

Psychology's Feminist Voices Oral History Project

Interview with Jan Burns

Interviewed by Alexandra Rutherford

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Interview with Jan Burns
Interviewed by Alexandra Rutherford
York University
Toronto, ON
April 29, 2009

JB: Jan Burns, Interview Participant
AR: Alexandra Rutherford, Interviewer
MB: Marissa Barnes, Interviewer
KV: Kelli Vaughn-Blount, Interviewer
JM: Jenna MacKay, Interviewer
LB: Laura Ball, Interviewer

AR – For the purposes of being able to identify the tape, would you just state your full name and place and date of birth, for the record?

JB - My name is Jan Burns and my place of birth is Whitley Bay in the UK on the 22nd of September 1960.

AR - Great, thank you. Let's start with the question that we ask of almost all of our participants, which is, how did your identity as a feminist evolve, develop?

JB – That's a good opening question. I grew up in the North of England in a small, very parochial town and my family were quite a traditional, working class family, quite male-dominated. I always felt slightly different, wanting to break out, a bit of a tomboy, and always sort of questioning what the boys did, what the girls were allowed to do, and I'm not your traditional feminine sort of girl so that gave me some early developmental consciousness about these things. Then careers, information at school, and being pushed towards things like nursing, social work, things like that, thinking "Oh, I don't want to do that." I was doing a mixture of arts and sciences for my A-levels to get into university. So, it sort of grew up then, and it sort of started to hit me a little bit when I went to university and learned more about feminism.

AR – So was it a sense that you felt that you didn't fit a kind of gender role that you were expected to fit?

JB – Yes...

AR – Do any particular memories or examples of that come to mind?

JB - I think it was things like what you were expected to wear, being interested in boys, make-up, doing the things that all the other girls are doing. I had 2 older brothers, [so]

expectations around the tasks I performed in the house compared to what they performed, even though actually I was doing better at school than they were, and doing better at sports than they were, but you know, it just never being the same.

AR – Well, tell us a little bit about going to university, and learning a little bit more about feminism. What form did that take?

JB – I took a class called Gender Differences, and that was so illuminating. There was wonderful woman called Elena Levenson who ran it – she was particularly interested in language. Just learning the kind of differences in ways women and men are represented within media, within television, started to sort of actually enable me to realize that there is an academic place for this interest, that there is a discipline of gender studies (3:11) and women’s studies, that it’s a legitimate thing to look at, and people were starting to look at that. It wasn’t just some uncomfortable feeling that I had.

AR – Around what time are we talking now?

JB - We are talking early 1980s.

AR - Just as a historical question - I’m not sure you can answer this or not - but you took a course in Gender Differences... Did you have any awareness of whether that was a new type of course?

JB – That was definitely new. It was a 3rd year optional course – and you know, not many people took it. Elena Levenson, at that time, was the only woman lecturer in that department. This was Manchester University; a big psychology department, a good reputation, and I remember a second woman actually coming to work in the department and it being a big thing.

Being in Manchester also had an interesting history for me as my Aunties had always wanted to go there. Her father was a well known architect and had been involved in building things like the airport and she wanted to follow after him. But she could not enter the School of Architecture at that time because she was a woman. I had a good relationship with that auntie and I always remember feeling “You know, this is outrageous. My auntie actually couldn’t, *could not* come to this establishment just because of her gender”... And that was only one generation ago.

AR – Well, you mention coming from a kind of working class background – What was the feeling in your family about you going to university?

JB – Just fitted in with my odd eccentricity really (laughs). Nobody else in my family [had] been to university, had the foggiest [notion of] what it was about. No idea about where I should go, what I should do – it was entirely up to me. You know, they could see I was never going to fit in to sort of doing what a majority of my classmates had done so I think the feeling was just better let her go and do whatever she does [laughs]

AR – [laughing]...let Jan go do her thing... Ok, well tell me a little bit more about what attracted you ultimately to psychology as a discipline.

JB – I was completely naïve about psychology, I knew nothing about psychology [and] at that time it wasn't taught in schools, it wasn't something you could do in class. I think it was two things: one, I was very undecided – I liked both arts and sciences, so I was doing a mixture of those for my A-levels and two, my family were completely baffling, I did not understand my family at all. My father was a very odd man, he sort of lived this Walter Mitty life rather disconnected from actuality, from what was really going on. And I had these twin brothers, and twins are very interesting, so it was interesting to have siblings who are twins. I was always curious about all of it, so it sort of led to an interest. I just happened to be flicking through university prospectuses (6:46) one day and thought, “Oh what's this thing called psychology? That sounds good, you could get into it with either arts or sciences – it's about people – what's more interesting than people? You can actually make a career out of it, sounds like a good job for me.”

AR – Yeah, [so] it satisfied a lot of criteria [laughs]. Tell us a little bit more about the trajectory of your training. So you started at Manchester...

JB – I did my degree at Manchester, and there I got interested in people with learning disabilities, just by accident. A very good, close friend of mine at the university had a sister with learning disabilities. I spent a lot of time with her, and thought it was just fascinating. So, I ended up doing a third year dissertation in that and thinking I like the academic life and thinking I could do a PhD and continue with this sort of line [of work].

I then moved to Cardiff University to do my PhD on the quality of life with people with learning disabilities. Once I had completed my PhD, at that time, there were absolutely no jobs in academia – which would have been my preference - it was very tight, but I thought “Well, I'll go try and do clinical psychology training so at least I'll know there will be jobs at the end of that.” I then moved to Leeds and did an MSc in clinical psychology. I then worked full time clinically in forensic services for the NHS, and then half time in services for people with learning disabilities and half time at the University of Leeds on the clinical psychology training programme for about 5 years.

AR - Well let me take you back a little bit to your work on people with learning disabilities. We had a conversation the other day about what learning disabilities means in different contexts – Can you just unpack that a little bit?

