

Celebrating appearance

Ian Florance meets members of the University of the West of England's Centre for Appearance Research

Everyone has an appearance. It affects how we're treated, how we treat others and how we view ourselves, and it can be affected by accidents or illness. We try to alter how we look, and a huge range of pressures influence views of what is attractive or acceptable. The Centre for Appearance Research (CAR) at the University of the West of England (UWE) became a freestanding centre in 1998 developing out of the Changing Faces Research Unit. It now has a core membership of over 30 research

members. Interviewing four of them provided insights into this increasingly discussed area, as well as how people move into research jobs, the link between research and teaching and the ways in which research affects policy and attitudes.

A campaign for real beauty

– Emma Halliwell, Senior Lecturer

I was lucky enough to take my psychology degree at Sussex where the school-based system gave me a broad background. I was exposed to diversity in psychology from artificial intelligence to social constructionism and took modules in feminism, history and art history. I got interested in the construction of beauty and the different standards created for male and female beauty.

Going into research was the perfect way for me to stay in psychology. I thought about training in clinical or educational applications but careers talks convinced me they weren't for me. The upshot was a DPhil; it dealt with sociocultural influences on body image concerns through adulthood. It was assumed at the time that adolescence and young adulthood were the critical period for body dissatisfaction. I concentrated on the neglected 20–65 age range.

After my DPhil I did a brief period of maternity cover at Sussex and then got a job here. The Centre fits with my interests and I love Bristol. I teach on a range of courses from Level 1 courses on

Social Psychology and Individual Differences to a Level 3 course on Appearance and Embodiment. Alongside this my research is a continuation of my postgraduate work, and I still work closely with Dr Helga Dittmar who supervised my DPhil. We've collected evidence that looking at thin models in adverts causes women and girls to feel dissatisfied with their own appearance. We've also, and equally importantly, shown that if you use healthy and attainable body sizes in the same idealised way that advertisers show ultra-thin models they're equally effective in advertising. We're supporting the Lib Dem campaign to change advertising standards, while developing approaches and materials for work in schools helping young people accept diversity of appearance and develop media literacy. We're evaluating the Dove Campaign For Real Beauty materials, for instance: this research was recently covered at www.researchdigest.org.uk/blog.

I'm privileged to work somewhere where appearance psychology is taken seriously and I love the research, school work and small group teaching. I see my future research as continuing along the same lines. We're investigating the psychological processes that underpin negative media exposure effects. The influence on men of idealised body images is a newer, though developing, field and we're researching influences on younger age groups – for instance a study of the influence of Barbie dolls on 5- to 7-year-olds.

A more prominent appearance

– Diana Harcourt, Co-Director and Reader in Psychology

I was a mature student when I started my psychology degree at UWE. I didn't have

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any idea about what I wanted to do after the course, but in the second year a lecture on health psychology was like a light going on – I realised that this was the field I wanted to work in. When I finished the course, Nicky Rumsey was looking for a researcher to help with a study exploring the psychosocial impact of breast cancer diagnosis. I was thrilled to take on that role, and it was during this time that I became interested in the impact of cancer on body image and appearance. My PhD was funded by the NHS and looked into psychosocial aspects of breast reconstruction after mastectomy.

Just as I completed my PhD, a lecturing post was being advertised at UWE. I was so pleased to get that job, because it meant I could continue with my research and work in CAR. The Centre has grown enormously over the past few years. I think that reflects the fact that interest in appearance has become more prominent in society. When we first started talking to people about the 'psychology of appearance', they often didn't get it. Now people are much more understanding – they can relate our research to what they see around them. As a health psychologist, I can see that appearance relates to so many areas of health – any health condition or treatment can affect how people feel about their body. The possibilities for research in this area are huge.

Our research follows a fairly well-developed path. We start by getting evidence, typically by using a mix of qualitative and quantitative research. We look at how appearance affects the person involved, and recently we've been interested in why some people adjust well to having a visible difference or disfigurement, but others find it very difficult. The results of that research, which we've been working on with teams from across the UK, are now being used to develop ways of supporting and helping those who are having difficulties associated with a visible difference. We're looking at where interventions are needed – what works, and what doesn't?

