‘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. 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 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.

See 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.
grew 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
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 Blanket 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.”

Since this I have worked with David Blankett 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.

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 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, ‘Funke 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.

I www.sbh.org/stlukes/index.htm
www.acepsychology.com
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

As with all parts of The Psychologist, we rely on your contributions and we can support and advise you through the process.

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

term ‘lunatic’ is reserved for those who evoke 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 own, 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.

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.

I www.sbh.org/stlukes/index.htm
www.acepsychology.com
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

As with all parts of The Psychologist, we rely on your contributions and we can support and advise you through the process.

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

term ‘lunatic’ is reserved for those who evoke 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 own, or at least more forthworing 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.

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.

I www.sbh.org/stlukes/index.htm
www.acepsychology.com
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

As with all parts of The Psychologist, we rely on your contributions and we can support and advise you through the process.

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