

...with Gill Aitken

Clinical and Forensic Psychologist and Business Coach

One inspiration

Kahlil Gibran's *The Prophet* profoundly influenced how I have tried to live. Upon reading it in my teenage years, I had a sense of my connection with others; aimed to do no harm and to develop greater understanding of how and why we as human beings act in harmful ways, and my contribution to this. This book led me to first study psychology in the early 1980s at Bristol University.

One moment that changed the course of your career

When working as a lecturer I had met various students in distress, through racism, financial difficulties, mental health issues, etc. At that time university counselling services were minimal, and what I could offer was limited. One day a student told me they had overdosed and this prompted me to consider training as a clinical psychologist. I arranged to meet Pat Frankish – a clinical psychologist – and admired

her openness and candour in our explorations about the profession. The following year, 1993, I left full time lecturing to train in clinical psychology.

One thing that you would change about psychology

At times, I have experienced clinical and forensic psychology as dominated by tools and techniques approach to the exclusion of a relational approach and understanding ourselves and clients as human beings in contexts (historical, social, evolutionary and relational). I still believe professionally we could engage in greater reflective practices and dialogues on how our own values can enter into any context and influence relational experience and outcomes. This could support us to develop a greater awareness of what is most meaningful to enable increased and consistent sense of (human) integrity and purpose. I am curious as to how the current emergence of

mindfulness approaches in the field of (clinical) psychology will further develop, and influence the profession, clinicians and clients alike.

One challenge

At present clinical and forensic psychology operates in a system in which service design and funding is organised around medicalised and legalised mental health and personality diagnostic and offence categories. A challenge is how psychology can contribute to developing greater needs-led service provision informed by useful and meaningful formulations of needs and risks.

One book

I am currently reading *Beyond Happiness: Deepening the Dialogue between Buddhism, Psychotherapy and the Mind Sciences* (Gay Watson, 2008). It encourages us to integrate and synthesise mind-body approaches,

drawing on Eastern contemplative approaches. As Watson argues, psychological and psychotherapy theories and models can be traced back as variants of Buddhist psychology dating back 2500 years: I find that phenomenal.

One nugget of advice for aspiring psychologists

I read that at the end of his life, Maslow stated his 1970 hierarchy of needs/motivations model should be inverted, with self-realisation to be the fundamental and baseline need. As human beings we have a responsibility to discover, develop and surrender to this need, and to have the confidence and capacity to transcend egoistic processes to better meet the



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needs of others. I'm still on the journey!

More answers online at
www.thepsychologist.org.uk

resource

Aitken, G. & Dennis, M. (in press). Incorporating gender issues in clinical supervision. In I. Fleming & L. Steen (Eds.) *Supervision and clinical psychology* (2nd edn). Hove: Bruner Routledge.

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