The other big area that members of CAR are looking at is changing society's attitude to appearance. I know that's a massive task, but we have to try! We do a lot of public engagement and policy work, which are ways of getting our message across. For example, I recently spoke at a conference about body image for 200 16-year-olds – events like that are really enjoyable and a great opportunity to learn from young people while at the same time promoting the message that yes, appearance does matter but it shouldn't be the be-all and end-all.

FEATURED JOB

Job Title: Consultant Clinical Psychologist Band 8C

Employer: Child Care Centre, Belfast Trust

'We need someone to develop the clinical psychologist role,' says Anne Morrison, the Manager of the Child Care Centre in Lisburn Road, Belfast. 'Until now it's been a part-time or shared post; it's now full-time.'

The Centre was set up in 1988 after the Cleveland Inquiry. 'Our main remit is to identify and treat the effects of sexual abuse of younger children aged 3 to 13, though we pay more attention to developmental rather than chronological ages.' The team is a small, multidisciplinary one, including senior social work practitioners, a paediatrician and placements for specialist registrars and social workers. 'Our referrals tend to come from the Social Care Trust. We use a facilitative approach to ascertain if abuse has occurred and will also deliver a therapeutic recovery service to the child and family.'

The Consultant Psychologist will provide specialist psychological assessments and interventions and 'develop a dedicated psychology role. We need more formal psychometric testing and other workers will need advice on issues such as cognitive processing and behaviour management, as well as conditions such as Autism and PTSD. We'll also want the psychologist to undertake research. I don't want to define the topics but we have a lot of material here and there are huge opportunities to look at the impact of sexual abuse and effective intervention.'

"Understanding how children think and communicate is key"

Anne says the Centre is 'looking for an experienced, HPC registered psychologist, who has experience of working with children and young people and their families and is enthusiastic in this work. Experience of working with families following trauma and a good knowledge of psychological theories and current treatments of choice in the area of the impact of trauma is essential. A background of working in the area of childhood sexual abuse, as well as experience in dealing with the legal system, will be an advantage. The successful candidate must be independent in their judgements, interested in new approaches and capable of building up a network of psychologists in the area.' She emphasises that the successful candidate will develop the role. 'But we're a small team, working in a challenging area and we provide each other with personal support, so the Consultant Psychologist must contribute to the social and personal aspects of the Centre.' If a telephone call can develop a gleam in its eye, this one did when Anne said: 'A good and unconventional sense of humour will be an attribute in our Friday staff meetings! But seriously, really liking and understanding how children think and communicate will make the role really rewarding. There are huge opportunities to develop the role in line with the successful candidate's interests.'

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Dissemination is a big part of our work. We hold our own conference series – Appearance Matters – and, like all researchers, publish our work in journals and books. I really enjoy being able to bring my research into my teaching and supervising undergraduate and postgraduate students interested in psychology and appearance.

If I had to sum up the work of the Centre, I'd say we're promoting the psychological study of appearance. It's a really interesting and exciting area to

work in – very busy, and never a dull moment. I couldn't have asked for more when I first started my degree. CAR is a great place to work – it's a stimulating topic and being surrounded by people with similar enthusiasm it is what makes the work so rewarding and enjoyable.

Exercise is my baby

– James Byron-Daniel, Lecturer

I became interested in health psychology because it seemed to have direct

applications in the real world. It might, therefore, seem odd that I went into an academic research career. But my interests are in areas such as smoking cessation, the influence of exercise and sport on quitting smoking and on the relationship between appearance and physical activity. The making of my career was a lecture I attended on smoking and exercise, which developed into a PhD on exercise as a smoking cessation aid at the University of Surrey.

I got a job at the University of Bristol doing a systematic review investigating the effects of socio-economic status in the early years of life and subsequent relationship on later drug and alcohol abuse. It was valuable but rather mind-numbing, and a research position came up in the Centre. I felt I could apply my previous knowledge of exercise to the appearance area and it is proving to be a fascinating area.

I have a general lectureship at the university and am affiliated to the Centre. I lecture at postgraduate level on a variety of health and research topics and at Level 3 lecture in areas such as appearance and

embodiment, health psychology and sport and exercise psychology. I've also started supervising PhD students.

Exercise is a huge social and public issue. It's the focus of public policy and has great research potential; there is a real need for theory underpinning intervention. It's going to be important to highlight to policy makers considering public health initiatives just how critical appearance is as a factor in people's motivations and decisions to exercise. But before we address society in general, I need to finish the research!

