

## Serving up an ace

Ian Florance talks to **Funké Baffour** about a varied career and her work to communicate psychology to a wide audience

'Psychologists aren't experts in other people. People are experts about themselves.'

One thing quickly becomes clear when talking to Dr Funké Baffour. While she is Head of Psychology at St Luke's Group of Hospitals, runs her own consultancy (ACE Psychology), writes books and is becoming a regular media pundit, her energies are focused on

a long-term plan rather than on building a conventional career. She is dedicated to creating better two-way communication between psychology and wider society.

**How did you get interested in psychology?**

My parents had a strict ethos for raising children. Growing up in Hackney gave me the determination to succeed. I always had a keen interest in mathematics and

sciences and tended to do very well in these subjects. However, after taking my last A-level paper, I felt something was missing. I needed to experience a different side of life, so I decided to become what I thought was a 'punk', shaving my hair to a Mohican and wearing black boots. I felt liberated but this new look did not please my parents. [I asked for a photograph from this period, but Funké politely refused.] My father's hope that

I'd be a doctor seemed likely to be disappointed, but after a short time I decided to pursue my studies in psychology, due to my love of understanding people.

The move from undergraduate study to practice is often a difficult and protracted one.

Shortly after completing my degree I was asked to lecture at a university. I recall reading from a thick wad of lecture notes to around 200 students at the University of North London. When I think about it I laugh, but I always managed to deliver and my students definitely kept me on my toes.

I wanted to go into research, so I started a PhD on women's relationships with their bodies. I was very interested in the area, but felt I needed to expand research knowledge into clinical practice. I reflected on how I could do this. I wanted to get back to where I'd started – an interest in people. There were two options – counselling or clinical psychology. The more science-based approach of the latter seemed to appeal to me.

**A lot of your choices seem to have been influenced by your upbringing and life events rather than planning.**

I have learnt through life that there is very little that we can plan for in the future. Major events in my private life seem to coincide with important stages in my training and work. For instance my father died days before I took my last exams. I could barely cope with it all, but I did well.

My choice of research was definitely based on what I and other people around me experienced. Although the choices that I made coincided with some of my life events, I would never change any of the decisions that I have made. I have



jobs online

See [www.psychapp.co.uk](http://www.psychapp.co.uk) for the following jobs.

Canterbury Christ Church University – Clinical and Academic Tutor or Senior Clinical and Academic Tutor  
Glenside Manor Healthcare Services – Assistant Psychologist  
Sandwell Psychology and Counselling Services – Consultant Clinical Psychologist Neuropsychologist in Rehabilitation  
NHS Lothian – Consultant Clinical Psychologist  
Mypsych.com – Online Consultant Psychologist  
University of Auckland – Lecturer in Biopsychology

OPS – Assistant Psychologist and Intern Opportunities  
City Psychology Group – Chartered Counselling/Clinical Psych  
Rehab UK Brain Injury Service – Occupational Psychologist

**Online ads cost £150 (NHS and academic) or £250 (commercial), or free when placing a print ads (from just £300+VAT). The next deadline for job advertising is 11 February (for the March issue).**

**For more information and booking details, see p.156.**

grown through my experiences, and this growth has enabled me to appreciate what I do and what my clients bring into the sessions.

The most fundamental choice I made was deciding whether to go back to work 9 to 5 or take some time out for my son, as well as heal from the loss of my young brother. I chose the latter. The only way I could work around my son was to become self-employed so I set up my company, ACE Psychology Ltd, a decision I do not regret.

How did you become Head of Psychology at St Luke's?

I saw an advert that came with *The Psychologist*. The group specialises in assessment, treatment and rehabilitation of adults and adolescents with learning disabilities, mental health problems and brain injury. I felt that I wanted to expand my skills within an organisation that had an ethos of putting clients first.

I've been here for over two years and the psychology department has grown from five assistants to 17 qualified and assistant psychologists. Our approach is genuinely client-centred. We use a range of approaches including social constructionist ideas, behaviour therapy and CBT. Within the psychology department we run comprehensive assessment clinics for all our clients, run ongoing training, and devise therapeutic manuals which we aim to publish. Last year six of our assistant psychologists applied for clinical psychology training and all got one or more interviews. Sadly, this meant that we lost some team members, but it highlighted that our department were doing a great job.

