a hello. Oh, I'm going to get into a lot of trouble! Going to get into a lot of trouble, and it's really no more than a hello. For some individuals with more complex needs, in terms of engagement, you're not even going to get there with some individuals, or some clients, patients, at six sessions. For me, this platform, it's bringing everybody's voice together. For me, again, I mentioned the word inclusive and inclusivity. It's exactly that. It's about validation and being involved. If you have a thought or a suggestion, and people either challenge this or work with this, this is about developing your own skillset and working with feedback and reflecting. So I think it's brilliant for students, as well, who can access all this information and get a sense of where they are within the context of what's being discussed, but to further develop the profession. With the champion's platform, you've already got a mixture of people that are practitioners. You've also got research coming into this, so you've got a beautiful blend of working in lots of different fields, lots of different interests. I've looked at some of them with grief, ethnicity, cultural factors, and everything which is really contemporary. It is a megaphone for bringing a voice, using voice, getting seen, getting heard, and bringing an amazing group of people together. I think that's rather wonderful, because it validates us as well, in terms of the work that we do.

**I really love that phrase, a megaphone of information, and it is exactly that, isn't it?**

I love it.

**Thank you very much for the positive feedback, as well.**

Yes, no, it's about feeling connected. That's what we are as humans, and it's having that connection, and things being triggered within us where we feel that we can relate and support, help, and be involved with. That's lovely.

**Yes, we've heard a lot of people say it's all about the connection. As therapists, a lot of people work in silo, don't they? They're lone workers, especially private-practice workers. It's nice to give a protected space for people to chat to with their colleagues.**

Yes, absolutely. It's doing a fantastic job, so well done to you, Becky, and thumbs up to the BACP, as well.

**Thank you, it's a team effort, and we're very appreciative of all the champions. We wouldn't be able to do it without you guys, as well.**

Thank you.

**Thank you so much for being my guest today, Samantha, it's been really great to hear about your practice and why you got involved in the platform. I cannot wait to read more about all the research you're doing. I'm not sure how you have the time to do all of that. Do you sleep?! Looking forward to seeing your future posts.**

[Laughs] No one sleeps!

**Hopefully you get a cup of tea and a rest at some point in between!**

Yes, that's lovely, but I'll be putting some information on very shortly, and this will be to do with the erectile dysfunction. This will be to do with African-Caribbean men, and the outcomes of that particular study. We're actually quite excited to share this.

**I look forward to seeing it all.**

That's brilliant. Thank you, Becks. Cheers.

**Thank you very much.**

Thanks, everybody else.

**Bye.**

Bye.

**Thank you for listening to the BACP Communities of Practice podcast. We hope you enjoyed it. Don't forget, you can get in touch via communities@bacp.co.uk if you'd like more information on how to get involved with the Communities of Practice platform.**