Amplifying a relationship with psychology

Ian Florance talks to social psychologist **Professor Robin Goodwin**

Having studied social psychology, Robin Goodwin worked at Keele, Bristol and Brunel Universities. He is now Head of Psychology at the University of Warwick.

Robin is driven by the question of what impact large-scale societal and environmental transitions and threats have on everyday psychological processes. He has a particular interest in the ways in which individual differences combine with group and cultural variations in informing responses to these changes and threats. He takes a strongly interdisciplinary approach to this topic, working with colleagues from across the social and natural sciences.

In his answers to my e-mailed questions, Robin gives vivid examples of the sort of work he does and the challenges it poses.

Social psychologists sometimes seem to feel out of place in psychology departments. Do you find this and, if so, why do you think that is?

In the last decade or so the general perception has certainly been that social psychology has been marginalised in favour of other areas of psychology; most notably in recent years, neuropsychology. There have certainly been larger finances available for projects which involve techniques such as fMRI, which do cost rather more to conduct. Of course, money talks in academic departments as much as anywhere else! Furthermore, the citation impact rates in the natural sciences are usually higher than in social sciences, and this has further increased the feeling that social psychologists are contributing less to a department's overall standing.

However I should add that the increasing recognition of the significance of the societal impact of academic research (beyond academia) can help redress this balance, as much social psychological thinking has strong application value. At Warwick, for example, I am building networks of colleagues from a wide variety of disciplines to address issues of global significance. In addition, in a marketplace where students have increased power, social psychology is recognised as an attractive subject for many students and if taught well can help enhance student satisfaction with a course.

How did you first get interested in psychology?

I am afraid I was a bit of a 'psychology nerd' at an early age… I read the collected works of Freud when I was around 16, followed by Jung and Adler soon after. Adler made me realise that I was really interested in social psychology, so I did my undergraduate degree at the University of Kent – at that time one of the few places you could study social psychology as a degree in itself – and was fortunate enough to get an ESRC scholarship to carry on my PhD there.

Tell me a bit about your training. What did you like and dislike about it? Did you always know what you were going to do and what areas you would specialise in? What influenced you?

My training was for a traditional British PhD – a very long thesis (> 100,000 words) in three volumes, with lots of studies (seven). Looking back I could have probably done with a bit more intense statistics training, although I did become something of an expert in my sub-sub-subfield.

You've worked internationally a lot as a visiting professor. Are there differences between how psychology is regarded, taught and organised around the world?

There are obvious differences. For example, a theory I sometimes use – social representations theory – is widely used and taught in South America and continental Europe but rarely covered in North America or the UK. Psychoanalysis too is much more heavily covered in some continents than others. In some countries, Japan is an example, arrangements are perhaps a little more formal than in others. However in terms

of working arrangements in universities I suspect that much of the difference is within as well as between countries. There were, for example, many variations between the University of Tokyo, where I spent two months, and the smaller Yamaguchi University, where I recently spent a similar time.

What are the differences between psychology now and when you started? Have students attitudes and expectations changed?

I think students are not so different, but their expectations have changed a great deal with the introduction of higher fees. This does mean that they really expect value for money! Throughout the university system lecturers are more attentive now to their teaching style and interactions with their students; which, to be honest, is probably a good thing. In addition, we recognise that our role now extends to providing 'aftercare' to our students once they complete our course, helping them make a successful transition into rewarding graduate jobs.

You specialise in working on large-scale transitions in society. Can you give a flavour of some of these projects?

I obtained my PhD in 1989, the time when the old Soviet Union began to collapse. I met a Russian psychologist at a conference who inspired me to study the impact of changes in Central and Eastern Europe on people's everyday relationships – their friendships, sexual risk taking, marriages, trust in one another, and so on. I conducted several studies on these topics in a number of countries in this region. I also became interested in the interpersonal relations of migrant populations when the changes they go through are more selective – first in a study of Chinese migrants in different European countries and more recently in a three-wave longitudinal analysis of Poles in the UK. Much of my most recent work has been on the interpersonal impacts and mental health implications of large-scale threats in a society, both natural and human made; terrorist attacks, pandemics, earthquakes, tsunamis, typhoons, hurricanes. I currently have projects working with data from more than 20,000 refugees from the Great East Japan earthquake, Typhoon Haiyan and a longitudinal study of the relationship implications of the recent political tensions in Egypt.

Presumably this sort of work is quite emotionally and professionally taxing? What support mechanisms do you need in terms of personal support and CPD to address these?

The work can certainly be challenging: I was in Japan on sabbatical at Tokyo University during the Great East Japan earthquake, living by chance in a 'radiation hotspot' outside of Tokyo following the Fukushima accidents. That was certainly interesting, and a little emotionally taxing although, of course, I cannot complain as I was fine (unlike the 20,000 killed by the tsunami). Indeed, I recently returned to Fukushima for a meeting held by the International Atomic Energy Authority (IAEA). To be honest it is usually my students and colleagues who have been more on the 'front line' collecting data than myself – for example, a Japanese student of mine spent time living in Fukushima collecting data from those affected, other students collecting data for us have been living in an area hit by a typhoon, etc.

