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'SHRINK TO THE STARS': EXPLORING THERAPEUTIC BROADCAST TALK ON BBC RADIO 4'S *IN THE PSYCHIATRIST'S CHAIR*

Kathryn McDonald 

In the Psychiatrist's Chair (BBC Radio 4, 1982–2001) featured extended interviews presented by psychiatrist Antony Clare, in which public figures were invited to reflect on their emotional lives. This article argues that the programme functioned as a hybrid broadcast form, combining elements of therapeutic encounter with the conventions of public service interviewing. Drawing on archived episodes, it examines how format, interviewing style and institutional context shaped the programme's authority and reception. The article shows how intimate talk was legitimised through BBC public service values, and how listeners were positioned as ethical participants in the encounter. It situates the series within the history of confessional broadcasting and debates around therapeutic culture, expertise and media intimacy.

KEYWORDS: Media history; radio interviews; therapy; psychiatry; BBC radio

Introduction

'Were you always a melancholic person? Tell me about your early childhood.'
Dr Anthony Clare to writer and comedian Spike Milligan, 1992.

Despite its long run from 1982 to 2001 and its enduring reputation within British broadcasting culture, *In the Psychiatrist's Chair* has received surprisingly little sustained scholarly attention within radio history and interview studies. First broadcast on Saturday 31 July 1982, the programme brought a distinctive, quasi-

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therapeutic interview style to a mass BBC Radio 4 audience and continued to provoke acclaim, debate and criticism long after its final episode. Presented by Dr Anthony Clare, a practising Irish psychiatrist, the series foregrounded the emotional lives of its guests through extended, unscripted one-to-one encounters. Clare had already established himself as a trusted voice through regular appearances on BBC Radio 4's *Stop the Week* (1974–92), and his professional credentials, measured authority and distinctive vocal presence became central to the programme's identity.

This article asks four related questions. First, how did *In the Psychiatrist's Chair* translate a recognisably therapeutic mode of questioning into a broadcast interview form suitable for BBC Radio 4? Second, how did Clare perform professional authority and create rapport on air while also sustaining listener engagement? Third, what production and stylistic features, including pace, silence, editing and framing, shaped the programme's distinctive sound and its claims to intimacy? Finally, how should the series be understood within the longer genealogy of therapeutic media talk and personality-focused broadcasting, and what legacy did it leave for subsequent emotion-centred audio interviews? Drawing on analysis of archived episodes across the programme's run, the article situates *In the Psychiatrist's Chair* within broader shifts in public psychological discourse and broadcast interview practice.

The analysis is informed by a set of interrelated concepts drawn from media sociology, radio studies and scholarship on emotion and intimacy in public culture. In particular, it draws on work that conceptualises broadcasting as a space shaped by emotional labour and "feeling rules," most notably Arlie Hochschild's framework as developed by Heather Nunn and Anita Biressi in relation to media performance.¹ It also engages with research on therapeutic culture and mediated intimacy, especially scholarship concerned with the circulation of psychological discourse in public life and the emergence of confessional forms of address. Rather than applying a single, totalising theory, the article brings these perspectives together to examine how *In the Psychiatrist's Chair* negotiated authority, intimacy and emotional disclosure through the specific affordances of radio and the broadcast interview.

Clare was well regarded as an author, lecturer and broadcaster, holding senior academic posts at St Bartholomew's Hospital, London, and later at Trinity College, Dublin. Over time, he became Britain's best-known media psychiatrist, earning nicknames such as "psychiatry's ambassador to the public" and "shrink to the stars."² These labels reflected both his public visibility and the programme's unusual positioning at the intersection of therapy, journalism and entertainment. While *In the Psychiatrist's Chair* did not constitute clinical treatment, and its guests were neither patients nor paying clients, the format deliberately simulated aspects of therapeutic exchange, requiring careful negotiation between professional ethics, editorial conventions and the expectations of a broad listening audience.

