

'If we don't get beyond triviality, funding will dry up'

Ian Florance talks to **Professor Dame Glynis Breakwell** (Vice Chancellor at the University of Bath)

Taxi drivers usually claim to know the inside story on any issue you mention, and my driver is no exception. As we leave the train station for the University of Bath, she details the huge amount of university building, its key role in training competitors for the 2012 Olympics and its high position in university rankings. 'It's a major employer round here,' she says proudly.

Since I'm early for my interview, I pop into a campus coffee shop, where the atmosphere is busy and friendly. Dame

Glynis Breakwell, the university's Vice Chancellor, is similarly welcoming when I arrive at her office. She is a social and health psychologist and Chartered Psychologist, and in 2006 became one of the 25 Honorary Fellows of the British Psychological Society.

I enjoy making things happen

My first question is one I've always wanted to ask: 'Exactly what does a vice chancellor do?'. 'He or she is the chief executive responsible for all areas of activity in a university. To put this in perspective, the University of Bath covers 200 acres, has 2500 employees and around 15,000 students. It's the size of a small town, so being its vice chancellor is a sizeable, complex job.' I tell Dame Glynis what my taxi driver had said and suggest she must be very proud of what she's achieved. 'I can't take credit for the success we've had – I was

simply fortunate enough to arrive when the university was coming into its own. The community here is very strong. When I came for my interview I walked round the campus and, like you, sensed its friendliness – the fact that it's a palpably different kind of place. The trick as VC is to foster growth, accept that organisations change as they grow but not to lose the good things about it, like that atmosphere we both noticed.' Any chief executive must have to make difficult decisions. 'Yes. But I really enjoy making things happen and to do that you have to take other people's views into account. As far as I'm concerned, you don't look for conflict but face up to choices, look at priorities, accept that you can't do everything you might want to.'

A thought-through arrant eclecticism

'I grew up in the West Midlands, just outside Birmingham. At first I wanted to be a historian because I thought the subject was about people, but I quickly realised it wasn't, whereas psychology was. As I've mentioned before in *The Psychologist* [see 'One on one', January 2013], Freud's *The Interpretation of Dreams* was the first psychology book I read, and it had a huge influence on me.'

Dame Glynis became fascinated with social psychology, citing such questions as 'How do people construct identities for themselves?' and 'What do people do when their identities are threatened?' as central to her early thinking, writing and researching. She's still clearly enthusiastic about the field though critical of aspects of it. 'A weakness of social psychology is that it has been failed by its methods, and too often researchers become fixated with one method. My advice to new psychologists is never to be afraid to use the many different analytical tools available. Use any technique or method available to find an answer to the question you're asking. I have a deliberate, thought-through approach to psychological work which could be



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typified as arrant eclecticism. A desire to proselytise that approach has led to me writing widely on methodology.’

Dame Glynis studied at Leicester, then Strathclyde, and took her PhD from Bristol. As she talks about this period in her life it becomes clear that ‘my choices were largely defined by the people I wanted to study with rather than particular places I wanted to live in or a particular course. I would read certain authors and want to meet them and study with them. I think this is reasonably common in psychology, which, at times, seems to run an apprenticeship model. For instance, at the time I did my PhD, Bristol was the centre of the universe for European social psychology, filled with people whose work had enthused and intrigued me. My supervisor was Henri Tajfel, whose work on prejudice and social identity theory is still influential, but whose wider view of the aim of social psychology pervaded the department. It was a melting pot of ideas, and the emphasis was not on “experiments within a vacuum”. What we did had a social purpose and was not divorced from ideology, politics or recent history.’

Dame Glynis criticises aspects of social psychology specifically because she believes it should contribute more than it does. ‘Social psychology could have developed to be as important an influence on thinking about society as economics, but a combination of inadequate theory and methodology, coupled with an emphasis on internecine battles rather than practical outcomes, prevented this. I’d love to see social psychology gain a position of greater influence but that’s going to be difficult to achieve.’

The experience at Bristol was formative and remains influential since so many leaders of social psychology now passed through Bristol. After Bristol, Dame Glynis was very briefly a lecturer in the Bradford School of Social Analysis, alongside sociologists and political scientists, before she won a Prize Fellowship at Nuffield College Oxford, which again ‘was full of people I learnt from, some of the great economic, social and political theorists of the day, including Amartya Sen and Chelly Halsey, and in the psychology department I found support from Michael Argyle’. Then she worked at the University of Surrey from 1981 until 2001, starting out as a lecturer, and ending as both Pro-Vice Chancellor and Head of the School of Human Sciences. Dame Glynis is keen to challenge some misconceptions about these roles. ‘It’s often assumed that a pro-vice chancellor moves away from an academic life to an administrative or

management one. In fact, in research-intensive universities, you usually take the role with responsibility for one area of university activity in addition to your academic post, rather than instead of it. As I became a more senior manager, I stopped teaching, but, I suspect, my publication profile increased and I got even more involved in research. I don’t think I would want to do my present job if I couldn’t also do research. This isn’t possible or appropriate for all vice chancellors in all disciplines, but I think being research-active gives me greater credibility with the academics I lead and a greater understanding of the pressures they face.’

