

CULTURAL KEYLINE

The Life Work of Dr. Neville Yeomans

**Thesis submitted by
24 December 2005**

**For the Degree of Doctor of Philosophy
In the School of Social Work and Community Welfare
James Cook University**



Photo 1 Four stages in Dr. Neville Yeoman's life

- | | |
|---------------|--|
| Top left: | At Fraser House, circa 1961
(Yeomans, N. 1965a, p. 81) |
| Top Right: | As election candidate, 1969
(Yeomans, N. 1965a) |
| Bottom Left: | Wedding to Lien, November 1972
From Lien Yeoman's book – used with permission
(Yeomans and Yeomans 2001) |
| Bottom Right: | On Atherton Tablelands, 1993 Yeomans Family photo
- used with permission |

Two Poems Written by Dr. Neville Yeomans

Together the following poems (Yeomans 2000a; Yeomans 2000b) provide a feel for the subject matter of this thesis. I first knew of the existence of these two poems when they were handed out at Neville Yeomans' funeral on 7 June 2000.

The Inma

There seems to be a new spirituality going around - or a philosophy – or is it an ethical and moral movement, or a feeling?

Anyway, this Inma religion or whatever it is – what does it believe in?

It believes in the coming-together, the inflow of alternative human energy, from all over the world.

It believes in an ingathering and a nexus of human persons' values, feelings, ideas and actions.

Inma believes in the creativity of this gathering together and this connexion of persons and values.

It believes that these values are spiritual, moral and ethical, as well as humane, beautiful, loving and happy.

Inma believes that persons may come and go as they wish, but also it believes that the values will stay and fertilize its area, and it believes the nexus will cover the globe.

Inma believes that Earth loves us and that we love Earth.

It believes that from the love and from the creativity will come a new model for the world of human future.

It believes that we have started that future - now.

I guess that if you and I believe these things we are *Inma*.

On Where

Perhaps somewhere there is an unimportant place caught between East and West, North and South, past and future.

It is so far behind that it can only go forward.

Its Indigenous people are so badly treated they will risk anything for a better life.

Its white overlords are so distant from the centre of their own culture that they don't know where to go except to self-government.

It is wealthy, industrial, consumer, under-populated and chaotic.

It has tropical coasts and islands. It has cool mountains and tablelands.

It is closer to Asian and Melanesian peoples than its own capital city, and it often sees itself as the end of the earth.

Yet the desires of some of its citizens are:

- to build the first free territory guided by global humane laws

- to implement the UN covenants on Human Rights

- to give migrants, visitors and native born an equal say

- to accept ideas, people and music of living from all over

- to welcome and respect every interested person

- to love Planet Earth, and

- to take a next step towards a happier more beautiful more human community.

Maybe one such place is called Northern Queensland, Australia.

But an Aboriginal word meaning 'a coming together' is Inma.

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Photo 2. Dr. Neville Yeomans at his desk at Fraser House -
Circa 1961 (Yeomans, N. 1965a)

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The names of deceased Aboriginal and Torres Strait Islander people are included in this acknowledging.

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ABSTRACT

This thesis researches psychiatrist barrister Dr. Neville Yeomans' lifetime action research into changing the social-life world towards becoming more caring, humane and respecting of all life-forms. Particularly, it researches Yeomans' adapting of his father's sustainable agriculture Keyline processes to the human social life-world as 'Cultural Keyline'.

After a brief review of therapeutic community, community mental health and self-help networks in the UK, USA and Australia, and a brief summary of Keyline and Indigenous precursors influencing Neville, the research focuses, firstly, on describing and analysing the structures/processes used by Yeomans in evolving Australia's first psychiatric therapeutic community 'Fraser House' in Sydney from 1959 to 1968. In particular, what contributions did Neville make to evolving social and community psychiatry and clinical sociology in Australia? Secondly, the thesis describes the community mental health outreach and other psychosocial wellbeing related action research that derived from Fraser House. Thirdly, there is a description of the Lacweb social movement and network, its evolution from Neville's action research and its current development. Finally, there is some discussion of the significance of Neville Yeoman's life work. This research used the same qualitative, 'naturalistic inquiry' method that Neville used including in-depth interviews, archival research and action research.