Each episode featured a single pre-recorded interview, typically lasting around forty minutes, and relied entirely on the unscripted interaction between Clare and his guest. Interviewees (including tennis champion Arthur Ashe, writer and civil rights campaigner Maya Angelou, comedian Stephen Fry, author Dame Barbara

Cartland, and film director Ken Russell) were drawn from across public life, including politics, literature, sport, music and entertainment, and were invited to reflect not only on professional achievement but also on childhood, family relationships, emotional struggle and personal struggles. Translating a therapeutic mode of questioning into a public broadcast form therefore demanded a delicate balance between intimacy and distance, authority and accessibility, and professional expertise and performative engagement.

From its inception, *In the Psychiatrist's Chair* was explicitly aimed at BBC Radio 4's core audience: a predominantly middle-class listenership accustomed to extended speech, intellectual discussion and reflective engagement. Broadcast initially on Saturday evenings, the programme assumed a listener willing to invest sustained attention in a one-to-one conversation and to tolerate emotional intensity without the relief of music or studio mediation. The series positioned its audience not as passive consumers but as overhearers of an intimate exchange, inviting them to listen critically and empathically and, at times, to experience discomfort.

The central argument advanced here is that *In the Psychiatrist's Chair* should be understood as a new broadcast form that translated elements of the therapeutic encounter into a public interview setting. Through Clare's questioning style, the programme was balanced around professional authority and emotional intimacy, positioning listeners as participants rather than spectators. This hybrid form helped to normalise psychological discourse on radio while simultaneously exposing tensions between care, performance and entertainment that continue to shape interview-based audio formats today. Crucially, this was further enabled by the institutional context of BBC public service broadcasting, where commitments to education, cultural seriousness and audience trust created the conditions for sustained, emotionally demanding interviews that arguably would have been difficult to sustain within commercial broadcasting.

Research context

This article draws selectively on three overlapping bodies of scholarship: research on the broadcast interview as a form of institutional talk, work on therapeutic culture and mediated intimacy, and studies of radio as an affective and relational medium. Rather than surveying these literatures exhaustively, the discussion that follows focuses on those approaches most relevant to understanding *In the Psychiatrist's Chair* as a hybrid interview form shaped by authority, emotion and public address.

Research on the broadcast interview has emphasised its status as a structured and performative encounter designed to be overheard by audiences. Scholars like John Corner and Martin Montgomery have shown that interviews operate not as neutral conversations but as institutional forms in which power and authority are negotiated through questioning style, pacing and turn-taking.³ This work provides an important foundation for the present analysis, particularly in understanding how *In the Psychiatrist's Chair* extended the conventions of the broadcast interview by incorporating therapeutic modes of questioning rather than journalistic interrogation.

While broadcast interviews may appear deceptively simple, typically involving only two speakers in dialogue, they are complex public performances shaped by professional, institutional and cultural agendas.⁴ Longer, one-to-one interview formats offer heightened potential for intimacy and disclosure. Siobhan McHugh has suggested that these such extended encounters can function as a collaborative and creative art form, capable of revealing the ‘full humanity and depth’ of the person speaking, while Maria Rae reminds us that audiences attend not only to what is said but to how it is voiced.⁵ These perspectives are especially relevant to *In the Psychiatrist’s Chair*, which relied on continual speech rather than visual cues or musical framing.

A body of scholarship addresses the relationship between media, emotion and therapeutic culture. Psychiatrists, historians and media scholars have examined how psychological discourse circulates in public life and how radio has served as a space for emotional address and self-reflection. Work by Frank Furedi, Brett Kahr, Gregory Miller and Barry Richards has explored the rise of therapeutic culture, while Gail Jefferson and Paul ten Have have demonstrated how therapeutic or “trouble” talk can be analysed through close attention to interactional dynamics.⁶ Within radio studies, Carole Bainbridge and Candida Yates argue that radio’s role in shaping emotional experience remains ripe for critical analysis, and Helen Breton’s work further demonstrates how psychoanalytic perspectives can illuminate the affective dimensions of sound and voice.⁷ Throughout this article, the term ‘therapeutic’ is used to describe a mode of questioning and emotional address rather than a clinical practice, distinguishing broadcast talk from formal psychotherapy.