JB – What I'm talking about are people with intellectual deficits who are originally born with those intellectual deficits, or gained them before the age of 18, which is the WHO [World Health Organization] definition... People whose I.Q.s are below the standard norm.

AR – And what particularly, specifically, did your research involve?

JB – For its time, it was quite radical because I was very influenced by a guy called Robert Edgerton who'd worked in the States and he had written a fantastic book called

The Cloak of Competence. It was an anthropological-ethnographic sort of study where he literally followed people around for four years as they deinstitutionalized from a big state hospital into the community. I was interested in similar issues related to where I was living at the time in Wales -what it's like being taken out of large hospitals where they spent the majority of their lives, to then live in community in small group homes. A lot of the research carried out at the time was giving questionnaires and I thought, "This sounds crazy approach to me, I'm going to go and ask them. I'm going to hang out with them, spend time with them, I'm going to go and do some participant-observation."

AR - So more of an ethnographic take? (10:23)

JB – Yes. I ended up having 6 case-study group homes. I followed them for a year, and I literally stayed in their houses – sometimes sleeping on their floors, following them around - for days on end, seeing what they were doing.

AR –Were there any surprises? I mean going into that... What was that experience like, to kind of live with these folks for a year?

JB - There were surprises and two experiences stick out in my mind to demonstrate these. I was staying in a group home in the Welsh Valleys. It's a very traditional sort of place and these people had all decided they wanted to, the group of 4 women, go to the pictures. So, we got on the bus, and [were going] to the cinema. It was dark, and it was rainy when we set off home. We were on the bus, and I was sitting on this bus thinking, "It seems to be an awfully long time that we have sat on this bus. I'm sure we should have got off earlier" and I said to them "Have we missed our stop?" and they said "We had all been waiting for you." Now I'd never been to this place in my life, I had no idea where you got on and off the bus, but because I didn't have a learning disability they assumed, and gave me, the power to have this knowledge.... It really struck home then – the powerful position that these people see other people as having in their lives.

The second was in terms of contextual change. What was happening politically at that time in Wales was that the coal miners were on strike, the Conservative government was in power, and they were out to break the miners. What I saw [was] a very nice group home with very friendly neighbors, very supportive people – all part of the mining community –turn into a very bitter, very poor, very impoverished, community with a complete reversal of attitude towards the people living in the group home in their midst. A very positive attitude turned to a really persecutory attitude, of you know, we're going to take these people for as much as we can: the state is providing for them, the state is going out of their way for them, and look at what it is doing to us? So just seeing how the political and economic context around these people, the political context, changed their life experience, through the changing attitudes of others was very illuminative.

AR – Can you elaborate a little bit on your turn away from survey methods and the kind of typical traditional methods in psychology towards more ethnographic-qualitative type [methods]? You mentioned the influence of Edgerton's book but what kind of fuelled

your skepticism about the survey [method] (13:23) or more traditional kind of approaches in psychology?

JB – They all seemed to come from a very tangential sort of position, of not really asking the questions that I really wanted to know about. The words weren't around at that time, but when I look back on it, it was a post-structuralist, social constructionist sort of view that I was taking. What these people say on this questionnaire on what your quality of life of [is] today could well be different from tomorrow, and because one group home says this, another group home says that – it has no meaning unless you understand the context, unless you understand the history of this. To me, such surveys and questionnaires were very blunt tools.

AR – What was the status of the kind of knowledge, or acceptance of more sociologically driven –for lack of a better word - methods in psychology? What were people's reactions to what you were doing? (14:29)

JB – They thought I was completely crazy. I was in a *really* cognitive department; I was the only female PhD student at that time and all the others [PhD students] were sitting in front of computers, running experiments, working on large grants, working on ergonomics, looking at [the] best arrangements for visual displays, for aircrafts, and things like that. So, what I was doing was seen as completely mad. Luckily, I had a supervisor who was *the* [she stresses] social psychologist in the department. He hadn't got the foggiest about my area of interest, but he was *the* [she stresses] social psychologist. So, you know, he let me choose a slightly different path but it was seen as (15: 16) quite strange.

AR – Did you have any mentors? We haven't asked you about mentors – did you have anyone in academia that kind of mentored you at all through any of this?

JB – Not so much in those early days. And I think that resulted in my going into the psychology of women side of things, to seek that support, and seek that affirmation. Later in my career, as I said I made a career as a trainer in clinical psychology, Mary Boyle was a really good influence. I don't know if you know Mary Boyle's work, she's a fantastic feminist psychologist. She was head of the Clinical Psychology program at the University of East London. She just retired last year, and is Professor Emeritus. She did fantastic work on abortion and was very discourse-oriented (16: 17). But, she was a very prominent person within UK clinical psychology. We all used to joke that the 'boys' were scared of Mary – and they were, they were. She is a bright, bright, woman. She cut it on the research side, she got really good publications, but she was an (16:42) uncompromising feminist.

AR – Now, how did you cross paths with her?

JB – [In the] early days, through the Psychology of Women section. I was looking around, scanning the horizon, on who was out there, who we could rely on to sort of support this, and she was certainly there. And then later on as a colleague because there

were only 32 clinical psychology training courses in the UK so you get to know the program heads very well. Mary was always somebody I thought, “Well, if I could do as well as Mary, I will be more than happy”.

AR – Well, tell us a little bit – and people can jump in I know I have a tendency to monopolize things, but really, just wave your hand if you have something that we’re on that you want us to talk about – but I wanted to switch now to how your feminism and your work as a psychologist, how and when they started to come together.

JB – I think it was the methodology side of things that brought it to a little bit of a head and the interests followed after that. Because I was taking a very different path, one of my sources in terms of alternative ways of viewing methodology was feminist, and that introduced me to a whole world of literature, and a whole load [of] literature on science and the underpinning values and different paradigms. As I’ve gone on, I think what has crystallized (18:25) is my interest in the issue of difference, and how difference gets devalued: so whether it’s within disability, whether it is sexuality, class, or gender, it’s the same issue. It’s that intersection between you’re different - but actually not only are you different, but we are going to devalue it in some way - and that inequality somehow ended up being a theme – stigma I suppose.

