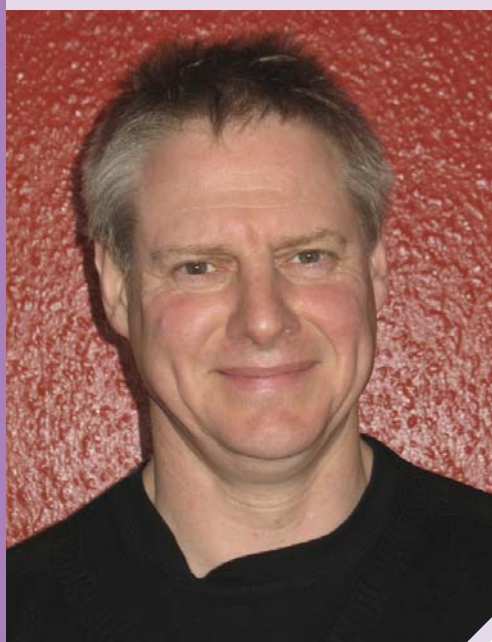


Psychology... there's no future in it

Ian Florance talks to **Richard Bentall** about how he proved his careers master very wrong indeed

Richard Bentall's book *Madness Explained* won the British Psychological Society's Book Award in 2004. It reignited the controversy over the causes of psychosis, despite what *The Independent* termed Richard's 'unfailing reasonableness and pleasant disposition'. These were in evidence, along with disarming modesty and self-deprecation, when we talked with Richard in the sunny courtyard of the British Library.



Richard's new book – *Doctoring the Mind: Why Psychiatric Treatments Fail* – was just about to be published, but our interview initially focused on how he became a psychologist in the first place.

'No future in psychology'

Richard grew up in Sheffield, the son of a dentist and a former nurse. His parents had saved up, going without holidays, to send him to a public school, Uppingham. Like many children in the 1960s who won scholarships or whose parents made similar sacrifices, Richard's experience at public school was not an altogether happy one. 'I didn't enjoy it. I didn't know what the rules were and I didn't come from the right culture. Sport was one way to establish yourself but I was no good at sport. There were positives, however. I had good teachers in English and physics – the latter subject, in particular, became a great love of mine. And there was an excellent library. I discovered the psychology section and the first book I pulled out was Freud's *On the Interpretation of Dreams*. I was hooked. I read William James and, like so many people of my generation, became fascinated by R.D. Laing. I think *The Divided Self* was the first book of his I read.'

Richard had one other fascination. 'Flying – it was a constant when I was young. I nearly joined the RAF. I won a flying scholarship and got a private pilot's licence at the age of 17 but my house

master raised the obvious question – "Do you really want to join the RAF? It'll be just like here and you plainly don't like it here very much."

Under the influence of his reading, Richard told the careers master that he wanted to be a psychoanalyst. 'He said that I'd have to go to medical school. As regards psychology, his view was that there was "no future in it". My last year report comments "Richard is far too interested in psychology for his own good", a fact perhaps borne out by how badly I did in my A-levels. I had to retake them. So, I went to a local Sheffield comprehensive. At Uppingham, comprehensives were seen as lairs of feral hooligan gangs. The truth was, of course, very different. I felt accepted and got a bit too comfortable – I discovered the local pub, and realised that one half of the world didn't play rugby. So I wasted a year, apart from two things – I continued flying and I read psychology avidly.'

Why did psychology exert such a fascination for you? 'It sounds naive but I was trying to understand myself and why I was so unhappy. The early experience of failure didn't help matters much. I was incredibly lonely at public school, which had the upside that there was lots of time for reading.'

Richard hedged his bets by applying both to medical school and to psychology. With his less than stellar A-level performance, he managed to scrape on to the undergraduate course at Bangor. 'I still remember a sense of growing freedom as I travelled to North Wales on my 19th birthday. And the course lived up to my expectations – a group of 20 students, who all got on with each other and who were all fascinated by psychology. If we skipped a lecture (not, of course, that we would have thought of such a thing!) it was because we had far more important

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psychological issues to debate in the coffee lounge. Contemporary students are less intense about psychology. It's unusual to have a discussion about the political and social implications of psychology with undergraduates now, though I've worked with some superb postgraduate students. I suppose clinical psychology has developed all the trappings of a career. It hadn't developed those structures when I was studying. And it was an exciting time to do psychology.'

The heroic age of clinical psychology?

As Richard comments, behaviourism is now seen as something of an antique – a 'steam-driven version of psychology'. But in the mid-1970s clinical psychologists were establishing themselves as a profession. 'The psychologists at a hospital like Denbigh in North Wales where I did my third-year project were seen as heroes. There was a real sense of rivalry between psychiatrists and clinical psychologists. I address this in my new book. I've been accused of continuing that battle but, there were and are critical issues at stake – ones which affect the lives of many millions of people.' A quotation from the Acknowledgements to the book catch his approach well: 'Perhaps one of the greatest joys of an academic life is that it allows one to work in friendly cooperation with... people whose views on important issues are often completely different from one's own.'

