

# **AANZPA Journal**

**#26**

**December 2017**

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AANZPA is an organisation of people trained in Dr. J. L. Moreno's psychodrama theory and methods, and their application and development in Australia and New Zealand.

An ordinary member is certificated as a Psychodramatist, Sociodramatist, Sociometrist, and/or Role Trainer. A TEP is a Trainer, Educator and Practitioner.

The purposes of AANZPA include the establishment and promotion of the psychodramatic method, the setting and maintenance of standards, and the professional association of its members. Members associate within geographical regions, through the AANZPA Journal and electronic publication Socio, and at annual conferences.



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# Contents

Editorial <i>Philip D. Carter</i>	3
Psychodrama of an illness <i>Phillip Corbett</i>	5
Leadership material <i>Diana Jones talks with Chris Hosking and Chris Hill</i>	15
Colin Martin	31
Working with family violence <i>Philippa van Kuilenburg</i>	37
A life lived backwards <i>Yehoshua</i>	47
The book of Evan: The life and work of Evan McAra Sherrard <i>A reverie of Hamish Brown</i>	58



## Editorial

Phillip Corbett suffered a “painful and disturbing” illness from which there was eventual delivery, “perhaps by that most mysterious force that has been called Grace.” He calls his piece, “Psychodrama of an illness.” Psychodramatic sensibilities also infuse Yehoshua’s reflection on his “life lived backwards,” demonstrating how a quality life is being realized in older age. Further creative innovations of the psychodramatic method are offered by Colin Martin and presented in a tribute piece to him.

Diana Jones, Chris Hill and Chris Hosking reflect on psychodrama and leadership, stimulated by the positive responses to Diana’s book *Leadership Material: How personal experience shapes executive presence*. Philippa van Kuilenburg describes her application of psychodrama in family violence work. Hamish Brown has a reverie on reading *The Book of Evan*. Of the time when he was being supervised by Evan Sherrard, Hamish reflects: “I always felt like I could rely on something within myself even though I also felt uncertain a lot of the time. I’m sure this balance of confidence and uncertainty were partly a result of Evan’s relationship with me.”

Throughout the work presented here, there is a willingness to be in the unknown, a readiness to surrender the personality, to loosen the grip of solution seeking and power over. Conditions are created for things to be engaged with as they are. The psychodramatic stage invites all the forces to be present: confidence and uncertainty, the new and the conserved, wellbeing and sickness. The individual and the group co-exist without either having to have ultimate primacy.

When the physical life enters the last stages, many things that have been agglutinated into a personality wither and drop away. There may be no interest left in ego maintenance. Memory, reasoning, and even the exercising of choice, may be of little interest. But when kindness comes from the other, it is known and received. The heart shines forth. It does appear love wins out. That’s what the evidence shows.

Thank you to all the contributors, for the gifts of yourselves and your lives. Our world is richer because you are in it.

Philip D. Carter, editor





# Psychodrama of an illness

*Phillip Corbett*

*Considering how common illness is, how tremendous the spiritual change, how astonishing when the lights of health go down, the undiscovered countries that are then disclosed – when we think of this and infinitely more, it becomes strange indeed that illness has not taken its place with love, battles and jealousy among the prime themes of literature. Virginia Woolf (1948)*

The truth of Virginia Woolf's words was brought home to me in a very personal way as a result of my own recent experience of severe illness and even though it was for me a time of considerable suffering, when viewed from a psychodramatic perspective I can see how my illness gave me the opportunity for much personal growth and many of my long term familiar roles, both professional and personal, were transformed.

Before September 2015, I had enjoyed what could only be described as an exceptionally healthy life until I was forced by a severe and unexplained loss of weight, increasing debilitation and chronic pains in my stomach to cease work as a Chiropractor. Fortunately, my regular locum informed me that he was available to fill in for me so I was able to bow to the inevitable and take time off. Strangely, that last day as I drove out from my clinic where I had worked continuously for thirty-five years, I had the thought that I might never be back!

The consultation with my G.P. two days later was the beginning of several months of a seemingly endless round of medical tests – CT scans, MRI's, a colonoscopy and gastroscopy, an ultrasound and numerous blood tests – all of which showed no abnormality. In the meantime, my condition continued to worsen and given my generally haggard and emaciated appearance and the location of extreme pain in my upper abdominal region radiating intensely into my back, my doctors strongly suspected cancer.

My grandmother had died of pancreatic cancer at a similar age and as a health practitioner I was only too aware that a diagnosis of pancreatic cancer is most often a sentence of an early death and a very painful one at that. Despite the fact that all the tests failed to confirm that diagnosis, in

the absence of any other explanation my mind became filled with visions of a horrible death and not surprisingly I became very anxious and fearful about the future.

In his landmark book, *Anatomy of an Illness*, Norman Cousins (1979) remarked that, "Illness is always an interaction between the body and mind. It can begin in the body and affect the mind, or it can begin in the mind and affect the body" (p. 64). So it was, that the effects of the illness gradually spread to many other parts of my body. My ears felt clogged, my voice grew hoarse and my vision became blurry and I felt generally tender and sensitive to any pressure.

As my condition worsened, I was barely able to eat one small meal a day due to my extreme stomach pain and an almost total lack of appetite so before long my weight hit a low of fifty kilograms down from an already slim seventy. My ribs were visible from twenty metres, my hips and pelvis stuck out like a starving prisoner of war and my buttocks were just loose folds of skin. In short, I looked like I was starving to death.

To sit down I required a large soft pillow and at night and during most of the day I lay on a thick sheep skin to be at all comfortable and to avoid pressure sores. Even so, as a result of my general discomfort, I tended to wake every hour or so at night and required sleeping tablets to get any sleep at all. During the wakeful night especially, I became very anxious which caused me to feel very constricted in my breathing and I spent many hours pacing up and down trying to get my breath and feeling a sense of suffocation. Mercifully, regular small doses of valium helped to settle me sufficiently until eventually, exhausted, I fell asleep again for a while.

As if my physical ailments weren't enough to try me, I was also plagued with ongoing worry about all my many long term loyal clients who depended on my regular care. Frequently at work I was told, "You know that you can never retire Phillip!" and I would inwardly reply, "You want to bet!" Nevertheless, I felt such a strong and binding responsibility for their care that I honestly wondered how I would ever do it. In my debilitated state images of my clients passed through my mind and I suffered the pangs of guilt and like some heroin addict in withdrawal it took many months until I felt freed from my responsibility addiction.

Because of my weakened and painful state, there was very little I could do to pass the time and I was mostly restricted to lying on the couch all

day with repeatedly reheated wheatbags and hot water bottles the most effective remedy for my stomach and back pains. More effective and with less side effects than all the prescription pain killers.

I tried to read but my weak arms quickly grew tired from holding up the book and my fuzzy vision and even fuzzier mind made reading futile anyway. My only distraction was a small number of CDs of a particular type – gentle and soothing with positive uplifting lyrics. Similarly, most television and movies on DVD were too disturbing or sad and the news in particular seemed even more horrendous than ever.

Over time the ongoing physical and mental stress and anxiety I was experiencing took its toll on my mental equilibrium. With little else to occupy me I became obsessed with the idea that spiders were invading the house and one of my only regular activities was my daily spider hunt. Initially I was quite considerate and freed them into the garden but as time went on I became Attila the spider killer and bashed them to death without a second thought!

Alone at night in the darkness of my room I started to have auditory hallucinations and bizarre imaginings. I sometimes heard someone wheezing loudly across the room and was horrified to realize that it was my own breathing. As I was drifting off to sleep I would be jolted awake feeling the presence of some entity shouting aggressively in my face a question like, “So what comes next?!” At other times, half asleep, there came the sudden sound of one extremely loud musical chord as if played on an unseen piano right beside me.

Clearly, I was going quite mad and my partner Francesca was deeply concerned and driven almost to distraction herself by my bizarre behaviour. She was relieved when my GP prescribed anti-anxiety medication which did succeed in bringing down my anxiety to more tolerable levels. Nevertheless, due to such a long period of ongoing stress, I began to feel that my conception of who I was and what use I was to anyone was disintegrating and I was alternately despairing and enraged about the cruel fate I was suffering. How unfair that this should happen to me after all the help and care I had provided to so many for so many years! To think it would all end like this just when I was looking forward to working towards fulfilling my long-held dream of practising as a psychodramatist!

In many ways, the situation was not helped by the fact that during those long months I had very limited company and almost no outside contact since I would only permit my immediate family to visit as I

couldn't stand anyone else seeing me in such a diminished and confused state. My one constant companion was Francesca, who had previously worked as a nurse and who undertook the task of caring for me day and night. The strain on her was undoubtedly immense and yet she possessed that truly remarkable ability of so many nurses that she gave me the sense that she saw me as my normal self despite my ranting and raving and treated me in such a matter of fact, although very caring, manner that I could forget for a time that I looked like someone who was on death's door.

My four children, three girls and a boy, aged from twenty-three to forty, all long since living out of home were my only other visitors and took turns to do a day shift looking after me, keeping me company to give Francesca a much-needed break. It also afforded me a great and much needed opportunity. My father was a long-term sufferer of manic depression and since my mother had long since given up listening to his never ending melancholy monologues, from the time I was about twelve years old he unreservedly poured them out on me. As a naturally caring and empathetic child I responded with patient sympathy but over time that took its toll on me and I became quite nervy and anxious myself. Many are the psychodramas I had to work through to overcome that inheritance!

As a result, when I became a parent myself I vowed that I would never reveal to my children my own struggles with anxiety and depression in case I would pass on to them the inter-generational damage I had been subjected to. However, my state of abject debilitation and mental distress could now no longer be hidden from them and during the many long days I shared honestly and openly with each one of them our own hopes and challenges in our lives as well as a frank retelling of our family history. Their main response was to say they felt better knowing how I was feeling and what I needed from them otherwise they felt helpless not knowing what was really happening to me and how they could help.

Gradually, I learned at long last how to receive instead of always giving care.

Another great source of comfort I clung to as strongly as a drowning man clings onto his life preserver was the array of photographs of loved ones I placed on the bookshelf overlooking me by my bed. There were Francesca, my children, my mother and father, my spiritual teacher Swami Compassion, my psychodrama mentors Max and Chris, all smiling down upon me sending me their love.

I also pinned on my wall a verse from the Bible where Jesus said:

*Peace I leave with you. My peace I give unto you. Not as the world giveth, give I unto you. Let not your heart be troubled. Neither let it be afraid.* John 14:27

Reciting that to myself like a mantra or prayer had an amazingly soothing and calming effect on me.

Also, words from Max Clayton's beautiful poem *Light* gave me cause for hope:

*There is always a bit of light. Stay with this light, just with that little bit. Don't look for a bigger one, stay with what you've got. It'll grow.*

On hearing of my illness and my deep fears, my good friend David who has worked in palliative care sent me a very wise letter that resonated deeply within me. He said, "I know you think you are dying. And you might die. Or perhaps there is just a part of you that has to die that is no longer needed by you and you will live more fully without it."