AR – And that of course hits a lot of what you do in terms of your research. Can you talk a little bit about your development as a clinical psychologist and that trajectory and how feminism may have influenced that?

JB – When I first qualified as a clinical psychologist I went to work in forensic services. It sounds sort of slightly odd, but I was particularly interested in forensic services because of my feminist interests, because it is so dominated with the “badness” (19: 37) of the male and the “madness” of the female [discourse]. And you know I was really interested in getting up close and really trying to understand and see the real edge of this – of men who have done terrible things to women, but also women who have done terrible things – and what this really means. And you know, forensic is very [much] at the edge. So that was a good couple of years, I learned a hell of a lot from that experience.

AR – Well tell us, what did you learn?

JB – That [there but] for the grace of God go I. The history of some of these people is just so desperate - the majority, but then there are one or two individuals that you think something was not right, right at the beginning, something was terribly missing. But, for the large part, what we’re seeing with how these people end up, where they end up, is the history of their own context and it’s not hard to step or be pushed over that and find yourself on a very different trajectory.

AR – What did you learn about the gendered nature of prison?

JB – Well, on the surface it does really echo the sort of textbook dynamics that you read of men having these supposed aggressive tendencies and testosterone pumping around their bodies, and they’ve got to be able to act like men and be aggressive – and that is the

stereotype that is built up. What you actually see are men who are frightened, men who can't act out those roles, can't get that sort of self-esteem, and end up doing all sorts of things to compensate for that, or try and get it in ways that are vastly 'over-gendered'. It is about the way that we position men and women in society, and the push, the tension we put on people to fulfill those roles. So, women who have cracked under great expectations about what they should put up with, and deal with, and what comes down on them when they don't are similar in ways to men who have also 'failed' in some sense, they just have different ways of dealing with it. They are just the mirrors opposite in a sense. Except of course our society does tend to give the material wealth and hence the material power to men and particularly the white, middle and upper classes, so the different genders are trying to negotiate these positions within this unequal framework.

AR – Tell us then about – you made the decision to not stay in forensics – so what was the next step in terms of clinical work? (23:00)

JB – The next step was to work half time back in academia on the clinical psychology training programme from which I qualified, and to work clinically in services for people with learning disabilities in the NHS. There was an academic side to me needed to get fed through being in a University.

AR – As a person who is now Director of a Clinical Training program, how do your feminist values infuse your style of training?

JB – The starting point there is the models from which we teach and the scientist-practitioner is still a very dominant model in clinical psychology training. But we also teach two other models. One is the reflective-practitioner, and the third, which is fairly rare to be taught so directly, is a critical psychology model. That has definitely come from my feminist roots. You've got to understand the context, you've got to understand the history, and you can't see people as individual stimulus-response units. You have to take a wider perspective than that. So hopefully, underpinning a program with these values means that you do teach critical psychology, you teach community psychology, you teach gender, you teach inequality, and you teach about ethnicity. Most of these are now written into the professional accreditation for clinical programmes – you must teach about difference, but how you interpret that, is obviously open for a much wider interpretation. So, on our programme we take a much more sort of social, hopefully political, hopefully critical stance.

AR – How does that go over? I guess I'm thinking your own sort of administration, but also with the students.

JB – I think the students are quite attracted to that. But it is a tension especially as the National Health Services in England employs most of the clinical psychologists, and the NHS is very results orientated – you've got a target, so many people you have to see that [have], and only a certain number of sessions in which to help people. So coming in with more of a social perspective is quite a tension, as it makes you look at this wider system and understand human distress in a wider context, but working in the NHS does not

necessarily allow you to work in this way, indeed mostly, based largely on a medical model it mitigates against it. So, it's definitely a tension but the trainees feel they have a much rounder sort of training.

AR – Yeah, I mean, do they know what they are getting into? I'm kind of thinking there might be some interesting self- selection; people who want to take that perspective may be attracted to your program.

JB – Oh yeah definitely, we're known for taking more of a personal development type of approach, which is the reflective-practitioner side of it. For you to be a good tool in making change in others, you need to understand the impact of it upon yourself.

AR – And how does that manifest itself very practically in your program, the reflective-practitioner side?

JB – Practically, things like we have a practitioner group which happens every fortnight. We've got a cohort of 36 that are divided into 3 groups, we have a group facilitator, and for every fortnight they are in that group for 3 years. **(26:59)**

AR – Oh wow...

JB - ... And they have to experience what it's like to be in a group, what it's like to be on the receiving end of that sort of supportive group - a chance to understand how they act in groups, how other people act in groups, how power works, how competition works. That's not an optional experience.

AR – That sounds amazing

JB – All of our assessments have built in a reflective component, so we want to know “Well, what have you learned from this? How have *you* developed from doing this?” Not just write an essay on whatever.

AR – Wow... That sounds unusual, at least, from my vantage point.

JB – It certainly [is] - from what I picked up about U.S./Canadian clinical training –, our research director is actually from the U.S., so it's quite interesting, he's brought a lot of difference with him –it is very different, very, very different. While we're sort of seen as slightly different in the U.K. in terms of clinical courses, there are other courses such as UEL[University of East London], that do take a more critical and reflective approach so we're not such an outlier on the U.K. scene.

AR – You're not the only people. Marissa did you have a question?

MB – Ok, in terms of how they are experiencing the group dynamics, so drawing out issues about power, competition, and sort of the dynamics that are at play when groups,

intellectual like-minded groups come together and things emerge... How do you play a role in that? Is there a didactic component?