Within radio and media studies, however, the extended personal portrait interview has received comparatively less attention than news or current affairs formats. Despite growing scholarly interest in psychiatry, psychology and celebrity culture in the media, *In the Psychiatrist’s Chair* itself has been discussed only briefly, most notably in David Hendy’s history of BBC Radio 4 and in Nunn and Biressi’s work on celebrity and emotion.⁸ Beyond biographies, obituaries and published transcripts, there has been little sustained analysis of the programme’s interviewing style, institutional context or audience address. This article seeks to fill this gap by that gap by situating *In the Psychiatrist’s Chair* at the intersection of broadcast interview studies, therapeutic media discourse and public service radio.

Methodological approach

As Jonathan Bignell and Máire Messenger Davies have both observed, the physical survival and availability of programming have a direct impact on present-day awareness, academic study and use of broadcasts.⁹ This article draws on a purposive sample of *In the Psychiatrist’s Chair* episodes selected to reflect variation across the programme’s broadcast history, interviewees and themes. The sample includes episodes from different decades of the series, featuring guests from a range of public roles and involving contrasting forms of emotional disclosure. Episode selection was shaped by archival availability, including programmes accessible *via* the BBC’s online collections and repeated broadcasts. The analysis is supported by additional sources that illuminate production and reception, including BBC documentation, press commentary, biographical literature and audience response.

At the time of writing, 29 episodes of *In the Psychiatrist's Chair* were available via BBC online pages, with some editions also repeated on BBC Radio 4 Extra. The BBC Genome Project and the *Radio Times* archive assist in identifying original and repeated transmission dates and confirming the range of interviewees across the programme's run. Books, transcripts and audio releases from the series provide further routes into its circulation and afterlife, and some recordings have also been re-shared by listeners on contemporary streaming platforms. These forms of access are valuable but raise methodological questions. As Alexander Badenoch argues, the radio archive has increasingly been reshaped through digitisation, with broadcasts not simply relocated but translated into new systems of knowledge.¹⁰ For historians, this matters because edited or repackaged versions can differ from original transmissions, and it is not always possible to know how closely an accessible copy corresponds to the initial broadcast.

While the BBC has made a substantial amount of its radio output available online, there remain unanswered questions about selection processes and limited transparency regarding why some programmes are included while others are excluded. Issues of rights, permissions, editorial decision-making and technical quality shape what survives and what can be heard. For these reasons, the analysis presented here does not claim to represent the full range of episodes produced. Instead, it offers a historically grounded and interpretive account of the programme's form, interviewing style and audience address, attentive to the partiality and mediation of the broadcast archive.

Methodologically, the article combines a textual-historical approach with close attention to sound. Like other media historians who have examined programmes or key production figures (for instance, Kate Terkanian's research into BBC producer Nesta Pain), the analysis situates episodes within schedules, institutional contexts and available documentation.¹¹ It acknowledges John Ellis's recommendation that the social context of programmes will have a significant impact and follows Paddy Scannell's call to consider not only what broadcasts contain but how they are made, and with what resources, including editing practices and production decisions.¹² In addition, the article incorporates sonic analysis in order to account for vocal delivery, pace, accent, intonation and silence, following Anje Kanngieser and Rae's emphasis on the analytical importance of sonic inflections.¹³

Format: the conditions of therapeutic broadcast talk

The format of *In the Psychiatrist's Chair* was central to the way therapeutic discourse was translated into a broadcast interview form. Unlike many long-running radio interview programmes of the period, the series featured a single, extended one-to-one encounter between host and guest, typically lasting around forty minutes. There was no use of music within the body of the programme, no studio audience, and no opportunity for listener participation. Instead, meaning was carried almost entirely by sustained speech, vocal delivery and silence. These formal choices established a tightly bounded encounter that foregrounded intimacy while maintaining clear editorial control.

This format distinguished *In the Psychiatrist's Chair* from other established BBC interview programmes such as *Desert Island Discs* (BBC Radio 4, 1942–current), which integrates music throughout and uses song choices as a structuring device for biographical reflection. While both programmes share a focus on the inner lives of public figures and rely on the authority of a trusted host, *In the Psychiatrist's Chair* placed greater emphasis on continuous dialogue and emotional exposure. The absence of music denied listeners moments of release or distraction, requiring sustained attention to the spoken exchange and heightening the affective intensity of the encounter.

