

Clinging to the precipice: travails of a contract researcher in sociology

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Biography

I graduated in Sociology and Philosophy in 1968, received my MSc in Medical Sociology in 1972 and PhD in social policy in 1988. I am at present Professor Emerita of Medical Sociology at UCL. My research interests are unemployment and health, health inequality, health in the life course and the relationship between research and policy.

Early influences: Discovering medical sociology- 1968-1974

1965 was a great year to go to university, just in time to graduate into the political upheavals of 1968. I had never heard of Sociology, but was advised to change from Philosophy and Politics by my tutor. She had decided I was destined for academic work and knew that a degree from Reading University might have some chance to open doors in this newer discipline. This change of major subject gave me access to the inspirational teaching of Viola Klein and Salvador Giner (among others). At their further urging and with a 2:1 I began to look for ways to remain a sociologist.

As an American citizen I was not eligible for a grant to study further, so I applied for various research assistantships, and somehow managed to land one of these, despite having nothing more to offer than a 2.1 from an obscure red brick university.

It was very hard to make the transition from my friendly, rather sleepy red brick university. I had felt very secure at Reading, being taught by people who were not at the time well known and had plenty of time for their students. It was a great leap from this to the relatively pampered, vain ambition I found around me at my next destination (which I will not name). The research team leader had little or no experience of projects or of fieldwork. We stumbled through questionnaire design, field training and so on. However, I did learn how to deal with IBM cards, and calculate a Chi squared from tabular data, which has always stood me in good stead.

The search for a second post was very hard, and the difficulty of finding academic jobs was to be a major theme for the rest of my career. I applied for many jobs and went to many interviews. One place that interviewed me was Bedford College, for a research job on something called the Camberwell Study. It seemed to me that the study leader, George Brown, was following an intellectual journey with a kind of single mindedness that rang bells in my head. However, after the interview I was taken aside and told everyone liked me but I was really too young and inexperienced for the post that needed to be filled.

My eventual second post was far less stressful than the first. This was such a positive experience that I decided I did want to do a higher degree. People talk about 'life-changing experiences', and the MSc at Bedford was one of these for me. I was

stunned by the idea of 'health inequality' -- that a person's position in society could literally influence the length of life and the risk of various diseases.

Political exile 1974-1978

But the road from MSc was to prove very indirect. Like many whose parents were caught up, as combatants or as victims of bombing, ethnic cleansing, and other aspects of 'total war', in World War II, I was brought up to believe one may need to be prepared to sacrifice or even die for a righteous cause. While studying for the M Sc. and a subsequent research job I met many political activists, some of whom were pretty contemptuous of academics. So I left the academy and took various jobs. I learned to type, worked as a receptionist in an NHS hospital and later as a typesetter in a printing works. These experiences had a profound effect on the way I have thought about health inequality to this day. The notion that people in less socially advantaged jobs have arrived there because they were already in poor health has ever since struck me as totally laughable. In such 'routine/unskilled' jobs physical energy and resilience are in fact at a far higher premium, and the physical strength and endurance required greater. I would love to see any of the academics who put forward the notion of 'health selection' as a cause of health inequality try to survive the conditions my fellow workers experienced for one year, let alone a lifetime of labour.

Like most routine workers, however, I soon found myself spending a lot of time wishing I was not at work at all. It struck me that life is not that long, that one should spend so much of it wishing time away.

A false start: 1978-1982

So in 1978 I decided to try and get back into research. I applied for a clerical post on the British Regional Heart Study, a large field study of the causes of heart disease. The most valuable thing about my time at the Royal Free was the friendship and collegueship of Lucy Carpenter and Derek Cook. They coached me through an Open University course in statistics (MDT241), despite my lamentably weak mathematical background. I also met such rising stars of social epidemiology as John Fox and Michael Marmot. At this point, I could only contemplate people like John and Michael from a great social distance. Michael to this day likes to remind people that I once made his tea.

Sadly, however, after a while things began to fall apart at the Royal Free. At the end of the summer of 1980, the study leader told me I was not to take further part in the research using the BRHS data. At the time of course, still a 'junior' person with no confidence, I assumed everyone had decided I was too stupid to play a useful part. Eventually I was advised to go away and study for the PhD in order to become a legitimate academic rather than an intermittently glorified clerical assistant. I was lucky enough to be considered for a 'linked' ESRC funded places to study for the Ph D with Adrian Sinfield, a world- renowned expert on unemployment, at Edinburgh University.

My Ph D work took me far from medical sociology into the world of social policy. It ended up being a case study in the relationship between research and policy in the 1980s debate on unemployment and health, written up as "Authorities and Partisans"

(Edinburgh University Press 1992). Any reader of this chapter interested in more detail of this period will now be able to spot which one of the partially anonymised characters in that book is me, so I will not spend more time on it here.

Getting on the precipice: 1988-1996

Once I had my shiny new Ph D, in 1988, I was excited at the prospect of an academic career in medical sociology. Another serious mistake. I spent 2 years working at the Institute of Education on a project on gender differences in health. I had been told that I should really show that I could do quantitative as well as qualitative studies if I wanted an academic career. So I learned to use SPSS and started to learn some more advanced statistics. But more problems started at the end of this grant (of which I was co-holder), in 1991. There just were no jobs around. I applied to stay at TCRU and was not even interviewed. I applied for a lectureship in medical sociology at Essex and similarly did not get an interview. In the end I talked myself into a part time job at the Kings Fund for one year.