JB – Yeah, in a way we try and keep a little bit distant from it. The reflective groups are complemented by a teaching program, so at the same time they're going to get teaching on group dynamics, team working - because at the end of the day these people are going to be working in teams, they're going to have to lead teams, so they've got to understand how group dynamics work. They will get teaching, and they will get some assessments that are complementary to that actual experience. The people who facilitate those groups are distant from the program staff, they're actually clinicians who are out in the field who come in, and facilitate those groups. We have a support groups for *them*, and we have a sort of conduit/link person who then talks to us as a staff group. That's at a very general level (30:02), not at a personal level because the groups are confidential it's got to be as safe an environment as possible, so people can talk freely. But also we operate a system where every member of the clinical psychology program staff is a manager to a number of trainees. So we have managerial responsibilities. Part of that responsibility is to have appraisals with the trainees. So I will sit down twice a year with my individual people and one of the questions asked is, "How is the reflective group going? What are you learning about yourself from that group?" Obviously they judge what they want to tell me about it, and we try and do it both at the group and individual level so it's not completely separated.

MB – So you don't actually draw the trail for them? So, tracking what they've been learning and connecting it to their experience – you kind of let them sort of come to their own understanding of...."

JB – Yes, yes.

MB – Excellent.

JB – One of their last submissions to the program is a learning journal, so we actually ask them to submit a piece of work reflecting upon the whole of the program, what they've learned from it, how they think they've changed, what've been the critical components of that, and where it's going to take them in the future. It's always, with all of their work, trying to tie it back to some sort of reflective practice.

MB – Sorry, I just took this side route as I was very curious about it.

KV - I just want to ask, tying it back to your feminism, do you think that you're able to do that kind of activity within your clinical training program because the head of the program is a feminist, is a female, do you think you would see that same kind of individual concern in development in other clinical programs. I guess, is that a development going on in the country, or is that something you're seeing [because of] more of a female leadership in clinical areas?

JB – I think there's been a sort of slightly strange catch-up here. A few years ago, it was pushed very much by women. Now, there is a sort of contingent of men, and if I look at my colleagues, it's not just me pushing it, it's most of my colleagues. But they're coming from a social constructionist, a qualitative research side of things and a sort of reaction against the dominance of cognitive behavioral therapy (CBT). We haven't got a bunch of CBT zealots on our staff group, and that's no accident.

AR – Well you knew you would probably get a lot of comparative questions because we're here in Canada - I'm just fascinated with the nature of programs in different places and how they evolve - so I have a bunch of different questions. But, let me start with one, which is getting back to gender and ethnicity. It's been a real struggle in North America, despite the population becoming incredibly ethnically diverse in both the U.S. and Canada, to get clinical training programs to actually teach about culture and ethnicity and race. How is that (33:49) battle played out in your program, and then maybe also make a comment on the British scene generally?

JB – Institutionally it was played out probably about 10 years ago now because what governs what you teach in clinical training courses is accreditation criteria which is developed by the British Psychological Society, so that is the master plan we can deviate from only so much - at the end of the day we've got to make sure we tick those boxes. Out of the psychology's women's section grew a consciousness of the fact that actually at that time you could go through your whole clinical training and never talk about gender - so a campaign started out to effect these accreditation criteria and get gender in there and obviously if we're opening that door we also pushed difference in different ways, so ethnicity, class, whatever, also came in there and a set of guidance manuals, training manuals came out of that work. So it became written into the accreditation criteria - you have to teach about inequality, you have to teach about difference.

AR – See, we have those in our criteria too but it doesn't actually translate because there's a lot of ways to get around it in practice; you can still tick the box here without having to actually take that seriously. How is that played out there?

JB – To larger and greater extents, exactly. But I think there is a real consciousness in the UK of what has happened to the demographics of clinical psychology. So, it started out being a male profession, it's now something like 83% female. The number of men coming into it is going down and down each year, and I always remember a president of the British Psychological Society saying "One of the threats to clinical psychology today is the increased feminization of it." One part of my brain completely agreed, and the other part of my brain thought, "That's outrageous!" but it is a major, major problem. So, there is a consciousness within the UK clinical training side that actually, we've really got to do something about this, we are totally underrepresented in terms of men, totally in disability and ethnicity-- ethnicity even worse. People are making real efforts at trying to change. The fact that most clinical psychologists are employed by the National Health Service puts a greater emphasis on this, as we need to be able to provide a service that is representative of the clients we serve. It is a 'National' health service and hence the

workforce should reflect the minority groups as well as the majority and indeed the basic demographic make-up of the nation.

AR – Do you have any sense, or analysis, of why people who come from ethnically diverse backgrounds aren't going into psychology?

JB – They're not coming through as undergraduates. If we look at the ratio between our undergraduate population in psychology and the ratio of people who come into clinical we actually do slightly better than the ratios for undergraduates. So, it's got to start much further back, much, much, further back. Psychology in the UK for certain ethnic populations is just a no-go area. The path from doing a psychology degree to getting on a clinical training course, getting that job at the end of it, is just too precarious. People from certain ethnic backgrounds will choose options that are much clearer: if you do a law degree you can end up as a lawyer, if you do accountancy you can end up as an accountant, if you do med school, and you pass your exams, you will be a medic. It's too variable, in terms of clinical psychology and it's too unknown. We now have second-generation clinical psychologists who are white British, whose moms and dads are clinical psychologists, (38:00) but not in different ethnic populations. So, access to it as a profession, access to understanding how it all works and what you need to do, is very limited for black and minority ethnic groups.

AR – Ok, interesting. It's a problem here as well. This is changing gears a little bit –you mentioned various dimension of difference and of course, ability status, and disability is a huge area of difference, and you've written about how psychologists have not spent nearly as much time doing research in that area and certainly there has been much less even feminist attention to people with disabilities. Can you talk a little bit more about the specifics of some of your work in this area? I've been reading some of your work on mothers with learning disabilities, and the challenges they face, and also sexuality in women with learning disabilities. Can you comment a little bit on that, and the status of that field, and your contributions to it?