What are your future aims and objectives?

I am currently developing a theoretical model which looks in more detail at the interpersonal implications of large-scale social changes and threats – this is a theory of 'relationship amplification' which, simply put, aims to spell out the mechanisms by which intimate relationships get closer, but more distant ones can rapidly decline during major stressors. Much of my work also has a strong health emphasis: I am currently extending my work on culture and pandemics and other infectious disease threats, looking at the ways in which culture moderates our responses to contagious disease in particular. I am also working more on psychological responses to another major contemporary threat – climate change. In all this work I aim to bring a strong 'applied' angle, showing how interventions can be made to help alleviate a threat or the suffering following a major stressor.

Where do you see your areas of psychology in 10 years' time? Where do you think it can contribute to society?

Social psychology broadly has had a challenging time in the last decade or so, as I suggested above. However, with the increased focus on applied/translational research I feel social psychologists can really come into their own, as they can contribute directly to many major issues facing our society today, and can also work well with others in both different areas of psychology and other related fields (e.g. medicine) to show how our social behaviour (our norms, values, etc.) interact with the environment and key aspects of biology (e.g. the characteristics of a particular pathogen). This should then open up the opportunities for substantial funding opportunities. In the area of post-disaster psychology and psychiatry, major international bodies (such as IAEA) are increasingly recognising the contribution of social scientists in helping deal with large population threats, so again I think there is a lot we can contribute. I am therefore optimistic about our contribution!

‘Sometimes, I feel that the psychological well-being practitioner role is undervalued’

Katie Bogart outlines her working life and its contribution to improving access to therapy

I recently qualified as a psychological well-being practitioner (PWP) after studying for a postgraduate certificate in low-intensity cognitive behavioural interventions at University College London. I’m working with Wandsworth Psychological Therapies & Wellbeing Service, South West London & St George’s Mental Health Trust. But what does a PWP actually do? Here, I give an overview of my clinical duties.

First, telephone screenings. I conduct between four and five a day, which are mainly self-referrals. This means that I do not know who I will be assessing, although I do have their basic demographics on screen. This does not give away very much information about the presenting difficulty.

I have a target of 20 clinical contacts per week, although I have heard that it can be anything up to 36 depending on where you work. Efficiency is a skill that I have developed throughout this role. There is no time for disorganisation. Whilst it is unlikely that you would assess four clients presenting with imminent suicide risk within one morning, there is not a lot of time set aside in the working day if this were to happen.

This means that there is a potential to be torn between great empathy for a client that is presenting with sufficient risk to themselves, or someone they care for, and the concern about the amount of time the paperwork and referral making will take.

In my experience, my empathic stance has always won; I have never resented a client that has resulted in additional work afterwards. Of course, this is the way that it should be, and I would like to think

Helping triumph over phobia

Harriet Mills is a Data Collection Manager and Assistant Psychologist with the Tavistock and Portman NHS Foundation Trust

When a colleague asked if I would be interested in running a support group for people with phobias, I was enthusiastic to find out more. Aware of long NHS waiting times, I was keen to get involved in a group that helps provide almost instant access to support. From my first meeting at TOP (Triumph Over Phobia) Kentish Town, I was hooked. This UK charity helps individuals with phobias, OCD and other anxiety disorders find ways to overcome their fears. The groups follow a self-help model of cognitive behaviour therapy (CBT) and exposure therapy. Working as an assistant psychologist in the NHS I have experience using CBT with patients and was interested to transfer these skills to a self-help group.

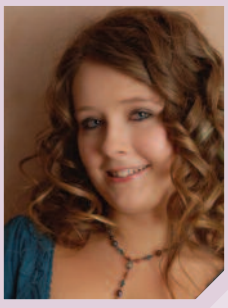
Often the group leaders are past group members. I strongly value the different skills and viewpoints that my colleague and I bring to the sessions, myself from a therapeutic background and my colleague bringing experience as an ex-sufferer having once attended the group herself. Our role is to provide a warm and encouraging space where we help members set and monitor goals and work through weekly tasks to face their fears.

> “Balancing empathy with structure can be difficult, as can being assertive”

The range of difficulties brought to the groups is varied with emetophobia (fear of vomit) agoraphobia, claustrophobia, OCD, hoarding and social anxiety to name just a few. Through structured sessions, homework tasks and a supportive environment, members work through their anxieties step by step. The exposure is graded and guided by the individuals’ goals and what they feel comfortable working towards.

Each week we discuss how they got on with their homework. Rating their anxiety before, during and after each task helps us monitor progress. We then help them decide their next step, often reviewing their short- and long-term goals to assist with decision making. We are also creative in developing ideas for exposure within sessions. We have written plays for a member with social anxiety to perform to the group and found recordings of vomit sounds to help with emetophobia. If members are struggling with what to do next we come up with different ideas and they chose what they feel ready for. We recently revisited the vomit audio and it was so rewarding to see the member laughing along, when previously this task would have been almost intolerable.

