

- 4 **-**

Brave, Sensual, Feisty, Warrior

The Passionate Spirit, the Enquiring Vigorous Mind, and the Steadfast Love

Our Friend and Colleague,

Elizabeth Hastings

Born 21.1.1949 – Died 13.10.1998

Elizabeth has left us staggering a little. She has captivated us because we know that she indeed had a vision, a clear and defined purpose, and she accomplished them both.

The nature of her spirit, that which can be so hidden or sheltered from our view, now blazes at us directly. And somehow we are ripe with her presence, the lifestyle that so occupied her in recent years has fallen away, and now, a new realm is open to us where we feel her shimmering a spirit, a life streaming towards us with an undeniable quality of movement and freedom.

The first part of this article is some of Elizabeth's writing. In reading what she says here, we can recognise how much she has been an integral part of our Association, and an advocate of all that we aim to create through this organisation. For some of us who will be reading her writing again, we may appreciate her with even greater meaning, perhaps perceive even more clearly, what motivated her and what a tremendous impulse it was. We can listen with renewed depth and be drawn into a very tender intimacy with Elizabeth.

The second article is written by a professional colleague. Through the writing of Phillip Adams, we are carried into another other world that was also a central part of Elizabeth's life, one that may not be so known to us, her friends in psychodrama. We can further realise her influence on many individuals such as Phillip Adams himself, and all the others he speaks of.

- 5 -



Elizabeth Hastings

21.1.1949 - 13.10.1998

In the Preface of her psychodrama thesis, written in 1992, Elizabeth, our respected friend and colleague, writes:

I am lying in bed ten or twelve years ago, ritually rehearsing my plans for suicide. This is an automatic nightly occurrence and has gone on for nearly as long as I can remember. The thoughts are distressing and familiar, but do not compel me to action. The ritual is more an unquestioned aspect of my being than the expression of a real wish to die, though its intensity is exacerbated by difficulties in my life, as at the time I am describing. Suddenly, in the midst of this painful anguish, I "hear" what I am "saying" for the first time. What I always understood as "I wish I were dead" I astonishingly realise is "I should have died". The shock of this realisation, the sense of deep "cellular" recognition, tells me I have just understood something of my functioning for the first time. I am experiencing consciously what has been a wordless background noise all my life. The sense that I should have died has been embedded in my somatic being since I did almost die of polio when I was six months old. I digest this recognition over the next few weeks, experiencing desolation at having no place in the

universe. After a while something in me begins to realise that I am indeed alive, and starts to behave as though I should be there. The "cosmic sneer" under whose implacable coldness I have lived for over thirty years recedes and at last I take up my place in the universe.

Many years later, during another life crisis. I am again lying in bed. My head is turned to the left, my left hand rests immobile on my chest, there is pain radiating out from the middle of my chest and suffusing my whole body. There is great fear, fear of disappearing, ceasing to exist, not being. This, too, is familiar to me, but right now is about as intense as I have ever felt it. A tiny voice in the back of my head says, "I wonder how a baby feels when the sustaining gaze is taken away?" The thought passes. I continue to feel terrified of ceasing to be. This is repeated a few times, then, with another chock of cellular recognition, I put the question and the feeling together - this is how a baby feels when the sustaining gaze is taken away. I am experiencing consciously what has been another wordless background noise for my

whole life – the terror of ceasing to exist because the one who is existence is gone. My body is remembering the absence of my mother, probably when I was in hospital isolation in the acute phase of polio. I begin to picture a tiny baby alone and tentatively, in imagination, I stretch out my hand and put it on her tummy.

I reverse roles with the baby, feel the contact, and begin to sob with relief. Alone in my bed, I put my hand on the tummy of the baby that is me; I hold it there as I cry with

"These are two of the personal experiences which have led to my giving a lot of thought to the matter of memory and the events of infancy; they have informed the development of my theory that these evens are embedded in memory and express themselves throughout life in ways that may cause great trouble to the unconscious bearer of the memories ..."

relief. I tell her I am there, I bring her my "sustaining gaze". Over the next weeks I experience a new solidity, a "thereness" inside myself. It has not gone away.