JB – That's a big question, a big career question [smiles]. I suppose it *has* always bugged me a little bit that I have sort of led a two-profession life: one with an interest in feminism and gender and one with an interest in clinical, and trying to bring the two together has been always quite difficult, but to me there are massive overlaps. If you trace the history of what has happened to women with learning disabilities, it's 20-30 years behind what was happening to the rest of women in society. There's never that reflection, there's never actually "Let's look at what we have learned, how *we* have developed and how *we* have grown, and the opportunities that *we* have had and where women now are." So, even today I know that I can go and talk to certain women with learning disabilities and ask them what they want to do and the biggest thing they want to do is get married, and have children, and be seen as a woman. It's this tension between, as a feminist, how do you work with that? How do you understand that? And actually as a practitioner actually thinking your life *would* be better if you could marry a man - who is not a grade 1 sex offender which often happens– that if you could be seen outside of your labeled disability, that you might have a better quality of life.

AR – And you’ve written a bit too about the notion that a lot of women with learning disabilities actually have said that they would like to be seen as more sexual than they are, whereas feminists have argued that women shouldn’t be seen solely as sexual objects, and so there’s a tension there as well.

JB – Exactly, but again, if you look at the history of feminism and psychology and women’s position you know [that] lipstick lesbians were reclaiming femininity and that’s been going on for years now. But you know, there are echoes there all the time with what you see happening in the world of learning disability – of a completely desexualized being to somebody that now wants to be sexualized. It’s just fascinating, but it’s completely out of kilter.

AR – Well, as a clinician working with women with learning disabilities, how do you hold that tension, or how do you work with it? (41:46)

JB – I think you’ve got to really hold your values in check, and you’ve got to really think, “Well actually, I’ve got to listen to what this woman is saying to me.” I have to tread a very careful path between recognizing that she often is in a vulnerable position, but also that that vulnerability can only be worsened by not actually hearing what she has to say. It’s trying to sort of work out a path that she might think is best whilst, in a way, that is [also] sort of as protective of her vulnerabilities as possible. It’s difficult, you find yourself doing things you wouldn’t normally want to do. But, it makes you think.

AR – Yeah, yeah... This brings to mind kind of an odd question, but do you consider yourself – I mean I think I know the answer to this – but do you consider yourself a feminist therapist?

JB – No, because I don’t consider myself a therapist. I’m not your sort of sit-down, let’s have a 50-minute session sort of clinical psychologist, nor have I ever been. And again, I think that’s what attracted me to studying learning disabilities. You know, often you’re working to try and understand people’s quality of life, you’re working with a whole team of people, and you’re rarely working in that sort of clinical context. I like the politics, I like the sort of contextual stuff there, and it echoes more of what I’m interested in.

AR – Right, right, I get the relationship. Let me, oh sorry there was someone – go ahead.

JM – I’m just curious, this area of work kind of challenges a lot if the able-ist ideas we generally hold about sexuality or people labeled with a disability as being seen as asexual, unfit for parenting, and your work has a lot of implications for, I guess, more structural accountability or policy. So how has that been received, because it comes up against these able-ist ideas that are really embedded?

JB – It’s usually been received quite positively, because there are not a lot of people writing in that area – within physical disability, yes and there’s a sort of radical disability literature around, but one of the very distinctive features about working [with] learning

disabilities is their voice. We've got a movement in the UK that's sort of reclaiming madness, or how Black is beautiful, you know - you don't get that in learning disabilities. I've never ever come across anyone [with a learning disability] that says, "Yeah, I want to be proud of my label and keep hold of it"; everybody wants to ditch that label, and that puts it aside. There are loads of comparisons, but there is a difference, and that is the big difference. And so you're trying to work with a group who doesn't want to be in that group, and that's a very distinctive feature.

But the disability stuff is an interesting one because there is one experience that always sticks in my head which is [that] in the UK the English always have a terrible reputation for learning languages - we're rubbish at it - and we don't do it and we wander around the world happy and pleased that everyone else speaks English to us. I went to a conference in Norway, and a Norwegian woman with Downs syndrome got up and gave the introductory address in perfect English. Now who's got the disability? Who's got the disability? You get experiences like that along the way and it gives you a sense of humility. (46:09)

AR – Have there been any – just to follow up on Jenna's question – in your own work and research with this, and working with people with learning disabilities, is there a way in which your work has influenced policy, or made structural changes that will help improve the lives of people with learning disabilities? Has that been a focus for you?

JB – I wish I could say it had, but I can't put my finger on anything specific. I think the body of literature I have contributed to has raised an awareness, such that you'll see in things like a recent white paper, which is about policy, and in that there is now a much greater consciousness about gender, people being treated in terms of their gender, about women with learning disabilities, about health – for example, there's been great strides made in terms of women (and men) with disabilities getting the same access to health checks. It used to be that GPs if you've got somebody with a learning disability you just strike them off for pap-tests, breast-tests...

AR – They're not sexual so we don't need to take care of their sexual health....

JB – Yeah, exactly [and] all of that is gone now, it's illegal. Hopefully I've contributed to that sort of movement.

AR – Yeah, definitely. Let me switch gears a little bit - oh Laura, go ahead –

LB – I was just wondering because in North America there are some boards of education that don't provide sex education for people with intellectual or learning disabilities, and I was wondering if they have the same access to sex education in the UK?

JB – Yeah, they do. It's actually illegal in the UK to do that. We've got what's called the Disability Discrimination Act, which institutes that you cannot deprive somebody of a service that everyone else is getting just because of their disability. At the moment, what's going through parliament is what's called the Equality Bill, which is wrapping all

this up – not just in terms of gender and ability, but gender, ethnicity, and now class. That's the big new thing at the moment, of trying to legislate against discrimination on the basis of those demographics. How that actually is acted in life, well you know it is open to interpretation. But, for me, the fundamental is that if you've got it legislated for, that's a very good starting point. One of the big changes that happened with the Disability Discrimination Act is that we used to have child psychology services that wouldn't take children with disabilities – that you had to have a separate disability service. You can't do that now; everybody gets the same services as everyone else.