This links with a statement on the website of your company ACE Psychology – 'Clients are experts on themselves; we enhance their expertise.'

Exactly! We're here to help them to be more conscious of their knowledge and to act on it.

I am very conscious about power issues, which is why I don't advocate the concept of being an expert on other people's lives. People often say to me that I am not like an 'ordinary' clinical psychologist. I wonder what 'ordinary' means. I believe that there are a lot of clinical psychologists who don't hold the opinion that they are experts on people's lives, so if having these beliefs means I am not ordinary then I am very happy with the description.

Every psychologist is a person as well as a psychologist, and it is important that we never lose sight of this by getting lost

## FEATURED JOB

**Job Title:** Chair in 'Green Consumer' Behaviour  
**Employer:** Heriot-Watt University, Edinburgh

**If you're quick off the mark, you may still stand a chance of landing this plum position. The university is looking to attract recruits with a reputation for excellence in the area of consumer behaviour with a focus on the environment, and also with proven ability to initiate and lead cross-disciplinary research collaboration. The deadline is 31 January, but the university has told us they may consider late applicants – mention *The Psychologist* when you contact them.**

Heriot-Watt University has launched an ambitious and decisive strategy – see [www.heriotwattfocusonthefuture.com](http://www.heriotwattfocusonthefuture.com) – to 'set our direction to 2015 and to place Heriot-Watt University at the forefront of research and research-led education in the UK and internationally'. Some of this investment will be in developing and strengthening the academic staff across five key themes, one of which is 'environment and climate change'.

Dr James Mair, from the School of Life Sciences, says: 'The general profile of a new appointment in this area would be one who could adequately cover the broad range of issues not only relevant to the Environment and Climate Change Theme but to some of the other themes also – especially "Energy", "Transport and Infrastructure" (consumers of) and "Risk and Modelling" (consumer perception of risks).'

"The role recognises the central importance of consumer insight in creating, understanding and responding to climate change"

The role recognises the central importance of consumer insight in creating, understanding and responding to climate change. The job description points to attitudes towards behaviours, subjective norms, and both perceived and actual behavioural control as vital aspects.

You can find this job on p.178, and with many others on [www.psychapp.co.uk](http://www.psychapp.co.uk).

## FEATURED JOB

**Job Title:** Two Lecturers/Clinical Tutors  
**Employer:** Royal Holloway, University of London

**'The jobs are at within a top ten psychology department on a course which has more than doubled its intake since starting in 1997,' commented Professor Andrew McLeod. 'We need qualified clinical psychologists who want a career in training and who are interested in developing their own research. We also look for NHS work one day a week to ensure lecturers are up to date in practice.'**

Placements are important in the job's administrative element. 'Our students go on work in the NHS so they spend 50 per cent of their time on placement during training. Clinical tutors work within a team of five people to help develop and monitor trainees' clinical skills and competences, which includes allocating to suitable placements.'

There are other opportunities for the lecturers. 'The college has two postgraduate diplomas in CBT, one of which is linked to the important IAPT initiative. This started last year and tutors can get involved depending on their interests.'

You can find this job on p.177, and with many others on [www.psychapp.co.uk](http://www.psychapp.co.uk).

in a professional role. Psychologists do know certain things, but that doesn't include the fascinating detail of the person in front of you. This informs everything ACE Psychology does, from offering psychological interventions for depression, anxiety and addictions, to giving motivational talks to businesses, to building individual self-esteem.

Hence your work in the media?

I had my first taste of it at Channel 4 and I liked it. I became a member of the BPS Media List in 2006 and did the Society's media training. I'd recommend anyone to do this.

I recall when I got half an hour's notice to talk on Chris Evans' BBC Radio 2 Show about IQ testing, I thought 'Why am I doing this? I will be live on air'. But I regained confidence, really enjoyed it and the feedback was great.

Since this I have worked with David Blunkett on a ground-breaking series 'Banged Up' and

a range of other fascinating projects. I've found that I prefer live broadcasts where I can react naturally and

think on my feet. Over the last year I've probably appeared on TV, radio or in the press about once a month. Underlying all this activity is a goal – to spread the word about what psychologists do and try and show how creative we are.

You were on *Big Brother's Little Brother*. What do you say to colleagues who accuse you of trivialising psychology for entertainment?