A few close friends as well as my brothers and sisters kept up occasional phone contact with me and took the courageous step of sharing the darkness of my experience with me and offered me vitally needed love and support. I also truly felt the unspoken radiation of so many other caring souls thinking of me and praying for me. I am so grateful to all of them.

Perhaps because of all that outpouring of love and support for me and perhaps also through having been brought so low that I had reached the absolute bedrock of my being, one day something remarkable occurred. As I was dragging my feet along the corridor to the bathroom, hunched over and just feeling so old and worn out, for some inexplicable reason I felt a flow of positive energy suddenly pass into me from above and a new spark of resolve and energy rose up in me. I straightened up, lightened my step, clenched my fists and assumed the fighting pose of a boxer as the following words came to me like a holy mantra of determination:

***I will survive! I will live to love and love to live. I am the champ!***

I immediately wrote that mantra out in large letters on a sheet of paper and stuck it on my bedroom wall where I could see it and read it every day and draw energy from it. About that time another miraculous healing began to occur. As I sat with my children during their day shifts with me, I started to really see in their eyes as they looked at me the deep love they had for me combined with a desperate fear of losing me. Their

love radiated to me a healing warmth that raised my flagging spirit and their fear filled me with a steely determination to survive, in order, if humanly possible, not to inflict such a lasting pain of loss upon them.

In those precious tender moments, I believe I received the greatest healing medicine of all.

It may well not be completely coincidental that around that time the medical profession, belatedly like the cavalry charging over the hill when the fight was almost lost, came up with a diagnosis. The astute suggestion by my friend who is a veterinarian that I request a faecal sample be taken led to the conclusion that I was suffering from a severe long standing parasitic infection in my intestines which was badly damaging the lining and causing malabsorption syndrome.

Apparently about twelve months previously when I was swimming in a flooded river in northern New South Wales where such parasites are endemic, I had swallowed contaminated water and after an initial bout of diarrhoea, the amoeba had insidiously burrowed into my gut and slowly over time caused the damage. Because such infections are virtually unknown in Melbourne, no-one, except the vet, considered that as a possible diagnosis. Just shows the value of a thorough case history.

So, with appropriate strong medication, repeated on several occasions, eventually the infection cleared up. I then required many months of rehabilitation, including sound nutrition and a graduated gym and swim program, to restore my depleted body to health. I also engaged in a series of consultations with a psychologist to assist me to unravel my recent and more long term fears and anxieties as well as to add to the good work I had already done through psychodrama to understand my over-developed role as a long-suffering servant of others, a role I acquired so early supporting my father. I was already fully aware of it in theory, I had just not been able to take the bold step to relinquish my strong sense of responsibility for my clients.

Fate and my body had certainly come up with the solution to that dilemma and Atlas, at long last, shrugged. The words of Martin Luther King rang in my ears like the Freedom bell: "Free, free, thank God almighty, free at last!"

As my recovery progressed, I became quite aware that my illness, as painful and disturbing as it had been, was in fact a gift of freedom and a fresh start to the next interesting phase in my life.

Like Persephone returning from her long sojourn in the Underworld, I walked out into my garden, full of a deep appreciation of all the life around me – the plants and flowers, the birds, the sunshine and the clouds. Everything appeared more beautiful than ever before. I felt a great love for all creatures and my fellow man and woman and had a great feeling of compassion and acceptance of all.

I recalled the words from Samuel Taylor Coleridge's poem *The Rime of the Ancient Mariner*:

*O happy living things no tongue  
Their beauty might declare:  
A spring of love gushed from my heart  
And I blessed them unaware.*

More than that, I had the distinct feeling of having been looked after through my long and difficult journey and delivered at last to a safe shore. Delivered by what I can't say. Perhaps by that most mysterious force that has been called Grace. My father once said to me when I named my third daughter Grace, "That is the most beautiful word in the English language." And it says something of the durable spirit of the man, after all the suffering life served up to him, that he could still believe that.

In many ways, I related strongly to Coleridge's Ancient Mariner who returns from a Life-in-Death struggle with a renewed love for all creatures and since my recovery I have had the opportunity to reflect more deeply on my remarkable journey and what that process signifies in my life.

Over the years, I have already come to regard my life as a kind of spiritual journey, a gradual evolution of the self, so it is natural for me to regard my illness and recovery in Christian mystic terms as a mortification of the flesh in order to enhance a deeper expression of the spirit.

Also, from the viewpoint of the Yogic mystic path that I have been strongly drawn to, my illness appears to have taken the form of a Shaivite initiation, where the Shiva force, described as creative destruction, tears apart the initiate's identification with the individual self and attachment to the physical form in order to liberate the soul to higher knowledge and a greater sense of being at one with all life.

In Jungian terms, the process can be seen as an allegorical hero's journey into the underworld passing through a death-like experience that challenges the fixed notions of self in order to facilitate rebirth of a more individuated self.

In perhaps more orthodox neuropsychological understanding, it was initially noted by psychologist William Sargant (1959) in *Battle For the Mind*, based on earlier work with dogs by Pavlov and by observing shell shocked veterans of World War Two, that persistent severe stress can ultimately lead to what he called “a terminal phase of temporary emotional collapse or stupor” (p. 33) or at other times called “protective inhibition” (p. 33). This in turn gave rise to a form of mental collapse which has sometimes been described as “wiping the cortical slate clean” that provides the opportunity for new patterns to be implanted in the brain.

More recent studies in in neurophysiology and the concept of neuroplasticity reinforces this notion that there is vast potential for the formation of new neural patterns in the brain and it appears to me that stressful events such as illness can provide an opportunity for significant personal transformation. From a psychodramatic point of view, this can result, as I believe in my own case, in decreasing the influence of old restricting roles and giving rise to new more progressive ones.

Nevertheless, on reflection, as time goes by and the initial freshness of my remarkable journey inevitably fades to some degree and the ways of the world draw me back into the fold, what have I actually gained? Did I come back as “the Wise One” bearing the pearl of wisdom? Did I really return lastingly with anything I didn’t have before I was ill? The answer I believe in many ways is no. It’s just that I have come back with much less of the negative interference, the inner conflict and self-doubt that restricted me from expressing what I experience and believe.

I feel significantly freed from a long-held fear of criticism and being misunderstood and more confident and strong in being myself and speaking my truth. And that’ll do me!

Norman Cousins (1979) in *Anatomy of an Illness* remarks, “William James said that human beings tend to live too far within self-imposed limits. It is possible that these limits will recede when we respect more fully the natural drive of the human mind and body toward perfectability and regeneration.” (p. 54)

And he further states, “I have learned never to underestimate the capacity of the human mind and body to regenerate – even when the prospects seem most wretched. The life-force may be the least understood force on earth.” (p. 54)



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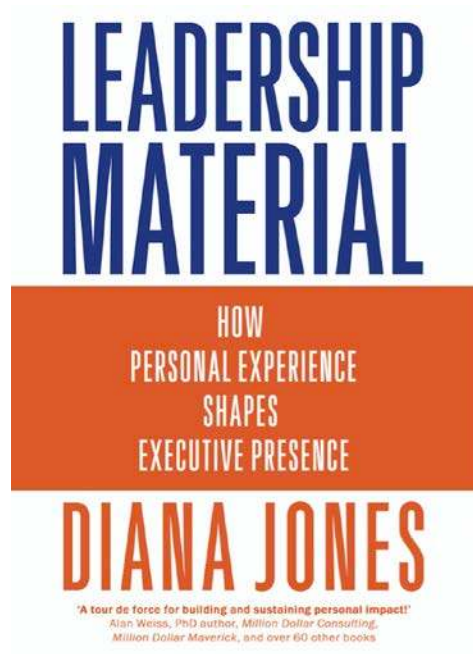


*Phillip Corbett has a B.A. in English and German literature, a Diploma of Education and a B.Sc. in Chiropractic. He initially taught Special Education and English as a second language in Sydney. He recently retired after working as a chiropractor in Melbourne for thirty five years. Phillip is currently working towards completing certification as a psychodramatist and for four years has also been facilitating a group for people experiencing anxiety and depression. His favourite leisure activities include surfing, swimming, gardening, reading and getting together with his four children and five grandchildren.*



# Leadership Material

*Diana Jones talks with  
Chris Hosking and Chris Hill*



**Chris Hill:** I have been intrigued about what has been unexpected for you. What has happened in response, that you couldn't have imagined happening, or didn't imagine happening?

**Diana:** One of the things that's been unexpected, and amazing, is that the book has had a lot of interest internationally.

People have wanted to interview me about my ideas in the book: Forbes.com, CEO magazine, and the Huffington Post. Quotes of mine have been tweeted. 'Feedback is a lever for a development conversation. It's not the answer' went whizzing around the world. I never expected that. It means something to business people. What I am saying is making sense to them.

The response has given me a lot of confidence with the work I am doing and the thinking behind it. I have been invited to work with New York based executives in shifting their HQ culture. And a mum from a childcare committee wrote to say she liked what I was saying. That I have been able to hang my thinking together with my experience in a way that resonates with a lot of people truly delights me. I wish that had happened 30 years ago, but here, it has happened this year.

**Chris Hill:** As I was reading your book, I was thinking about what your parallel experiences may have been, relating to the content or the premise of the book. What has the parallel process been in the writing of it for you? Because there would be a parallel, wouldn't there?

**Diana:** There was a parallel process but not internal. The parallel process was reflected in my everyday interactions and being present in my own life. I decided that my every day interactions were going to help me as I wrote – not hinder me. And that's what happened.

I was grappling with how to describe the difficulties in letting someone know their behaviour was unacceptable. I went for a walk and bumped into one of my clients. I asked him why he found it hard. He immediately said, 'it's like crossing a line.' We talked more. The lights went on. I realized there were at least three lines we cross when we talk with someone about their default behaviour. No wonder we hesitate. Being thoughtful and purposeful is important. I went home and wrote the section 'Crossing the line.' I learned to truly value my everyday interactions and let go of thinking I had to work everything out before I wrote.

**Chris Hill:** I was imagining you writing it, and I was thinking, that's quite a lot to pull together. It is a lot to think about, and then also to be coherent, and be cohesive, and in a way that flows. I notice that it's really easy to turn the next page. The case studies are fantastic. They are potent, and they open this window into how you work, and then demonstrate, I think really clearly, what you produce. As I've been reading, I've been imagining you working, actually. Let us know about your experience of writing the book, and how fluidly it has come about.

**Diana:** There were glitches. One was the editor who 'Americanized' my book. He took out 5000 words! That was a shock as it was close to the final timeline.