A particular challenge I have faced was moving away from the more directive role of a therapist to the motivational approach required of a group leader. Welcoming new members can also be challenging, as you are engaging individuals in something completely new and asking a lot by requesting that they put themselves in situations that are very anxiety provoking.



After a recent new member observed the first session and gave a detailed history of their difficulties, we explained the group would focus on the present. The next session they soon went off topic and I had to be firm, bringing them back to the focus of our discussion. Balancing empathy with structure can be difficult, and it can feel uncomfortable being assertive, but this structure and focus enables members to target a specific problem and achieve their goals.

Members soon become independent with their goals and homework setting, and it is rewarding to see how quickly people make progress. Endings can be difficult, and part of my role is helping members

that I will not fall into this pattern of thinking at any point in my future career. However, I do recognise that the structure of an IAPT service can be so rigid that sometimes the pressure of targets, client turnover and recovery rates, can be prioritised ahead of the well-being of the people that are sent or refer themselves to the service.

After training, I felt somewhat confident and equipped to assess a client who was experiencing mild to moderate symptoms of anxiety and/or depression. These were the types of clients I was expecting to work with during my time as a PWP. Interestingly, I found that these were not the only clients that came for a telephone screening. Realistically, there are gaps in the healthcare system for people with more enduring mental health problems, particularly those that could be diagnosed with a personality disorder.

Fortunately, I have previously worked in a CMHT and have an excellent supervisor, so working with more severe or complex clients at assessment wasn't too unfamiliar. However, these clients are promised something that we cannot always provide and that is very difficult to explain to somebody in distress.

The aim is for a telephone screening to last half an hour, which occasionally happens. However, realistically, screenings take up to 40 minutes; clients will have questions to ask you and they will also have history that needs to be taken into account in order for the psychologist we speak to afterwards to make a clear decision about the most appropriate treatment for the client. If time is not taken at screening, a client could be allocated to an inappropriate therapy. This would mean a wait of up to six months to meet with a therapist who then directs the client somewhere else. So, constraining the time of a telephone screening to less than half an hour is counterproductive for the service, therapists and most importantly, the clients.

The key difference that I have noticed between our training and seeing clients in the real world, is exactly that. You are seeing a person who has their own life experiences and understanding of their difficulties. Sometimes the rigid framework of a readymade booklet isn't helpful or compassionate. More often than not, you tailor the key skills you have developed through your training to the person in front of you. Of course, you use supervision in order to do this successfully.

Whilst this is not an uncommon approach for talking therapists, it is different to how I feel I was trained. The structured, fast training helps you to feel prepared to work in your service very quickly. However, I did feel uncomfortable during my first treatment session when somebody started talking about their family history of depression and how it may have influenced them. This wasn't in my training! I am a PWP, I don't deal with this, why didn't the client realise that?

As you develop and actively use supervision, peer support and CPD, you recognise that it is not normal for a client to mirror every part of the Step 2 treatment booklets. The service that you work in can help you to develop your confidence when working with clients in the 'real world'.

As a PWP, I am aware of how limited my skill set is, but I also recognise its importance and appropriate place. Sometimes, I feel that the psychological well-being practitioner role is undervalued. It is true that we do not see those with a long-standing history, complex social issues or concerns regarding risk to self. It would be highly inappropriate if we did.

However, when Step 2 interventions are provided to a suitable client group, they are shown to be incredibly successful. In my current service, the recovery rate is 63 per cent. Yes, these are more simple cases. Yes, these clients have fewer barriers to treatment. But, we are aligning our work with the Improving Access to Psychological Therapies agenda; promoting well-being. I believe that should be recognised and respected.

What does the future hold? Being a PWP helps you to gain the key skills to enable you to work as a clinician. As a PWP, I use a single therapeutic model that can only reach a very specific group of clients. This has fuelled my desire to progress further in order to broaden the range of clients that I can work with. Currently, there is no clear progression within the PWP career path aside from further training, such as high-intensity or clinical psychology. This may be why there is a deficit in PWPs available to work.

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recognise when it might be time for them to start working towards leaving the group.

This new role as Group Leader for TOP-UK has expanded my clinical knowledge and experience. Not only has it given me insight into the part clinical psychology can play outside of the NHS, it has also given me experience with a new clinical population. Watching more experienced group members share their insight and advice to help the newer members of the group has been valuable; the whole group collaborates and works together. TOP-UK value their volunteers and I have benefited from training days where evidence-based theories are discussed alongside real-life experiences to help our learning. Discussions about our own fears and anxieties highlighted for me how we all have fears and anxieties, but it is how they affect us that can be very different.

I am so pleased to be given this opportunity to help people help themselves. It has been a pleasure to work alongside these individuals and watch them achieve their goals. It has also been a valuable learning experience for me; I have already learned so much more about these difficulties through my time at the group and look forward to continuing my work with TOP-UK.

At TOP-UK we are keen to spread the word that help is here. If you or someone you know is suffering from a phobia, OCD or other anxiety disorder or if you are interested in finding out more about the charity please get in touch: 01225 422705, info@topuk.org www.topuk.org

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