"I'd encourage anyone to follow a career in psychology"

Simple! Where else would you get the chance to explain the concept of IQ to millions of people? You can treat psychology as a laboratory activity and that's fine, but who said that psychology should be confined to a set of rigid rules? I am selective about what projects I am involved in,

but I fundamentally believe that psychologists have a huge opportunity to explain to a wider audience what they do and how they do it.

I want to overcome people's widespread fear and misunderstanding of psychology and show how they can use it to help themselves lead better lives. Of course there are dangers. You can get misrepresented at times. The key is to focus on saying what you believe.

One of my long-term goals is to have

## A clinical psychologist in Ghana

Adam Danquah had personal and professional reasons for working as a clinical psychologist in Ghana. Splitting his practice between the UK and Ghana has given him insights into the role of psychology in two very different societies.

Starting work at the inpatient unit was a baptism of fire. I walked in assuming that I would have an easy day of induction, only to have sessions with seven patients in quick succession. All of the patients were experiencing psychosis, three floridly so. I was propped up behind a fat desk like a physician and rang a bell on the wall when I was ready for the security guard to bring the 'next one' in. However – despite vernacular English or, indeed, translation – familiar problems were aired, stories took shape and I became exhilarated.

Over the last six months, I've worked in inpatient and outpatient settings with the core client groups – children, adults, older adults, and people with learning disabilities. I've counselled marriages; facilitated support groups for substance abuse and staff; solicited funds for, and designed and implemented, a programme of

rehabilitation and reintegration for former child soldiers from the Liberian conflicts; run psychology outreach workshops for teachers and church groups; coordinated psychological intervention for people living with HIV/AIDS and their families; and am working towards certification in NTU, an Afrocentric relational psychotherapy.

Most of this variety springs from the youthfulness of the discipline and the huge number of issues to address. Support and guidelines are limited, but work is creative. I am involved at levels not often open to those newly qualified in the UK. The child soldier work, for example, has involved meetings with ministers about the security situation; my involvement with those who are drafting and lobbying for a Psychologists Act has enabled me to think more critically about statutory regulation in the UK.

CPD and ethical guidelines are a challenge, because I would like whatever I do to inform both my Ghana- and UK-based practice. It is a constant challenge reconciling UK-based values, boundaries and professional structures with need in Ghana. Internet-based peer supervision is a real help.

### Clinical psychology in Ghana

Although a handful work within it, clinical psychologists are not officially recognised by the Ghanaian healthcare system – the (stalled) Psychologists Act seeks to rectify this. There is an MPhil course at the University of Ghana, Legon, and clinical psychology is primarily an academic concern. Interestingly, some people working in the field are doctors who have retrained to address the psychology shortfall. MPhil graduates are finding work, but in nontraditional settings, such as NGOs, the police force and the military.

Despite this situation, demand for clinical psychology is growing, especially from affluent, outward-looking Ghanaians who are familiar

with Western cultural mores. However, many Ghanaians remain uninformed. I have been regarded variously with puzzlement, disapproval or the deference usually reserved for a doctor.

The flipside of the professional freedom is a lack of established protocol and structures, which can be daunting. Services are often presided over by a paterfamilias through whom everything is relayed, and hierarchy is felt keenly. Ghanaian professional culture is bureaucratic and it's often difficult to get things done. There is also a seeming insouciance that tips into the irksome and absurd when engagements start hours after schedule due to 'Ghana time'.

A small group of psychologists and organisations, such as the WHO, are raising public understanding of psychological distress and the importance of addressing it. Much of this work falls under the rubric of stress-diathesis or the 'biopsychosocial' approach. People are becoming aware of the deleterious effects of chronic stress and are sympathetic to those who suffer. However, there is a sharp divide between stress-related illness and sheer 'lunacy'. The

a talk show that aims at being positive and inspirational. There are those shows which often give advice in the wrong way. How much better would it be to have one informed by real understanding? I always try to be the best that I can be in whatever I do, People have often told me I couldn't reach a certain point, and every time I have shown them that I can. I think this comes from my parents. My father always said, 'Funké you are your own greatest gift, so use it wisely.'

#### Have you got other plans ?

To write more books. *Good Monday Morning* is out and I have two more to be published next year: *When Grief Knocks at Your Door* and *How to Find the Real You: Light up your tomorrow*.

I'd encourage anyone to follow a career in psychology. The more psychologists we have the more we can

help people with their emotional difficulties.