A second glitch was my publisher changed my title. Their marketing team came up with 'Leadership Material.' I didn't like that at all. My first

response was I didn't think they understood what I was writing about. Then my publisher said, 'We are all standing behind you here.' That made me sit up. The new title shifted both what I was writing about and how I wrote the book. 'Leadership Material' created a far more expansive idea for me; one where I could step into and write freely. The emphasis of my writing shifted to the core of my work as sociometrist, and what I knew to be true, rather than just on the process of developing executive presence. These things touch us as glitches at the time, and then they become major positive turning points.

Other elements in the book emerged as I wrote, such as, the case studies and the practice sessions with each chapter.

Aspects of the writing were time consuming; finding relevant research and statistics, ensuring accuracy with the bibliography, gaining written permissions with the case studies. Ann Hale, Glenis Levack and Rosemary Nourse read specific chapters out loud to me and commented on how they would flow better.

**Chris Hosking:** What is it that our training does that contributes to leadership development that perhaps other methods don't?

**Diana:** Both of you know, as do I, in our hearts, that all of our development has been from our own relationships and our own experience. We're not learning skills and techniques. That our identity is shaped from own lives and relationships is not a foreign concept in Aotearoa New Zealand. Maori know who they are because of their relationships with the land, their Iwi, their ancestors and their whanau.

In leadership development, people have acted as if relating to their personal experiences is scary. Businesses have determinedly separated the personal from the professional. Yet the relationship between how we bring our personal selves alongside our professional identity is where most of the success resides.

You've got to cross that line if you want your relationships to work, and business to work, meetings and groups to be productive. There's a way of crossing that line, and to cross the line well and with good intent.

Our training has those concepts and practices embedded in it. We do identify progressive behaviour. We recognise overdeveloped coping behaviours. We do have visions of what might be different. We appreciate what standing in the shoes of another means, to look through the eyes of another. We understand what helps people to connect with one another. We understand how to participate in groups, and how to

lead groups. We understand the essential concept of leader-directed sessions and group-centred sessions, where leaders work with the group's agenda rather than their own. These qualities are core to effective leaders.

In AANZPA, we value how our personal experience shapes us. We value that there isn't one size fits all approach. We understand what it means to be isolated, and what is needed to develop mutual relationships. These are the core principles; that our lives are our development material.

**Chris Hosking:** I think that our membership will be very interested to hear how valuable you find role theory. At present a number of practitioners are reviewing the value of role theory, questioning whether it is as relevant as they once thought. I think many will share your appreciation of it as an intervention that carries people forward.

**Diana:** Role theory and role descriptions are incredibly helpful. Metaphors are universal. I found that role descriptions as opposed to giving people feedback or information about how they are, is a completely different way of thinking and has a powerful positive effect. I felt ready to write about this.

**Chris Hosking:** Your passionate encouragement and confidence that we must 'cross the line' seems to reflect your identity as a sociometrist. Sociometry guides us to recognize the life that is alive in our emotions and feelings and assists us to value this life becoming integrated into our expression moment to moment. Yet it seems anything to do with feelings or personal lives has been taboo. That if you enter that area in business, that it's all on..... people will be irrational. That's the irony.

**Diana:** There are at least two ironies. The first irony is that when leaders act from overdeveloped default behaviours, they create emotional turmoil and alienate those around them. The second irony is that Human Resource Departments want to document personal stories and information. Doing that messes up group interactions, intimacy and openness - the very things that connect people. That doesn't work. People are frightened others will use their personal information badly in gossip, or to explain behaviour. This is a sensitive area. Feelings and personal lives are essential to people's vitality yet organisationally they can be threatening.

Personal information belongs to the individual. I've liked being able to bring out these ironies in the book.

**Chris Hosking:** Your book was not written first of all for the psychodrama community but still do you have some hopes that they will still benefit from your writing? Is there something in your experience of writing that might be helpful to trainees or practitioners that could encourage them to write more about the wisdom and insights they have gleaned in their work over time?

**Diana:** Yes, I like talking about that. One big influence on me was that I'd supervised a thesis. I was reading her amazing case studies and interventions. As supervisor, my knowledge of doubling expanded. I saw that this thesis had application in therapy, in business, and with anyone working with angry or isolated people or those who have experienced painful life events. Yet the writer was shy and reluctant to complete her work so it took quite a while. It struck me how important it is to write and to write in a way people can see themselves and their lives in your writing.

Another influence on me was recognising the distinction between a text book and an anecdotal book. Mine is an anecdotal book. I am writing from my personal authority. Credibility and analytical value is illustrated by case studies and observations. Knowing this freed me up to write in the way I wanted to. I had freedom with the structure and what I wrote about. Trainees are writing anecdotally in their papers and thesis. They are writing their thinking, their interventions and the impact.

**Chris Hill:** What was the point at which you thought I'm going to write a book?

**Diana:** Two experiences come to mind. One was when I was a young professional. The Department of Internal Affairs had a community development group. Bill Buxton was the boss and he and his group were working in the community from a central government perspective. Jenny Hutt was in the group providing leadership in the community as well, and Cher Williscroft was working in the Nelson community.

I used to say to Bill, "please can you write?" I was teaching graduates at Victoria University, and I'd say to him, "can you write about what you're learning, about working in the community?" I don't think he ever did, but I just really wanted to shake something out of him in writing. He and his team knew how to make central government policy relevant in local communities through their relationships. I love reading. My thinking expands when I read.

I decided I would write a book on my work when I was in my mid 30's and then I put it on hold. My life opened up again when David and I sold

our olive farm in 2015. I asked myself, what did I want to do? I realized I wanted to write that book. I wanted to write a good book. I wanted to write a book that people loved. I wanted to write a book that stimulated people.

Chris, you asked me the benefits to the psychodrama community. I see many psychodramatists working in organizations. Not as therapists, but working in organisation and professional development. I wanted to clarify the process of learning - that learning is not *information in, knowledge out*. That learning for behaviour change is relational, and is irrational, erratic and illogical. This learning involves knowledge, making sense of our experience, together with intuition, insight, reflection, feeling and vision.

I hope my book will free people to realize they've got capacities to work relevantly in organizations. The stories reflect my methods, and what is possible.

**Chris Hosking:** Your book is an excellent example of the application of psychodrama 'in the world'. Your book impresses me in its companionable approach – the clarity of the principles and concepts which are psychodramatic clearly going hand-in-hand with the values, ambitions and structures that are imbedded in the cultures of business and executive leadership and management. I have worked in Vietnam for 20 plus years and it is only very recently the word psychodrama has been used. In previous years, it would have been a total distraction had it become the focus as we were meeting to consider leadership not psychodrama. Remaining stable on this was a challenge as I am sure has been the same for you over time.

**Diana:** Initially, I was determined not to mention the word *psychodrama*, until, I was on chapter two or chapter three, and I thought, I can't not ... that's crazy. I had a really good talk with Kevin Franklin about this. I was nervous because I thought business people might reject what I was saying.

When I accepted the new title Leadership Material, I knew I could only proceed by basing the book and my work in its real context. I wanted to have the concepts be readable to executives and I wanted psychodramatists to live with what I wrote too. That became very important to me.

If this book encourages trainees to write that would be a deeply satisfying outcome.



**Chris Hosking:** One of your hopes for our community is that your writing will enrich our understanding of the difference between therapy and organizational development. You seem very keen that our practitioners will feel encouraged to take another look at how they might better apply their training in organisations. I hear you making an invitation for us to take another look at the underlying principles as a very helpful resource to both fields - therapeutic and organisations - and that the matter of appropriate application is *always* on the table no matter what the context. Our creativity needs to be stirred which includes us generating applications as pertinent to *this* group which might be anything from using clay teapots as objects for concretisation in remote villages of Vietnam to highly detailed sociometric analyses that are presented to the senior executives of a government department.

**Diana:** I've been in lots of conversations over the years about what's therapy and what is development. My work has a therapeutic effect, but its primary purpose isn't therapeutic. The therapeutic effect comes when leaders realize either someone's standing with them as they look at something, or that others share their same fears, anxieties and experiences.

That's very powerful for anybody, but therapy, and the reason and purpose for therapy has a different orientation. My tendency is to work more in the here and now. Our focus is on how the earlier experience influences their behaviour in the here and now, and identifying the aspect, either the situation, the feelings generated, or the people involved, which triggers a 'default' (coping) response.

**Chris Hosking:** Good group work skills generate a therapeutic effect - where each person is an auxiliary for the other, or each is a therapeutic agent for the other. Teaching good group work is a pretty big part of our training.

**Diana:** Both of you would have this experience too, when you work with groups, the relationship between group members and the leader creates the leader. It's not the individual. That's what is ineffectual in leadership development. So much attention is paid to the individual yet peers, and/or boss or mentor relationships have powerful positive effects. I wanted to convey the positive impact with leaders who have a mentor, or someone more senior to them, who has got their best interest at heart and is looking out for them. That alone creates a uniting feeling for the individual. These leaders become quite bold with what they envision for themselves and how they work. Certainly, being in a group and being part of a group method, is central for good leadership development.

Development is not an isolated, personal experience. Individuals can have powerful insights yet they might not act on them.

**Chris Hill:** I've been involved with many projects within my community, speaking for our hapuu with Government agencies, working with DHB executives and board chairs, and tutoring. People appreciate my leadership and accept me in that role but they wouldn't be aware of where that comes from.

An aspect of that is through my whakapapa, through my father. He was a speaker. I was told that I would have that ability too. It would surprise them, particularly the iwi, that I've spent 17 or 18 years training in groups.

What I notice a lot is how the people in the management roles struggle to manage or lead.

**Diana:** What you're saying is just so important Chris, because I see people appointed to senior leadership roles, yet they don't know how to work with people. They get caught up with it all about them. They have their appointed position, and then there's a socio-metric choice – do people want to work with them?

I know both of you have this great ability to assess what the system is, and see what's needed. When that capacity is active in a group, people find you as leader, easy to accept. This is a complex area, and many people in organizations just don't understand that.

**Chris Hill:** They don't seem to realize they're in an organism. They're in an entity, that they're in a living, breathing, alive thing. I've watched managers down here come and go, and I've been fascinated, and really frustrated at their level of, or their lack of ability in terms of leadership.

When I was reading your book, I was keenly aware of the system down here. There's this notion that people don't need leadership training. When the last manager was employed here I was on the interview panel. Some applicants sell themselves pretty well, yet it is difficult to pick what they're going to be like in the role. I have asked what leadership development program will be in place for them. I don't think it ever happens. They lead like they live.

**Chris Hosking:** What you're just saying there, Chris, is very relevant to many of our practitioners. Diana can you comment? It's a very current and hot area of interest for many of us.

**Diana:** That is hot, hot, hot. It's absolutely a direct result of this idea that's just taken everyone just so much down the wrong path - that being a leader has got to do with being rational. That somehow leaders think their job is to do with knowledge or something, and emotions and relationships don't have a part of it. This idea that successful leaders are rational got going in the 1920's.

