

"Having seen some of his copy I am not surprised he was offered redundancy" (*Times*), and "colleagues had said the claimant's copy was difficult to read and edit" (*Telegraph*). *The Times* said that he "lacked confidence" and "felt persecuted and watched" at work. By linking in this way the judge's "dismissal" of the claimant's illness with his expressed doubts about the claimant's work and character, the coverage seemed to imply that the sufferer's personality was at fault.

People who suffer with this problem will be affected by the image of the illness represented in the media; this coverage tends to present a negative picture of the psychological aspects of RSI and as a result sufferers may be less accepting of a psychological explanation for their symptoms. As a result, they may miss out on potentially helpful treatments. The attitudes expressed in the media, however, probably reflect wider attitudes in society for which the medical profession is at least partially responsible. It should be the

responsibility of the profession as a whole to present a unified and understandable approach to such cases.

Since that controversial ruling in October, a typist who worked at the Inland Revenue has been awarded a large sum as compensation for upper limb pain caused by poor working conditions. The press covered this on 19 January 1994 and *The Times* was typical in saying that health campaigners and trade unions welcomed the settlement. This lady was quoted, "I hope this helps other people with the same problem" (*Telegraph*); "this makes rubbish of the judge's statement that it is all in the mind. It was not just in my mind, it was in my hands and wrists and arms," (*Daily Mail*). But it may be that, in the end, compensation will be achieved at the expense of effective treatment.

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## Psychiatry on the air

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**Dr Lindsey Kemp hangs up her headphones and looks back on her radio days.**

Throughout my psychiatric training I have had the privilege of broadcasting a two hour phone-in programme on one of our local independent radio stations. The programme was broadcast live (without the use even of a time delay) every Sunday evening with a regular presenter, a counsellor who dealt with problems ranging from mental health, legal and relationship difficulties through to providing the address for the local branches of organisations and self-help groups.

I participated in the programme monthly for over six years being part of a team of specialists, one of whom was invited each week to cope with calls and letters on that week's subject. The regular team comprised a GP, a dentist and a lawyer and were supplemented by representatives of the DSS Benefits Office, Relate, the Samaritans, Cruse, dieticians, physiotherapists, drug counsellors and many others who came to give some of their time and expertise. Initially it felt rather overwhelming to be talking to thousands of people simultaneously but once settled in the studio with our counsellor and presenter, it became quite an easy task to talk to

the one caller on the telephone or one of the others in the studio and to forget about the audience. This served to reduce the nerve-racking aspects of broadcasting but the audience had to be borne in mind so that the answers served not only to help the caller but to educate the other listeners.

My share of the specialist topics tended to include a large number of psychiatric issues. Programmes regularly featured depression, fears and phobias, bereavement, and addictions as well as any other medical issues that callers cared to introduce. As the 'lady doctor' of the team, I seemed to attract many of the family planning and pregnancy items.

Broadcasting has pitfalls and perils but also provides its fair share of amusement. One incident which comes to mind required all the studio team to keep straight faces and avoid each other's gaze for some time, while a male caller spent the first few minutes of his call elucidating the difficulties he and his wife had had with various methods of contraception, resulting in their four children. He then went on to enquire whether he could take his wife for a vasectomy! Like most calls this required little more than simple education as to the differences in male and female sterilisation, the terminology

and the advantages and disadvantages of each, but it certainly exercised my skills in being professional.

Like all helping organisations, particularly those at the end of a telephone, we had our fair share of regular callers. There were also those who rang in to abuse or embarrass but, whatever the reason for calling and even if an abusive caller was faded out, an attempt was made to answer the original question so that some listeners might benefit from the advice given. Fortunately, as the programme became established, these types of call became fewer in number.

One of the major problems in a phone-in programme is balancing audience interest with callers' needs and when psychiatric problems were being discussed it was difficult not to be frustrated by the need to answer calls briefly rather than become involved with a single interesting case. Another difficulty arose from callers who wished a 'second opinion' or to complain about doctors who had been involved in their care. Obviously to criticise a colleague on air could lead to litigation and calls had to be handled with tact and sympathy, perhaps with advice on how to change GP or obtain further help.

Many questions stretch the ability to think on your feet. For instance, in a programme on fears and phobias, mainly spiders, dogs and the like, suddenly to be asked to deal with thunder and lightning phobias (Keraunophobia for the initiated) can upset the well rehearsed behavioural programme that was adapted for each caller. Some questioners ask the near impossible; one wished to know what his rash was – possible with a video phone perhaps but very difficult by way of headphones and radio.

Much of the time spent talking on air is education for the listeners and medical terminology, investigations and illnesses have to be described in a simple but not patronising way. (I would suggest that this is an immensely valuable exercise for clinicians who want to improve their communication skills; just listen to a programme like this and see how much understanding and confusion we often leave our patients with). Diagnoses were always made with the proviso that callers should see their own doctors and prescribing, even mild analgesics over the counter, was forbidden without advice to seek guidance from a pharmacist. Initially education included the producers, who wanted a programme with proper medical terminology which, it was explained to them, would not benefit the thousands of listeners they hoped to attract.

Alas, my spell of sitting in a dimly lit, often chilly, studio, full of knobs, dials, CDs and charts has come to an end. I will not have to spend an hour each way on the motorway getting to and from studios of plushness that increased as the company grew financially. The radio company no longer feels that our programme fits their current image and so they have pulled the plug on us. Above all I think that this unique experience has given me a great deal of understanding about how poor our communication with patients often is, and how little they understand of their anatomy and physiology, illnesses, investigations and treatment.

I also know now how easy it is, with a little time and willingness to sit and listen, to put all these things in plain English and make them less worrying.

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## Application of psychoanalysis to the arts

Following a performance of the Royal Shakespeare Company's production of *King Lear* at the Barbican Theatre, London EC2 on 21 June 1994 at 7 p.m. there will be an evening of discussion on 23 June 1994 at 8.15 p.m. between Robert Stephens (*King Lear*), Simon Russell Beale (*Edgar*) and Mary Twyman and Marcus Johns (psychoanalysts) at the Edward Lewis

Theatre, Windeyer Building, 46 Cleveland Street, London W1. Prices: £32.00 to include stalls seat and discussion, £27.00 to include circle seat and discussion, £10.00 discussion only. Further information: The Executive Secretary, The Institute of Psycho-Analysis, 63 New Cavendish Street, London W1M 7RD (telephone 071 580 4952).