

John C. Gunn, MD, CBE: Politics and Humanity at the Heart of Science

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What if you were told that the definition of forensic psychiatry is a study of victimization? Would you throw something, or would you just be stuck in your seats, too startled to respond? The man who would tell you this is actually incredulous that others might find this startling; to him the prevention of victimization is the essence of forensic psychiatry. There is something humane about the concept of victimization as a cause of offending, and no one has taught this more persuasively than Professor John C. Gunn. He passionately believes that offenders are not much different from their victims, but are more like two sides of the same coin.

I saw this passion firsthand as a trainee (his last official trainee). Professor Gunn was in a conference call with leading barristers, expressing his frustration at a recent appeals court judgment denying the victims of an airplane crash compensation on some technicality of international or aviation law. The judgment wiped out the possibility of any redress that the victims in that terrible tragedy might have hoped for. I stood both awed and slightly surprised by his anger at what looked to me to be a perfectly reasonable legal position. The others who knew better, or knew him better, just dispersed quietly. I guessed that this would not be a good time to ask for his blessing (and support) to go off and study Law and Psychiatry at the University of Massachusetts. But I asked anyway, and he said yes. At the end of our long discussion, he added like the patriarch he is: “Go



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learn all the law you want, but do come back as a doctor.”

The roots of this compassion perhaps lie in the history of forensic psychiatry in Britain, which started as a way of looking after the people whom the courts handed over to the medical profession as insane—people who were not going to be punished, or who would be punished less because of mental illness. It may also come from what some people call British Liberalism, which started in the late 19th or early 20th century and took shape in the Labor gov-

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ernments of the 1940s. This political tradition led to the founding of the National Health Service (NHS), which is still the world's biggest public sector employer and remains the model of a true socialized system of medicine where health care is provided free at the point of entry to all according to their need and is not based on ability to pay.

John Gunn was born in 1937 and grew up when the NHS was taking shape. Then as now, there was waste; he remembers the early days when people were queuing up to receive several pairs of free glasses from the NHS and wigs they really did not need. But the essential tenet that health care should be free to all those who need it has survived in British politics, and in Professor Gunn's mind, despite its rapidly spiraling costs. A man of sharp political instinct, he will effortlessly persuade you of the need to maintain the welfare state, despite noting with dismay the fiscal irresponsibility that consecutive administrations have shown in an effort to stay in power. He is a man who hasn't struck deals or made many compromises in his life, and it is remarkable that he not only survived but also flourished in the increasingly politicized world of academic medicine and public policy. He remains as passionate about the plight of victims and offenders as he is about teaching medical students about a career in psychiatry or in the opera (and possibly both).

Having chosen psychiatry as a possible career as early as high school, his desire to study the subject started in a somewhat "underground" manner. When John Gunn was the secretary of the science club, his headmaster, who objected to any lectures on Freud, overrode Gunn's carefully organized program and lectured him on the "horrors of Freud." Undaunted, all the students went to the local library, where over the next few weeks all they read was Freud. Professor Gunn has remained the revolutionary ever since. His public stance on the mindlessness of the many mandatory public inquiries when things go wrong, calling them witch hunts, has alienated a few but endeared the rest. He was among the first to see the senselessness and perils of the dangerous and severe personality disorders (DSPD) proposals and criticize them. His scathing criticism, added to that of the majority of players in the mental health arena, forced the government to drop this ill-conceived notion of preventive detention. But it is also his relentless advocacy of the needs of patients with personality disorders that contributed, I am sure, to the develop-

ment of brand new multimillion-pound facilities nationwide for the "treatment" of dangerous and severe personality disorders. He calls this a happy accident.

His journey in forensic psychiatry also started in a somewhat accidental manner. Having started a group program for some skid row alcoholics in an inner-city hostel, he found that most of his patients were ex-prisoners. He became interested in forensic psychiatry and asked to join the forensic training program, which was then barely developed; but was told there were no vacancies. While coediting the *Festschrift* for Sir Aubrey Lewis, the retiring Professor at the Maudsley, he was asked by the man himself what he wanted to do. John Gunn said he was determined to have a research career and had found a research job in psychogeriatrics with Martin Roth in Newcastle. "What do you want to go up there for? It's cold!" was Sir Aubrey's quip. He told his young colleague to again ask the then head of forensic psychiatry, Dr. Gibbens, for a job. John Gunn found this daunting because he had asked only a few days earlier and his request had been declined. But by another happy accident, he didn't have to ask, as the next day Dr. Gibbens offered him the post, conceding that it must have slipped his mind. Gunn took the post and wrote his doctoral thesis on a study of epilepsy among prisoners.