That idea has been so dangerous, and so debilitating for our world. Right now, there are several current international leaders, who lead from their emotions. Suddenly everyone can see and experience their lack of integration between their thinking, feeling and action. And people experience the emotional turmoil that is created. The idea that successful leaders are rational is one of the biggest lies that's ever been.

What I've attempted to do - it's something you taught me years ago, Chris Hosking - is convey Moreno's idea, that the personality is outside of the body. That the personality is not some internal private way of doing stuff, but actually, and Max used to talk about this a lot, is how people *experience* being with you.

**Chris Hill:** Middle managers might be great clinicians, they have a great skill set, and great leadership clinically, and are highly respected in terms of clinical leadership, and then they get chosen for middle manager roles. As I was reading through, I just thought this book is just so helpful for people, if they're willing.

**Diana:** This aspect of my writing has resonated with many leaders and managers - that it's the experience of being with you. Leadership is not your skills and your knowledge and all of that. Leadership is being approachable, thoughtful, astute, succinct, kind. Three or four of those qualities makes such a difference to the experience of working with people.

**Chris Hosking:** I think your 30-year journey is exceptional when I think of how much you have invested in your own development and others. Many of our trainers and practitioners, have also basically remained working in the same field of their practice for 20 - 30 years and some 40 so there is a great wealth of wisdom and skill in our membership. We are very curious about some of the points of development that you have noticed over your 30-plus years. You will have noticed significant qualities or emphasis come into and also disappear from the culture of leadership. I was struck when you said that there has been a period when leaders must be very rational and what

you have observed as a consequence of this both in individuals and organisations.

**Diana:** Having thirty years of training and applying the method means I have had the chance to both learn and influence. In New Zealand in the last eight or 10 years, the focus has moved to the personal aspect of professional development. Leader's ability to lead people, have conversations, delegate inspire others, that that's seen as a core thing, so that's a big shift in New Zealand. That those are really sought after capacities. These are not skills - they are relationship behaviours. Research done last year showed that 44% of New Zealand public sector leaders aren't able to do this. They don't know how to motivate people, inspire them, or delegate. In Aotearoa New Zealand, the realization is that we are leading people, not things, like projects, or strategic plans. The emphasis is changing.

Another factor is increased interest in outcomes and results. I notice leaders leap ahead when they cease talking about their actions and talk about the results they are getting, the real tangible results. Or they tell their story. Simon Sinek asks 'why' are you doing this? He encourages leaders to know their core personal story.

Really basic stuff. The new thing in New Zealand is that personal development is seen as natural and normal, so people are seeing what is missing is leaders' abilities to speak succinctly and purposefully with one another, their ability to run a good meeting. This has been noticed, so I think that's fabulous.

**Chris Hosking:** Perhaps another example of this is the flurry of different courses developed in recent years designed to assist us with difficult conversations and interpersonal conflict and creativity has been a valued aspect of these programs – creativity of the leader and the participants.

**Diana:** I see sociodrama or group explorations is going to be more sought after as a way of sorting through difficult and important inter-group relationships.

**Chris Hosking:** Could you expand on why you think so?

**Diana:** Leaders are desperate to grapple with problems that have been around for a long time. I was working with a group the other day in the education sector. We worked sociometrically, and I asked some simple questions, like circle sociometry, and asked was anyone an only child here? Eldest, youngest, how many in the family. Then I said, 'who here

had people living in your family that weren't part of your original family?' and of 11 people, seven stepped forward, and it ranged from having grandparents to stay, to having other kids come in and out of the family, or an uncle. It was phenomenal to realize in that group, that's what was there.

Some fantastic connections were created in the group. We then worked sociodramatically. They discovered what was important for stakeholders. They explored what their staff wanted from them as leaders. Many revelations emerged and exciting practical actions.

What people do to create connections at the beginnings of meetings is going to be recognized as core to leading effective meetings. For example, the Maori practice of whakawhanaungatanga, a living sociometry.

**Chris Hill:** There are some wonderful things in there and the impact of what you've been doing with people is fantastic. Simple things can be so profound.

As you were speaking before in response to Chris's question about the 30 years and these points of something new, or happening in the world of management or leadership development, I'm thinking about that whole team building phase. I don't know whether that still happens or not. Do you remember that?

**Diana:** I do remember that. There have been many phases. The early 80's brought management by objectives. Leaders could define what they wanted to happen and actually land up somewhere, rather than head to some obscure future. The next innovation was 360-degree feedback based on the idea that leaders would ask how their staff and peers perceived them. This was the beginning of multiple two-way relationships, rather than top down. HR departments wrecked that by recording data which interfered with the staff-leader relationship.

Team building and games came in. People would go in the outdoors. They'd break-in horses to get to know one another, rather than just talking with one another on what influenced them as leaders. 'I was born in Temuka, my grandmother was 15 when my mother was born.' People go, oh, really? These are the personal stories that create intimacy and connections yet so often that gets left out. These approaches are so simple. They are personal, and purposeful.

**Chris Hill:** Lovely. When I was working at Whenua-iti as an outdoor instructor, groups of people arrived from organisations who had just started a year-long course together. On the first day, we had them

jumping off towers, and tree stumps that were eight meters high, blind folded and they could climb up and jump off. That was quite a phase, wasn't it?

**Diana:** It was a phase. People getting to know one another and having shared experiences. During that phase, some teenagers died in a river crossing. I thought, no, wrong direction. Developing relationships needs to be in the here and now. That was when I decided not to use games, like finding someone else's name under your seat. I worked sociometrically - people talking with each other – that became the core of my work. This was a significant moment for me.

**Chris Hosking:** When I go to Vietnam, they love starting off an afternoon session with a game. Each session, actually, whether it's afternoon or morning, they have a game.

**Diana:** What do you do? What sort of things captures them?

**Chris Hosking:** Culturally this has a very important function in assisting them to warm up to learning as enjoyable. Many of the participants I have worked with have had very serious periods in their lives that have involved experiences of war, harsh governments and lack of freedom so the games still have some function there.

**Diana:** Very important.

**Chris Hill:** I am interested in your work with people from different cultures and in terms of working with Māori, and if there are differences that you have noticed. That interests me because I do some teaching and supervision in that area. When I think of the Māori world and that business of integrated thinking and feeling, and action, it naturally has that quite a lot. When we meet or get together with people, there's a whole lot of action going on, isn't there?

There is sitting and there's speaking, and there's a lot of humour and there's tears, and there's physical movement and action. I've been stimulated by thinking about that, and about Māori leadership. The context is quite different in some ways. People have leadership in a certain area, in another, they're doing the dishes.

Often in the Māori world it's held within a whole in some way and folk hold leadership in some areas. It is different.

**Diana:** It is different, yes. The things that I've learned from you Chris Hill really helped me with some of the work that I'm doing right now, and understanding who to involve in what.

As a Pākehā, I would normally decide certain things. When I'm working with Māori, I know that I don't. I'm becoming wise about who's going to do what, and who invites who to do what. There is an ease in the movement of the leadership of the group, from them, to me, to them and then to us as a whole group.

We might decide something formally as the group, then I know that it's not the 'leadership' that's makes the decision. It is actually another group or specific people to one side, who are going to say, yes, we'll go ahead with that, and no, we won't go ahead with that - the 'informal' Māori leaders are the decision makers.

Working with Māori leaders I have become aware of one particular dynamic which is their reluctance to emerge from the group as a leader. They have a tendency not to 'choose themselves.' With pākehā leaders, assisting them to truly connect with the group and people they lead is the main work.

**Chris Hill:** I am moved as I take in your understanding of the complexity of Māori leadership, the holding back, sitting back and the genuine knowledge of the purpose of this. The humility it involves and the business of speaking for a group or community and knowing when this expression is what is wanted. I'm heartened by your finding your way in this area. Chris and Diana, I've enjoyed this conversation and this rich time we have had together.

Ngā mihi mahana ki a koe Diana mō tō mahi hei whakaarahia.





*Chris Hill is of Te Ātiawa, Ngāti Tama and Ngāi Tahu descent and has been a Psychodrama trainee for 17 years. Chris's mahi covers a range of roles including counselling, cultural supervision, tutoring in the areas of Treaty of Waitangi and Te Ao Māori perspectives of the world, and resource management for her hapuu. She also sits on a number of advisory boards and trusts. Chris has particular interest in how Māori approaches to life hold within them resolution to many of our environmental and social*

*issues. In 2014, Chris received the Queen's Service Medal for services to health.*

*Chris Hosking is a Psychodramatist, Trainer, Educator and Practitioner (TEP). Chris has worked for many years as a psychodrama trainer, counsellor, individual supervisor and group work supervisor. She leads training workshops in Australia, New Zealand and Greece and for non-government organizations in South East Asia. Chris is active in AANZPA Inc. as a member of the Ethics Committee.*







*Diana Jones is a leadership coach, sociometrist, TEP and author. Her expertise is in assisting public and private sector leaders and teams be aware of the impact of their behaviour on others and learn how to create productive here and now relationships to produce business results. She is a past chair of the Wellington Homeless Women's Trust, and former treasurer and executive member in AANZPA Inc. Her passion is working with leaders to align their personal qualities with their professional identities ensuring vitality, originality and presence.*



## Colin Martin



*29<sup>th</sup> September 1936 – 7<sup>th</sup> April 2017*

Colin Martin was a significant pioneer of psychodrama in New Zealand introducing many professional people to action methods and their application in organisations. This article is a selection from his memoirs he dictated to his wife Vivienne Thomson and some of his writings and teachings.

“In 1982, I was asked to run a 3 week trainer training course for trainers in government departments. This I did and it was very successful to the extent that the Vocational Training Council (VTC) proposed putting together a National School of Training for Trainers that would provide services for government and private industry. While this was under discussion I ran a second 3 week course for the State Services Commission. However this course was not a success. Trainers selected for the first course were keen to develop their skills whereas trainers put on the second course were those who were failing and not happy in their jobs. They were keen to prove that I wasn’t the right person to train them which they did by playing up in the group.

Nevertheless, although they would not admit it, I ran a good course and they did learn some things. On the last day of the course, Allan Parker from the VTC sat in on the evaluation. During the summary from the trainers, most of them complained about the course not being adequate. In each case, I applied what I had learned from psychodrama. I asked them to expand on their thinking and got them to group with other people who thought the same. Over half the group felt similarly. I then asked the remaining people to comment and they said they had got what they wanted from the course and that it was helpful.

At the time I thought that the VTC would no longer be interested in me but to my surprise the following week I was asked to set up and run training for trainers as a national programme from Wellington Teachers College. When I spoke to Allan some time later I said I was surprised that I was asked to do the course given the feedback from the trainers. Allan said it was the way I handled that session that convinced him that it had to be me running the course."

As an experienced consultant, Allan had never seen anyone work this way and achieve results with such a group. Impressed by Colin's ability as a group worker and sociometrist, Allan also began training in psychodrama and became a member of ANZPA.