Neville Yeomans' methods of social action and research can be traced to his collaboration with his father P.A. Yeomans (along with brothers Allen and Ken). P.A is recognised as the most significant person globally in the past 200 years in the field of sustainable agriculture (Mulligan and Hill 2001). P.A. evolved Keyline sustainable agricultural practices based around Keypoints in landform that have system implications.

In researching Cultural Keyline, the thesis details how its precursor, Keyline agricultural practice, recognizes, respects, and makes use of natural forms, functions and processes in nature - especially landform, gravity, as well as self-organizing and emergent aspects of natural systems. The research outlines how Keyline practice fosters nature's tendency for thriving, and documents and analyses Neville's adapting of Keyline as Cultural Keyline in fostering emergent and thriving potential in social systems. Four non-linear interconnected inter-related aspects of Cultural Keyline are identified:

1. Attending and sensing self organising, emergence and Keypoints conducive to coherence within social contexts
2. Forming cultural locality (people connecting together connecting to place)
3. Strategic, design and emergent context-guided theme-based perturbing of the social topography
4. Sensing and attending to the natural social system self-organising in response to the perturbing, and monitoring outcomes.

In developing 'Cultural Keyline', Neville adapted his father's Keyline to the social life world. Neville pioneered therapeutic community in Australia. Neville worked with inmates he had arranged to be transferred to Fraser House from asylums and prisons in New South Wales. As part of their rehabilitation the inmates were effectively placed in charge of every aspect of Fraser House

administration. The research documents how, within eighteen months, these inmates and the Unit's staff developed a style of community psychiatry practice, psychiatric nursing, collective therapy (large group as crowd and audience) and psychiatric training.

The research also traces Neville's use of his Cultural Keyline model in pioneering family therapy, suicide/crisis telephone services, counselling and family therapy within family law, community mental health (becoming the first NSW Director of Community Mental Health, and starting Australia's first Community Mental Health Centre), psychosocial self-help groups and networks, multicultural festivals, cultural healing action, mediation and mediation therapy.

The thesis then explores Neville's development of a number of small therapeutic community houses in North Queensland, as well as evolving what Neville termed an 'International Normative Model Area' or 'INMA' in northern Australia that continues as a micro-model exploring linked local, regional and global governance as an aspect of epochal transition. An outcome of Neville's action research has been the emergence of informal Lacweb networks amongst Indigenous and other intercultural healers in the northern Australia and in the East Asia-Oceania-Australasia Region. The thesis details how these networks are evolving and supporting self-help and mutual-help amongst Indigenous/Oppressed trauma survivors. Yeomans' writings about his macro-framework for global epochal transition over the next 250-500 years, and potential global futures are detailed in the context of Cultural Keyline and linked to unfolding action.

Chapter One – On Human Futures

I have elected to generally use Dr. Neville Yeomans' first name throughout this thesis as a mark of my profound respect for him. For me he was Neville, not 'Yeomans'.

THE THESIS STRUCTURE

This thesis explores Neville's claim that his lifelong action research was towards enabling gentle transitions to a new humane, caring, life-affirming global intercultural synthesis - towards epochal transition - a two hundred and fifty to three hundred year plus project towards a more caring and humane future. Neville's claim was that he devoted 70 of his 73 years to this dream. For Neville, the term 'enabler' simply meant 'someone who supported others to be able'.

THREE INTERCONNECTED FOCI

This thesis focuses upon three interconnected foci of action by Neville:

Firstly, the precursors guiding Neville and the structures/processes he used in 1959 in establishing and evolving Australia's first therapeutic community, 'Fraser House', in North Ryde Psychiatric Hospital, Sydney.

Secondly, Neville's Fraser House outreaches; and

Thirdly, the history, theory and practice leading to Neville supporting the evolving of the Laceweb Social Movement among Indigenous and intercultural healers throughout the East Asia Oceania Australasia Region.

