

Lasting Impressions

ROBERT CRAWFORD, QUEEN MARY HOSPITAL AND 'TOO GOOD TO LAST'

PETER HOWIE

ABSTRACT

Peter Howie favourably reviews the book 'Too Good to Last: The Death of a Caring Culture' whilst also honouring the legacy of its author, Dr. Robert Crawford and the unique healing institution that he developed and led at Queen Mary Hospital, Hanmer Springs, Aotearoa New Zealand.

KEYWORDS

addictions, Hanmer Springs, healing, health, inspiration, psychodrama, Queen Mary Hospital, Dr. Robert Crawford

This piece began as a review of Robert Crawford's book 'Too Good to Last: The Death of a Caring Culture'. It has evolved into an article that does review the book, but more importantly sets out to fully honour the extraordinary vision and contribution of Robert and Queen Mary Hospital to the tradition of healing psychodrama in Aotearoa New Zealand and Australia.

Here is the book 'Too Good to Last', unique in many ways. There have been many books, chapters and articles written about the history of psychodrama. This, however, is the first book where psychodrama plays such a significant role in the telling of the story, and such a significant part in the history. It is not a book about psychodrama. It is a book about the part played by psychodrama in a healing community, and therein lies its uniqueness.

And here is the man, Robert Crawford, unique in all ways, who has written this remarkable book, a mixture of biography, history, politics, psychodrama and just plain fun. His style engaged me, held me in a kind of thrall. It was as though I was reading a

great adventure story. Like any good adventure story it cut both ways. There were great heights and severe losses and deep feelings. These were not Robert's personal stories that brought tears, but his telling and beautiful descriptions of others' stories told through the lens of psychodrama sessions. I fill with feeling remembering them now.

Beginnings

The book begins with a lively description of Robert's training as a young doctor in Edinburgh. He describes the life he led, the formative influence of his parents and the decisions that they made about their lives. As I wrote this piece, I had the impression of Robert's parents making appearances throughout his writing but on revisiting the book I discovered that they were not mentioned more than a few times. I must have picked up the strong impact they made though, his father's unconditional acceptance and encouragement that gave Robert a strong and steady base to build his remarkable life and his mother's love for him that, despite her struggles, contributed to Robert's compassion for others. He writes this first chapter with great love for and appreciation of his parents, and he views their obvious strengths and human weaknesses with humility. As I read I was keenly aware that I had seen many of those strengths in Robert himself, and that weaknesses are a common dilemma for us all.

Robert relates the story of his and partner Jan's journey to Aotearoa New Zealand. It is a lot of fun. He describes how luck played its part in him ending up at Queen Mary Hospital (QMH), Hanmer Springs in the South Island of Aotearoa New Zealand. They nearly went to the Chatham Islands but for a telegram, an old fashioned type of email written on paper and using the word 'stop' a lot. When he looked at a map of the place he could not quite understand, given the extraordinary beauty he imagined, why the rest of New Zealand's inhabitants would not want to work there as well. So how come this offer of work was coming to him on the other side of the world? It did not quite add up. But add up it eventually did. For the next 30 years Robert and Jan lived and worked at Hanmer Springs, where they and the locals had a mutually beneficial effect on one another.

History, Healing and Learning

History is woven throughout the book. It includes snippets from QMH's glory days, many of the people of significance who served there especially under Robert's stewardship, the history of the surrounding community, the history of treatment and the different programmes run through the hospital for instance the Maori programmes, the health system's political support for the hospital and the tragedy of the policy redirection that led to its closure.

Robert describes his learning process as he worked at QMH, both self-learning and learning about the systems that support healing and a healing community. I began to get a taste for his approach to his work when he pointed out that he had learnt that relationships count for something.

To my mind the attitude of staff to patients is crucial – having more impact on ‘success’ than the amount of extra funding that is available (p.24).

A Developing Philosophy of Inclusion

There are stories in this book, such as the following, which touched me and provide clues to the reasons why QMH was such a success for its patients, staff and the local community. Robert led a developing philosophy of inclusion at QMH, whereby it was possible for all willing and able hands to contribute to the therapeutic effort in some way. He links these stories to the intuitions that inform psychodrama.

In fact, as an aside, often the most trusted person on the staff, by generations of patients, would be someone like the ward housekeeper. Usually a kindly person, non-threatening, and often a local farmer’s wife or similar, who wanted to do some good for others by working at QMH. One such person was Jean McLeod, who worked as a ward housekeeper until the charge nurse spotted the ability to develop a beneficial relationship with patients. Jean went from being a housekeeper to running a family group [of participating patients], supervised by other therapeutic staff (p. 110).

Roger [head gardener] educated us about the centrality of creativity in everyone’s life: this is also a basic tenet of psychodrama theory and fits well with the idea of regarding addiction as a very uncreative response to life’s dilemmas: all choices are restricted to drinking/using drugs/overeating or not. Spontaneity and creativity are required to go beyond this mechanical response (p. 143).