Several years prior to this, Colin had been introduced to psychodrama through an experiential workshop led by Dale Herron and soon after that Suzanne Howlett led a workshop at Wellington Teachers College using action methods which Colin was fascinated by. Seeing the potential for application in his work as a lecturer, he sought further opportunities to develop his abilities. His first psychodrama training experience was a week-long residential workshop led by Max Clayton in 1978. For many years Colin attended workshops led by Max attributing much of his success as a group worker to what he learned from Max.

At that time, Colin observed that action methods had a lot to offer commenting, "Currently there is very little guidance for those who train others in groups in commercial, manufacturing or government organisations. While there is plenty of information on group facilitation skills, this approach is different from the trainer focusing on pre-determined goals and performances and keeping to a structured and agreed schedule. In addition, while most writing on groups is on a facilitation basis, there is very little information on directed group learning based on group theory and process."

As well as being involved in AANZPA events, Colin travelled the world meeting authors on group work who had inspired him and provided practical applications of their work. He attended the first mid-west psychodrama conference held in Chicago and ran workshops at several psychodrama conferences in Britain and the USA. Making connections with numerous practitioners he invited Trish Williams, Warren Parry, Ann Hale and David Swink to contribute to the National School of Training for Trainers programme which in turn created opportunities for other events to be organised and introduce people to psychodrama.

Colin's interest in group functioning and his integration of this into the National Training for Trainers Programme led him to record the following:

## **Application of Action Methods to group training skills**

### ***Premise***

People learn best in groups. Each person learns individually at their own pace and in their own style; and they learn best in groups. This is a significant paradox.

Trainers need skills to manage groups so that the individual learners develop desired skills, knowledge and attitudes.

Competencies developed from action methods can provide a substantial set of fundamental group management skills.

### ***Trainer competencies***

The following 10 competencies represent a framework for developing a group management skills programme for trainers.

#### **1. Ability to build rapport in a learning group**

Building rapport encourages group members to function as learners and to take risks as learners.

The initial group rapport building activities should focus on themes for the formation of group rapport, the tasks of the workshop, and the responses of the individual.

Examples:

- Greetings continuum
- Individual expectations and goals
- Identify expertise among group members re workshop topics

- Anticipated outcomes for group and individuals.

## **2. Ability to focus a learning group on task**

For each discrete topic, the group needs to focus on the immediate task (warm-up).

## **3. Ability to deal with resistance**

Resistance can be dealt with by supporting the resister and exploring and expanding the resistance. Learner resistance is a group issue and needs to be dealt with in the group. Resistance is a natural and healthy learner response.

## **4. Ability to use directives to manage group action**

Learning groups need to be managed so that learning action is sustained. Use of directives, and careful use of language, is a key to managing group action. Example:

“Form pairs” is a directive.

“Would you like to forms pairs?” is a question and a careless use of language.

“I would like you to form pairs” is a desire with little relevance for learning action.

## **5. Ability to make learning practical and active**

This refers to practice and rehearsal; the more training is able to duplicate or simulate actual desired performance, the better will be the learning.

Making learning practical and active also refers to the re-designing of static or lecture-style delivery of information so that it has an active component; with a little ingenuity anything can be made active.

*(An example of this is the technique of the opinion map that Colin created – a concretisation where each group participant states their opinion on a topic and places themselves in relation to others’ opinions thereby mapping the spread of opinion in the group and opening up further exploration.)*

## **6. Ability to plan training sessions**

The trainer must plan; off-the-cuff is seldom appropriate or helpful. Paradoxically, a well-planned and detailed delivery lends itself readily to on-the-spot adaptation to meet emergent issues.

### **7. Ability to write objectives in performance terms**

Training needs competency models and competencies written in such a way that desired performance is clearly understood e.g. criterion referenced.

### **8. Ability to use role taking as a training tool**

All performance is role based and activities are required which enable learners to develop their roles.

### **9. Ability to evaluate learning**

This is a straightforward matter if a competency model is used; trainees are measured against clear performance criteria, preferably on-job when applying the skills and preferably with the trainee's supervisor participating in the assessment process.

### **10. Ability to facilitate transfer of training**

This is a complex matter as it relates to on-job actions. Having trainees apply new skills until they become part of their normal performance repertoire requires much on-job practice, preferably supervised. There are helpful actions to assist with transfer such as coaching or training of on-job supervisors and providing them with guidelines for facilitating transfer, or even showing the trainees how to actively seek and secure on-job supervision. Most failures in training can be related to inadequate post-course on-job practice and lack of organisation support.

## **Other applications of Action Methods**

Colin was the Director of the National School of Training for Trainers for a decade but he was a man of many talents and interests notably drama, language, education, history, relationships and photography which led to him being involved in a multitude of entrepreneurial activities. Colin's natural talent as a sociometrist meant that a central focus of these activities was building community and mentoring people as they developed their abilities.

In the 1980s Colin, along with his wife Vivienne, established a consulting company. He chose other company directors who were also involved with psychodrama making this method a hallmark of the company's identity and practice. The company evolved and continues today as Algate Enterprises. One of Algate's contracts was with the Centre for Post Graduate Pharmacy Education to train pharmacy tutors in Britain necessitating an annual trip to lead workshops for them. On

one of these visits, the remains of Shakespeare's original Globe Theatre were discovered in London and Colin, a keen photographer, was there with his camera photographing the site. He met Sam Wannamaker at the Bear Gardens and shared his enthusiasm for the proposed development of a new Globe Theatre.

Each year for more than a decade, Colin went to London to train tutors and each trip, in his capacity as a Trustee of the Shakespeare Globe Centre New Zealand Trust, he would make a special visit to take photos of the Globe's progress; as a model, a hole in the ground, the basement where the NZ hangings were first on display, construction of the Sam Wannamaker Playhouse and ultimately the building of the Globe Theatre. Once the Globe was ready for operation, Colin photographed many aspects including rehearsals, behind the scenes work of the staff, the latest developments in the Globe and venturing into corners of the theatre not accessible to the public. On his return to New Zealand, Colin donated his many slides to the Shakespeare Globe Centre of New Zealand to use for educational presentations.

Each year, the Globe Theatre in London puts on a special performance and ceremony to acknowledge individuals who have made a significant contribution to the Globe. In June this year, Colin was commemorated for his contribution as the images he captured are now the only records of many aspects of the Globe's construction. Regarded as a valuable resource, these images now reside in the digital archives of the Globe. With a camera always at the ready, Colin also recorded moments at each AANZPA conference he attended and many of his photos can be found in the AANZPA archives.

Back in his home on Waiheke Island, Auckland, Colin spent the last decade managing another of his entrepreneurial ventures involving commercial premises he established with his family. The effects of this business have had a significant positive impact in the community. Although understated about his own success, Colin made a lasting and beneficial impression on people.

Colin was a member of AANZPA for well over a quarter of a century. Psychodrama was a major influence in Colin's life and one that he was very thankful for. He always said he was a better person for having done psychodrama.





# Working with family violence

*Philippa van Kuilenburg*

The intention in this article is to share my experience of working with people who are in abusive relationships. My work is primarily with women. I work for an organisation called the Inner City Women's Group facilitating an eight-week group focusing on anger management and an eight-week group focusing on self-esteem and assertion. I have also facilitated a sixteen-week group for women who, having been prosecuted for family violence, have been ordered by the Courts to attend the programme. In addition, in 2017 I have facilitated programmes in Auckland Women's Prison. Some of the women have ended up in prison as a result of reacting violently as they retaliated to being abused by their partners. In a large number of these cases they were reported to the Police by their partner who demanded that they be charged. Usually no acknowledgement was given of the partner's own abusive behaviour. My work is to assist the women break the cycle of abuse in their relationships.

The clients I see in my private practice tend to be concerned about their primary intimate relationship, in particular, that they are unable to get their partner to stop their abusive behaviour. As a role trainer working in this field, I apply sociometry, role theory and systems theory to understand the dynamics of family violence and to determine what could be appropriate interventions that will increase a client's role development and expand their progressive functioning so they act less from old limited responses that are overdeveloped. In the following paragraphs, I will describe some of my work and what I have learned.

## **Understanding the system of abuse**

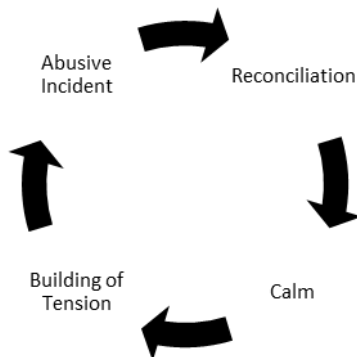
Family violence is a system of abuse in which any one person reacts to another causing harm. A hallmark of a system of abuse is inequality, where power and influence are not shared or exchanged between people. Abuse is a misuse of power that occurs when a person coerces someone into meeting their needs. The abuser in family violence is wilful, actively choosing to gain power over their partner with little regard for the other person or people involved. There are many types of abuse and may be verbal or nonverbal i.e. physical, sexual, psychological, emotional,

financial. Some are easily identifiable acts of violence while others are hidden and harder to detect. Examples include intimidation, threats, economic control, isolation, minimizing, denying and blaming, punishment, using privilege. Whatever the form of abuse, the outcome is always damaging with long lasting reverberations.

Generally, the starting place of violence is within the family with a pattern of responses learned primarily from parents and repeated through generations. There is growing medical evidence produced from brain scans that when a child is exposed to repeated violence of some sort there is increased development in the reptilian (freeze) and mammalian (fight/flight) areas of the brain to the detriment of the frontal lobe areas. The result is the same whether the child is a direct recipient of violence or may experience vicarious trauma through being exposed to violence directed against another person.

A mother who stays in an abusive relationship maintains the belief that the abuse is acceptable and models this to her children. Bancroft (2007) has found that males raised by mothers who put up with abuse, and who did not defend the child by removing them from that environment, are more likely to become abusers themselves. Girls are more likely to accept or look for partners that have similar behaviours to those experienced in their family.

Abuse is cyclic with four recognisable phases.



### ***Abusive incident***

The abuse may be physical, sexual, psychological or emotional. It is common for clients in long term abusive relationships to doubt their own thinking, be concerned that they are going crazy, or believe they are

responsible for their partner's abusive behaviour. This results from the mind games played by the abusive partner, and is referred to in the literature as 'gaslighting'. Gaslighting is a form of manipulation that seeks to sow seeds of doubt in a targeted individual with the intention of making them question their own memory, perception, and sanity. One of my clients removed keys when they knew their partner was looking for them, then later replaced the keys making out that they had been there all the time.

Another of my clients was visited by a colleague when she was sick and since then her partner accuses her of having an affair with the colleague. In the privacy of their home he calls her a bitch and sexually demeans her through his haranguing. In public, he will quietly whisper in her ear that she is a whore. He texts her every half hour wanting to know where she is and what she is doing.