These are two of the personal experiences which have led to my giving a lot of thought to the matter of memory and the events of

infancy; they have informed the development of my theory that these events are embedded in memory and express themselves throughout life in ways that may cause great trouble to the unconscious bearer of the memories. In my own life the difficulties of living in a wheelchair were nothing compared to coping with the chaos of a dysfunctional inner structure.

If we take it for granted that good (or good enough) early experiences create a firm foundation for the development of a self which is spontaneous and original, having strong ego boundaries and a healthy level of basic trust, then disruptions at the same stages will, if not properly attended to, result in equivalent dysfunctions – a self which is anxious and constrained, with uncertain boundaries and an unhealthy level of basic fear.

In my work I operate on the premise that this is so, that the apparently obstinate perversity of some people who will not "get better" is more helpfully understood as their being in the grip of some as yet unidentified "background noise" which interferes with all responses to life.

My ability to conceptualise this, and to feel free and unconstrained enough to develop and hold to a theory at all, is largely due to my own therapeutic experiences, and to my training in the psychodramatic method. It is appropriate therefore, and an act to which I have been looking forward for some years, ever since I began to recognise that there was now enough of me seriously to consider achieving the valued goal of becoming a psychodramatist, that I acknowledge with deeply felt gratitude those people who have been my teachers.

- 7 -

In this next section Elizabeth goes into the depth of her thesis, or her hypothesis. She makes a clear presentation of her theoretical basis, she involves/envelops us in her relationship with Moreno, she begins to include us in the excitement of her own discoveries. In this section, we come to know her passionate humanity, her dedication to those she worked with as a therapist, her determination not to settle for mediocre thought, her pragmatism, her ability to teach, and her willingness to speak as an individual.

The Function and Dysfunction of Somatic Roles in Everyday Life
I find myself bewildered by the apparently kamikaze behaviour of some of my clients. Even after extensive work, insight, and development of new roles, some people re-enact old, dysfunctional roles, as if compelled to do so by an alien force. They know full well they are not possessed, yet so strong is the role emerging in them that they describe their experience as being "possessed".

In a sense the people in the select group I am speaking about are possessed, not by any external demon, indeed by no demon at all. but by a particular experience which occurred at such an early period in their development that it is embedded in the very fabric of their being. In the clients I have been working with, this experience involved physical events pertaining to their own bodies in the first few weeks of life. They are "possessed" in their pre-verbal process by a force that precludes their further growth. The registration in memory of these events is of necessity somatickinaesthetic or per-verbal cortical memory of olfactory, taste, visual, non-verbal auditory and tactile and kinaesthetic experiences.

This concept of pre-verbal memory is not universally accepted. Moreno described psychodrama as "play for adults" and in that spirit I play in this thesis with these theoretical ideas, with my personal experiences in real life, with the work completed by my client and myself, and with my own predilection for synthesis and pattern. I then offer guidelines to others working with people with similar disabilities.

In this paper I put forward the hypothesis that certain per-verbally embedded events, through their unknown presence and unmitigated effect, colour or shape much of the person's experience of and action in adult life. The effect is present throughout life, though not perhaps an object of focused attention until it influenced adult decisions, adult behaviours, adult relationships.

Some will reject such an idea, thinking that anything so early, so far outside conceptual, verbal or relational stages of development, would be outside the realm of

therapy. Early as the experience is, it is nevertheless within the span of being of the individual, and therefore within human comprehension and human contact. The work involved with one client in the unravelling of her life history and work view, the meaning of an overdeveloped role, coming to a new relationship with that role and development of new roles is the topic of this thesis. It is relevant to practicing therapists and counsellors as well as to personality theorists and theorists in the area of psychotherapy.

I hope to stimulate motivation and practical activity such that both the therapist and theorist are able to enter into the life experiences and psychosomatic processes of those who have been traumatised by external physical factors and internal physical malformations.

The Ideas of J.L. Moreno

Moreno's analysis of roles as pertaining to three major categories of somatic, social and psychodramatic has been a useful framework for my thinking in the specific area which is the focus of this paper. Of particular value has been his statement in Psychodrama Volume 1 (1988, first published in 1946) that the personality, or self, arises out of the roles, rather than vice versa.

My focus will be on certain somatic roles and the consequences of their disruption. I present the other two categories, briefly, in order that my thoughts about these consequences may be more easily understood.