AR – Before I switch gears could you talk a little to us about the historical project that you've been working on, in terms of looking at this group of women that had been put in this particular asylum (50:00)– if you could just speak a little bit about that?

JB – Well, I'm always interested in the history of psychology, of large psychiatric hospitals - what used to be called mental handicap hospitals - and there's a particular hospital near where I live and work called the Royal Earlswood Hospital. I remember going there some years ago to visit somebody that was on placement there, when it was an actual hospital with people left in it. It was a stunning, stunning symbol of all the different phases that you have seen go through learning disability legislation. It's a fantastically grand Victorian building; it looks like something off a Jane Austen set. It was built by the money provided by the Royal Family [and] it had obscure cousins of the Queen Mother in there up until 1986 in fact. The road going up to it is called Asylum Road, and the original Dr. Downs used to work there, the guy who discovered Downs syndrome.

I also like photography, so there's a fantastic photographic archive of lots and lots of pictures with people with Downs syndrome. It is so interesting looking at these pictures, because you see this Victorian embodiment of what Victorian women were like because you had that whole phase that was called 'moral management' which believed that if you made these people behave, work, [and] be like model Victorians, then they won't be mad, they won't be bad, they won't be doing all these crazy things. And so Dr. Downs produced these great pictures of these very tight sort of Victorian bodiced women with Down syndrome.

Another bit of history later in the development of services for people with learning disabilities captured through photography was a project done in the early 1970's by two guys called Blatt and Caplan who produced a book called "Christmas in Purgatory". They managed to get into a large U.S. state hospital and take pictures of the people in this place and it looked so different compared to the Victorian asylums. –

When I'm teaching about this I show very old 1940s footage of a mental handicap hospital, and 1996 footage of the same hospital that I took and beforehand I always ask people which they think is going to be better. The deprivation that you see in these later, the Blatt and Caplan or the videos that I took, of people who are undressed, sitting in completely vacant, empty wards compared to these Victorians sitting around in wards with massive amount of things in it, very well clothed, very uniformed people working

with them, is such a contrast and it breaks people's expectations. I then move on to the work of Diane Arbus, you know she produced a fantastic sort of set of pictures of a large institution with a lot of women with learning disabilities in there. Footage or photos of these moments of different cultural heritage capture what was happening policy-wise and gender-wise to these women with learning disabilities along the line. It's just nice to look at it in a different medium.

AR – That's right, visually... Ok, now I'll switch gears. You were talking to us the other day about the founding of the Psychology of Women section of the BPS [British Psychological Society] and your role in it. Could you tell us that again, because I think it's an important piece of this history that we want to make sure we have on tape. And you've written about it too, but in your own words.

JB – It started in probably about 1980-1981 – no, it must have been a little later than that, '82-'83 – when I started out on my PhD. I was in a pretty lonely sort of set up and the BPS [British Psychological Society] every year sponsored a post-graduate conference. I went off to that, and strangely enough I ended up meeting another woman in a different part of the university on the train station, Matilida de Jong. We'd never met, (55:12) and I found out she was doing a psychology PhD and she was doing things to do with gender – it was most bizarre. So, we actually met even before we even got there. Anyways, at this conference - Jane Ussher was there, Erica Burman was there, a number of other sort of people were there, all doing their PhDs. And we just started talking, we all got very drunk and we just started talking and saying we need to do something –

AR – We can change the world [laughs]

JB – Yeah, we'll have another drink and change the world [smiles].... Because I had sat next to this woman at Cardiff Train Station, we were two people from the same institution, so I said “Oh well we can organize a conference!” [laughs]

AR – [laughing] oh no, because we're both in one place... there's two of you!

JB – [laughing] because there's two of us, yeah. Interestingly, Jane [Ussher] was at (56:08) Roehampton and that was very traditional – she was doing something more traditional, she was using numbers in her PhD – so she started off empirically. (56:20) So, Matilda De Jong said “Ok, we'll organize this conference” -- being very naïve – and we did. It cost £3 to go to it, and we managed to persuade a very good feminist woman who was head of sociology – a dean at the university –to get us all of (56:46) the facilities for free so we didn't have to pay for any rooms. We had some art student friends, and we got them to do a poster for us, we had some other friends who dropped out and were in the catering business and we got them to do the catering, we asked Dale Spender to come down and do talk in the evening. So we had a day conference, and we got somebody else who was a feminist singer/songwriter and she came in to do a slot as well. We had over 300 women come to it, and a lot of media coverage –

AR – What was the conference actually called?

JB – Women in Psychology, just that, and we learned a lot from that. We had all sorts of people over – do you know Susan Basow?

AR – Oh yeah.

JB – She happened to be over, and we got her to come over and talk. I'm pretty sure we had Susie Orbach come and do a talk as well.

AR – Wow...

JB – It was a phenomenal success and made me extremely unpopular in the department I was in.

AR – What was the feedback?

JB – Well, it was just very practical things. I was on a corridor of only post-graduates and at that time there was only one telephone and this telephone rang perpetually and drove (58:22) everybody nuts. I was called a prima donna because I kept getting these telephone calls. But, the head of the department had to have a bit of a shame-faced turn around because it got such a lot of publicity that they then included it in the Psychology Newsletter as a great event, so that was quite funny.

AR – So what happened as a result of the conference then?

JB – A lot more women joined the group, the idea was launched of “Well, actually let's try and get a section in the BPS”, and a strategy revolving around that and “Let's have an annual conference” and we've had an annual conference every year since.

AR – You've written a bit about the conversations around “Should we remain outside or have a section within the BPS?” And the tensions, of course, of both positions – can you talk a little bit about those conversations?