### ***Reconciliation***

In the reconciliation phase, the abuser apologizes for the harm they've caused, is overly affectionate and caring, or chooses to ignore the incidents of abuse or blame them on their partner in some way. In this phase, the abuser will make it seem as though the violence is finished and give assurances that such incidents will never occur again or that they will change. The abuser often feels overwhelming emotions of sadness and remorse, or at least pretends to. Most abusers shower their partner with love, purchasing them expensive gifts and treating them with extra kindness. Some abusers even threaten suicide to prevent their partner from leaving.

An example was expressed to me while I was working with a couple when the abusive partner told me that he would not do anything that was not okay anymore and promised faithfully he would change. This lasted for a week and then he proceeded to behave as he had always behaved. He then became reluctant to support his wife coming to therapy and she became fearful of what he would say or do after her sessions. His reaction reinforced for me that for couples work to be viable the abuser must have genuinely taken responsibility for their behaviour and be willing to address their functioning.

### ***Calm***

During the calm phase the abuser tries hard to be kind to their partner and does his best to restrain himself from harming them. The relationship

becomes relatively peaceful and calm during this phase which often convinces the victim that the abuser has indeed changed.

Clients tell me that life is generally good at this stage. There are no arguments, put downs and generally the partner is nice and often loving towards them. They begin to believe that perhaps the partner may be changing for the better. Those who have experienced this cycle several times recognise it for what it is and use the time as respite. They also fear it as they know what is going to come next.

### ***Building of tension***

After a period of calm, arguments arise and poor communication escalates conflict. The victim often fears angering her partner so she becomes vigilant and changes her behaviour to prevent triggering her partner. However, for some of the women in prison I discovered that they took the opposite approach. By escalating the situation, they would induce their partner's violent outburst. They told me that they felt they had some control over the situation and once the violence occurred they would be back into the calm period again. The violence would be shorter and they hoped easier to manage.

You might wonder why someone would stay in an abusive relationship. From the outside, it is easy to say just leave or get out but those who are inside these relationships say that it is not that easy. There are individuals who are persuaded to stay because of financial constraints. For example, she is unable to get money, money has been restricted or leaving would mean that the children would have to go without basic necessities. Leaving the home means starting again, moving away from familiar environments and friends. In some cases, isolation and loneliness are drivers for going back to the abusive relationship as the memory of the love and good times experienced during the reconciliation and calm phases is enticing.

There is general acceptance by those working in this field that it may take up to seven attempts before the abused individual finally and permanently walks away from the relationship. However, physically leaving an abusive relationship does not necessarily mean that the abuse stops. The abusing partner may continue the abuse via the children using them as a tool to control the other parent, for example, over custody and access, creating mistrust or turning the children against the other parent by making derogatory comments about them to the children. Events where both parents are required to be involved, e.g. clothing, health,

education, sporting activities etc., all become possible means by which to cause difficulty. If there are no children involved, other approaches might be sought, e.g. stalking, taking or killing pets, creating property disputes, denying access to money. For a considerable percentage of women, the only escape from the abuse comes through illness, imprisonment or even death.

## **Roles typically present in abusive relationships**

I have observed that there are a number of roles that appear common in abusive relationships. In the abuser, these are:

- Cunning Controller
- Defensive Self-protector
- Secretive Deceiver
- Possessive Lover
- Coercive Manipulator
- Self-righteous Narcissist

It is possible that these roles are present in non-abusive relationships but I am making a distinction that in situations of family violence we are working with extremes where the abuser deliberately intends their actions to be harmful.

In the victim, I have observed roles of:

- Self-doubter
- Self-critic
- Fearful, Vigilant Ameliorator
- Ineffective Self-expresser
- Isolated Self-defender

However, change is possible. Role training is necessary for both parties but to work effectively clients must be ready and willing to address their functioning. Often I experience a high degree of resistance with abusers who flatly deny that they are abusive. Often too my clients who are victims of abuse tend to minimise the severity of their situation or are overwhelmed by shame and are reluctant to open up. My observation is that change does not occur quickly and only occurs once the client accepts that they need to change their beliefs, thinking and behaviour. Once this occurs change is possible. As the person experiments and tries out new behaviours their spontaneity increases and their role repertoire expands.

In the following section, I describe interventions with some of my clients.



'The long path' by Philippa van Kuilenburg, a pencil drawing used with permission of the current owners.

## **My work with clients**

Many of my clients have tolerated and have even come to accept being in an abusive relationship. There are significant gaps in their functioning and most survive by coping. There are a number of things I do to assist the development of progressive functioning. A primary approach I take is to model being respectful. I always check the client's willingness and receptivity, making a point of establishing agreements for learning prior to taking action. I am sensitive to the power dynamic between us ensuring that the client makes decisions about what they will do. I teach them *I'm ok - you're ok* (Harris, 1969).

Firstly, I focus on doubling the client. I acknowledge their situation and experience. They feel seen and heard. In this way, I am able to build our relationship, to develop trust and convey that I respect them.

Working in a group is valuable in that it brings the clients out of isolation and helps correct the skew in their perception. As group members share their stories, they hear others describing situations that are recognisable and they realise that they are not alone. They get a new

perspective on what is considered abusive, e.g., blaming, name calling. Some women are surprised that legally there can be rape within a marriage and that they are allowed to say no. They also realise that they are not the cause of the abuse and that to bring about a change in the relationship they can change their own functioning.

Often my clients are dominated by feelings of inadequacy, shame, hurt and fear. In the face of abuse they fragment, losing awareness of themselves as well as the reality of their situation. They lack discernment and are unable to make accurate observations or decisions based on sound assessments. This is natural given the nature of family violence and the impulse for self-preservation. My work is to increase their awareness of their responses, help develop their conceptual understanding of what is going on so they are better able to make sense of their experience and to increase their spontaneity so they have more options than simply being reactive.

As part of the role development, I teach a couple of techniques, one taken from the Alexander Technique called “walking into your spine.” Usually when faced with abuse the client freezes but this technique involves getting them to take a step back. The physical act of stepping back mobilises them unfreezing them and creates space literally giving them room to breathe. Once they have stepped back, I get them to take a minimum of three deep breaths. This activates their parasympathetic nervous system. The parasympathetic nervous system plays a vital part in maintaining both mental and physical health by helping the body to calm down from stress reactions that elevate blood pressure, dilate the pupils, and divert energy from other body processes into fighting or fleeing. They become aware of themselves and their bodily experience. They can begin to think again. Another technique I use is from Brain Gym using crossovers putting the left arm over the right and, without moving the head, move the eyes left to right, and breathe. Kinesiology helps activate both the left and right side of the brain connecting the body and mind.

A central role I focus on developing in clients is that of the assertive communicator. My aim is that the client will be able to stand up for themselves by not accepting their partner’s abusive behaviour whilst at the same time remaining respectful and safe. I find it helpful to consider a cluster of roles, including: truth speaker, active listener, naive enquirer, problem solver, strategic thinker, confident negotiator, loving non-judgmental self-observer, effective boundary setter, trust builder, loving compassionate heart and bullshit detector. There is a wide range of

thoughts, beliefs, feelings and behaviours to look for during this development so there is both ability and congruence in the enactment of these roles. Modelling from group members assists as does coaching and teaching from myself.

There is hope where individuals are willing to reflect on their own behaviour, to take responsibility for it and accept it when it is inappropriate. In the groups I work in, I see a lot of women who shamefully acknowledge that they themselves tend to be abusive. These women are eager to develop alternative responses, to understand their triggers and learn strategies to become more effective in communicating their needs. In the groups, we explore what anger is, developing an understanding that it is a biological response to danger, and that it can be controlled.

It is important to create an open and friendly climate in the groups, as this assists individuals to be courageous explorers and curious scientists, experimenting with what will make a difference for them. I encourage group members to be compassionate self-observers so that they can see and accept what they were taught and had modelled to them as children. To help them differentiate, whenever they are behaving like their parents I get them to stop, think and consciously choose how they want to respond. I use a lot of mirroring, and modelling to assist the women to develop new responses. This enables them to experience what would work and to then have different experiences to draw upon.

I have found that counselling couples is contraindicated where abuse is present as the abusing partner typically will use the session to their own advantage and perpetuate the abuse. For example, as an opportunity to denigrate their partner or to present themselves as the victim. Abused women have reported situations when they have told the counsellor in the counselling session what has been going on and later they have been punished by their partner for exposing their behaviour.

I look for the ability to role reverse as an indicator of readiness to do the work. A couple self-referred who wanted to change the dynamic in their relationship. She felt he was being abusive and described what had been happening. While she presented her story, I worked with his response. He acknowledged what happened and apologised. I ascertain the degree of commitment to working with the issue by asking if they are interested in finding out what happened, if they are willing to work on the issue, asking if they would consider various options, and getting agreement to work together. I also observe their responses when I declare



when there are behaviours that are classed as abusive. Often if there are objections, complaints or promises made I will seek verification from other sources to confirm what is actually happening in the family. Sometimes this is possible as I work with the children or other members of the family.

In conclusion, although the work is demanding, it is also rewarding and I am motivated to continue as New Zealand has the highest rate of family violence in the developed world. Responding to family violence accounts for 41% of a frontline Police Officer's time, two-thirds of these incidents involve children (it has been shown that the intergenerational effects are significant), and 55% of women report having experienced intimate partner violence (IPV) in their lifetime. A new Family Violence Act was introduced in April this year offering increased recognition of abuse and protection to the victims but even with this much-needed change in the legislation, psychodrama has much to offer to address these terrible statistics.

## References

- Bancroft, L. (2007). *Checklist for assessing change in men who abuse women*. Retrieved from <http://lundybancroft.com/articles/checklist-for-assessing-change-in-men-who-abuse-women/>
- Harris, T.A. (1969). *I'm OK - You're OK*. NY: Harper & Row.

## Resources

The following resources are helpful for working in family violence:

*www.lundybancroft.com* has a number of resources, including assessing programmes for men.

*Men's change scale battered women's justice project* retrieved from [www.bwjp.org](http://www.bwjp.org). This New Zealand resource offers a scale of change that can be used in working with clients.

*Duluth model domestic abuse intervention project* retrieved from [www.library.nzfv.org.nz/cgi-bin/koha/opac-search.pl?q=an:2626](http://www.library.nzfv.org.nz/cgi-bin/koha/opac-search.pl?q=an:2626). The document was designed by the Duluth Company to work with men. Hundreds of women were interviewed to identify behaviours that were used to control them.

*Trauma, healing and the brain: Community learning event* retrieved from [www.youtube.com/watch?v=UYvxlkCGmbQ](http://www.youtube.com/watch?v=UYvxlkCGmbQ). In an educative focus,

Dr Mate talks about the impact of abuse on the development of the learner and what has to be repaired.