The programme's reliance on radio rather than television was equally significant. Unlike contemporary television interview formats such as *Face to Face* (BBC, 1959–1962), which employed close-up camerawork to intensify scrutiny and confrontation, radio offered a different mode of intimacy. Without visual cues such as facial expression or bodily reaction, listeners were invited to attend closely to voice, tone, hesitation and silence. This medium specificity allowed emotionally demanding material to be conveyed without the heightened sense of spectacle or intrusion associated with visual media, while still encouraging critical engagement.

The institutional context of BBC Radio 4 further shaped how this format was received. Broadcast within a public service network associated with intellectual discussion, reflection and cultural authority, *In the Psychiatrist's Chair* framed therapeutic disclosure as legitimate cultural inquiry rather than simply entertainment. Radio 4's schedule has since become full of programmes that foreground issues around mental health, psychology and wellbeing. These formal and institutional conditions created the space in which Clare's interviewing style could operate, balancing professional authority with emotional rapport while remaining anchored within the ethical expectations of public service broadcasting. Although the programme briefly transitioned to television, it struggled to replicate the form of intimacy afforded by radio, reinforcing the significance of the medium to its success.

Interview style and the performance of authority

Clare's interviewing style was central in creating a hybrid broadcast form that combined elements of therapeutic encounter with the conventions of interviewing. His professional background and credentials as a psychiatrist granted permission to pursue emotionally intimate lines of questioning, while the broadcast context required that these exchanges remain intelligible, contained and ethically framed for a listening audience. Authority was therefore exercised not through confrontation (although this did occur occasionally), but typically through careful control of pacing, topic progression and tone.

Interviewees were typically aware of Clare's on-air persona and professional qualifications, yet they were still required to engage fully with the programme's expectations. The series marked a shift away from other popular formats of the period, such as scripted talks, letters from listeners or radio phone-ins, towards more spontaneous and reflective discussion of personal experience. Clare's questioning style encouraged accountability. It was often simple and direct, occasionally

insistent yet gentle, encouraging contributors to at times elaborate or defend their responses.

This authority was enacted through Clare's management of interaction. He frequently used short, focused questions to limit evasion and to return repeatedly to formative experiences such as childhood, family relationships or emotional crisis. In his interview with Scottish author R. D. Laing, for example, Clare redirects discussion from abstract theorising back to personal history through brief interrogatives that reassert his control of the encounter. Questions such as 'what does the drinking do for you?' or 'how did she relate to your father?' function not as provocation, but as mechanisms for sustaining narrative focus and emotional depth.¹⁴

The rhythm of the interviews also shifted between episodes. Some, such as the 1992 interview with comedian Spike Milligan, are characterised by a brisk pace in which questions and responses follow one another rapidly, with frequent movement between topics. In other episodes, the tempo slows, and the style becomes more conversational, at times mirroring the cadence of the interviewee.¹⁵ In her 1985 interview, activist and author Maya Angelou speaks softly and deliberately, and Clare mirrors this slower pace, allowing space for reflection and emotional resonance. Despite the seriousness of some topics, moments of laughter and song are also incorporated, complicating any straightforward reading of the programme as solemn or interrogative.¹⁶

Silence became an increasingly significant element of Clare's interviewing practice, particularly in later episodes. Used sparingly within broadcasting more generally, silence here functioned as a deliberate communicative device, echoing both everyday conversational patterns and therapeutic encounters. Silence could invite further disclosure, signal emotional weight, or mark moments of hesitation and vulnerability. For listeners, these pauses shaped emotional response and attention, encouraging sensitivity to what was not said as well as to spoken content. Clara Hill, Barbara Thompson and Nadine Ladany show how silence can be used intentionally by therapists in clinical settings to promote empathy and help people to reflect on their thoughts and feelings.¹⁷ However, it can also increase anxiety, apply pressure on the client, and leave them feeling misunderstood or abandoned or interpret the therapist as withholding and critical. Silence is a powerful tool in both the production and the post-production process of *In the Psychiatrist's Chair*, where it underscores the asymmetry of control within the interview. Decisions about when to allow silence, when to intervene and when to move on were made by Clare and the production team (especially producer Michael Ember) rather than by the interviewee. This becomes particularly apparent in emotionally charged encounters. In his 1997 interview with Stephen Fry, Clare's brief challenge, 'really? do you think that's true?', operates less as confrontation than as an assertion of interpretive authority, guiding the exchange while maintaining an appearance of openness. Fry chose to reveal his suicidal thoughts: 'two years ago I was sitting in a garage with you know a duvet over the garage door and my fingers on the ignition key absolutely determined to end own life.'¹⁸ Fry's account is cited here not for its dramatic force, but as an illustration of how Clare's interviewing style (and the expectations of the format) elicited forms of vulnerability. Male

