

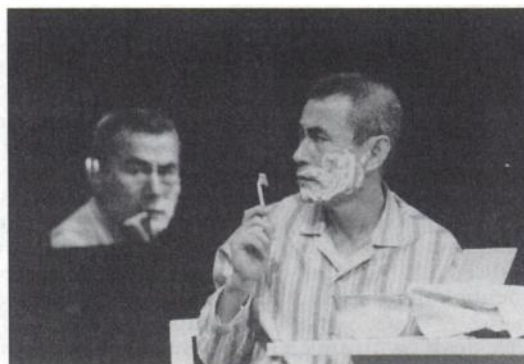
The man who mistook brain lesions for theatre

Paul Crichton reviews and reviles *The Man Who*, a 'theatrical research' inspired by the work of Oliver Sacks.

Peter Brook is a superstar, indeed almost a superguru, among theatre directors. His exalted position is derived from the rarity of his visits to this country, the quality of the performances which he elicits from his troupe of international actors and the idiosyncratic choice of his subject matter, e.g. a Parisian asylum in *Marat/Sade* or the Indian epic *Mahabharata*. Yet none is quirrier than his present production of *The Man Who* at the Cottesloe Theatre on the London South Bank, based on Oliver Sacks' book *The Man Who Mistook His Wife For a Hat*. In fact, despite its venue and enraptured reviews by hard-hatted drama critics, it is not a play at all, but a series of neuropsychiatric and neurological vignettes in which four actors play, with instantaneous versatility, both the patients and their doctors.

In a terse programme note Peter Brook points out that he was attracted to the brain as dramatic material because of its universal appeal and he compares brain research to the "valley of astonishment", a quotation from the Persian poem *The Conference of the Birds*. He then explains his approach: "As we began to work, we felt the need to experience his astonishment at first hand. Thanks to Sacks' inspiration we observed cases like the ones he described, similar yet different. They became a starting point in our search for a different theatrical form."

Unfortunately, not many in the audience were able to follow Peter Brook through this "valley of astonishment". One or two left. Several dozed off. Many looked bored, others perplexed. Some, who had no doubt completed the Samuel Beckett Advanced Course in Theatrical Absurdity, looked pleased to be perplexed. What they saw, but were unable to recognise, was a series of patients with a variety of neuropsychological and neuropsychiatric problems which included the amnesic syndrome, utilisation behaviour, hemi-inattention (the man who shaved only the right half of his face), autism, visual agnosia (*The Man Who Mistook His Wife For a Hat*), proprioceptive loss, Gilles de la Tourette syndrome, and aphasia, both motor and sensory – in short, a sort of stage version of a video of Oliver Sacks' book.



Yoshi Oida in 'The Man Who'. Photograph Gilles Abegg. Royal National Theatre.

Many in the audience laughed frequently, not (I hope) at the misfortune of the patients but simply because they found it funny. In truth there was little to laugh about. The patients themselves were rarely amused, but were often bemused or indifferent, almost as if their frontal lobes, as well as other regions of their brains, had been damaged. Seldom did they show grief over what they had lost. On these few occasions the examining doctor would urge them not to worry and assured them that all would be well, although it obviously would not be.

The strength of this production was the quality of the acting, based on close observation of real patients (The programme acknowledges the help of neurologists from the Salpêtrière, where Charcot and Gilles de la Tourette once worked). On a few occasions the portrayal of disability was genuinely illuminating – when, for example, the man with proprioceptive loss demonstrates how he tries to compensate for his ignorance of the position of his limbs by executing movements under visual control. Bruce Meyer's enactment of Gilles de la Tourette syndrome was explosive, absorbing and convincing.

Peter Brook remarks in his programme note that in Oliver Sacks' book the patients appear to be tragic heroes. In one respect, but in one respect only, Brook's production exploits this insight: the device of having an actor remove his white coat while walking off stage and returning a few seconds later as a patient illustrates the

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?'

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