John Gunn started medical training at the University of Birmingham and began his psychiatric training in Birmingham. He moved to the Maudsley Hospital as a senior house officer in 1963. After his appointment as professor in 1978, he remained at the Institute/Maudsley until he retired in 2002. He was appointed Emeritus Professor on his retirement. His curiosity and acumen for research were evident from his medical student days. His first piece of research, done as a medical student, may not have been quite robust enough scientifically to be published, but it convinced him that the only way to find answers is to frame questions and pursue them single-mindedly.

Since that early research, he has tirelessly sought answers to questions about human suffering that troubled him. His first published paper in 1966, with colleagues from King's College Hospital, examined the family factors that could be linked to suicide attempts. His doctoral thesis on epilepsy and violence was pioneering at a time when epilepsy was thought to be the major etiology of criminal violence. His study showed that this was not true. Both of these early studies led him to take an interest in the

social origins of violence. He remembers how he went to a UNESCO conference in Paris as a “journalist” for a junior organization and was completely fascinated by the depth and scope of the topic. He came back more determined than ever to find a social model of violence, and his book, *Violence in Human Society*, was published in 1973. Violence in those days was not as high a priority as it is now, and this book is perhaps not as widely quoted as some of his other work, despite selling in great numbers and being translated into three languages.

Professor Gunn’s research covered therapeutics, epidemiology, and developmental psychopathology. He conducted the first and only controlled study of the therapeutic community at Grendon Prison, after he became convinced of the positive effects of group therapy. Through earlier research on the geriatric psychiatry wards, he saw that group meetings had a positive influence on both symptoms of depression and aggressive behavior. He followed up his Grendon research with the first epidemiological study on the prevalence of mental disorders among prisoners in England. He was also involved in the famous Cambridge delinquency studies that examined the childhood origins of offending. In addition to this work, he found time to write a textbook of forensic psychiatry and create and edit an international journal, *Criminal Behavior and Mental Health*. During a large part of his illustrious career, he has had the loyal support and wisdom of his wife, Pamela Taylor, herself a professor of forensic psychiatry and coauthor with him of the *Gunn and Taylor Textbook of Forensic Psychiatry*, one of the first British textbooks in the field and the first to emphasize the role of ethics in forensic psychiatry.

His research with Pamela Taylor was the first to suggest a link between schizophrenia and homicide. Many other works of similar caliber have followed, but his contribution has been one of the cornerstones of a research strategy that would advance our understanding of the relationship between mental disorders and violence. However, in the United Kingdom at least, forensic psychiatry has remained a Cinderella in terms of research funding, and he found it frustrating that many of his research questions were not priorities anymore. For him, it is not enough to be remembered as a great teacher and a great clinician; research has been a major creative force for him.

As a manager/administrator, John Gunn headed the Department of Forensic Psychiatry from 1987

until his retirement, and he led the academic board at The Institute for many years. He has led service developments in the area of medium-secure provisions within the NHS. The Home Office teaching unit was his brainchild, and he developed other specialist services, such as the traumatic stress service, one of the first national services for victims in the United Kingdom. He provided the impetus for the development of Adolescent Forensic Services as a national service, although, sadly, he was not to see the development of this service in his own backyard before he retired. Public service has included nine years on a Home Office advisory panel that oversees the discharge of particularly sensitive cases involving mentally ill offenders. He has been psychiatric advisor to the Army and to Scotland Yard and, more recently, a member of the Royal Commission on Criminal Justice, which was set up in the wake of famous British miscarriages of justice (the Birmingham Six and the Guildford Four¹). He is the immediate past chairman of the forensic faculty of the Royal College of Psychiatrists (the equivalent of AAPL, if you like) and continues to serve the College in his role as a member of the Court of Electors, soon to be renamed the Educational Board, which regulates psychiatric education and psychiatric standards.