I love the freedom of this role. Exercise is 'my baby' within the Centre and I'm allowed to set my own agenda, which is both motivating and daunting. It's frustrating that research takes so long and that time is taken up with grant applications and administration, and I do have a fairly heavy teaching load. Add that to the fact that I'm doing a distant master's degree in sport and exercise psychology, and I think you can see that the standard cliché about academics –

"The trick is to build an enthusiastic and self-supporting team"

that they are paid to think, do a few bits and bobs of teaching and have a fairly easy life – is not always accurate.

Out of the ivory towers

– Professor Nicky Rumsey, Co-Director and Professor of Appearance Psychology
I was advised to go into psychology during a sixth-form careers talk because 'You're good with people'. That comment was the beginning of an enduring fascination with social interaction and impression formation. At the time there were a lot of US research findings about the relationship between attractiveness and success in various walks of life. After my degree at Exeter I moved on to North East London Polytechnic and did a PhD in the psychology of disfigurement – you could say I'd flipped the coin and was looking at the antithesis of beauty. I was hooked. I became interested in social interactions – how people with disfigurement presented themselves and how they were received; and what went right and wrong in interpersonal communication. Why did some people cope with social situations so well, when others struggled? I became interested in

Research realities

Anita Mehay and Zoë Fortune look at life as a mental health researcher

Some people are motivated to pursue a career in mental health research while others stumble into it. We fell into the latter category, having previously worked as assistant psychologists and care workers and having spent periods of time travelling. Not being stereotypical academic types, we have built up a keen portfolio of working on a variety of research projects – between us we have investigated topics as varied as autism, postnatal depression and ECT, worked with the Mental Health Research Network, and undertaken a part-time PhD on personality disorder. We are both currently working on a cohort and RCT study into depression and heart disease. Here, we provide an insight into

the world of academia through our eyes in what has so far turned out to be an interesting, rewarding and diverse career.

Most opportunities for mental health research roles are within academic institutions or non-profit organisations. Jobs are usually advertised at www.psychapp.co.uk or www.jobs.ac.uk. It's important to assess what area you are interested in and what kind of role you want. Do you want a statistical role, a research role with lots of client contact or something where you can get a lot of publications? Researching the area prior to the interview, possessing some basic research knowledge, having bags of enthusiasm, perseverance and good interpersonal skills will

increase your chances of gaining an entry-level job in research.

Research is a great way to gain a variety of skills and learn a lot about an area in a short space of time. Whether you're working on a cohort study, qualitative interviews, or an RCT, you will pick up research skills from your team, your participants and other academics. You are also likely to pick up some statistical skills and remember some old ones you learnt from undergraduate days. If your role involves contact with participants, you can gain excellent clinical skills. Many roles provide training in delivering assessments and interviews and will test your interpersonal skills in listening, communicating and relating with others. You can also ask for time to pursue clinical development through training courses or taking on clients from your supervisor. We have both spent time alongside our research roles working within CMHTs and hospital wards

utilising psychological therapies in one-to-one and group sessions, amongst other things. However, if you are looking for something extra, part of your work will involve 'marketing' your research and 'selling' your study to health professionals, teams and potential participants. You will become an expert in putting together posters and leaflets and delivering presentations. You may also have to manage finances and grants and be responsible for ensuring that payments are made and money is allocated appropriately. Additional training courses are often provided to increase your skills in these areas and can add real value to a CV.

What of the practicalities? Research can offer a flexible career with opportunities for home working, variable hours and short- or long-term contracts. It can fit in well to family life and other responsibilities, and employers are generally quite flexible regarding working hours. This

social skills training for people who look unusual.

Funding for disfigurement research was hard to find. I never had a burning ambition to become an academic, but I was offered a lectureship at Keele before I had finished my PhD. When I was working at Roehampton in 1990, two significant events provided the groundings for the Centre. The first was a meeting with the psychologist Richard Lansdown and David Harris, a plastic surgeon, at a surgical conference in Cambridge, which resulted in the creation of the multidisciplinary Disfigurement Interest Group. The group was in existence for a productive eight years. The other was meeting James Partridge at the launch of his book *Changing Faces*, which recounted his recovery from burn injuries suffered ten years before. James, who was



then a farmer living in Guernsey, became convinced that more work was needed on the psychosocial care of burns patients to match advances in surgical treatments.