Richard's PhD was, initially at least, less happy than his earlier training. He won a scholarship from the Science Research Council and, as was the convention at that time, chose his own topic. 'I knew my tutor wanted me to do something else but I decided to look at the importance of language in regulating schizophrenic behaviour, an approach that drew on Skinner and Vygotsky.' Richard spent six months at Denbigh Hospital, trying to understand patients' problems, living in the nurses home, using the very good library there. 'Then, I got lost. I realised I didn't understand what schizophrenia was. More than that, nobody else seemed to understand it either, which didn't stop them from writing millions of words about the topic. The term seemed to be a fuddle, an amorphous cloud. I panicked. I went back to my tutor and he was glad that I'd reverted to his preferred topic – operant learning in children with different verbal abilities. W.C. Fields said "never work with children or animals", but I became immersed in experimental psychology

FEATURED JOB

Job Title: Professorship within prevention of working environment problems and promotion of mental well-being related to new ways of work organisation
Employer: National Research Centre for the Working Environment, Denmark

'We're advertising outside Denmark because the number of experts in the field is limited,' says Otto Melchior Poulsen, Director of Research at the NRCWE. 'English is an international language but we're expecting in due course that the work should be carried out in Danish, so having some expertise in the language would help. If the successful candidate hasn't got this knowledge then they'll be expected to learn it. We have a number of non-Danish staff and it hasn't been a problem for them.'

What is the NRCWE? 'It's a government research institute affiliated to the Danish Ministry of Employment which looks at the working environment, particularly issues relating to work-role functioning and health and safety. We provide research-based knowledge for the Ministry but also have other customers, including social partners and enterprises. We also contribute to and work with further education.'

The NRCWE employs around 155 people, of whom 79 are researchers and 14 PhD students. How does this role fit in? 'It's very much focused on small and medium-sized enterprises. There's a lot of talk, in the UK as well as Denmark, about finding out how small and medium-sized enterprises operate. We know they're different from large corporates – they tend not to have formal structures and their owners and managers often have very different motivation and ways of operating. Despite the talk there are very few hard findings – the area presents real research challenges.'

The advert is quite general. 'It's an opportunity for the right candidate to shape the job. They can develop their own research agenda. They don't have formal management responsibility but will develop their own research groups and will tutor younger researchers as well as building up relationships outside NRCWE.'

Why are you advertising for a psychologist? 'This is not research for its own sake. It's about how you bring about change in small organisations. Our view is that psychologists may be better placed to understand these mechanisms than, say, a sociologist. The ability to design and carry out a challenging research programme is key. Experience in teaching and tutoring, and experience of working in this specific area would be useful. But I want to emphasise the importance of social, networking and communication skills. They'll be necessary to enthuse the network undertaking the research. They're also key to communicating findings in an enthusiastic, non-technical way to administrators, legislators and policy makers. On the other hand, this person must be comfortable in an academic environment communicating with peers. Our research findings shouldn't lie around on dusty book shelves. It's designed to make a difference.'

You can find this job on p.165, and with many others on www.psychapp.co.uk.

"It's about how you bring about change in small organisations"

and the need to ask fundamental questions.'

Richard is self-mocking about this period. 'I still thought we would improve the world with behaviourism, like psychiatrists with prescription pads. There was an arrogant revolutionary zeal which fitted with the zeitgeist. I thought I'd eventually train to become a hero therapist who would wisely cure troubled souls through stringent research. But, if truth be told, I was still trying to fix myself.'

Richard then qualified in clinical

psychology at Liverpool but found clinical training more difficult than he expected. 'Cognitive therapy was taking off. I read my textbooks and used the techniques and they didn't work. The fact is, if you see cognitive therapy as an expert toolbox to surgically remove irrational beliefs, it won't work. You have to take the patients' point of view seriously. Good cognitive therapists know and do this. They understand empathy. For the first time I developed a grudging sympathy for Carl Rogers, who looked at

the minutiae of the therapy relationship. Again, this is something I look at in *Doctoring the Mind*. I think it takes a certain sort of person to be a good practising clinical psychologist – one who can sit with people for long periods and can both be simultaneously empathetic and organised.’

Richard was still hugely emotionally committed to psychology. ‘During clinical training a psychoanalyst asked us to reflect on why we were there. I ranted on about how I was applying science, that I had no personal motives. A friend waited then said quietly, “None of what you’ve said about yourself is true. I know you care about your patients very much.” I suddenly realised that my posturing about science and expertise was really about managing how I felt about myself. It was an emotional moment.’