guests like Fry were encouraged by Clare to express accountability and self-doubt in interviews. This reflected a time during the 1980s–90's when traditional British norms of masculinity were being re-negotiated amid broader cultural anxieties and expectations around emotional expression.

Clare's interviews were not chronological or structured by music suggestions. Topics and conversations would jump, and at times would reveal previously unknown or sensitive information. Early in his episode with author P.D James (1985), they discuss the circumstances surrounding the death of her husband, a fact that Clare had not been aware of prior to the recording:¹⁹

James: ... there was a feeling they wanted to help him, but in the event, no one did, and he died in 1964, when he was forty-four.
 Clare: What happened?
 James: I found him dead
 Clare: In hospital?
 James: No. No
 Clare: At home?
 James: At home.
 Clare: And the detachment you mentioned, did it help you then?
 James: Yes. It did.

At times, Clare also positioned himself reflexively within the interview, offering comments such as 'as I try to make sense of my own life' or 'I'm very struck by the fact'. These moments of self-reference did not dissolve his authority, but rather helped to reinforce it by presenting him as both expert and engaged listener. For audiences, this balance between professional distance and personal involvement contributed to a sense of trust and credibility, anchoring therapeutic discourse within the conventions of public service broadcasting.

The host, expertise, and public service authority

As with many interview-led formats, *In the Psychiatrist's Chair* relied heavily on the authority and persona of its host. Clare's presence shaped not only the tone of the encounter, but also the ethical framework within which intimate disclosure could take place. His authority operated on multiple levels, combining professional expertise, broadcast credibility and the institutional trust associated with BBC Radio 4. Clare's professional status legitimised forms of emotional inquiry that would otherwise have appeared intrusive or inappropriate within a broadcast context. This authority was reinforced by the programme's placement within BBC Radio 4, a network associated with public service responsibility. The institutional ethos of public service broadcasting framed therapeutic disclosure as cultural inquiry rather than spectacle.

Clare's authority also involved significant emotional labour. He navigated the tension between professional distance and personal engagement, often positioning himself as both expert and attentive listener. Moments of reflexivity, such as references to his own attempts to 'make sense' of life, did not undermine his authority

but instead reinforced it by presenting him as empathetic without relinquishing interpretive control. This balance was central to sustaining audience trust, particularly when discussions moved into emotionally difficult territory.

The risks associated with this role were not insignificant. As a psychiatrist engaging in broadcasting, Clare exposed himself to professional scrutiny and criticism from within the medical community, his patients, his listeners, as well as from the press. There was a persistent danger of being seen to commodify personal distress or to encourage voyeuristic listening. Clare himself acknowledged these tensions, particularly in the programme's earlier years, when he was reluctant to reveal much about his own life, perhaps due to the newness of the format. As Miller noted, media psychiatrists occupy a precarious position in which professional duty and personal inclination intersect with public visibility and cultural authority.²⁰

During his broadcasting career, Clare was credited with doing more to popularise psychiatry than anyone since Freud, bringing it 'out from behind the hospital wall', partly due to his courteous, perceptive and empathetic line of questioning.²¹ But some remained critical of the 'simulacrum of intimacy' heard on the programme, while the *Independent* newspaper questioned whether prime-time offerings from the likes of Clare and others counted as 'unhealthy voyeurism masquerading as entertainment'.²² *Guardian* journalist Robin McKie in 2001 was equally as damning, concluding that: 'Clare gives Radio 4 precisely what its schedulers want: easy-going celebrity interviews dressed up in the language of the intellectual', describing it as a 'classy sort of peep show' and proposed that Clare was 'little more than a limelight-starved, ingratiating searcher of tittle-tattle'.²³