Time is running out

Her perspective gives Dame Glynis strong views on where she thinks psychology as a discipline is and what challenges face working psychologists in the future.

‘There are now huge numbers of people with psychology degrees, comprising an educated audience for what psychologists have to say.’ I suggest the situation is even more receptive than that. My taxi driver, who has become a running character in this interview, commented ‘I’m not educated in it but I’m fascinated by psychology’ when I said I was working for *The Psychologist*. Glynis continued, ‘We’ve got a hugely receptive audience and it is going to grow. But the flip side of this is that the more people know, the more they will expect. Other sciences have taken the need to engage the public seriously and have worked hard in dealing with the media and through other channels. Look at the life sciences and physics as examples. Yet ironically the very interest in psychology has created a problem for us. We’ve been able to get away with communicating soft psychology and our challenge is to get beyond triviality, to communicate complex, tough findings which will impact on policy to an increasingly demanding audience. If we don’t get beyond triviality, funding for our research will dry up. The time is running out for psychologists to prove they’re indispensable.’

A social purpose

We returned to the range of Glynis’s role towards the end of our interview. ‘I’m happy in my research. A new book on identity process theory I’ve edited with Rusi Jaspal comes out this year. But my work for the university has broader non-academic aspects. I’ve worked hard with others to build good relations between the university and the city of Bath, which

are crucial for both sides. Universities must have a strong role in their local communities and VCs therefore need to be active in them. I was Chair of the Bath Festivals Trust for instance, and I am Deputy Lieutenant of Somerset. The reputation of Bath as a UNESCO World Heritage City helps the university to attract great students. Applications to the university are increasing year on year. My focus for the next few years as Vice Chancellor is to develop even better facilities for our students. Of course we need great academics and great programmes within a university but non-academic experiences are also important. That’s why we built our state-of-the-art sports training village, and that’s why we’re about to build a new Centre for the Arts on campus. These non-academic facilities encourage people from outside to come into the university and help students to get a rounded, enjoyable university experience, which also helps to make them extremely employable.’

This seemed a good point to close the interview (maybe to re-meet my oracular taxi driver) when Dame Glynis raised two issues which were obviously important to her. The first is the issue of women in a man’s world. ‘I am the Chair of Trustees of the Daphne Jackson Trust. Daphne was the first woman Professor of Physics in the UK, and the Trust supports people who are returning to an academic career, particularly in engineering or science, after a career break. These are often, but not exclusively, women returning after caring for a family. If we want equality and diversity in academia we have to find ways to support re-entry to the career ladder.’

‘And this is the second point I want to make. Vice chancellors as I’ve typified them are CEOs of organisations but they have a huge, often unacknowledged role, in wider society. The Daphne Jackson Trust is an example. Being a VC helps you to ensure things happen and that issues across the HE sector are addressed. VCs can and should have an impact on society.’

And it’s this final discussion that stays with me as I visit the university’s magnificent new sports village, prior to meeting a different (less opinionated) taxi driver. I’d arrived at the interview intent on finding out how an academic psychologist makes a transition to the very different role of university leadership. Dame Glynis’s thoughtful comments had changed my assumption: her initial experience of social psychology and its aims seemed to lead directly to her work in ‘getting things done’ within the university and outside it.

Work on a Ugandan mental health ward

Clinical psychologist **Dr Jennifer Hall** shares her experiences

‘I have pain in my head, chest and back.’ The 42-year-old Ugandan woman sitting opposite me is dressed in a bright red and blue *gomesi*, the long traditional Ugandan dress. The bright sunlight comes through the iron-barred window behind me, illuminating her dark skin. Her name is Doreen.* She looks at the floor and speaks in a whisper. I ask her about her mood, she remains quiet for a minute and replies, ‘I don’t get you.’ Remembering that clients here typically cannot name their emotions, I ask her about her thoughts. ‘I am thinking too much,’ she says, whilst waving her right hand in circular motions to this side of her head. I have come to learn that these are the typical presenting symptoms of depression in Uganda. ‘My neighbour despises me, You know witchcraft? They put a spell on me. My crops were doing too well this year.’ A flash of anger comes across her face.

I moved to Kampala to experience working for the Ugandan state one year ago. Like the three other clinical psychologists at the General National Referral Hospital, Mulago, my working contract is with the state-run University, Makerere, under the Department of Psychiatry. But my contract is slightly different – I am not paid. This gives me the freedom to work where I wish. The others do not have this luxury. The high levels of prestige, demands and emphasis put on lecturing and research rather than clinical work means that the other clinical psychologists rarely have the time to visit the mental health wards for clinical work. When there is time, the lack of clinical supervision or structure means that motivation for clinical work is low, and burn-out rates are high.

