

Joan Chappell-Matthias Reflects

Interviewed by John Faisandier

John is a psychodramatist and TEP based in Wellington, New Zealand. Joan has been his primary trainer and supervisor for over 20 years. He caught up with her after the Trainer Workshop in Wellington in September 2006.

Dr Joan Chappell-Matthias, TEP, is a Distinguished Life Member of ANZPA. She came to New Zealand in 1970 and worked as a psychiatrist in forensic, alcohol and drug addiction and hospice areas. She is also a life member of the NZ Association of Psychotherapists. Along with others she established the Christchurch Institute for Training in Psychodrama in the mid-1980s. Joan was involved in a number of charities and was a supporter of arts and cultural groups in Christchurch. She moved to Tauranga in the early 1990s to live in a 'life style village' - certainly not retirement. At the age of 85 she still attends training workshops for her own professional development; she is working on what (if it is ever published) will be a book about working with those who had an unhappy childhood. She conducts training and supervision in psychodrama in Tauranga with the Hanmer Clinic, a drug and alcohol treatment centre. This year she was awarded the Queen's Service Order in the New Year's Honours list. Her investiture at Government House was a highlight for her and has given her a new lease on life and working in psychodrama.

When was the first time you came in contact with psychodrama?

In London, in the 1950s, in a social psychiatry

club that was founded by Joshua Beirer, who had been a pupil of Adler. It was open to anybody who had been an inpatient in a mental hospital. It was run by the members with one senior professional and one junior professional in attendance. The professionals did not run the club, they were there as resource people. I went every Saturday night for several years to do that work.

One evening the members asked me, "What about some psychodrama?" I hardly knew what to do but we did do a few sessions. They must have had psychodrama during their inpatient treatment. I was at that time untrained in psychodrama and stayed more with what I had learned about developmental approaches to therapy.

How did you know what to do? Did you read about psychodrama or did somebody teach you?

I was interested in empowering patients to use ideas about how to help themselves. I had read a lot and learned that Moreno worked on the idea of a theatre of spontaneity where the protagonist works without a script, so enactment takes place and the plot unfolds spontaneously and not according to a script written by our parents (Moreno 1923).

I had had a full psychoanalysis and I was studying for high qualifications in psychiatry. In those days we lived in dramatic times because people were still talking about World War II and the professionals I met had escaped from the Nazi dictatorship. We heard tales of the holocaust and prison camp life and we had our own memories of the bomb raids. Meanwhile we were rebuilding the bomb damaged ports and cities and continuing to make do as we had done after the great depression and war time rationing.

What sort of dramas were people doing?

There were people who had lost a parent in the war. A good many of them were isolates, several of them would have been schizophrenics on medication, some of them would have been apparently normal except that they were not finding life easy. They were all ex-patients, with little experience of happy living.

When did you come to New Zealand?

We immigrated in 1970 because my second husband Norman's younger daughter had had a coronary thrombosis and we came out as we were 'needed' as grandparents. Fortunately we weren't needed in the role of substitute parents. I started work first at Princess Margaret and Calvary Clinic and then Sunnyside Psychiatric Hospital in Christchurch, and later, as psychiatrist to the Women's Prison.

When did you come across psychodrama in New Zealand?

I think in 1973 I attended a workshop lead by Leo Fine. I hadn't met Max [Clayton] but I heard his name and the next thing there was an advert about a workshop to be held at Queen Mary Hospital, Hanmer Springs and I went along. I have been hooked in and involved ever since.

What was the hook?

It would be the 'play for adults'. I had done lots of reviewing of my own life because I had done a full analysis in London. With five or six years analysis and five or six years of Balint groups,

so that background was there but I hadn't learnt to play. These approaches do not provide the experiential aspects which can be provided using the early social atom repair technique.

So you realised the opportunity for you to play through this.

It wasn't a matter of realising - it was hard work learning to play!! [laughs]

Was that a training workshop?

It was one of the early psychodrama workshops convened by Dr Robert Crawford at Queen Mary Hospital, Hanmer Springs, now closed. In those days they were, I think, classed as experiential and not training workshops.