Social Roles

Social roles pertain to the network of relationships and tasks which surrounds a human being from the "There is a paradox inherent in social role labelling; when we attach to a person a social role label we both establish that person in an identity we can relate to, and potentially reduce the person to only that identity, thus creating restriction in the possibilities for relationship ..."

moment of birth.1 One simultaneously fulfils a wide variety of roles, some of which are chosen, others imposed. Some will be welcome, others onerous. I, for example, am a daughter, sister, inlaw, aunt, friend, psychologist, disabled person, tax-payer, house owner, voter, church-goer, employee, committee member - and so on. Some of these roles I was born into, some I chose, some I worked and studied to achieve, some are labels administratively imposed, some are the result of external events, some I would rather avoid. Certain adjectives may be attached to some of these role labels, adjectives such as "competent", "regular", "moderately" so the labels relate to some objective, socially recognised characteristics. The broader the range of these "objective" labels which can be attached to any person, the more embedded and involved that person may be said to be in the social matrix.

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social role labelling; when we attach to a person a social role label we both establish that person in an identity we can relate to, and potentially reduce the person to only that identity, thus creating restriction in the possibilities for relationship.

Psychodramatic Roles

Psychodramatic roles are those that pertain to the unique inner being of the individual. They capture the style, flavour, feel, and meaning of the functioning of a person in any moment. Where social roles tend to be permanent, or stable for some time, a psychodramatic role will belong to a specific situation, a moment, a particular set of circumstances. A person may have a wide or narrow repertoire of psychodramatic roles, that is, may be adequate in a wide or narrow range of circumstances. The more developed is one's capacity for spontaneity, the broader will be one's repertoire of psychodramatic roles. As these roles belong to unique individuals in unique situations, it is more difficult to give examples as these may be ossified into social roles, or become part of the cultural conserve, the expected and demanded range of acceptable behaviours and beliefs. This danger notwithstanding, some psychodramatic roles which emerge in psychodramas are "intrepid adventurer", "tender contactor", "regal hostess", "sensuous lover". The point about these roles is that they emerge spontaneously in adequate response to the moment, and they belong to the unique being of the individual.

The social roles are, on the whole, externally determined, though the range of social roles available to an individual will be related to the range of somatic and

psychodramatic roles in that person's repertoire. The psychodramatic roles are, on the whole, internally determined, though the breadth of these will be related to the external roles and events impinging on the person, and to the development and expression of somatic roles, to which I now return.

Moreno and Somatic Roles

The somatic roles relate to the body, to the embodiedness of our being, and are the earliest to be expressed, particularly the role of "eater". This is developed in intimate relationship with the mother, who Moreno describes as an auxiliary ego to the infant, or "role giver" (p.62). Moreno's infant enters the world with a creative genius intact and ready, through the "spontaneity factor" to make what it can of the material presented. Certain roles,

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such as "suckler", swallower",
"grasper" are already preset and
themselves create interaction with
the mother. In these observations
Moreno anticipated some later
research into infant behaviour and
physiology. He conceives of the
infant as an immediately active and

- 10 -

interactive being, never as a passive recipient or an encapsulated entity.

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wholeness. To this end links develop among these roles, integrating them into a unit which may be regarded as a "partial" self. In a similar way the psychodramatic and social roles will cluster to create partial selves. Before these can become an integrated "entire" self of the later development, there must be the establishment of operational and contact links between them such that there can be the identification and experience of an "I" or "me". Imbalances may occur in the clustering of the roles in the three primary categories, or there may be imbalance in the relationship of these areas, which would result in a delay in the emergence of an

experienced self, or in disturbances of this self (p.III). It is with the history of one of these imbalances that I am concerned in this thesis.

The three sets of roles, "in the course of their transactions", help the infant to experience what we call "body", "psyche" and "society" respectively. Given that for the infant at the stage of the matrix of identity, there is no differentiation between any of these areas, it is probable that disturbance in any one of them may "spill over" into the functioning or expression of the others in a way that will have a characteristic manifestation in the person's life. A disturbance in the evolution of a somatic cluster of roles would thus influence the development of psychodramatic and social role clusters, resulting in emotional or behavioural disturbances in later life that may not be readily accessible to description or understanding in verbal formulations.

