

apparently random incidence of brain disease. It can strike anyone; a doctor can then become a patient. But in all other respects this production is a travesty of Oliver Sacks' book. It abstracts the most audience-effective symptoms, supplies none of the background information necessary

for even a minimal understanding of the causes and consequences of these symptoms, and turns tragic heroes into circus freaks.

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## 'But will it satisfy Mrs Prosser from Pontlottyn?'

### A 'phone-in to a radio psychiatrist

Dr Mike Shooter poses an enigmatic media question.

In April 1987, in a back-street bar in Cardiff, the rebel regime at Radio Wales were plotting a coup. Their secret weapon was a daily magazine programme of music and current affairs called *Streetlife*. The would-be front-men, Ray Gravell (British Lions centre) and Frank Hennessy (Cardiff-Irish folk singer) had just persuaded the Editor that it needed an 'agony uncle' . . . when I walked in.

By April of this year, *Streetlife* had gone out for the last time. So what did it achieve, this seven years of public problem-solving in which the only quality-control was the redoubtable Mrs Prosser's sensitivities? There were teething troubles, of course; some lessons learnt, perhaps; and a lot of tightropes walked, not always with a safety net.

Of the teething troubles, regularity was the first. The BBC began by treating me as a moveable feast. It took time to prove that this was 'psychotherapy' and if we were going to tackle people's feelings they would need to depend on me being there – same time, same day, week in, week out. If the programme decamped to the Royal Welsh Show, I went with it.

So much depended on the empathy thus built up between myself and the listeners through a partnership with the presenters – open, ingenuous Ray who once stopped me in the middle of a piece on suicide to admit to a tragedy in his own family; and Frank the worldly-wise who would chastise me for speaking psycho-babble from an easy chair. I learnt a lot from them.

How immediate should we be? At first it was all live 'phone-ins, listeners' unhappiness coming

through directly on air. In the end we settled for 'car-pieces' – a live discussion of letters, an hour in a private studio answering the calls and another live slot summing up the response. Most people needed quiet sympathy and there is a limit to how much you can give of that with an audience.

We began by trailing topics and tailoring the calls to fit, reacting to 'hot' issues. As we got more adventurous, we tried to be free-floating, taking whatever came and building the programme around it spontaneously. In the process, what we talked about one day often became news the next – missing persons, fatal accidents, child abuse. It gave me a creepy feeling and more than one listener thought we manufactured the news ourselves.

The toughest lesson was the simplest: the task was a huge one. *Streetlife* rapidly captured the ratings and not just the archetypal woman-at-the-sink (a sexist image untrue of the Valleys where it is the men who are as likely to be at home). Adolescents 'phoned in from school; business people from the hard shoulder of the M4. Nor do air-waves plunge into Offa's Dyke because they are labelled 'Radio Wales'. Calls came from all over the UK – a hard lesson rammed home when my mother 'phoned in live to complain about my using her as an example of pathology!

They say you should never start what you cannot finish and this was no exception. The work did not stop at the end of each programme. Letters followed, posted on to me, unopened, in sacks. I decided that each one should be answered personally, a conscientiousness not shared by many media 'therapists' and the

'But will it satisfy Mrs Prosser from Pontlottyn?'

635

referral rates to our service increased at a rate that smacked of advertising.

There was no hierarchy of misery. Listeners struggled equally with everything from sex to schizophrenia. I was mindful of Ken Rawnsley's warning that psychiatrists should not try to be all things to all people; but an expert is an expert is an expert . . . and a doctor is supposed to understand nits and pneumonia as well as neurosis. Admitting ignorance in public is a painful business.

The commitment seemed to carry with it an enormous responsibility. Some calls were an opportunity for public education; some needed individual advice or reassurance; some callers could be linked to a gradually established network of professional and voluntary help – true community action. Most simply wanted the chance to share their unhappiness that they were too frightened, too embarrassed, too disgruntled or too disabled to seek elsewhere. It was alarming how little recourse to help the listeners seemed to have.

Tightropes demand a sense of balance – in all senses. People would switch off if the programme was not entertaining and I suspect I enjoyed the 'crazy' bits, tossing pancakes on air or singing along with Frank. But I hope that, most of the time, we kept to the responsible seriousness that treated listeners and their problems with the dignity they deserved. In any case, the media is a 'theatre of embarrassment' and there is nothing like a *faux pas* to bring an ego back down to earth.

There was a tension between short-term and long-term ends. The Editor was concerned with the shape of each programme; I strove hard to keep up links, weaving a web of cross-references to past programmes in an attempt to convince listeners that they were 'held' by care that continued from one week to the next. Some would 'phone in regularly for a while then recontact me to say how it had all worked out; a few became patients in the proper sense of the word.

Confidentiality, as always, was a tricky issue. Privacy must be absolute, whenever it is requested. Most listeners were happy to share their problems with everyone, but their identity only with me. Although every letter and call that I fed back was charged with human colour, I tried hard to mask any detail that would identify someone too clearly – and still I would get complaints. Everyone's misery is unique, but their problems are archetypes recognisable in many other's lives, as if I had been talking to and about them all. It was both a blessing and a bane.

The line between personal and professional opinion is always likely to be a fine one. I suspect I share a core of beliefs with most colleagues, but I would not be human (or interesting) if I did not have foibles. In therapy I might try to hide them; on air there is no such refuge! I opted for honesty on the grounds that anything else would not ring true – but with care to tell the listeners that this was me talking and not the College.

Well, did they like it? No-one who wants to be an agony uncle should expect to be popular all the time, but Mrs Prosser liked it. So too did the BBC. What of my managers? In truth, I never asked them. A little arrogantly, perhaps, I assumed they would see it as part of my job to communicate with the public in any way I could.

And yet it kept me awake at night – until, that is, I bumped into the one man who might have disapproved. "Michael", he said, "about that radio programme of yours . . . I was driving along the other day and you were talking to the woman with the foot fetish when I went under the Newport tunnel . . . what did you tell her for God's sake, I've been thinking about it all week!"

Ah, well. I'm off to the Beeb to discuss a pilot for another project. You can't keep an old hack quiet for long.

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