After a while I spoke to Max and said I wanted to be a trainee in psychodrama and he said OK. He was my primary trainer, first as a practitioner and then as a TEP.

You worked as a psychiatrist in several places. How did you apply psychodrama?

At Sunnyside I was working in a totally outpatient unit where we used to provide individual and group therapy. I gradually introduced psychodrama. In time I used to ask the patients if they wanted to do their enactment in the group semi circle or in the end of the room we called the stage. Some needed the containment of the group and the others were ready to be playful on the stage. We tended to do vignettes because these people had so much work to do. They would get an idea and would need to stop and go away and think it through and digest it.

I know you have had training in other modalities what are some of the significant ones that add to psychodrama?

I attended workshops in USA in TA and gestalt. Gestalt helped me understand separating the 'here and now' social atom from the historical social atom. They use the language "I am not angry, I am making myself angry right now" and "what I do right now is I grind my teeth, turn my guts", according to what the thing is. That

is 'here and now'. Then you take a secondary phase "Have you any idea when that started? or, "you clench your fist, what does that mean?" And then you ask them where they were or how old they were when they first did this and that's the thing they are recalling through their action.

In psychodrama we can say "Well then, you were three years old, set up the scene".

Gestalt included ideas about avoiding saying 'should', 'ought' or 'got-to'; and such sorts of things. You don't say "I am angry" you say "I am making myself angry" because there is nothing in this room that is making me angry at this moment. So the feeling has historical links. I also attended bioenergetic workshops in New Zealand and had attended groups at the Tavistock Clinic in London.

You often refer to TA (Transactional Analysis) when working.

I went to a redecision workshop in Auckland, run by Bob and Mary Goulding, which was full of wonderful stuff. T.A. has been very useful in providing understandable ideas to work with. It was not such a good way for me to do personal work. When I tried to do personal work I was expected to get into an 'OK free child' but I went straight into a 'terrified preverbal infant' type experience and I was not heard when I tried to explain what I was experiencing, which was a feeling that I was dying. Things were quite unpleasant as far as I was concerned. Bob used to ring a cow bell if you used a word like 'try'. For me 'try' was permission to have a go, but for him it was "You're not really going to take action, are you?" I had lived opposite a church for my first five years and that bell reminded me of the funerals held there and so was like a death knell.

When did you begin as a trainer in psychodrama?

As a group therapist I was already training others at Sunnyside, a little bit at Calvary Clinic. Gradually more and more professionals turned up for our staff training sessions. As far as I was

concerned it just happened and most of it, not all of it, was OK. I think I have seen seven people through to practitioner status in psychodrama and two became training members of ITAA (International TA Association).

You were also instrumental in setting up the Christchurch Institute for Training in Psychodrama I mustn't take too much credit on that because there were about five or six of us including Mike Consedine, Walter Logeman and Clare Elizabeth. We used to go to Hanmer for training with visiting psychodrama trainers. We enjoyed it so much and thought it was so worthwhile, we decided we needed to do it on our own. So we met once a week on hospital premises in Christchurch. I remember in the end, Wayne Scott, who was the main trainer in New Zealand at the time, with a little bit of persuasion agreed that we could credit 200 hours of what we had been doing week after week, towards moving on to becoming practitioners. The first person would have been Mike Consedine as a role trainer. I believe that I was the next but I'm not sure, and then gradually the others came through. Then the hospital said that if we were going to be doing training in the hospital we had to pay the hospital for the use of the room after hours. That's when I moved the training to my home.

I remember training in your house and your dog being quite a good auxiliary. Once you directed me to take up the role of a pile of cabbage on my plate which my father told me to eat if I wanted to get some more meat. As I took up the role your dog woke up and went crazy at me.

This is something that I followed through. I haven't been able to find a scientific reference but I am quite convinced when we are making a 'real' change that our odour changes and the dog can sense it. I think that one of the reasons I can get on well with dogs and horses is that my odour doesn't get into this 'agitato' type of odour. I remember one day when we went to Walter's home and they had a house dog. I just stood at the gate and gently leant over and said "Are you going to let me in?" I put my hands

well clenched, down towards it. He sniffed me and he let me get in up to the door and they said to me "How did you get here?" I am pretty certain I had learnt by then not to agitate myself. Either the dog would accept me or it wouldn't. And it did!