Of this very early period of development Moreno warns that we should not diminish the "profound distinction" between actions and words which is fundamental to early childhood. Despite the later interweaving of actions and words, particularly in adult behaviour, it is necessary to realise that in infancy there is no such means of normalised social communication. The impress of this period of life on future development is, nevertheless, pervasive. "In this period acts are acts, not words, and the action matrices which develop in infancy are prior to the word matrices which we integrate into them later."

The Role of the Eater

- 11 -

A role is the "functioning form the individual assumes in the specific moment as he reacts to a specific situation in which other persons or

objectives are involved" (Moreno, 1977, p.IV). In the related functions of feeding and eating in infancy there are two clusters of roles operating in intimate, mutually reflexive complexity; those of the mother which may be spontaneous, embryonic or conserved, and those of the infant which are spontaneous², embryonic and exploratory. The infant's roles are emerging from the undifferentiated "locus" of the matrix of identity and are "the embryos or forerunners of the self" (p.III).

Of the role of "the eater" Moreno says "characteristic patterns of interaction between mother and infant in the process of eating produce role constellations of the eater which can be followed throughout the different life periods" (p.V). Both the child and the mother, particularly if this is her first baby, are arming up to a novel situation. That is, each is getting involved in something neither of them has done before. The baby particularly comes at first to the situation in a state of complete spontaneity, with no preconceptions or conserved roles. This is the first time, and the baby has to get going with whatever stimulus, reward or response is offered by the mother and the situation.

The mother may have already warmed-up through her memories (conscious or unconscious), imagination, thinking, or sharing with others. She, too, has to get going in this unique relationship with this unique baby, and her warm-up will be affected by the baby just as much as the baby's warm-up is affected by the mother.

The baby becomes attached to the new world through its own physical needs and responses, and through the warm-up of its primary

auxiliary, the mother. The baby's self-starting and warm-up capacity is intimately connected to that of the mother; the baby bit by bit getting the whole system going, the mother fostering the warming-up process and co-operating with the baby's striving toward various physiological, psychological and social acts. Where the act is successfully completed the system is established, that phase of development had unfolded "according to plan", and the infant is free to move onto the next thing. Where the baby is not able to complete an act there may develop an "act hunger" which will later be express in repeated patterns of behaviour3.

In the somatic, or physical realm, the warming-up process of the infant "is specialised around many focus areas (zones), which serve as physical starters".4 Each of these zones, small, scattered and weakly related at birth, is formed "on behalf of an indispensable function of the infant, and therefore arouses the infant to concentrate on the acting out of this function." It is essential for the infant to take in nourishment, and to experience holding from its mother, therefore certain physical structures of the infant's body will act together to ensure that this essential thing is achieved. These structures won't be able to complete the act unless the mother brings her milk-filled breast (or a bottle) into the system. When she does this, and the whole process is switched on, "a warming-up process takes place in which the neuro-muscular system and the zone plays a leading role". The baby begins to grasp and suckle, the mother's milk is let down, the baby sucks and swallows, the mother holds, the stomach is filled, and the next or overlapping zone begins to act as the baby

digests the milk (and the mother's body continues to meet the supply). As this process is successfully repeated the warm-up will be established, and the enactment will be smooth and reliable.

Along with all this will go elements of exploration, play, emotional response, satisfaction and so on. These elements involve zones other than those strictly required for suckling and eating, so the whole organism is orchestrated into a complex symphony. Thus a zone is not only the focal point of a physical starter in the warm-up to a "spontaneous actuality state" which is in turn an element in the shaping of a role, it is also the place of emergence of "starters warming-up towards objects and persons". A zone is never isolated from other zones but, when active, to some extent involves the whole organism. Related zones begin to act in concert: the stimulation of one will activate whole regions of the body. In time the baby "will begin to be identical with a large area of the body at one time".

As yet the infant has not developed the ability to experience a self in charge of these transitory, albeit repeating, "selves". There is not a developed "observer", or a stable "I", but rather a series of largely allencompassing "beingnesses".

