

e-Interview



Paul Gilbert

Paul Gilbert, OBE, is Professor of Clinical Psychology at the University of Derby, and Consultant Clinical Psychologist at Derbyshire Mental Health Trust. He studied experimental psychology in Sussex, he obtained a PhD from the University of Edinburgh and completed clinical training in Norwich. His special interests include the study of affiliative (compassion) processors in the regulation of threat and the facilitation of well-being.

If you were not a psychologist, what would you do?

In the late 1960s I was in a rock 'n' roll band and considered going professional instead of going to university. I then studied economics before I did another degree in psychology because by 21 I so wanted to become a psychologist. As something completely different, I am very interested in virology. The interaction between the immune system and mental health problems is fascinating and also viruses cause so many difficulties for us. That's another incarnation maybe.

Do you feel stigmatised by your profession?

No – I feel privileged to be a psychologist. After all it is human psychology that gets us in and out of messes.

How can the science of mind begin to have more of an impact on the world?

When scientists really help people understand that we have an evolved brain and mind that does not always work that well, and that the cultures and social climates we create between ourselves have a huge impact on how this rather cobbled together brain works – and that is from the day we are born to the day we die.

What job gave you the most useful training experience?

My first 10 years in Norwich (1978–88). In those days, psychologists and psychiatrists

worked very closely together and, in fact, we even trained together and I had many good friends there. My office was on a corridor on an acute psychiatric unit and from time to time very unwell people would wander in and sit down and talk to me. I have to say I think in general you cannot beat spending a lot of time actually talking with people.

How has the political environment influenced your work?

This is very difficult. I have seen many changes and I cannot say that they have helped that much for people with mental health problems. Becoming more community-oriented was important of course. Psychology always feels it is battling an uphill struggle to get itself recognised as key to mental health in a world of limited resources.

What part of your work gives you the most satisfaction?

In the 1980s I spent time trying to understand the nature of shame and self-criticism, how it interferes with psychotherapy and what we can do about it. Recognising that these individuals struggle to operate the affiliative systems in their brains and beginning to develop a therapy for that has been most satisfying, particularly when we see people really beginning to change with compassion-focused therapy.

What is the most promising opportunity facing the mental health professions?

We are racing ahead with our understanding of the social neuroscience of mental health difficulties and moving to really good biopsychosocial models. For example, we know that even genes can be turned on and off by the social environment, especially when young, and good environments can offset genetic risks. So understanding these complex interactions is extremely exciting.

What is the greatest threat?

It has to be the issue of resources going into both research and front-line services and training people. Also, living in a society where banks control the flow and use of money, pay themselves what they like, and continue to do so when their mistakes cause catastrophe for the rest of us seems a threat to me.

What single change would substantially improve quality of care?

Let us start with a deeper understanding of how to create compassionate care with

limited resources. It is more scientific and more complex than often thought. If you think you should start with 'kindness', you are probably starting in the wrong place.

What is the role of the mental health professional in countries emerging from conflict?

To understand how to help with conflict resolution and reconciliation, and increase recognition that conflict is linked in part to our evolved potentials and the social conditions that stimulate different possibilities within us.

What is the most important advice you could offer to a new trainee?

Study hard and listen gently.

What are the main ethical problems that psychiatrists will face in the future?

Helping governments recognise that mental health rates are very much linked to social conditions and economic policies (e.g. those that increase unemployment, poverty or wealth disparities).

What single area of psychiatric practice is most in need of development?

Prevention: we know that the next generation of disorders is being nurtured in the homes of neglect and abuse, and that with better linkage into schools and families, more regular psychological assessments to pick up children at risk and provide appropriate services could save millions in the long run, not to mention reducing human suffering on a big scale. Psychiatry and clinical psychology could and should do much more.

What single area of psychiatric research should be given priority?

Prevention.

How would you like to be remembered?

At my best – as we all would – oh, and that I really could spin the ball!

Other comments

We must be much more active in using our science of mind to explore how we can create more compassionate, less grasping and indifferent societies, so that we can pass to our children and grandchildren a deep philosophical desire to improve not just the economic wealth of countries but psychological health, with the realisation that these two do not always go hand in hand.

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doi: 10.1192/pb.bp.111.034074