The research explores Neville's role in evolving social action in each of the above three foci. The thesis traces Neville's envisaging of new forms of social realities respecting and embracing diversity and having resonance with traditional Indigenous relating to the web of life. One fundamental aspect of this Indigenous-based change explored by Neville is fostering regionality ('connecting to region') and locality ('connecting to place') in a life-world (the world of living systems) where humans are recognizing, respecting, celebrating, fostering, and sustaining both the inter-connectedness of humane nurturing values, and the diversity of all life forms and networks.

To quote Neville's poem (Yeomans 2000a):

It believes that these values are spiritual,
moral and ethical, as well as humane, beautiful, loving and happy.

The first of the three parts of the thesis is about the precursors influencing Neville's pioneering in Australia of community therapy and his global pioneering of full-family residential therapeutic community practices within the therapeutic community based psychiatric unit, Fraser House (Yeomans 1961a, p. 382 - 384; Yeomans 1961b, p. 829 - 830; Yeomans, Hennessy et al. 1965b). Neville set up this Unit at North Ryde Psychiatric hospital on the North Shore in Sydney, NSW in 1959, and became its founding director and psychiatrist. Neville and other Fraser House staff claimed that Fraser House practice established that extremely dysfunctional people *could* be the *prime* source of their *own* reintegration and move to wellbeing functioning (Yeomans 1961a; Yeomans 1961b; Madew, Singer et al. 1966; Clark 1969; Clark and Yeomans 1969). Neville's pioneering in Australia of

both therapeutic community and full family therapeutic community are documented and compared to overseas therapeutic communities. Fraser House's role in Neville's epochal transition project is specified.

In the second part of the thesis, the research documents the spread and influence of Fraser House's guiding frames of reference, structure, processes and practices into the wider community. The claims by Neville and other ex-Fraser House staff that Fraser House's structure, processes and practices had a substantial effect on mental health practice in Australia are investigated. The inter-related way in which Fraser House outreach fits into Neville's epochal transition project is specified.

The third part of the thesis traces the use by Neville of Fraser House's frames of reference, structures, processes, practices and outreach in enabling the evolving of the Laceweb Social Movement spreading among Aboriginal and Torres Strait Islander people and other kindred minorities in the remote regions of Far North Australia. The research documents the psychosocial and other histories of Laceweb social action since the early Seventies; it also traces the extending of the movement throughout the East Asia Oceania Australasia Region and discusses the Laceweb's role in Neville's epochal transition project action.

Chapter One introduces Neville's life work and discusses the significance of the topic, outlines the nature of the research and the research questions, and discusses why they are important. It also discusses briefly the story of how I became involved with this project, and the way my biogeography has led me to undertake this research. An outline of the rest of the thesis is included. Because of the expansiveness of the subject, some of the matters that will be treated in some depth in this research are introduced briefly in this first chapter. As a further background to this research, Chapter Two introduces Neville's macro aim of epochal change. Chapter Three provides a very brief literature review of the development of therapeutic community, community mental health and self-help groups in UK, USA and Australia as a way of differentiating Neville's work from others. Chapter Four discusses the method used in completing this thesis, including processes used in data collection and analysis. It also identifies and gives brief backgrounds of the people interviewed. Chapter Five discusses precursors for Neville's life work including Keyline and Indigenous influences on Neville and his father. It also details Neville's significant life experiences, academic study and reading, as well as his theoretical and pre-theoretical reflecting. Chapters Six to Ten contain the first section of the research - detailing Neville's evolving Fraser House as a Therapeutic Community. More specifically, Chapter Six outlines Fraser House's structure and processes while Chapter Seven discusses Fraser House's Self Governance and other re-constituting processes. Chapter Eight explores Fraser House's Big Meeting process, Collective Therapy, and Neville's group process. Chapter Nine details Fraser House's other change processes and specifies Cultural Keyline processes evolved at Fraser House. Chapter Ten explores criticisms of Neville and Fraser House as well as the steps taken by Neville to set up transitions from government and private sector service delivery to community self-caring. Fraser house evaluation is briefly outlined along with a discussion of American research using Fraser house as a model. The Chapter concludes with ethical issues in replicating Fraser House. Chapter Eleven contains the second section of the research, the extensions of Fraser House and other outreach by Neville into the wider community and their implications. The third section of the research is in Chapters Twelve and Thirteen - exploring the nature, the evolving, and the history of the Laceweb and its potential. Chapter Thirteen is integrative; it introduces Neville's two hundred and fifty year model of epochal transition and provides glimpses of future possibilities for Laceweb praxis in every aspect of the social-life-World. Chapter Fourteen contains my research conclusions.