JB – This was sort of what we called [the struggle between] WIPS [Women in Psychology, [which] turned into POWS - Psychology of Women Section. It was a struggle and once we embarked upon that struggle we started to see the restrictions put around us, working within the professional organization, which was supposedly apolitical – no campaigning; anything that sniffed of that would be stamped upon – and how restrictive it could actually be. But also, we were literally sitting in people's homes, on a Saturday stuffing envelopes. That first conference gave us the money to fill the envelopes, and to pay for people to get to wherever we were meeting. It was a very tenuous little budget, and we also realized that the amount of infrastructure that you need to keep an organization going like that, and to make it have an impact, was something we would spend all of our time doing [and] spending money to do it. Do you want to spend your time doing that?

I had a very interesting conversation with Celia Kitzinger around that time, who came in sort of later on in the whole process and we were having a very hearty discussion – as you do with Celia – about working from within or from without. She was very - at that point – [of the mind that] we should be working from the outside. I said to her, “Well maybe this difference is to do with our backgrounds?”... Celia was not too impressed by this idea, but I was aware that my background (my father mended washing machines, and my mother was a school cook) was very different from Celia’s (famous feminist, writer mother and father a dean of one of the Oxford colleges). It just really clarified for me the point that you have to understand the context of where people are coming from. She had an authority in her background that meant that she could work from an external position, I had not. My motivation was to get in there, because I wasn’t in there. So, you know, that is a very interesting position and related more to class than gender.

AR – Yeah definitely. (1:02:53)

AR – Yeah, yeah... Well tell us a little bit about the Psychology of Women Section now. How would you characterize it in terms of its radicalness, or non-radicalness as the case may be? I’m a total outsider so I’m asking this...

JB – In a way I think it’s panned out how one might have expected it to pan out for exactly those discussions we have just been having. It’s not as radical as you’d like it because it’s in that institution. But, it gives a sense of community; it gives us a forum for a lot more feminist work – psychology feminist work – to be done. It’s been extremely active in making sure that whatever big conference is going on, there’s always a women-feminist symposium. So, the profile of feminism in psychology has been done great services by it. But, trying to get that political edge has been really difficult and I think compared to a lot of sub-sections within the BPS, it’s still run on post-graduate energy. Whilst we’ve grown up [and] we’ve matured, a lot of us have stepped back from it, and it’s the younger generation that comes through and keeps the energy pushing along. I think – it’s a shame, I’d still like to see more senior women involved in it.

AR – This leads to a question about where is the future of feminist psychology as you see it? Are the young people coming in – are they feminist?

JB – Yeah – you wouldn’t be joining the Psychology of Women section if you weren’t feminist, I don’t think. I think there’s a growth there, but the women I see coming into my training course, I don’t see as having particularly feminist values, and that worries me. So I think what Psychology of Women does is great and fine, but I do worry about the rest of psychology, in a sense.

KV – Can you delve into that a little more? What you’re saying about you don’t see them having feminist values – is that about identifying as a feminist, or actually their core belief system, or...?

JB – It’s both. I think people have talked about the “f” word and in the generation of 27 year olds coming into clinical training in the UK, it’s not a word they would often apply to themselves. I do a teaching session on gender and women in psychology and I always ask them if they think their entry profession, gives them equal opportunities and there resounding response is, “Yes I do. Not only do I think that, but I’ve actually come into it because for me as a woman, it gives me a career that I can have children and I can work”. As a reason for coming into clinical psychology, that really disheartens me. But then I present them with figures; I tell them of the 3 men that I can see sitting in the class, the chances that these guys will be their boss are much, much greater even though we look at the ratios than they will be their boss on current statistics. I can also tell them that they are likely to earn 15% less than the guys – “Oh, that’s outrageous” – then I present them with a bundle of evidence, a compulsive bundle of evidence, that suggests that that’s probably correct. It’s then that you start to see “Oh, we don’t actually think that’s right” and then [a] difference of values comes about. (1:07:22) But there’s this sort of feeling that gender inequality happens elsewhere, and it’s not impacting them. It worries me if they think it’s happening elsewhere, especially if there are not actually bothered about it happening elsewhere. It’s only when you point out [that] it’s actually intrinsic, it will happen to you, that you can get a little bit of energy about it. That, I do feel a little frustrated about.

AR – Building on this notion of the word feminism and the reluctance around identifying with that word... The British section, the British Psychology of Women Section, is called what it is – the Psychology of Women. There is a journal that started, speaking of Celia Kitzinger and Sue Wilkinson - there’s a journal that started in the early ‘90s – I guess it was ‘91 – called “Feminism and Psychology”. Were there any debates early on in the POW [Psychology of Women] about what you would call it, vis-à-vis feminism and also, how did that play out in terms of the journal if you were privy to those?

JB – Oh yeah, I was well ‘privied.’ Major, major storm that was! Our first proposal to the BPS was to be called “Women in Psychology” because we liked it; it was inclusive. The feedback we got was that it was too political, it sounds like it’s just for women. The best one we heard back was “Why don’t you call it Womanhood? Psychology of Womanhood?” from a man, that was. But, Psychology of Women, you know, we were reluctant to make that change. But if was the only way that we could get in then it was a start. There definitely was prejudice, what you needed to do to start a section of the BPS was written, but what was not clearly articulated was the purpose and we found ourselves continually being evaluated against invisible criteria.. So it was compromise; we can get this if we call it this.

AR – So, Feminist Psychology was never on the table?

JB – Well, it was discussed, but too political. We were getting hit over the head for being too political, the BPS was not supposed to be political according to its charitable status, even though it went on to sponsor Members of Parliament to ask questions later on!

AR – Even women in psychology is political.

JB – Yeah, exactly. So, we knew we wouldn't get anywhere with "Feminism and Psychology". Part of the formation of the section was to get a journal and one of the schisms that occurred once we got a section was the development of the journal *Feminism & Psychology*. It was felt as very disappointing by a large number of the members that a journal was developed outside of the Section. This was not a strategic move and it then meant that the section would not be able to get a journal as the market was not large enough to support two similar journals.