This led to the foundation in 1992 of both the charity Changing Faces and the Changing Faces Research Unit based at UWE in Bristol [see also the June 2008 special issue, www.bps.org.uk/june08]. The latter was designated a UWE Research Centre in 1998. I never wanted to be an ivory tower academic. I always wanted to do research with an obvious application – so the synergy of good-quality research and the work of a charity I believed in was irresistible for me.

Another key moment for me was around six years ago when looking for a comparison group for young people born with a cleft lip. The kids without a cleft were more distressed about their appearance than the patient group. From that point onwards the focus of our activities broadened. I think a critical mass for a centre like this is important.

There's a huge momentum and a buzz now we're over 30 people rather than a small group of fairly isolated researchers.

My job has changed over the years. I think a lot of academics find this. You start out concentrating on research and teaching and increasingly you become a manager or leader. I don't have any formal training in leadership, but we try to make this a fun place to work in with a social as well as a professional side. You find yourself acting as a role model, and you need to be excited by the work if you want anyone else to be. From my point of view, this research has never been driven by the need to advance theory. Rigour in research is crucial, but our research is driven by the very real difficulties of those experiencing distress about the way they look – and then by making sure we communicate the results of our research effectively to policy makers and practitioners.

Occasionally I feel swamped by the workload, but I'm still really excited by what we do here. The trick is to build an enthusiastic and self-supporting team so the Centre doesn't depend on one or two people. I think we've reached that stage and I'm proud of that.

is not your standard office based 9–5 job. You have access to a world of experts, often meeting prominent researchers and professors whose work you have read during your undergraduate study, as well as liaising with different NHS teams, government, charity and private organisations and service users. There can be many opportunities to broaden your knowledge and skill set in conference attendance, poster presentations, writing skills and training opportunities.

However, there are some downsides. Depending on your team, the work can be isolating, with long periods of field work. It is important to keep contact with colleagues and ensure you support one another. As a junior researcher, you often are the lowest paid member of the team with most of the day-to-day responsibility. Your full-time job will take up the majority of your time, which can make it difficult to juggle your role with writing papers, attending conferences and training courses, sitting in

on lectures and debates. It is vitally important to balance your time so you get the most from your research experience. Project coordinators need to ensure that researchers are being supported in opportunities for professional development, and supervision can be an excellent forum in which to discuss any problems as well as achievements. If you're not getting enough, ask for more. Good supervision should cover research, clinical and personal development but do be prepared to answer that tricky question on why you have not reached your recruitment target. Supervision can focus too much on goals of the study, and we've heard the same story from other RAs; it's important to verbalise this and make sure your clinical and professional needs are met. Getting a few of you together to form a 'peer' support group can be a great way to share information and gain support. They can help motivate you to get on with the extra things you never seem to find the time for,

as well as a comfortable environment in which to voice fears and those silly questions you just don't want to ask your boss. Research can also sometimes feel a bit tedious, conducting the same assessments and interviews with the same group of participants. Utilising those opportunities for career development can help to break up the odd bit of Groundhog Day. However, focusing on your own development can be difficult. There is no direct career path and no one will tell you what direction to go in. The role comes with a high level of autonomy and responsibility, but can also fill you with uncertainty and confusion. It's worth spending some time chatting to other RAs and colleagues and utilising supervision to see what your options are.

So, if you decide a career in research is for you, there are some points to consider. It is difficult to progress beyond being a junior researcher without a PhD. Full-time PhD

studentships can be difficult to obtain and are highly competitive, but there are often options to study part time as part of a larger research project. Just be sure you are committed to the area, or three to six years of study will not be enjoyable! Many people also continue a career as a researcher without a PhD, and you can build up your 'portfolio' of experience, publications and training to work your way up the research career ladder. However, if research is not for you, you are well equipped to go into other fields. Many use their research experience as a way to move into clinical psychology training or other training courses, such as health psychology or medicine. Some have moved into areas not directly related to research or mental health, such as management, accounting and social work, in public, private and non-profit organisations. Whether or not a career in research is right for you, it will surely set you up for a bright future.