

Now I'm somebody special

One summer evening in 1989 a 12 year old boy suffered a traumatic avulsion amputation of his right hand. The hand was microsurgically replanted that night, and this operation, together with the subsequent treatment, was filmed for a television documentary series. "Fly on the wall" documentaries aim to record real life events, but extensive editing ensures that the viewer sees a constructed version of that reality.¹ The boy went through the experience twice, the second time as a viewer of his own story.

To protect the boy's interests and well-being and before consent to screening the surgeon initiated detailed discussions with the clinical counsellor, the television company, the hospital management, and professionals with media experience. Ethical issues were examined, in particular the boy's ability to consent to filming—his parents had left this decision to him. The important factor was the agreement that the boy held the right to preview and veto any programme, and could thus exercise ultimate control. It was possible to specify these conditions because of the particular nature of this series, whose continuation depended on the co-operation of the hospital. In other circumstances such control would be more difficult to exercise.

There was also consideration of the way in which his story should be represented. It was felt that it would be acceptable to go ahead if the boy was presented as brave in adversity and could therefore gain a sense of self esteem among his peers. He should not seem vulnerable or unhappy.

The first programme went out about six weeks after the accident. At this time he was beginning to feel anxious about his lack of progress and was becoming more aware of the implications of his injury. He alternated between some degree of magical belief that his arm would be fully restored by high technology surgery and despair that he would never be able to use his hand again, and he was clearly grieving for his loss.² Generally, he was in a highly sensitive emotional state.

Shortly before the first screening the boy went with the counsellor to the television studio to preview the programme. The purpose was to give him the possibility of exercising his veto and to see the programme in private, away from the ward. Before the viewing he grew agitated and said that although he had agreed to being filmed, he did not know what it would mean. He said that photographers had come (uninvited) into the ward, and he asked whether he was

allowed to say no to having his photograph taken. His concern was that people would say that he was a freak with a "dummy" hand. The possible implications of media exposure were arousing his anxiety, and he needed considerable reassurance.

He watched the programme without comment, holding the remote control, and replaying several times the part where his hand was carried across the operating theatre and reattached to his arm. He also concentrated on the section when the surgeon was insisting that the cloth be warm or the hand would be lost. After this viewing he was subdued but said the programme could go out. Seeing it in these special circumstances seemed to give him some sense of control over his exposure to it. Despite his anxieties the public reaction to the screening was sympathetic. He was regularly stopped in the street to be asked how he was and became the centre of attention among his friends. He was sent money, and, importantly, his parents participated in this response, which allowed them to tolerate his needs more readily. There have been no adverse comments. This positive response affected his mood, and he grew more optimistic and cooperative. Coincidentally, he made the first active movement with his hand as the first programme went out. He was able to preview relevant subsequent screenings and grew increasingly relaxed as he enjoyed the public response.

The ending of the series coincided with a lowering of his general mood. There are several possible reasons for this.

- The "story" came to the happy conclusion that everything was fine and the hand was doing very well. There is a conflict here—by ensuring that only the positive aspects were shown the serious adverse problems are lost. In fact, he was making slow and uneven progress

- He felt that there was a withdrawal of interest from him, and gradually fewer people recognised him, thus highlighting the transient nature of their concern. There was also a sense of anticlimax

- Television had diverted him to some extent from real life problems. At this time he was returning to school, where he had difficulty participating in games or practical subjects.

At nine months after the accident his conclusions about the television programme were generally positive. "I would have been just an ordinary kid who had an accident, now I'm somebody special." It gave him status with his friends, and he received money from viewers. For him the adverse effects were that he was easily recognised and thus had difficulty getting away with anything. He retained a self consciousness about the appearance of his hand and arm, which may have been exacerbated by the appearance of the scarred arm on television. There was also altered sensation in that his

Recommendations for helping the child to cope with media exposure

Should comparable circumstances arise we recommend that:

- There should be careful assessment of the child's ability to understand the implications of giving consent and of the family's awareness of the need to take responsibility for this

- The child and the family should have the right and practical ability to preview and, if necessary, veto the programme before screening

- The timing of the screening should be as long after the accident as possible, allowing the child time to overcome the post-traumatic effects of injury

- The "story" should be interpreted to the child by an adult who sits through the preview screening with him or her and allows the child to express his or her responses to the way that it is being told

- The child should be supported through the withdrawal of media coverage

- The television company should be made aware of the issues and encouraged to adapt to the needs of the situation

- The child and the family should be prepared for the possibility of further media contact and given support in dealing with this so that they retain some control over any exposure

- The hospital should ensure that there is no access to the child in the ward as a result of the publicity surrounding the screening

hand did not yet feel fully part of his body, and the images of the operation intensified a sense of his hand as an object, vulnerable to loss.

One consequence of becoming a public figure has been the occasional approach made to him by the media for their own purposes. He was filmed contributing £10 of his own money to the ambulancemen, despite having no opinion on the strike. This was arranged by a local radio station and illustrates his vulnerability to media exploitation.

The boy's experience shows the complexity of the issues concerned. While the exposure has done much to compensate for potential problems in peer relationships it heightened his anxiety at a difficult time, made him a vulnerable public figure, and has focused his concerns about his hand.—EILEEN BRADBURY, *clinical counsellor*, and SIMON KAY, *plastic surgeon*, St James's University Hospital, Leeds

1 Glasser I. Television and the construction of reality. In: Oskamp S, ed. *Television as a social issue*. California: Sage, 1988:44-52.

2 Grunert BK, Smith CJ, Devine CA, et al. Early psychological aspects of severe hand injury. *J Hand Surg [Br]* 1988;13B: 177-80.