After qualifying as a clinician, Richard received an MA in philosophy applied to health care, and then obtained an academic post at Liverpool after working for a while as a forensic psychologist (‘I didn’t enjoy that’). He has held chairs in clinical psychology at Liverpool and Manchester and is currently Professor of Clinical Psychology at the University of Bangor, Wales. But underlying these career moves is a consistent and growing approach to mental illness. ‘My difficulties in grasping what schizophrenia was during my PhD came back to haunt me. I realised that schizophrenia was not a coherent construct. But what could you replace it with to help people in real pain?’ Peter Slade, who sadly left psychology in disgrace at the end of the 1990s, raised the issue of the single symptom approach in his work on auditory hallucinations.

I began to extend this approach across the spectrum. Peter Slade’s contribution has become difficult to talk about, but he helped my career hugely. He promoted younger academics by making them principal grant holders on research projects – something I’d recommend to other senior academics.’

Early on in his academic career, Richard successfully applied for £5000 for a junior lecturer pilot research grant. ‘I proposed studying delusions – how we acquire strange beliefs. It was seen as a slightly bonkers approach at a time when cognitive therapy was taking off. But I became more and more committed to developing a satisfactory, coherent account of psychopathology through symptoms. I initially expected to get shot down in flames by some well-read person who would quote something I’d missed.

Work experiences

Anna Rosselli on her time shadowing a clinical psychologist, and **Susanne Vosmer** on why it is important to offer such opportunities

I’m a third-year undergraduate studying psychology and cognitive neuroscience at the University of Nottingham. I wanted to obtain work experience in clinical psychology so that I could gain a better understanding of what this career would entail, and whether I would enjoy it. I e-mailed 11 clinical psychologists based near to where I live in Cambridge, whose details I found on the BPS website. Out of these, one offered me work experience.

The work experience that I obtained was with Susanne Vosmer, a clinical psychologist at a low-secure psychiatric unit where half the patients were forensic patients. All the patients were sectioned under the Mental Health Act.

The experience I gained was invaluable; rather than spending all my time running errands and getting the tea (as I had suspected might be likely from the stories I had heard from other students), I found myself immersed in the day-to-day work of front-line clinical

psychology. Shadowing Susanne, I sat in on sessions that she conducted with individual patients, attended many of the meetings that are involved with the job (e.g. ward rounds, where each patient is discussed, with care and so on being evaluated), and helped run a group session. I was even given the opportunity to help write up a study.

Sessions were fascinating to attend; by meeting the patients, I encountered the mental disorders that we had learned about, and saw for myself how they manifest in people. The most common diagnoses at the unit were schizophrenia, depression and anxiety disorders. The common psychological treatment at the unit was cognitive behavioural therapy, and it was really useful to watch this therapy in practice, again having only read about it. The experience was made even

better when, after each session, I was able to discuss the patient we had just seen, and give my thoughts on them and how the session had gone. I was even given the opportunity to help to run one group session on anxiety, in which I presented some relaxation techniques and exercises.

I was taken aback – and delighted – when on the first day of my placement Susanne offered me the opportunity to help write up a study that she had conducted in her own time.

I performed the data analysis (a little more complicated than those we have done in lab classes), and then wrote up the journal article. This was

a very valuable experience because – unlike on our course, where we get feedback only once the work is complete – she gave me feedback on each section as the first draft was completed, and then again for each successive version, thus enabling me to improve my writing technique.

This work experience gave me a great insight into the work

of a clinical psychologist – both the positives and the downsides. Watching patients responding to treatment and improving is very rewarding; every day holds something different; and the job appears to be one that challenges, whether it be through working out how best to treat a patient, or conducting new research.

However, the experience also showed me that clinical psychology can be very demanding; as well as working the nine-to-five job, research is vital to progress within the profession, and unless the job itself entails research then this often must be conducted in the psychologist’s own time. It also demonstrated some of the undoubted frustrations involved in the job. One of the difficulties of working effectively in the secure unit was that patients often refused to take part in treatment. The Mental Health Commission had recently visited the unit and informed patients that they had a free choice whether or not to attend sessions (e.g. with the psychologists, occupational therapists or other staff). Where patients are sectioned they are often unwilling to take part in sessions, despite the fact that these are aimed at addressing and improving patients’ conditions so that, in time, they



But it hasn't happened yet as far as I'm aware!

Richard wrote an essay for an edited work published by Penguin and they rang him to ask if he was interested in writing a book. 'Great, I thought. That will take about 18 months. Five years later I delivered the manuscript for *Madness Explained*. I loved writing it but it transformed from a polemic to a genuine investigation and became much longer, with many more references and footnotes than I'd planned. *Doctoring the Mind* is much shorter, hopefully more accessible and focusing more on patients.'