Nevertheless, Clare's hosting style succeeded in maintaining a sense of ethical restraint while enabling emotional depth. For listeners, his authority did not rest solely on professional credentials, but on the consistency of his tone, his willingness to challenge self-narratives, and his evident commitment to understanding rather than exposure. These qualities anchored the programme's therapeutic ambitions firmly within the conventions and responsibilities of public service broadcasting. In this sense, the programme exemplifies what Scannell has described as the moral organisation of broadcasting, in which care, address and responsibility are embedded in communicative form.²⁴

Audiences, intimacy, and reaction

While *In the Psychiatrist's Chair* was structured by Clare's authority and the institutional norms of BBC public service broadcasting, meaning was also produced through acts of listening. Audience responses suggest that listeners did not experience the programme passively, but engaged actively with its emotional demands, negotiating intimacy, expertise and ethical boundaries as the interviews unfolded.

Listener comments reveal a complex range of reactions, combining admiration, trust and curiosity with moments of discomfort or resistance. One listener described the programme as 'quite good' while simultaneously expressing irritation with Clare's questioning. The motivation for agreeing to participate ranged from the 'seductive' promise of gaining the attention of a psychiatrist to turning the

tables and ‘doing down the shrink’.²⁵ Some listeners also expressed a wish to turn the tables on Clare: “... Professor Clare could be irritating with some of his silly questions, and I would like to hear him being ‘analysed!’ said one listener courtesy of the BBC’s Mass Observation Project.²⁶ Such responses indicate not only emotional investment but an active negotiation of power and authority on the part of listeners, who assessed both Clare and his guests rather than accepting the encounter uncritically.

These responses can be understood as evidence of the programme’s affective labour, in which listeners were invited to navigate feeling rules around vulnerability, disclosure and professional authority within a public yet intimate broadcast space. Rather than offering emotional resolution or reassurance, *In the Psychiatrist’s Chair* frequently placed listeners in an ethically ambiguous position, listening in on exchanges that could feel revealing, uncomfortable or unresolved. One of the programme’s central appeals lay in its presentation of well-known figures as individuals shaped by struggles with family life, relationships, self-image, mental health, mortality, sexuality and belief. For some listeners, this encouraged identification and recognition, reinforcing a sense of shared experience. For others, it created distance or unease, foregrounding the pressures and vulnerabilities associated with public life.

In this context, Jane Roscoe’s notion of ‘flickers of authenticity’ is useful for highlighting moments when performance appeared to break down and listeners sought signs of the ‘real’ person behind the public persona.²⁷ Clare’s questioning style often supported this interpretive work, guiding attention towards hesitation, contradiction or emotional exposure. Listening thus became an evaluative act, as audiences attempted to locate sincerity, motive and truth within the mediated encounter.

At the same time, the programme’s appeal may also be understood as engaging a degree of voyeuristic curiosity about the private lives of public figures. The absence of visual cues and the containment of the radio studio intensified this effect, inviting listeners to overhear intimate material while remaining safely removed from direct participation. *In the Psychiatrist’s Chair* therefore, positioned its audience as ethical witnesses rather than confessional participants, balancing empathy with distance in ways that were characteristic of public service broadcasting.

The confessional interview

In the Psychiatrist’s Chair emerged during a broader shift in British media culture that increasingly foregrounded personal disclosure, emotional experience, and confessional forms of address. This period has often been described as an emotional or therapeutic turn, where media formats across radio and television began to privilege interiority, self-reflection and psychological explanation. While examples of media psychology can be traced back to much earlier decades, the late twentieth century marked a moment when therapeutic language became more firmly embedded in mainstream broadcasting.

Radio played a particularly significant role in this shift. Programmes such as *Our Tune* (1979–1993) on BBC Radio 1 and *If You Think You’ve Got Problems* (1971) on BBC Radio 4 had already demonstrated the medium’s capacity to accommodate

personal testimony and emotional difficulty within public service schedules. These formats invited listeners to share private concerns through mediated forms of address, helping to normalise discussion of feelings, relationships and moral uncertainty. By the early 1980s, the BBC was increasingly receptive to interview-led programmes that blurred the boundary between information, guidance and emotional engagement.