Robert’s worldview was affected by the people he worked with, treated and spent time with. He describes his changing perspective on time as a result of contact with Maori, the indigenous people of Aotearoa New Zealand.

An aspect of Maori culture that came up frequently was the tipuna, or ancestors. In Pakeha (non Maori) culture we are taught to think of our ancestors as ‘behind’ us with the future ‘in front’. We even have the phrase in English “Looking forward to the future”. There is this arrow of time, flying forever straight forward. Other cultures do not necessarily see it this way, and as a result of being immersed in Pacific Island cultures, I have come to alter my view of the linearity of time. These days I see time as more circular. Maori culture sees the past as “in front’ and the future as ‘behind’. Tipuna are of central importance to one’s actions now (p.146).

Learning about Addiction

QMH was an addictions treatment centre. Robert was also learning about the nature of addiction and the various mental gymnastics that a person who is an alcoholic, for example, will employ to stay as they are and get what they want.

I was becoming more aware of how pervasive addictive thinking is, and equally so of the power of denial as a human defence mechanism. Of necessity we see the world through our own eyes – literally, operationally and metaphorically. Selfishness has the function of keeping our self-concept intact, and as such is healthy. But it is unhealthy if it is so strong that it excludes considering the world of others (p.27).

Most of us can think of scenes from our life when we have insisted that something that happened was X only to have it proved that it was Y. A firmly held view in spite of the contrary is called denial. In the world of addictive processes, denial is a necessary accompaniment. Without it you simply do not get addicted (p.27).

In addiction, guilt inspires relapse not recovery. This is contrary to received wisdom, where we are taught that guilt should inspire us to better behaviour in the future (p.73).

Addiction therapy has to be done by patients to themselves. In our branch of medicine, the staff must inspire the patient to do his or her own work. We can't do it for them. But we can organise a system that is conducive to change (p.104).

Learning about Psychodrama

Robert's learning journey with psychodrama is illuminating. He describes the good luck that led him to find out about group work and psychodrama, and the training that was available at the time.

Dr G. Max Clayton . . . had trained in New York under Jacob Moreno. Max had built on the Morenian method to produce a vital Australasian vehicle with several emphases, which represented a development on the original. One of these was Systems Theory: the idea that none of us is isolated, and that our actions affect others, and we in turn are effected by the actions of others, including the past actions of people now dead. It seemed to me at once that this would be an excellent theory for alcoholics and addicts to learn to appreciate (p.54).

Robert was keenly aware of the significance of bringing psychodrama to QMH. He knew that this kind of experiential learning would not be a quick fix, and that treatment focused on therapeutic groups using psychodrama would be no small affair.

To deal with prolonged intimacy with others, especially to work with the hidden insanity of addictive thinking, requires a high measure of skill. This skill looks deceptively easy until you find yourself in charge of a therapeutic group yourself, whereupon a whole new set of dimensions asserts itself. As time went by and training became available, staff members were able to cope with therapeutic intimacy, and the system was changed to profit from this (p.51).

Robert was keenly aware that psychodrama training would not be the usual academic pastime.

It took me 14 years from my first workshop in psychodrama, to qualifying as a director. . . . This training is not for the faint hearted! But it is an incredibly supportive and intimate journey. Much of it is done in collaboration with a supervisor or another psychodramatist who critiques the work in progress, and ensures efforts are made in the right direction (p.64).

His was an uncomplicated approach to psychodrama.

Warm up is the creation of a mental state, similar to a sportsman making a mental preparation for a game. If the warm up is right we can access our spontaneity more readily, we are at the top of our game, as it were. This is a concept readily accepted in sport, but often ignored in everyday life. For example we might wonder why we are ill at ease with someone we want to sparkle with, instead finding ourselves tongue-tied and stumbling for no obvious reason. Often introspection will reveal that our mental energy is being siphoned off by a past event where we were dominated by another – like a bullying incident in school – or frightened – like a childhood event that stayed with us and inhibits a free flowing ‘warm-up’ in certain situations. . . . Participating in psychodrama is a good method of learning to understand the generally unconscious process, and substituting new behaviour in its place. When we learn to do this, familiar trip-ups can be avoided. The key word in this context is spontaneity, and in particular the ability to meet an old situation with a new response or a new situation with an adequate response. It is the essence of being human rather than a robot (p.54).

The psychodrama chapters themselves are a wonder to behold. Robert has crafted some of the best descriptions of psychodrama sessions that I have ever read, possibly because he provides complete accounts of complex sessions. They reminded me of Eva Leveton's book 'A Clinicians Guide to Psychodrama' because they are biographical and therefore easily accessible. Although composites to protect individual identities, they are nevertheless living, breathing descriptions which everyone should read. They are great reminders of the benefits that can be produced by a full psychodrama in a decent sized group working at depth. A second case section also includes the cross cultural capabilities of the psychodramatic method. I read with relish and ease. I found myself crying and loving what I was reading.