I then acquired a post teaching sociology to *Nursing 2000* students at Goldsmiths' College, for 2 years in the first instance but with, it seemed, good chances of lasting longer. The work was very interesting, I enjoyed teaching clinical students again, though it was hard. It taught me a lot, and I loved the College. However, at the end of the first year Nursing 2000 student intake nationally was cut by half, and I was made redundant. In any case, I was told, I would need to prove I could raise more research money before being worthy of a proper academic job.

While working at Goldsmiths I had also been collaborating closely with some colleagues at City University. With 3 other colleagues I applied successfully for a grant to study unemployment and health using the 1958 British Cohort Study, the National Child Development Study (NCDS). Around this time a new post was being recruited at City for a lecturer to help out on the new M Sc in Social Statistics. When I asked about the post I was told that the fact that my Ph D was in Social Policy (I also taught occasional lectures in 'government statistics and policy debates' in the course) created a problem. One of the tenured lecturers in the Sociology Department, a Social Policy expert, had been promised that no-one would be considered for this new post who might 'step on her toes' So now I had learned data analysis, had some research money (my second ESRC grant) but still no job.

With my P45 in my hand, I got a phone call from Ray Fitzpatrick, then at Nuffield College Oxford who wondered if I would like to come and work on a project he had set up. I would have to take a fall in status from Research Fellow to Research Officer, and they could not afford to pay me full time. My colleagues at City agreed to use some of the ESRC grant money to employ me for 2 days a week' and this, with 3 days at Nuffield, provided full time employment for another 2 years (1993-5).

These were very happy years. The project on unemployment and health proved to be even more exciting than I had hoped. At the same time I got involved through Ray with the development of a new social class measure (the ONS-SEC) designed for use in official statistics. During this period I also received another (small) grant from ESRC to work on new Census-linked data, with Ian Plewis.

By 1995 I had collected quite a few refereed papers using both qualitative and quantitative methods, and 3 lots of ESRC money. So when a job was advertised at Surrey University “Senior lecturer in medical sociology to teach research methods” it did not seem over-ambitious to apply. I was once again not invited for interview. At the last moment, Nuffield College extended my contract for another year, to 1996.

I had been approached about one or two jobs teaching medical students. However, one needs a certain amount of confidence to face their hostility to social science. After 10 years post-Ph D without managing to land an academic post, mine was not up to the demand. I had always really wanted just to teach sociology relevant to health – research was a means to an end. But my confidence was now so shattered I could not face teaching.

Was it worth it? 1995-present day

By this time it had penetrated my consciousness that it was not possible for me to have a career of the normal kind in academic medical sociology, teaching as well as doing research. I was therefore grateful when in 1996 I was recruited by Michael Marmot on a 3 years contract to work on his Whitehall II Study at UCL. This would take me once and for all away from medical sociology into mainstream social epidemiology. I have learned to keep myself going with a series of funded projects by hopping from one bandwagon to the next—greatly helped by the fact that ‘health inequality’ itself became a bandwagon after the Labour victory in 1997. The Whitehall II money was followed by an ESRC Fellowship that enabled me to write a book on health inequality, then an ESRC Research Network and finally an ESRC Centre. The College, after agreeing my promotion to Professor, agreed to underwrite my salary in the event that I fail to raise more research money. However, the Medical School did not approve this, saying that spare HEFC money should be used only to finance academics with medical degrees. Up to the time I retired in 2012, through an additional £5m n ESRC research money, my salary went in as an “incurred cost” (which is how temporary research assistants are costed). In the middle of directing an ESRC Centre, in 2010, I was handed a form to fill out preparatory to a redundancy meeting (this threat was later withdrawn).

My relationship to academic medical sociology has been like a bad affair with an unfaithful lover. I have never been able to get over the fascination of the subject, with its enormous potential for discovery and the improvement of human welfare. As a result, I have clung to the precipice of job insecurity grimly. The amount of work I have had to do just to keep myself from being expelled from academic life has taken over almost my entire existence (if my life’s partner were not in the same business I doubt he could tolerate it).

Maybe academic social science never was the search for truth and welfare that I fantasised as a student and a young(er) researcher? I feel I have, at times, had to take part in a number of rather boring and unscholarly data-bashing exercises in order to maintain my insecure place in the business. I have found in social epidemiology somewhere I am tolerated rather than an intellectual homeland. But maybe part of my problem has been that I was too slow to wake up to the realities of academe, and clung too hard to my illusions.

Looking back now I have to admit that the lack of security actually goaded me into greater achievements than I ever would have managed in a nice secure lectureship. I am good at research. I am good at promoting teamwork and the free flow of ideas. I would not have applied for an ESRC Research Centre in 2006 if my job had not been (once again) under threat. But it has been fascinating to put together a team of social and biological scientists to work on life-course data just at this time, when so much more data is becoming available. Especially since I am now 'Emerita' which means I can carry on writing and discussing without having to fill in too many more forms.

What would I say to those earlier on in their careers in sociology? This will not be popular, but learn to analyse data. Never mind fancy statistics because the next most important thing is to find the people you most like to work with and treasure these relationships (some of them might even be statisticians). Never let an idea be lost, the things you feel frustrated not to be working on are what you will apply for grants to do next, and you can never have too many of these. If you value excitement and autonomy over security, there is still no other job as good as an academic one, but it cannot be all things to all people.