Consider, then, what may be the outcome if, in addition to the elements necessary to the emergence of an active zone which then contributes to a developing role and experience of self, there are regularly added other, spurious, elements such as nausea, noise, fear or pain. These would become inextricably bound into the warming-up process for that zone, role, self. The "increased specialisation of numerous tracks" for the warming-up process would

include and incorporate these spurious elements in the "construction of the experiential actualities" of the infant, quite separately from the biological, physical structures. That is, the neuro-chemical connections which are the basis of all our voluntary and involuntary acts, including mental acts and memory, would incorporate these spurious aspects as part of the "main event".

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Apart from the baby's own physical starters and zones, there is also the all-important relationship with the mother, who is experienced in the beginning as co-extensive with the infant's own body. Moreno gives the auxiliary ego in the psychodrama situation two functions, that of a required person, and that of guide. A mother, as the primary auxiliary in the infant's life, has the same two functions. As a required person, she must act adequately in the role of a mother, and as a guide,

she must develop a clear picture of the needs and rhythm of the infant to assist in the infant's development of adequate functioning (p.59). This is a two-way relationship involving cooperation of effort for the aim of the satisfaction of the child. The "physical adjustment efforts" go together with "mental adjustment efforts" and may be affected by the mother's inaccuracies of timing or care. Thus the infant may be deflected from optimum realisation of this early phase of development.

The mother-child dyad is essential to the normal sequential unfolding of roles in the infant (and in the mother) and is at the same time extremely vulnerable to distortions and difficulties. This vulnerability is recognised in all "psychodynamic" theories of personality development, and in the therapeutic systems evolving from these theories.

Three further points made by Moreno are relevant to the work I undertook with Jackie. These pertain to immediacy, expectancy and amnesia.

As the infant emerges from the matrix of identity, one activity excludes almost every other activity, one focus nearly every other focus. The infant "lives in immediate time [in a] co-being, co-action, and co-experience which, in the primary phase, exemplify the infant's relationship to the persons and things around him, [and] are characteristics of the *matrix of identity* [which] lays the foundation for the first emotional learning process of the infant" (p.61).

The quality of the immediately experienced reality of the infant at this stage will influence the infant's perception of the universe with which, perforce, there must be lifelong interaction.

As the role of "the eater" is shaped there is a reciprocal relationship between a role giver, which is enacted by the mother, and role receiver, enacted by the child. Each participant warms-up to a certain series of acts which develop a degree of inner consistency. "The result of this interaction is that a certain reciprocal role expectancy is gradually established in the partners of the role process. This role expectancy lays the ground for all future role exchanges between the infant and auxiliary egos" (p.62. italics mine).

It also shapes all future expectancies in the emergent adult's relation to the universe.

I do not accept Moreno's dictum that we have "total amnesia" for the first three years of life. He suggests there is such a strong act hunger that the infant organism, living in the single dimension of the present, is totally absorbed in the spontaneous act such that "not the least fragment" (p.65) of the infant's being is available for observation and registration of the experience. The remembering, he asserts, is done for the infant by the auxiliary ego.

From my personal experience, and my experience as a therapist, I conclude that there is no such thing as "total amnesia" for any part of our lives. Memories of per-verbal events cannot be laid down in verbal form. I suggest that the recording of events which does occur in the pre-verbal period is in somatic and not linguistic code, 5 and to this extent there is at least a "fragment" of the infant's being observing and registering the experience. It is this "observing fragment" which can be developed in therapeutic work such that the client has the "now I see" experience we call insight. The capacity to "see" provides the

- 14 -

"It is the work of therapy to unravel the crosslinkages between somatic, psychodramatic and social roles and create a space between these automatisms. The protagonist can then experience spontaneity, the 's-factor' which is that aspect of the range of individual expression which occurs in 'an area of relative freedom and independence from biological and social determinants, an area in which new combinatory acts and permutations, choices and decisions are formed, and from which human inventiveness and creativity emerges' (p.51). Where the s-factor is operating there is freedom to be creative in response to the universe ..."

distance necessary for the client to relate to the experiencing, remembering entity (an earlier self) in a new and spontaneous way.

The great absorption of the infant in satisfying the act hunger could be

regarded as the reason that the events and experiences of that time are so indelibly, if non-verbally, "remembered" by the organism that they continue to shape and colour the world-view for the rest of the infant's life. The precipitating events, however, will not be accessible to verbal memory. Winnicott's concept of the transitional object who interprets in verbal terms to the infant is relevant, the transitional object performing the role of Moreno's auxiliary ego.