Finding research funding is a major part of Richard's life at the moment. 'It's tiring and at times dispiriting. Bad things happening to you definitely increases your chance of being psychotic; specific bad things cause specific symptoms. So,

we need to research and understand how developmental pathways are influenced by adversity, because understanding this might help. Genetic research into psychosis is heavily funded but has not led to replicable findings and is unlikely to help patients. By contrast, it's very difficult to get funding to study the causal role of the social environment in psychosis, even though this kind of research is much more likely to lead to clinical benefits. I've been trying for five or six years to get funding for this kind of work, collaborating with a group which includes developmental psychologists, psychiatrists and others. In an odd way it's all gone full circle. At the beginning research in symptoms was wacky, then it became mainstream. It's becoming wacky again, because we are looking at social causes.'

During the course of our discussion

Richard reacted to a number of topics with the comment 'I could talk all day about that'. It's impossible to adequately cover all these issues he raised (and stories he told) in one short article. What comes across strongly on reading *Doctoring the Mind* (and in talking to Richard about his career) is a sense of recovering the past in order to inform a critical contemporary debate. Members will find Richard's treatment of the 'overlooked' development of clinical psychology at the end of the Second World War of particular interest.

Richard's approach is less informed by Santayana ('Those who forget the past are doomed to repeat it') than by a sense that previous experiences don't disappear but remain alive, influencing what goes on now. And psychologists, more than most professions, should understand that.

can be released. Having seen the frustration caused when patients making progress stop turning up, I have to ask the question: If we are willing to section people, taking away their freedom, then why give them freedom to decide whether they attend their sessions once they are sectioned, when these are the very things that may help them to get better?

Some of my fellow students see work experience as fodder to bolster a CV, rather than something of intrinsic value. They assume that they will be either left languishing in a corner to watch but not participate, or treated as cheap (i.e. free) labour to perform menial tasks. This doesn't have to be the case – a good work experience placement can put life into the lecture-room theory, and give you a real insight into what it would be like to pursue a career in clinical psychology.

Of course, I can't pretend that everyone's placement will be as stimulating and useful as mine was. It seems clear to me the success and benefit of a work experience placement ultimately depends on the person who is offering it to the student. Those who do provide work experience – and, as I found out, they are a minority – should really try to make it just that... an experience.

Frequently, students are taught 'mental disorders', how they manifest in individuals and how they are treated. Learning about individuals who have unusual experiences (commonly referred to as 'schizophrenia') may provoke anxiety and fear. So working in psychiatric inpatient and, particularly, forensic secure settings, may not automatically come to mind when considering a career in clinical psychology. In my experience, this is a real shame because I have learnt as much from this client group as they have, hopefully, learnt from me. Primarily, I took on a student to offer her the opportunity to not only gain insight into my work but also provide her with an experience of this client group.

Commonly, this population is portrayed in the media as either 'mad' or 'bad' (dangerous), or both, and wider society expects staff in secure forensic inpatient units to take care of and care for this population, which is frequently ostracised, hated and feared. Admittedly, since this client group can provoke strong feelings in staff, it is perhaps not the easiest of environments to work in or to gain work experience in clinical psychology. And it can only provide limited insight in the many facets of clinical psychology. At the same time, the current setting is genuine and honest because we are confronted with raw emotions, which are inherent in all of us. The distinction between them (the 'insane') and us (the 'sane') becomes, at times,

"exposing students to the different aspects of clinical psychology is important"

more blurred due to projections and projective identification. The current work setting offers the opportunity to connect to people rather than work with 'schizophrenics'. My decision to take on a student was motivated by the hope that this experience could enable her to become a bit more critical of diagnostic systems, realising perhaps

that 'mental disorders' are diagnostic entities and not the 'real' thing, and more importantly, less fearful of working with this client group.

As clinical psychologists we do many different things, and exposing students to the many different aspects of clinical psychology is important so that they can make a more informed decision about wanting to join our profession or not. Carrying out research is vital to evidence-based practice, but resources in the NHS are extremely limited. So having students on placement, who can contribute to this process, can be very helpful. It is important, however, to provide students with experiences which are in their 'zone of proximal development', thereby encouraging and advancing their individual learning. It should not be exploitative and students should be neither regarded nor treated as 'cheap labour'. In my experience, our profession does perhaps rely a bit too much on an unpaid workforce. Possibly this is because many psychologists are overworked and overloaded with demands. This may also explain why not everybody is able to offer work experience. However, a realisation that we all can be 'rejecting', at times, may help to deal with the inevitable disappointment which may arise when a request for work experience is being declined, and encourage students to keep on trying.