There are two state-run health options for persons with mental health problems in Kampala. The first is the mental health ward at Mulago, built in 1943, where I have spent most of my time working; and the second an inpatient hospital dedicated to mental health called Butabika, based in

the leafy green outskirts of Kampala. The word *butabika* translated literally means ‘to run crazy’. This hospital has enough beds for over 700 patients. There are currently two clinical psychologists employed here – that’s roughly 350 patients per clinical psychologist. They are the only clinical psychologists employed by the Ministry of Health (rather than universities) in Uganda and hence the only clinical psychologists working for the state whose primary job is to see clients. I have found Butabika more difficult than Mulago. The patients are given simple green uniforms to wear, and the wards are surrounded by big metal fences and security guards. Meals are meagre, so many patients come begging for food; and because tranquilisers are frequently administered, the patients are often stiff, dribbling and find it difficult to talk. However, things do appear to be rapidly improving, because some interest from the East London NHS Trust has ensured that, amongst other things, levels of staff–patient violence have greatly decreased on the wards. Traditional and faith healing are also readily available. However, the stigma of being admitted to Butabika remains for life.

I prefer working in Mulago hospital. For all wards, a pre-requisite for being admitted is that you bring a caregiver, often a family member or a friend, who is admitted with you. This person will attend to your basic needs, such as meals, washing clothes and sheets and sometimes administering medication. For the mental health wards, having a chosen caregiver admitted with the patient appears to be, in most cases, beneficial. Having this company seems to help patients with problems of loneliness and boredom, as well as reducing stigma or abuse from other patients or staff members. From a practitioner’s perspective, this ease of access to family members is a luxury. I rarely do an initial assessment, or indeed therapeutic interventions, without some caregiver

input. This is a great way to work in a culture where there is a bias to see the self as part of a community, rather than an individual.

In this initial assessment, Doreen arrives with her son. The warm air creeps in as the sun heats up outside. The clinic room is small and basic with white walls. Each clinic room has three old wooden chairs, which have lost their backs or arms over time, and one wooden desk in the middle. Her son sits on a wooden chair that lacks arms, dressed smartly in a white shirt and black trousers. I wipe some of the brown dust from my notes and ask the son what he believes caused the problems. ‘We thought witchcraft, but we took her to traditional healers who gave her herbs to take. After three months we saw no improvement, so took her to the pastor to pray for her, but she still has this pain. Someone told us to go to the local health centre, which referred us here. I am not very sure.’

Most people who attend the mental health clinic do so as a last resort. Symptoms interpreted in the UK as mental health problems are much more likely to be linked to witchcraft or spirit possession. This is reflected in the ratio of traditional healers to Ugandan citizens, which is 1:200, compared with that of Western practitioners to Ugandan citizens, which is 1:25,000. Currently there are only 32 psychiatrists and five clinical psychologists practising clinically in the country.

Trying to piece together the puzzle, I asked Doreen if there is anything which may be causing her stress. ‘Just the pain,’ she states. Her son tells me that her husband is treating her badly by beating her at home. Doreen confirms this is true.

Hearing about domestic violence in the mental health clinic is extremely common. However, the feeling of hopelessness that arises in me every time I hear about it does not change. I have not seen any form of social services in Uganda. This makes domestic violence extremely difficult to handle. Given that Doreen and her son have travelled far to Mulago, I realise that it is unrealistic to expect them to raise the funds to travel here again. Instead of continuing with a thorough assessment, I turn my energies towards discussing the impact of domestic violence on mental health, and

“that’s roughly 350 patients per clinical psychologist”



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* A fictitious name. Case details are a composite of actual cases.



the associated bodily symptoms which can result.

The clinic door is opened and another case file is put on my desk. This represents another patient waiting to be

seen. Patients arrive at the mental health clinic early in the morning to be seen by mental health practitioners and wait on long, dusty benches. If the clinics are busy, then some will have to wait until

the next day to be seen. As there are no appointment times given, I am never sure how many patients are being referred to me. The numbers that I have seen in a morning range from two to eight. Any more than five patients and I find it hard to remember my own name afterwards! There is only one clinical psychologist on duty at a time in the clinics so I am sent anyone who the other practitioners feel could do with psychological input – patients of every age and mental health diagnosis.

Doreen quickly accepts the link between her bodily pain and the domestic violence. I try to help Doreen come up with a 'safety plan' for when her husband is being violent. We agree that she would go to her next door neighbour's house for refuge. Unsure if I will ever see them again, I bid them farewell and give them my work mobile number. I feel confident that we have found the reasons for her pain. It is now in the community's hands to find a way to help her with the domestic violence, and hence to carry out the therapeutic intervention to help decrease her pain and 'thinking too much'.

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