Difficulties encountered in this period of primary (somatic) role emergence and reflected in a "spillover" into the development of psychodramatic and social roles will be unknown consciously to the adult self who will know of only those early events and experiences which are held and passed on by the original auxiliary egos, or their delegates. My thesis is that the therapeutic process should provide an auxiliary ego to take up the missing transitional object roles of required persona and guide. This auxiliary may be the chosen therapist who confronted with a life shaped in part by events which are out of the protagonist's awareness, enters into a "meeting" with this person.⁶ In Moreno's terms this meeting is more than "a vague interpersonal relation". It occurs when the two persons meet not only face to face, but "to live and experience each other" (1978, p.65).

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biological and social determinants, an area in which new combinatory acts and permutations, choices and decisions are formed, and from which human inventiveness and creativity emerges" (p.51). Where the s-factor is operating there is freedom to be creative in response to the universe.

The creation of this "space between" requires that the therapist be sufficiently involved with client's world to be able to mirror, double and reverse roles, while at the same time being separate enough to operate in a differentiated way as an analyst, magician, and adequate auxiliary. Moreno says "the more original and profound the problem... a genius sets himself the more is he compelled to use ... his own personality as an experimental tool and the situation around him as raw material" (1978, p.41). I certainly had to use the whole of myself as an experimental and operational tool in my work with Jackie, as I developed and followed up a hypothesis of "organic memory".

- development and not able to move smoothly onto the next phase which is then coloured by the particular "stuckness".
- Examples of zones would be the mouth, the stomach, the hands, the olfactory organs, and so on.
- 5 There is also the shielding from our memories of intolerably painful events until such time as it is safe to become aware of them.
- When working in a dyad the therapist must be both Director and Auxiliary.

- If not before! A foetus certainly has a social reality whilst still in the womb, and is the object of fantasy, projection and expectation.
- Spontaneity of the role includes the aspects of new response to the old or adequate response to the new originality, flexibility vitality and creativity.
- This "act hunger" which results in repetition of behaviours in the search for completion of the act may be compared with the "fixation" of psychoanalytic theory. In both formulations the infant/adult is stuck at an unresolved challenge of

- 16 -

ANZPA Journal 7 Dec 1998



Elizabeth Hastings

21.1.1949 - 13.10.1998

In November 1998, Phillip Adams wrote this article for the Weekend Australian. He had a long and enduring relationship with Elizabeth and in this article he highlights many of her very fine qualities. He escorts us into the more recent professional arena where Elizabeth worked for the last five years. This appointment involved Elizabeth in the heart of the political sphere in Australian politics, and Phillip brings to life the highly personal consequence of Elizabeth's work at this level, a personal effect that we tend to despair never occurs.

Phillip Adams Writes:

A constant source of sadness and surprise, The Australian's Time and Tide page sometimes provokes guilty pangs of *schadenfreude*. But there are times when the page is devastating. As when, a few days back, it told of the death of Elizabeth Hastings, a remarkable human being. The photograph showed Elizabeth at her loveliest, with all her humour and warmth, but it couldn't show the bravery, sensuality and feistiness of that warrior in a wheelchair.

I met Elizabeth when working on the United Nations International Year of the Disabled Person. A Council of Australian Governments ministerial committee, headed by Senator Margaret Quilfoyle, had briefed me on a media campaign. I was to sensitise Australians to the issue, to let them see "the ability within disability". It took me no more than 10 minutes to work out the approach. There'd be a filmed portrait of Stephen Hawking with his motor neurone disease, of Franklin Delano Roosevelt, the president with polio. Any of the afflicted mighty would be grist to my media will. No sooner had this approach been ratified by the ministers than Elizabeth Hastings wheeled into my office. She was accompanied by two other women, Edith Hall and Rhonda Galbally. That the lift doors

had opened on two wheelchairs and a pair of crutches was testament to their determination given that our building, like most, had no disabled access.

She explained, very politely, that I was a buffoon, that my campaign on "super crips" (her term) would do nothing whatever for the tens of thousands of ordinary human beings who suffered every thing from the fears and stigmatising of "the ablebodied" to a comprehensive apartheid. "We're sick of paternalism, of people speaking for us," said Elizabeth insisting that I sack Hawking, Roosevelt etc. It had to be the year of disabled people, not the year for them.

