



columns

e-interview

Lord Alderdice

John Alderdice is Consultant Psychiatrist in Psychotherapy, Centre for Psychotherapy, Knockbracken Healthcare Park, Belfast and a Liberal Democrat member of the House of Lords. He is a Commissioner with the Independent Monitoring Commission (monitoring paramilitary and security force activity in Ireland) and President of Liberal International (the worldwide federation of liberal political parties). He trained at The Queen's University of Belfast (1973–1978). His special interests include the application of psychoanalysis to understanding and dealing with terrorism and violent political conflict.

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

For some time I have also been involved in politics, and I suppose if I were to leave psychiatry behind it would be for some aspect of political life, especially my interest in dealing with violent political conflict.

What has been the greatest impact of your profession on you personally?

It is the way that a psychoanalytical understanding has influenced my whole way of thinking, not just about patients and individual people, but about communities and why they get into such difficulties in relationships.

Do you feel stigmatised by your profession?

No. I have always found people more curious about my work than antagonistic or dismissive of it.

Who was your most influential trainer, and why?

My analyst, Dr Tom Freeman was an enormous influence. He was a patient analyst, a marvellous teacher of psychoanalytical psychiatry, and his academic mastery of the psychoses captured my imagination. I found his developmental approach opened up a world of understanding for me, and I am still exploring its implications.

What job gave you the most useful training experience?

This is a very difficult question because I had many good experiences. My year in alcohol and drug addiction with Dr Noel Moorehead at the regional centre in Shaftesbury Square Hospital in Belfast helped me to apply psychoanalytical ideas to a non-psychoanalytical treatment context, and that helped me explore the value of analysis 'off the couch'.

Which book has influenced you most?

Other than the books written by Dr Freeman, and some of Freud's own writings, *Violence and the Sacred* by René Girard and the ideas he developed have had a major



impact on my way of looking at the complex of law, religion and culture as group psychology. It is not hard to see how that relates to my political life and especially my interest in understanding terrorism and communal conflict.

What part of your work gives you the most satisfaction?

I love to see students, trainees, patients, colleagues, indeed anyone I am working with, growing developing and being freer to be creative. That really gives me a good feeling.

What do you least enjoy?

The frustration of not being able to get decision-makers to understand what they are dealing with, and how counter-productive and damaging their decisions are going to be.

What is the greatest threat facing the profession?

The growing authoritarianism of governments. They have less real power to control the economy and win wars, so they are resorting to interference in professional and personal life on the pretext of making things better. In truth they have little idea what they are doing, and they are generally making things worse.

What single change would substantially improve quality of care?

A change of attitude that helped people to realise their own responsibilities and possibilities for their lives. The corresponding change in healthcare professionals would be the realisation that we are there to proffer help and advice when asked, but not to try to control people's lives.

What conflict of interest do you encounter most often?

The conflict between the personal interest of the healthcare worker whose wish to feel good is too dependent on whether the

patient gets better (or at least acknowledges that the therapist's understanding of the problem is right). This is often exacerbated by the wish of the patient to get better without changing some of the things that are keeping them in difficulties.

Do you think psychiatry is brainless or mindless?

Neither. I think we have one of the most exciting and challenging fields in the whole of medicine. We are our bodies, including our incredibly complex brains, and we are only starting to understand the software, including the way it works through the interaction of a number of brains/bodies/minds.

How would you entice more medical students into the profession?

Those who are interested in the first place are generally attracted by the psychological conundrums. We must not put them off by dismissing or oversimplifying the psychological.

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

Choose your trainer carefully.

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

In the short term it may be the problems of confidentiality and compulsion and our responsibility to our own patients, against the demands of the state, and our genuine responsibilities as citizens of a community under internal and external threats of various kinds.

How would you improve clinical psychiatric training?

Concentrate less on ensuring proficiency with computer presentations and more on understanding the difference between human unhappiness and mental illness.

What single change to mental health legislation would you like to see?

At this time my greatest concern is not to make changes but to prevent some of the changes that the current government wants to make, particularly on issues of compulsion, confidentiality and consent.

How should the role of the Royal College of Psychiatrists change?

The Royal College of Pathologists has brought into its membership some scientists who are not medically qualified but add value to the scientific agenda of the College. I sometimes wonder if we could not find a way in which some very capable non-medical psychotherapists and psychologists could similarly add to the academic and clinical strengths of our College without diminishing or diluting the value of our medical traditions and training.

**What is the future for psychotherapy in psychiatry training and practice?**

Psychotherapy and psychiatry need each other. Psychiatry without psychotherapy would lose not only much of its therapeutic armamentarium but also a great stimulus to thinking. Psychotherapy without psychiatry will forget the difference between what are appropriate responses to difficult life events and what is mental illness, where the reactions are exaggerated and inappropriate and where medication may be

necessary for psychological work to be effective, or in some cases, even possible.

What single area of psychiatric research should be given priority?

My own priority would be on how we deal with violence in its various manifestations. We will never get rid of it of course, but we need to understand better what works and what does not in reducing levels of violent behaviour.

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

How to give support to consultant psychiatrists who feel embattled and exhausted without adding to their workload. If we do not find a way to do so, we will lose a generation to early retirement with all that means for a drain of experience and expertise, and an adverse message to the next generation.

Dominic Fannon