White, D. (2016). *Family violence: Lifting New Zealand's dark cloud*. NZ: Renaissance. Offers insights on the hidden systemic nature of abuse.



### ***Philippa van Kuilenburg***

*I am a mother of three children with grandchildren on both sides of the Tasman Sea and married for forty-nine years. I have had a range of jobs that assists me relating to clients especially when working in Employment Assistance Counselling. This work has expanded into the area of becoming a Critical Incident Responder this past year working with vicarious trauma within the workplace. I have found my training as a Role Trainer particularly useful working with individuals to activate their progressive role functioning so that counselling is not required as a result of the traumatic incident. I have been expanding my skill level as an artist over the last few years and enjoy working in a variety of mediums.*

# A life lived backwards: One man's experience of ageing An auto-ethnography

*Yehoshua*

*Old age ain't no place for cissies - Bette Davis*

It was a beautiful summer's day on Whale Beach north of Sydney. I was in the dressing shed after having just emerged from the surf. I looked at myself in the mirror and horror of horrors I saw my first facial wrinkle. It was then that I realised the ageing process had begun. I was 25 years old.

For the next 51 years, I had a ringside seat for my ageing process. At first it was landmarks like hair loss, thickening of the waist, my first grey hair. Later came teeth loss, the beginnings of arthritis, increasing presbyopia and the beginnings of short-term memory loss. Staying fit required more effort than before. Recovery after exertion (or a party) took longer. Erectile dysfunction began. Mid-life crisis came and went. Awareness of my own mortality slowly dawned. Instead of the sky being the limit, I was now looking downhill into my own grave. A terrible awareness of time and talents wasted seeped through me. I was sinking into the quicksand of ageing. Finally, I came to a point where I realised no matter how hard I tried, there was no longer any possibility of restoring my functioning to that of my halcyon days. I had finally arrived at old-age. I was now a full member of the old farts club.

**Methodological approach.** The methodological approach I will be using in this article is that of an auto-ethnography. It will be a personal narrative seen in the context of my social and cultural atoms. While it has no generalizability, I hope that parts will resonate with you, the reader, and that my strategies for dealing with my ageing process may prove useful.

**Narrative structure.** I will be structuring the narrative by starting with my childhood and early adulthood, then middle age and finally old age. I will also touch on the principles I am attempting to apply in dealing with my ageing process.

I am starting my narrative by briefly describing my childhood social and cultural atoms. I believe that to understand my method of dealing with the ageing process it is necessary to know my beginnings and the trajectory of my personal development towards old age.

I am using the cultural conserve labels of Middle Age and Old Age only as convenient pegs on which to hang the narrative. There is no sharp distinction between the stages of my life. My awareness of ageing started when I was age 25 and progressed seamlessly to age 76.

**The title.** The title “A Life Lived Backwards” refers to the phenomenon of my achieving my major childhood ambitions in the second half of my life rather than in the first. Also, all my university degrees were obtained in the second half and haven’t stopped yet.

## **Childhood and early adulthood**

In this section, I will outline the major influences that shaped my experience of the ageing process and my approach to dealing with it.

### ***My childhood Social Atom***

I was born in 1941 in Sydney, Australia, the eldest of two children. My father was born in Australia of Scottish parents who migrated to Australia around 1910. My mother was born in England of Cornish parents who migrated in 1926, after eight years living in South Africa. Both my parents were born and raised in the Catholic religion. They were both adversely affected by the 1930s depression. Neither completed high school. My father eventually became a skilled stonemason and my mother took dressmaking and cleaning jobs when she could. They sub-rented several rooms in a house rented by my maternal grandparents, in slum conditions, in an inner Sydney suburb.

My father was a combat soldier in the Australian Army during the 1939-45 war. He fought in the in New Guinea campaign. He returned with malaria and “war neurosis.” He self-medicated heavily with alcohol until his death at age 70 of liver failure. There was also a culture of alcohol abuse in my maternal grandparent’s home.

My mother had no friends of her own. She tried to make me her constant companion (without success). When I was around age 7 she became withdrawn, and began to hallucinate about being persecuted by neighbours and passers-by and remained this way throughout my

childhood and adolescence. Since I could no longer rely on her for emotional support, I became emotionally self-reliant.

### *My personal development*

I was born 6 weeks premature and was kept in a humidicrib. When I was removed, I had a whole-body skin disorder requiring me to be bathed in oil and wrapped in cotton wool for a further six weeks. This meant I did not experience prolonged human touch for the three months following my birth. As a consequence, I did not bond with my mother. This had serious consequences for all my relationships until I was age 42. I could not form attachments or function as part of a team. In group situations, I functioned as an observer, rather than a participant. I formed the conviction that I was a disappointment to my parents for not being “normal” at birth. I worked with this conviction in creative ways, whenever superiors or teachers had high expectations of me, I always managed to disappoint them.

I attended Catholic schools from kindergarten to year 12. I joined the school’s army cadet corps at age 12, rising to lieutenant rank at 15 years of age.

My greatest passion was aviation. On leaving school at age 16, I was chosen for the Royal Australian Air Force Academy as an officer cadet and trainee pilot. I experienced extreme military discipline by the staff and “bastardisation” by the senior cadets. This toughened me physically, mentally and emotionally. I learned courage, perseverance, resilience and attention to detail. I did not study adequately for the Bachelor of Science part of the course. As a result, I was a disappointment to the Commandant who admitted he had higher than usual expectations of me. He reluctantly discharged me at the end of the first year of the course. This failure has haunted me ever since.

I now had to find a new career. I tried being a bank clerk for a year but was dissatisfied. Instead, I turned to religion for the answer and joined the Franciscan Friars at age 18. I chose to be a trainee brother-friar even though I was educated enough to be a trainee priest-friar. At that time, the brothers spent their lives in manual and domestic work as servants of the priests. The seven years I spent as a friar taught me humility, patience, self-reflection, compassion and a love of silence. In the end, I could not tolerate the close community life in a friary (the feeling was mutual). I received a dispensation from the Pope and was allowed to leave the religious order. I was now age 25.

Once again, I searched for a career that would make me happy. I applied to the Royal Australian Air Force (RAAF) for pilot training. This was at the beginning of Australia's involvement in the Vietnam War. They couldn't understand why an ex-friar would want to drop bombs on people and offered me an immediate commission as an officer in the air traffic control branch which I accepted. I served in this capacity for ten years, from age 27 to 37.

Concurrent with rejoining the RAAF, I got married and started a family. The marriage lasted 12 years. True to form, I disappointed her to the point where she chose not to tolerate me any no longer.

**Mid-life crisis.** At age 34 I had a mid-life crisis. While I still performed my duties as an air force officer, I lost all interest in life. I experienced symptoms akin to clinical depression. I became painfully aware that my life was half over and I had achieved very little that was worthwhile. I had not achieved my childhood goal of becoming a pilot. I had not obtained a university degree. I was well behind my RAAF Academy classmates on the promotion ladder. Even in my local Catholic church parish I was regarded as a failed friar. My social life was a disaster. I had no real friends. I was ignored and avoided by my fellow officers. My wife and children were my social life. I felt I had no purpose other than being a husband and father.

**My journey to integrative catharsis.** At age 35, I started to emerge from my mid-life crisis and enrolled in a two-year, part-time, church-based counsellor training program. The training was conducted by a highly skilled, retired female psychiatrist. It consisted exclusively of self-awareness training in an encounter-style group. Eventually, I learned to connect with the group members. I experienced the beginnings of self-awareness and my journey to integrative catharsis began. I connected strongly with several group members who became auxiliaries on my journey. At this time, I abandoned the Catholic religion and became a humanist.

On leaving the RAAF, at age 37, I undertook a four-year full-time Bachelor of Social Work degree course. During my studies, I enrolled in a unit called "The Relaxation Response" where I learned the skill of autohypnosis. This skill proved highly valuable in my journey, and still does. After graduating, I sought psychotherapy training and chose gestalt therapy and psychodrama.

**Integrative catharsis achieved.** At age 42, I was the protagonist in a drama directed by Chris Hosking, at a psychodrama training workshop led by Dr Max Clayton. In this drama, I re-lived my experience in the humidicrib. I discovered that, at that time, physical touch was painful to me. Because of this and the lack of emotional and physical comfort being received from hospital staff, I saw human beings as my enemy and I determined to seek revenge on them.

This awareness led to an integrative catharsis which enabled me to restart my life. The most beneficial outcome of the drama was I no longer blamed myself for my failures. I realised I could not have done things differently at the time. I began to see myself as a handicapped person and ceased punishing myself for not being “normal.” My personal development, over the subsequent four years, was assisted by continuing to attend psychodrama training workshops led by Dr Max Clayton. I was also attending intensive gestalt therapy training workshops during this period. My regular practice of mindfulness, via autohypnosis, was also beneficial.

## **Middle age**

*It is never too late to become what you might have been - George Eliot, 1881*

### ***Career***

**Gestalt therapy practitioner.** I obtained my first university degree at age 41, established myself on the path to humanness at age 42 and qualified as a gestalt therapist at age 46. Although I had undergone 200 hours of psychodrama training with Dr Max Clayton, I decided to concentrate on gestalt therapy training instead. This was in response to Dr Clayton’s injunction to psychodrama trainees, in 1987, that they should focus on training in one modality at a time. Gestalt therapy seemed to better suit my stage of personal development. In other words, I was at the beginning of re-organizing the structure of my inner self and needed to practice a less demanding psychotherapy modality than psychodrama.

**Structural family therapy practitioner.** During the final year of my Bachelor of Social Work degree, I completed a structural family therapy internship at a local child guidance clinic. This changed my world view. I began to see individual, group and organisational behaviours as a product of the system rather than of the individual members.

**Experiential group psychotherapist.** From age 41 to 76, I have practiced experiential group psychotherapy with a family systems bent. Initially, I worked in the Vietnam Veterans' Counselling Service, then in NSW Community Health. For the past 30 years I have worked mostly in private practice.

**Commercial pilot and flight instructor.** At age 56, after a hands-on flight with an ex-client aircraft owner, I resumed pilot training. I obtained my commercial pilot licence and flight instructors rating at age 57, my senior flight instructors rating at age 58 and passed my air transport pilot licence theory exams at age 59. By day I worked as a flight instructor and by night I worked as an experiential group psychotherapist.

### *Exercise*

Having been a military officer, in a high stress occupation, physical health and fitness had been a high priority since my mid-20s. At the core of my daily exercise routine was the Royal Canadian Air Force's 5BX program developed to keep aircrew fit during long frozen winters. Now that I was in my 40s, I had to work a little harder, and with more consistency, to maintain my previous level of fitness.

I did daily walks of 3km or more and kayaked frequently in a nearby river. In my early-50's I bought a sea-kayak and started paddling in the Pacific Ocean off Sydney. In winter, I did an annual four-day backpacking trip in the Blue Mountains National Park west of Sydney.