Professor Gunn was rewarded for his public service with an appointment as Commander of the Order of the British Empire in 1994. He remembers the ceremony fondly, but admits that he takes equal pride (reminding me, of course, that pride is one of the seven deadly sins) in his pioneering development of the concept of forensic psychiatric training programs all over the country. To a large extent, his vision of academic forensic psychiatry has been achieved with departments, chairs, and divisions of forensic psychiatry in many, but sadly not all, major universities. He believes that forensic psychiatry is also part of developmental psychiatry, and he justifiably feels proud of the fact that he has played a significant part in the development of the early beginnings of the discipline of adolescent forensic psychiatry, as well as in the formation of the special section of Adolescent Forensic Psychiatry in The Royal College of Psychiatry. Early in my career, I asked his advice on whether I should specialize in this very nascent field, where there was not even a proper training program, let alone jobs. Ever the patriarch, he asked me to be patient and watch developments, but tempered the cautionary note by saying: “How

many of your forensic patients function at a developmental level much higher than an adolescent?" It has stuck with me ever since.

No single issue upsets John Gunn more than the death penalty. He cannot comprehend how people could bring themselves to execute another in the name of justice. He remembers how at the end of a lecture to medical students, he asked for a show of hands of those who favored capital punishment. One-third of his listeners were in favor (as are around two-thirds of the British populace). When he was telling me the story, I could not discern for sure if it was with sadness or helpless anger. He cannot believe how killing people can be any part of the medical agenda. Similarly, he cannot understand how the American public (including a number of psychiatrists) can continue to support the death penalty. All his life he has campaigned against it, although doubtless some of his detractors will say that he has done so from a comfortable position of not having to deal with capital punishment in his own work. Yet he loves the United States, especially its people, whom he finds hospitable and warm. And although he broke his leg in an accidental fall there, he loves New York.

He has one secret regret—that of not having the time to pursue the philosophical-academic path of some of his American contemporaries, most notably Alan Stone. A great fan of film, Professor Gunn would not be persuaded to name a particular favorite, or even a genre, but admitted a special fondness for American musicals, Shakespearean productions on film, and opera. He told me about a recent film he had seen: an incredibly powerful German film called *Downfall*,² depicting Hitler's last days in the infamous bunker, which had left Professor Gunn reeling as he came out of the cinema. To him there was no better antiwar film. That aside, he remains a great believer in potency and social influences of great works of fiction, especially of writers like Charles Dickens, whose writings had enormous social impact. I will never know if it was with sadness or resignation that he recalled a conversation with a powerful policymaker in the Home Office who explained that the two ways to influence social policy are through journalism and writing novels, with research coming in a very distant third. He then went on to tell me that he was in New York when "Kendra's Law" was being discussed in reaction to the death of

a young woman who was pushed under a subway train by a man with schizophrenia. He recalled the subsequent outrage in newspapers and his talk with a journalist who pursued the story and wrote an article that Professor Gunn described as "brilliant."

Listening to this remarkable man, who has dedicated his life to the single-minded pursuit of doing well for the unlucky and the unloved, one might wonder if there could be any other way to think about this? Should justice give way to welfare when it comes to the victimized and downtrodden? Do they need some kind of "affirmative action," justified on the same grounds as those Federal Programs? Bias in the courtroom seems like blasphemy, but what if you are biased for a patient whom you swore to make your first concern when you took the Hippocratic Oath? On this side of the Atlantic (and increasingly on the U.K. side), John Gunn's unbridled paternalistic stance may be met with "jaws dropped" in disbelief. But doubt and skepticism cannot reduce the impact of anything this man has said and stood for all his professional life, spanning almost half a century.

As mentioned earlier, in October 2002, John Gunn retired and was made an Emeritus Professor of the Institute of Psychiatry. Now free of his clinical load (which he always carried, even in the middle of the heaviest of administrative duties) he can perhaps go back to his first love, politics. Someday someone will break newer ground in looking after the mentally ill offender. Some may even better his administrative style and bring untold millions in funding to the research department he helped create. But I doubt that anyone will better or match his humanity. For some of us who have been in his tutelage, we will forever cherish our time with the patriarch who showed how effortlessly (but effectively) risk assessments could be done without using a single standardized instrument.

Acknowledgments

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