What were the highlights for you as you think of psychodrama?

The long regressive drama I had with Max as producer in Hanmer - it lasted about three hours. I had had a full analysis but with that technique there is no contact and no activity, whereas in psychodrama we have the technique of positive and negative accommodation and we can use historical or regressive scene setting. We can provide an 'as if' experience. So it was 'as if' I was accepted as an 'OK child'. I believe quite a few members of the group got emotionally involved in it and were weeping during the drama.

I would think one of the other highlights was being convenor the conference in Christchurch in 1990.

Yes I remember it fondly and I still have the tee-shirt. I recall that I felt a difference when I received my practicing certificate. The Queen's Service Award seemed to be a final release from my mother's 'your best is never good enough' I've had a good adult life as a medical practitioner, and two happy marriages and a good life in Greenwood Park Village.

What are some important things you have realised about the method when using psychodrama?

One was a full length drama with a professional, about to be an expectant father expressing concern about his own parenting potential. The drama had several themes. After looking at his current home, marriage and work situation he suddenly said "I need to be in a boat". So we cleared the scene and he made a boat and then he told us how his father had taught him to swim by throwing him into the water. I trusted the protagonist. I had used all the usual techniques like scene setting, role reversal and so on. He knew what he needed and so believing in the protagonist's creative genius I closed that scene

and the protagonist created his own regressive scene.

The second example involves a trainee, the daughter of a silent elderly father. The scene was set, the first role reversal completed and the father responded and spoke to his daughter. She then said to me "This is so exciting, it is so new I need to stop right now." So we did. She needed time to let this experience become part of her experience as opposed to her wish. The protagonist had a new experience as a physical thing as opposed to a fantasy. This is what Bion referred to as beta data. When the individual converted it into words he called alpha data, which can be used for verbal communication. I recall Leo Fine demonstrated this. He had produced a new experience for his protagonist and then said "Put words to what you are experiencing".

Nowadays in nearly all of my individual sessions people say "I've got something to work on" and they go away to process on their own what they have been doing.

You have a particular interest in people who have had unhappy childhoods. How did you get interested in this and what is important for psychodramatists to know when working with such people?

I had a very unhappy childhood myself right from delivery until I got to school. My maternal grandmother had grown up living in the Master's Quarters of the Liverpool Workhouse where her father was the Master. My mother never really got over the trauma involved in my birth and so wasn't able to give me adequate mothering. I don't want to play 'poor me' in saying that. It was my experience and I have since learnt to play as an adult and experienced healing during two happy marriages and with my psychodrama 'family'.

When I qualified as a doctor I started working in a slum clearance estate, then in a mental hospital and in New Zealand in forensic, alcohol and drug abuse and hospice areas. In my travels as a doctor I had visited disaster

areas. I saw impoverished children in refugee camps in Hong Kong and disaster areas outside the city of Karachi. Because of this I am very mindful of the importance of scene setting. I believe that most of us as children do the best we can under the circumstance using our own creative genius.

Some people, who have had 'good enough mothering' themselves and an easy run, still have to learn about unhappiness. For other people who have 'been there done that', that's an asset in their work, although they still have to live with their unhappy memories.

If the protagonist has been unhappy as a child I suggest that careful scene setting is important and should not be rushed.

If the parental figures were not available, or not up to the physical and verbal aspects of normal mothering then the child, in order to get the best they can out of what parenting was available, may have tried to 'look after mum'. This is described by Robert Phillips as 'secondary unnatural symbiosis' instead of the usual 'primary natural symbiosis'. It's not unusual to hear such a child say, "There, there, Mum. It will be OK". Usually this is just a passing thing but for some it was a more or less permanent way of life. As children they did a bit of parenting of the mother every day which for them was the best method of getting at least some of their own needs met. As a result they are probably less in-touch with their own needs.

Scene setting is important for these protagonists because we start basically in the here and now and the good producer can identify when there is a shift and say "aha! we need a different scene!" In the earlier example with the boat scene, it was the protagonist who said "I need a different scene". With very damaged people as protagonists, they may not themselves know what they have missed and the producer or perhaps a group member may spot the need for a new scene.