In the Psychiatrist's Chair extended this trajectory by placing confessional talk at the centre of a sustained one-to-one interview with a public figure. Unlike agony-style formats or participatory phone-ins, the programme offered no advice, diagnosis or resolution. Instead, it staged personal disclosure as a process of exploration rather than problem-solving, relying on the authority of the host and the attentiveness of the listener rather than narrative closure. This is exemplified by the ending of the programme. Guest R.D Laing finishes by reflecting 'I don't want to trade in the truth for an illusion', followed by the ending theme tune. There is no conclusion offered, are no throw-forwards, no directives to listen-again or subscribe as audiences would expect now. The simplicity and space to only consider the words of the guest permits the audience space to reflect or challenge what has been said. It could be argued that without a final interpretation offered by Clare to either the guest or audience, there is an expectation that listeners should engage in an individual, critical and thoughtful manner, reaching their own conclusions. Following the short outro music, the back announcer then conveys only basic and factual information: 'That was Dr RD Laing, talking to Dr Anthony Clare. In the Psychiatrist's Chair. Produced by Michael Ember.'

The programme also differed from more confrontational interview formats associated with television, where visual scrutiny and dramatic tension often intensified the sense of exposure. Operating within radio's more contained and reflective soundscape, *In the Psychiatrist's Chair* framed confession as thoughtful self-examination rather than spectacle. As Hendy has observed, the series was less concerned with chronological life history than with the private experiences that shaped behaviour, positioning emotional disclosure as a legitimate object of public interest.²⁸

Seen in this context, *In the Psychiatrist's Chair* occupies a distinctive place in the history of confessional media. It neither fully anticipated later forms of reality-based confession nor replicated earlier advice-driven formats. Instead, it represents a transitional moment in which therapeutic discourse, celebrity culture and public service values intersected, helping to normalise emotional self-exploration within broadcast interviewing while retaining a measure of restraint and ethical distance.

Concluding thoughts

In the Psychiatrist's Chair occupies a distinctive place in the history of British broadcast interviewing. As one of the first radio programmes to foreground the emotional lives of public figures through extended one-to-one encounters, it brought a therapeutic mode of talk into the mainstream of BBC Radio 4. This article has attempted to contribute to a deeper understanding of emotionally intimate talk within the history of broadcast interviewing. The programme's significance lies not simply in its subject matter, but in the way it combined formal restraint, professional authority and emotional disclosure within the conventions of public service broadcasting.

This article has argued that *In the Psychiatrist's Chair* functioned as a hybrid broadcast form, translating elements of the therapeutic encounter into a public interview setting. Its format, characterised by sustained speech, the absence of music and a tightly bounded interaction, created the conditions for intimacy while maintaining editorial control. Within this framework, Clare's interviewing style navigated a balance between professional expertise, curiosity and restraint. It allowed for sensitive and at times, emotionally demanding material, to be explored without collapsing into confrontation or spectacle. It also permitted audiences to witness guests and a trusted host talk about crisis, failure and previously hidden experiences, normalising and permitting access to a specific type of therapeutic broadcast talk.

Audience responses further illuminate the programme's cultural work. Rather than consuming the interviews passively, listeners engaged critically with questions of authority, vulnerability and authenticity, negotiating their own ethical position as overhearers of intimate exchange. In this sense, *In the Psychiatrist's Chair* positioned its audience as affective and evaluative participants, completing the meaning of the encounter through acts of listening. Crucially, these dynamics were enabled by the institutional context of BBC public service broadcasting. BBC Radio 4's association with education and audience trust legitimised therapeutic disclosure as a form of cultural inquiry, distinguishing the programme from both commercial entertainment and more confrontational interview formats. The series exemplifies the capacity of public service radio to accommodate emotional complexity.

Seen in historical perspective, *In the Psychiatrist's Chair* both reflected and contributed to a broader shift towards personality-focused and confessional forms of media talk in late twentieth-century Britain. At the same time, it retained a distinctive balance between intimacy and distance that set it apart from later developments in reality-based confession and celebrity exposure. Its legacy can be traced in the continued prominence of interview-led audio formats that privilege emotional depth and reflective listening. As such, the programme offers a valuable case through which to understand how therapeutic discourse, broadcast interviewing and public service values intersected during a formative moment in British media history.

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Notes

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