you" she said. "I hate you, you did nothing". She began sobbing and did so louder and louder, burying her face in her hands. I got out of my chair and placed my hand on her shoulder. I suggested that she look at John. She did so sobbing loudly, John sat silently with tears rolling down his face. I felt the tears in my own eyes. After some minutes, her sobbing subsided and gradually stopped. I asked John to look at Mira, to maintain eye contact and talk to her. He began crying, quietly and then more loudly. Through his tears he said how sorry he was, "Sorry I did not do more to look after you". He repeated this and similar statements and then began sobbing uncontrollably. I placed my hand on his shoulder. Mira sat quietly and tearfully, as did I.

John's crying subsided. I asked them to bring their chairs right up to each other. I helped them do so and asked them to hold each other's hands. They did this, looking quietly at each other. After a few moments Mira said, "At last I have got through to you. I was hurt and now you are hurt. Though it's not all okay I do feel a bit better now". John said nothing.

I suggested that Mira make other statements beginning "I demand . . .". She thought for a moment and then said, "I demand you don't say you'll do something if you won't or can't. I demand you do what you say you will do."

John acknowledged that he had heard what Mira had said. She asked what would happen if there was a request that the adolescent came back. John said that he would say "No", and that if his manager insisted that the adolescent came back, then he would threaten to resign. Mira said "No, I don't want that". She repeated that she just wanted to know what he would do. He repeated that he would say "No".

I encouraged John to make demands of Mira. He said "I demand that if I communicate in a way that isn't okay for you or makes you feel I haven't heard you or taken you seriously that you tell me". Mira said "Okay".

They sat quietly for a few moments. I said that perhaps we had done enough. They agreed, I said that, to facilitate the transition from this time to the rest of their day, they should tell me in some detail what they would be doing next. They did this. I asked if they felt all right to carry on. John said he did. Mira said she did not. She said she needed to be by herself to make sense of the past hour which seemed somehow unreal. I said I was available if needed but was not suggesting that they did need me any more. They thanked me and we said goodbye. I have not heard from them since.

Comment

My intervention was limited, focused and brief. It used specific techniques to allow a feared crisis ("explosion") to be worked through. Those techniques included encouraging eye contact, proximity and physical contact, and direct communication. It was also essential to provide a safe containing environment. This was achieved by the combination of my support and encouragement and a room where it was all right to make a noise.

A more far-reaching intervention would have included the manager's manager and/or the staff group. It would have involved a discussion on sexism, racism and violence. I did not attempt this, partly because it was not what I was being asked to do. However, the request to me came from the white male manager not the black female worker, and I am left with some unease. I do hope an improvement in the relationship between John and Mira might facilitate other changes within their organisation without me being directly involved.

In my desire to evaluate this work, I would very much like to know what has happened since the consultations. However, it was not in our contract for me to ask and I feel that to do so now would be an unwise intrusion.

Is this work for a child psychiatrist? It might not be specified in many job plans. However, child psychiatrists claim expertise, not only in the treatment of mental illness but also in other areas relevant to the mental health and normal development of children. Consultation work is an opportunity to use this expertise for the benefit of children and adolescents who for one reason or other, we do not get to see in person. It is also an opportunity to support and increase the effectiveness of our multidisciplinary colleagues, at the same time demonstrating to them some of what we have to offer.

Lecture

Professor Michael Shepherd will deliver the William Withering Lecture at the Medical School, University of Birmingham, on 2 March 1992 at 5.30 p.m. The title will be 'Epidemiological Aspects of Insanity'.

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