What are your reflections on ANZPA as an organisation?

It's changed a great deal. I was honoured and I demonstrated my excitement and humility when I was put on the Board of Examiners. I enjoyed the work there. I've never been on the Executive committee but I have been a regular attendee to most ANZPA conferences so I have a few ideas about that.

What are your hopes for psychodrama from here on?

I am convinced that training people to be practitioners is a different primary objective from providing people with experience of play for adults. This is where I give credit to Mike Consedine when he said that people had to do 40 hours of experiential work before he would count them as trainees. In Hanmer Hospital they used local people as trained auxiliaries. Peter Parkinson also did this in Thames. In his general practice he did psychodrama with his patients once a week, so that eventually his patients became trained auxiliaries.

I am quite, quite definite that when I am doing experiential psychodrama I let things flow, I let things happen. When I am doing training and somebody does something that is great, I say, "That's an excellent example of so-and-so". And if they are floundering I say "Hang on a minute let's see if there is a better way of doing it". So I regard training as a totally different way of working from experiential sessions.

I think that one of the problems I have observed over the years, people accepted as trainees who were not yet ready for this challenge.

I am concerned about the way that being a professional today is a less satisfying way of life. Part of this is the cost of qualifying. More important I think fulfilling the requirements of bureaucracy and the fact that a few lawyers are offering no-win-no-fee services to challenge professionals. They are willing to take professionals to court for any thing they may have done wrong. We need to be aware of this.

Ongoing supervision and training is desirable for practitioners and trainers. Of course I value the training for trainers workshops first started by Max and Lynette and carried on ever since.

Increasingly we need revalidation to remain professionals.

I remember that you, John, were one of the people who did a lot of work regarding the NZ Qualifications Authority and fitting our psychodrama curriculum to tertiary requirements: trying to get our training to fit into this qualifications framework. It didn't go ahead. Modules of knowledge are not the important thing. In psychodrama what is important is how good people are with people.

What contribution could psychodramatists make in this regard do you think?

I'm interested in what I hear about the sociometric and sociodramatic ends of it with regards to this political and financial dilemma that we have got ourselves into. I think the ability to help those who are afraid and terrified and all the rest of it has been there all along.

Any final reflections you have Joan?

I emphasise that we should regard our public as responsible people and ourselves as producers and not as directors. We can provide a safe milieu for a protagonist or group to look at and talk about their present concerns. We treat them as responsible people, and believe in their potential to use their inherited creative genius to do the best for themselves and their family. We can help them review their own and their parents unhappy experiences. They may need to be involved in role training of their child or learner using "role playing" before they are experienced enough to be involved in 'role taking' in real life. Mike Consedine used this approach in work training nurses in Christchurch and elsewhere.

There is a key idea about the difference between the enactment and the verbal aspect. When enactment is underway we are watching rather

than listening, watching eye movements, body movements, gestures, changes of skin colour, facial movements and so on. My process is to facilitate enactment mainly through role reversal and then once that is going I encourage the protagonist to give words, "give words of sorrow" as Shakespeare told us. The same applies to giving anger words instead of taking aggressive action.

Some people say that man has forgotten his instincts. I don't believe that at all! I think our instincts are there and we need to understand our own instinctive processes. Once we have learned to be aware of and understand our own instinctive processes we should be able to get nearer to understanding the instinctive biochemical and neurological processes of a Protagonist.

One thing I noticed at our last Trainer Workshop is that producers don't reverse roles soon enough and often enough so we got multiple warm-ups. So my piece of wisdom would be use 'reverse roles' as soon as appropriate. This links in with Winnicott's idea that if the mother does not give the baby adequate verbal attunement, the child doesn't see itself. Instead it sees the mother, so the child in verbal terms isn't aware of its existence. That is what role reversal can do in a drama. Be it about our current life or our personal history. This way we can learn to see both ourselves and see others.

Thank you very much Joan. •

References:

Moreno JL (1973), *The Theatre of Spontaneity*, 2nd English Edition, Beacon House, New York. Translated from *Das Stegreiftheater*, published by Kiepenheuer Verlag, Berlin in 1923.