Would you say you were trying to help the marginalised in society through psychology? Not just the marginalised. But even if you do address marginalisation you have to define the word carefully. I see a wide range of clients – some have faced many difficulties; others feel a little stuck in life and need a kick start to making some changes. Generally I help people who are willing to make the first step in helping themselves.

! [www.slhg.org/stlukes/index.htm](http://www.slhg.org/stlukes/index.htm)  
[www.acepsychology.com](http://www.acepsychology.com)  
[www.drfunke.co.uk](http://www.drfunke.co.uk)

**We would like to hear from our readers about what areas of psychology you would like to see covered in these pages.**

**Articles and interviews can cover any topic related to careers in psychology, including:**

- | Getting on the career ladder
- | Career progression: what should you be looking for in a new job, and how to get it
- | Recent developments and trends in the employment market for psychologists
- | What it is like being a particular kind of psychologist: 'warts and all' accounts of the highs and lows of your working life
- | Your careers-related letters

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**E-mail your suggestions to**  
 ian.florance@bps.org.uk.

term 'lunatic' is reserved for those who evince the more severe forms of psychological disorder. People experiencing, for example, psychosis – more specifically, poor people experiencing psychosis – are perhaps the most marginalised group in society; shunned by their families and, sometimes, psychologists, keen to avoid the stigma. Patients want to be seen by those who deal with the stressed, not the insane. This area is the preserve of psychiatry and the Western medical model.

Many Ghanaians achieve health through indigenous healing methods. Some of these are questionable, but something is felt to be working. Perhaps the common, nonspecific factors that have an important, if undervalued, role in effective psychological therapy are at play here too. There is an opportunity to tease these out and start to frame psychology in Ghanaian terms. Instead of a bearer of outside invention, I feel that I could be a part of Ghanaian psychology becoming more culturally appropriate.

The extended family is still the most important functional component of Ghanaian society. So much of what we call health- or social care falls within the

remit of the family, and clinical work has to be relational and systemic almost by default.

#### Ethnicity and power

Anyone from the UK wanting to work here should be prepared to be reminded regularly about his or her 'whiteness' – whether he considers himself to be so or not! Many are keen to see the 'white' doctor – such experience can be wearing, but working in a profession which seeks to help the marginalised, it has been incredibly valuable to try and get by in the shadow of my otherness.

I find it paradoxical. On an everyday level, Ghanaians seem to hold an esteem that must make them among the happiest and most resilient people on the planet. Yet there seems to be such an inferiority complex in relation to the 'white man'. This stems surely from the systematic dehumanisation of Africans during slavery, which

has been internalised.

One disparity I am trying to reconcile is between my training, a lot of which was about reducing the power imbalance in therapy, and the approach here, which couldn't be more top down and paternalistic. I don't work that

way, but I've noted some tension, coming more often than not from patients, who have expectations shaped by the culture. A colleague speculated that psychological consultation flowed from that with elders, herbalists or spiritualists,

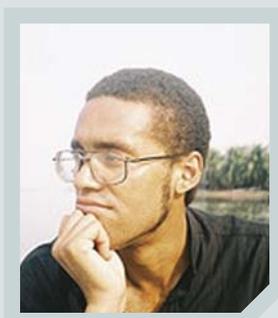
where a supplicant approaches an expert, looking to be told exactly what to do to cure his or her ills. There are heartening moments, however – some of my substance-abuse patients have responded positively to the fact that my therapy deviates from the 'drugs are bad – take your medicine' approach, and

others have found my psychodynamic interpersonal approach refreshing.

At the same time, I've come to accept that perhaps we have more of a responsibility to be expert than we like to admit or at least more forthcoming about what we know and believe.

#### The future

There is much to be done here in removing the myths about mental health and popularising psychology. We must identify need, and psychology will flourish depending on whether this need can be met. With the recent discovery of oil off the coast, the drive to become a middle income economy by 2015 with a burgeoning, outward-looking middle class, it seems to me that Ghanaian society is becoming more individuated, isolated and prone to existential crisis. These appear to be optimal conditions for the growth of psychology and I sometimes feel like we're harbingers of a more unhappy society. I dearly don't want Ghana to lose so much of what makes it special. I wonder whether the profession has the power to point out and pre-empt these trends, rather than being only reactive to them.



**Adam Danquah has recently been appointed as a lecturer in psychology at the University of Ghana, Legon**  
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