### *Physical health*

My physical health remained good throughout my middle age with no major illnesses. I have had a tendency to mild hypertension since my mid-30s. My long-distance vision deteriorated slightly in my late-20s and has remained stable. My short distance vision has been deteriorating steadily with age since my early-40s. I remained arthritis free until my late-60s.

### *Mental health*

My level of mental health and wellbeing during middle age was high. I had achieved my dream of being a professional pilot and loved being a flight instructor. I had obtained my first university degree and had established myself in a successful career as an experiential group psychotherapist.



I was maintaining good health and an adequate level of physical fitness. I had recreational pursuits I loved. Sea-kayaking and bushwalking proved to be an effective way of maintaining wellbeing. I managed to organise and lead at least one air safari to central and northern Australia each year. This was also a great source of self-esteem and wellbeing. I continued to practice mindfulness.

At first, I had a little difficulty coping with having two very different careers active at the same time. This soon passed and the only difficulty was in the minds of my student-pilots and fellow instructors, if they found out about my group psychotherapy work.

### ***Social Atom***

I met my current partner at age 43. In this period, I had many acquaintances and few friends. I had regular contact with my children who lived 30 minutes' drive away. I also had regular contact with my family-of-origin. These contacts became more and more infrequent towards the end of the period.

### **Old age**

*In old age, life takes away more than it gives* - Indiana Jones  
in Kingdom of the Crystal Skull, 2008

At age 60, when I realised ageing was unavoidable, I made a pact with myself that I would live on the outer edge of my mental and physical capabilities as my ageing process unfolded. Of course, this pact did not eliminate the strong, ever present urge to stop struggling and take the line of least resistance.

### ***Career***

**Commercial pilot and flight instructor.** When I entered my 60s I was still working as a flight instructor and an experiential group psychotherapist. In my late-60s, I realised my professional pilot career was drawing to a close. Because of this, I decided to update my counselling and psychotherapy qualifications. I ceased working as a professional pilot at age 73.

**Postgraduate university studies.** At age 68, I started a part-time coursework Master of Counselling degree course at the University of New England (UNE), Australia. At age 70, I started a part-time research Master of Counselling with Honours degree with UNE and graduated at age 75. My research was a pilot study in the areas of group psychotherapy and psychodrama. I am currently searching for a

university able to provide supervisors for a Doctor of Philosophy course in these areas.

**Employment activities.** At age 75, I entered into a business partnership with sociometrist, and superb auxiliary, Helen Phelan to provide leadership training and consultation across a wide spectrum of applications. My current major contribution is in the area group psychotherapy training. I have also recently registered as an outreach counsellor with Relationships Australia. I am a member of the Australian Association of Social Workers Private Practice and Men's Practice Groups.

### *Exercise*

As a professional pilot, I had to maintain a high level of physical fitness. My 90-minute daily exercise routine included stretching, core muscle work with 5BX, sprinting on a rebounder, stepping on a stair machine, weights and 30 minutes on an elliptical trainer. When working at my computer, I did a few minutes on a stepper every hour and a half. This was augmented with weekly walks up and down ravines in the nearby Blue Mountains National Park carrying a 20kg backpack. In summer, fortnightly four-hour sea-kayaking trips in the Pacific Ocean were added. At age 63, I was the fittest I had been, at any age.

### *Physical health*

At age 65, I developed chronic, incurable atopic dermatosis on 80% of my body. The discomfort it causes is a significant handicap to my lifestyle. By learning to put the discomfort in the background and the rest of my life in the foreground I have managed to stay active and involved in life.

Apart from the dermatosis, my only other health issue is mild, genetically caused hypertension. I have been on a low dosage anti-hypertensive medication since age 58.

As I have aged, my susceptibility to upper respiratory tract infections (viruses) has slowly increased. My recovery time is also increasing. Skin wounds are taking slightly longer to heal.

Although my physical stamina is excellent for a man aged 76, it has been slowly decreasing since age 72. My recovery time from physical exertion has doubled since age 63.

## *Mental health*

**Reconnecting with psychodrama.** At age 67, I felt the need to connect with people who had a similar level of personal development to mine. In other words, I needed some auxiliaries. I reasoned that psychodrama practitioners and trainees would be the most likely source. I sought out Dr Max Clayton and found he was still running psychodrama training workshops, 21 years after I last saw him. I enrolled in a four-day residential workshop following which I decided to recommence my psychodrama training.

**An increasing desire to learn.** Throughout my 60s and 70s I have had an increasing desire to learn. It seems I am trying to cram in as much knowledge as possible in the time I have left. I have been assisted in this by the advent of university level podcasting in a wide variety of disciplines. I am also learning to speak French. I am hoping to continue expanding my mental abilities by undertaking postgraduate study at PhD level. A secondary purpose for this mental activity is to minimise the chance of developing senility, or Alzheimer's syndrome, due to mental inactivity.

**Limited amount of life left.** I constantly have to struggle against the awareness of having a limited amount of life left. My hedonistic side uses it as an excuse to take the line of least resistance. I counter this with the knowledge that taking the easy path has never brought me contentment.

**Perception of time.** I have also been dismayed by a change in my perception of the speed of time passing. Days, weeks and months appear to rush by at astonishing speed. Their speed seems to increase with each passing year.

**Dealing with loss of hope.** For me, the most difficult issue in dealing with ageing is loss of hope. This has resulted from my perception that I don't have a future. Up until middle age, I drew comfort from fantasising about a brighter future. Now that "future" has been largely taken out of the equation, this fantasy is harder to maintain. My postgraduate education and my employment activities are aimed at putting hope back in the equation. Frequent contact with my small group of very high quality auxiliaries also helps.

**Low income.** Loss of hope is exacerbated by low income. Throughout my life, I chose occupations I was passionate about but which were relatively low paid. As a result, I find myself trying to live a full life without sufficient funds to support it. This produces a daily inner

struggle to maintain my motivation. It would be so much easier to give in and live a smaller life rather than a larger one.

**Ageism.** Although I have experienced only one instance of ageism in seeking employment, I am constantly aware of its presence in my cultural atom. My goal is to continue demonstrating that the elderly have value. I plan to keep behaving in ways not expected of a man my age.

### ***Social Atom***

At age 62, I started giving flight instruction to Don, a 77 year-old man who had grown up in the same area of Sydney as me. Subsequently, our friendship grew until his death 11 years later. We became each other's best friend. Don had experienced great hardship during his formative years. He was a humble, generous, compassionate man who possessed great wisdom. He also had kidney failure and a malfunctioning heart valve. In spite of this, he had a passion for life, and people, which he maintained until his death. He was universally loved by all who met him.

Don taught me the benefit of having close friends rather than staying safe in my "cave". I have never felt content in my "cave" since. He made it impossible for me to complain about my ageing process. My troubles paled into insignificance beside his. Being with him was an uplifting experience.

Since age 69, I have acquired a small group of very high quality auxiliaries. They provide me with the doubling and mirroring I need to continue my personal development.

I am also greatly assisted by having a partner who is highly competent in ensuring we maintain a food lifestyle compatible with maintaining physical health. To me this is an essential factor in maintaining my ability to behave in a way not expected of a man of my age.

### **The last word**

My experience of ageing is that it is a gradual process of loss and grief that requires daily adjustment. I have a constant urge to let go and surrender to the line of least resistance. I counter this by reminding myself that a feeling of self-worth is best achieved by useful employment, a healthy eating lifestyle and daily exercise.

My goal of living at the outer edge of my capabilities is still active. I also have a sub-goal of astounding younger generations by physical and

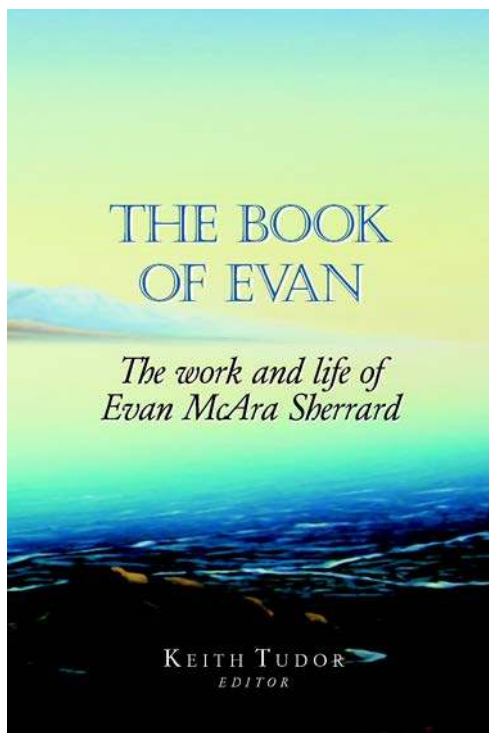
intellectual achievements they regard as being unlikely for the elderly. I hope to set an example of what is possible in old age.

Life is not over 'til it's over. The last chapter of my life has not been written yet.



# The book of Evan: The work and life of Evan McAra Sherrard

Keith Tudor (editor)  
Resource Books, 2017



A reverie by Hamish Brown

Phil asked me to review *The Book of Evan* for our journal. I have found that I don't really want to review it. What emerges in me as I put it down having read it, is a reverie; a reflection on my life and development as it has unfolded and where it interconnects with Evan's work and life path as described in *The Book of Evan*. Probably, if you have been involved in psychodrama, counselling, pastoral care or psychotherapy in New Zealand over the last 50 years, then Evan's work has also affected you.

Evan was a TEP with Don Reekie and Dale Herron in the Auckland Training Centre for Psychodrama when I began my training in 1997.

After Don left Auckland, Evan became my primary trainer and supervised my thesis and preparation for practical assessment. He was my supervisor when I began seeing individual clients and running weekend psychodrama workshops somewhere between 2000 and 2002. The funny thing about working with Evan in this way, which seems remarkable in hindsight, was that I always felt like I could rely on something within myself even though I also felt uncertain a lot of the time. I'm sure this balance of confidence and uncertainty were partly a result of Evan's relationship with me.

*The Book of Evan* is full of descriptions of Evan's impact on the lives of people like me. As I have been reading, I have found myself appreciating how many people he affected and how similar the themes are. The photos of people then young now old are also a delight.

It was a joy to discover chapters relating to Evan's first career as farmer, his second career in pastoral care, and his third career in psychotherapy and psychotherapy education. He had a significant impact on the fields of pastoral care and counselling in Dunedin in the 1960's and on the fields of psychotherapy and psychotherapy education in Auckland after 1975. It is evident how the networks of people and organisations in Auckland fitted together and how they unfolded out of each other.

Evan's journey of learning and development through his life is described, as well as papers he wrote which are presented in their original context of Evan's life path. I found many of the papers meaningful. I woke up to particular areas of theory. I could see how they emanated from Evan's theoretical orientation. I found myself appreciating how his practice was informed and how this had affected me in my development with him. This was a very satisfying experience.