Elizabeth told me disabled people didn't want sympathy, let alone pity or charity; they wanted their human rights.

Thinking back, I realise that no one taught me more about human rights than Elizabeth. She made me realise that they weren't merely an issue in Burma or Afghanistan. They were missing here every time our bigotry, our buildings or our institutions placed a barrier in a disabled person's path.

Soon Elizabeth was introducing me to institutions that, from the outside, looked like heavens on earth. But many turned out to be gulags, full of disabled adults who were being patronised and humiliated by the able-bodied administrators who treated them as children. It was unthinkable that disabled people made love, let alone fell in love. Such institutions prided themselves on looking after physical needs – but with "physical" narrowly defined.

I went back to the ministers room mending an entirely new approach under a militant banner, "Break Down the Barriers". The ministers

ANZPA Journal 7 Dec 1998

took some persuading; they were uncomfortable with the assertive tone. They could see a campaign leading to demands for new legislation. But the new strategy prevailed. And accompanied by Elizabeth, Edith or Rhonda, I travelled the country taping interviews with hundreds of disabled people whose stories became the basis of a program that went on to win the Golden Lion at Cannes for the best campaign in the world.

Far more important than the award was the fact that, but the end of the year, the disabled people of Australia had joined Elizabeth in speaking out for themselves. There were revolutions in those well-meaning but stultifying institutions. And although the barriers weren't swept way, they took one hell of a battering.

Our films were simplicity themselves. Disabled people simply told their stories in their own words, usually using wit to soften the anger. Elizabeth, for example, told of the time she'd fallen from her wheelchair and broken a leg, "And while it was in plaster, people's attitude to me entirely changed," she explained, "Suddenly I was someone who'd just had a skiing accident. When people think it's going to get better, they're relaxed. But when they know that you're in a chair forever, they don't know what to say. I sometimes think I should have a cosmetic plaster leg for social occasions".

Then there was the Aboriginal girl I met in Adelaide. She and a Greek boy had been in love – but his family would have none of it. So they'd made a suicide pact, driving into the Adelaide hills with a rifle. He'd succeeded in killing himself, but she'd awoken, days later, a paraplegic in a hospital ward.

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But that's not the story she told in her film. She told of her struggle, to get her chair up a tiny step into a milk bar on a hot day. Of her immense difficultly in opening a fridge door. Of her struggle to pop the top off a can, "I took a deep, deep drink and sat back in the chair, utterly exhausted. Where upon a woman came up and shoved a coin into the slot of the can". The gaffe symbolised the way able-bodied get it wrong. Apart from ruining the drink, she'd treated a disabled woman as an objective of pity or charity.

"I realise that no one taught me more about human rights than Elizabeth. She made me realise that they weren't merely an issue in Burma or Afghanistan. They were missing here every time our bigotry, our buildings or our institutions placed a barrier in a disabled person's path ..."

Most chose to make a simple point – and with humour. But here was one film so confronting that the ministers banned it. In it, a frail woman, in her early 20s, said, "I'm glad my mother died" in the gentlest of voices. "I'm sorry, but it's true. While mum was alive, she kept me in cotton wool. I was unable to do anything for myself. Prevented from taking the slightest risk. When mum died my life began. I live independently".

That message was regarded as

ANZPA Journal 7 Dec 1998

too hurtful. "Then let's make another one in which a mother says I'm glad my disabled child died," I argued. "What is wanted is honesty." But it wasn't to be.

Elizabeth was in her late 20s when I met her. She died at 49. In between, she'd gone whitewater rafting, trekking in Nepal and hot air ballooning. A member of Australia's Human Rights Commission, she was responsible for implementation across Australia of the Federal Parliament's landmark Disability Discrimination Act of 1992.

Last year the Federal Government chose not to retain a specialist commissioner for disability discrimination and Elizabeth's job disappeared. Resources devoted to the area were slashed.

No one taught me more about human rights than Elizabeth. Or about effective campaigning. And her lessons went far beyond the realm of disability, being equally applicable to racial prejudice. Her message? Ask the people who are on the receiving end. And don't try to talk for them, let alone at them. Get out of the way and let them speak for themselves.

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