AR – Yeah, I can understand the politics. I'm getting a bit of the sense of the time here, but there's a least one more question I want to ask – anyone else want to jump in? Jenna? **(1:11:11)**

JM – I can go last.

AR – Ok, well the question that I have is about one of the kind of buzzwords – I think of it as a buzzword but it's been around for a while – intersectionality. We've talked a lot about difference and the way that people experience lots of different kinds of difference simultaneously. Can you describe for us what your own sense of your own intersectionality is? And how that might influence your work?

JB – Yeah - I think it cuts into three particular slices for me; one is gender, the other is sexuality - I'm a lesbian - and the third is class. Class is the much more unspoken intersectionality in psychology. You can never, never just compartmentalize those sorts of issues; there are interactions all along the way. So when I'm describing my career as a woman psychologist, it's actually as a lesbian woman psychologist coming from a working class background. It has its problems along the way when you're trying to sort of produce a focus, like the question earlier on about "How do you manage to do this in clinical psychology programs, how do you focus on making people aware of gender difference?" Well, we can ghettoize it, go in and learn about gender difference today. But actually, what you're wanting is it to be permeating through all of it, but to actually monitor how it is permeating through all of it is very difficult to do. So I know I can look at a timetable and say "Yup, I know so and so is teaching that on that day" but whether they're teaching be it interviewing skills, or clinical skills [or] whatever, it is hard to do because of this sort of murkiness around the boundaries. Does that answer your question?

AR – Yeah, it does.

JM – I have a question about class, and maybe mentorship or advice. I know I come from a working class background, and I felt like being the first person from my community or my family to do any post-secondary education, [there were] a lot of struggles – both with my family and community – but then also I feel like [there is] a certain disadvantage within the academy. So I was wondering if you have any advice for any young, working class students who are interested in psychology and going on to do graduate work, and building a career in academia?

JB – Gosh, that’s a difficult question. Part of my interest in this is history – I’m poking around in people’s backgrounds and not always assuming that the person standing up there, standing in front of you, has a different background to yourself. We talk about mentors, or role models – you know, my career paralleled Jane Ussher’s quite a lot. Jane is from a really working class background, an Irish immigrant background and (I don’t know if you’re allowed to swear on this) and we shared a very “Fuck it” attitude and were able to support each other in that and I still routinely think, “Well, fuck it. What have you got to lose?” Just go for it and don’t think that you shouldn’t have it, and realize that a lot of people [that] have sat there with privilege behind them don’t know diddly-squat. So, you make sure you know your business and you get out there and you say “ah, stuff it, - that’s as good as it gets”. (1:15:05)

AR – [as everyone in room laughs] That’s good advice, that sounds good. Is there anything else that we haven’t asked you about that you’d like to share for the record?

JB – It feels like you’ve covered a very good territory there.

AR – Any part of your life, or part of your career that we haven’t really wandered into?

JB – I think one of the splits that isn’t talked about is theoretical versus applied. And certainly we saw it in the Psychology of Women section, and I see it with my career direction. As I was looking at some of your questions before I came in here, one of them was “What do you think you’ve achieved? What are you most proud of?” I had to really think about that. I’ve led a really applied life –career-wise – and I really stick by that. I spent so much of my life sitting in academia, listening to talks, that I really think is, “Where the hell is this going? What relevance has this to women in the street?” I don’t know about what happens in Canada, but certainly in the UK, within the BPS, there is a privilege to the academic, the pure, as opposed to the applied. And even in the Psychology of Women Section I remember sitting in various committee meetings and hearing people say things like “Oh, but she’s only a clinical psychologist” and thinking “But *I’m* only a clinical psychologist. What *is* going on here?” There is dirtiness about the applied side of things, and I think it’s completely unwarranted [and] it’s appalling. Now that I’m in this sort of status, I’m more prepared to get up and say, “Well, ok you’ve told me about Foucault, you’ve told me about Derrida and you’ve told me all these very intellectual things – what difference is it going to make to that woman down there? You tell me, what you’re going to do with that?” When I thought about the question “What have you achieved?” I thought, “Well, what are my big achievements? Getting my chair (professorship), that’s really good. But actually, I can think of two women I came across in my career who told me I made an important difference to their continued engagement in life and also that I have recently contributed to people with learning disabilities getting to take part in the Paralympics – those would be the things, that on my death bed, if they said “What have you achieved?” –I’d think about... [and] not calling myself Professor. That’s where I would like to push feminism and psychology a bit more – get into the applied field, start making those links. Don’t stand in the academy without an applied sense.

AR- Right – make those theories work in the real world.

JB – Yeah, if you’ve done all this work then apply it, otherwise it’s meaningless.

KV – Can I ask one quick question real quick?

AR – Yeah, you’ve got about 2 minutes.

KV – Ok, I will be very quick. On the same idea of the splitting, there’s a move in the LGBT community now that says, “We don’t know if we want this grouping with feminism anymore. We don’t know if they’re paying enough attention to it” and I’m starting to hear it in psychology as well, in the feminist community. Where do you stand **(1:18:35)** on that? Do you think the feminist community has done right by the gay and lesbian community?

JB – You know it’s got a bit of a tricky history in the UK and in terms of the BPS. To be honest, I think it’s a bit of a waste of time getting into those sorts of arguments because it depends on what the issue actually is and what you’re trying to achieve. Again, it’s this sort of internal thinking that’s sort of looking at the fluff in our bellybuttons, you know, what’s the problem? Sometimes there is going to be overlap with feminist issues and sometimes there are not. Sometimes you need to work together and sometimes you don’t. So you know, I would fall back on a very applied, pragmatic, what needs to be achieved here, not let’s sort of examine ourselves in the academy.

AR – Ok, let’s stop there.