Robert has also crafted a very fine annotation to accompany these descriptions, which makes the particular psychodramatic techniques and the rationales for using them clear to the reader. It is a sort of step-wise process, possibly in much the same tradition as his own learning. These chapters are thus a great adjunct to any psychodrama training process. I can heartily recommend them to new trainees or those interested in training because they provide a lucid overall picture of the applications of Moreno's methods.

Creativity is All

Robert was clearly dedicated to raising the creativity of others in the world, and it is this above all else that continues to inspire.

Psychodrama uses whatever props are available, but mostly we use our imagination. Moreno developed the concept of psychodrama while playing with children in the public parks in Vienna, around the time of the first world war. He marvelled at the vitality and ability to act in the present that children have. He wondered where all that vitality disappeared to as we grow up and become more self conscious, cowed by the world, or beaten down by it. He developed the [psychodrama] method because he believed that we have far more choice over our responses than we tend to think. "It all depends on the warm up" was his vital maxim. Another way of looking at this is to consider that there are "no ordinary moments"; there is only the present moment, and all the opportunity it contains. If we learn to act within this moment with spontaneity instead of searching for a blueprint from former times to apply right now, we will release our creativity. Imagination has such an important effect on our warm-up at any given moment (p.70).

Courage, Vision and Fun

There's plenty of fun to be had in this book, and examples abound of Robert's remarkable courage and vision. In one part he describes how he and a colleague became competent in outward-bound activities and then used their new found knowledge to guide troupes of recovering addict adults on challenging and scary tramps over hill and dale. As the adults came up against their own fears and self-imposed limits, Robert would pull out all the guns and resort to low emotional blows and ruthless emotional manipulation. He would appeal to the best and the worst in his flock, remind them of their stated motivations, point out their self-contradictory behaviour, exhort and encourage them to better things. Above all he would remain companionable in this adventureland, simply keeping on going to maintain a safe group and ensure that the whole exploit became a positive feedback process for its struggling members.

We walked up the back of the mountain in seven hours . . . We thought that unfit people could manage this as an overnight tramp . . . One of the beauties of this route was that there was no track. It would be route finding all the way, which meant people would have to stay together . . . It was scary, but if anyone fell, they would not fall far and we considered it very safe (p.133).

These are remarkable events, almost impossible to replicate in the risk-averse, litigious culture in which we live today.

Politics and Endings

The political aspects of this saga are short, but also terse and written with irony, humour, wisdom and immense sadness. They are scattered throughout the book as subtle reminders that this is a story about the demise of an extraordinary healing institution. It all ends badly. A rare and potent force for healing and psychic reconstruction, for family restructuring and renewal grew in culture and professionalism for over a century, and was then eradicated through short sighted policy decisions based on budgetary considerations and a downgrading in conception of the possibilities and purposes of the health system.

Now it [health] is the responsibility of the hydra headed managerial system, and nobody knows where the buck stops. Managers receive bonuses for staying inside their planned allocation of the budget, creating a system where money is the prime arbiter. The money managers have a different agenda to those providing the care. . . . Under the current system, managers decide where the money goes, but they do not do any treating nor take any responsibility for it (p.185).

Knowing how the book will inevitably have to end, reading 'Too Good to Last' is a bit like watching a movie that begins with its terrible finale. After all that had gone before it is incredible that QMH was closed, a sad indictment of our times. But the miracle is that it remained functioning, healthy and fulfilling its healing mandate for as long as it did. When relating to the public sector my take is always 'it's a miracle it works as well as it does'. I was profoundly affected by the deep appreciation and intense sense of loss expressed in Robert's words on the final page.

I give thanks that I was part of a fine humanitarian tradition and that I had the opportunity to lead a dedicated team of people who relied heavily on what our predecessors had developed, but were as creative with our talents as we could be. I weep for the loving institution that once existed amongst these gentle alpine acres, and feel the spirit of patients past and wonder where the multifaceted help they once received will now be found (p.187).

A Few Last Words

Robert has written a book to keep the memory of Queen Mary Hospital alive, to create pictures of the vibrant healing culture that had grown up there through the careful and subtle ministrations of many visionary leaders. This book is an easy read, a good read, because of the way it is written, because of its author's humour and spirit and because it is true. I recommend it to anyone interested in psychodrama, healing, Robert and his quirky ways, leadership in a healing community or just for fun.

We have recognised and honoured Dr. Robert Crawford as an Honorary Distinguished Member of the Australian and New Zealand Psychodrama Association (ANZPA). His work at Queen Mary Hospital is proof of his contribution to us and the world at large. 'Too Good to Last: The Death of a Caring Culture', Robert himself and his impact on many who live good lives today, provide an enduring legacy and inspiration to those of us who continue to work in Moreno's wake. Thank you Robert, for the book and for your contribution.



*Dr. Robert Crawford,
dressed in customary kilt,
at the Dunedin 2009 ANZPA
Conference dinner.*