ON GLOBAL REFORM

In 1973, Neville wrote perhaps his most significant paper called 'On Global Reform – International Normative Model Areas (INMA)' (Yeomans 1974). In that paper Neville sets out his strategy and action processes for global epochal transition. This research has used that 'On Global Reform' paper as a key document in tracking down seemingly unconnected action and in understanding and integrating together Neville's extensive and diverse innovative doings.

The Concise Dictionary (Hayward and Sparkes 1984) defines 'epoch' as 'a stop, check or pause; a period characterized by momentous events; an era', and defines 'epoch-making' as something 'of such importance as to mark an epoch'. An epoch is also a turning point. An 'epochal transition' is a time marking a shift between two long eras such as the epochal shift between feudal society and industrial society in the UK. An epoch is a highly significant keypoint – a turning point in human affairs. I refer to Neville's 'Cultural Keypoint and his father's 'Keypoint' later in this chapter.

KEYLINE AND CULTURAL KEYLINE

Dr. Neville Yeomans was born in 1928 to Percival and Rita Yeomans and died in Brisbane on 30 May 2000. Neville grew up in a stimulating household. As an adolescent he worked in sustainable agriculture with his father P. A. Yeoman' who was described by the world famous English agriculturalist Lady Balfour in the 1970's as the person making the greatest contribution to sustainable agriculture in the past 200 years (Mulligan and Hill 2001, p. 194). P.A. Yeomans worked closely with his son's Neville and Allan (and later with his third son Ken) in pioneering a sustainable agriculture process called Keyline (Yeomans, Percival. A. 1955; Yeomans 1958b; Yeomans 1958a; Yeomans, P. A. 1971b; Yeomans, P. A. 1971a; Yeomans 1992b; Yeomans and Yeomans 1993).

Neville adapted Keyline as 'Cultural Keyline' and pioneered this in the fields of social psychiatry and community psychiatry, clinical sociology, sociology of medicine, social psychology, psychobiology, intercultural studies, future studies, peace studies, humanitarian law and global governance. Neville discussed with me many times (December 1991, December 1993, July, 1998, August, 1999) about how he had adapted his father's sustainable agriculture work into what he called 'Cultural Keyline'. Cultural Keyline is a core model and concept underlying Neville's life work, and an integrating theme in this research - a model for sustaining biopsychosocial wellbeing in inter-relating and inter-acting with others. Neville Yeomans' 'Cultural Keyline' adapts Keyline to human life (psychosocial, personal, interpersonal, communal, cultural and intercultural). The thesis details how Keyline agricultural practice recognizes, respects, and makes use of natural forms, functions and processes in nature, especially landform, gravity, and self-organizing and emergent aspects of natural systems. Keyline practice fosters nature's tendency for thriving.

The Yeomans set out to 'harvest' all water falling or flowing onto their farms. They recognised the three primary landforms - main ridge, primary ridge and primary valley. On the main drainage line at the head of the primary valley is a small (often a metre square) patch of land where each of the three land forms meet. P.A. called this the Keypoint.

A Keypoint is on the fall line in the primary valley on the contour above the first wider gap between the contours at the higher end of the valley. The Keypoint and the contour line through the Keypoint (called the Keyline) have many special properties detailed in my thesis.

The Yeomans discovered many processes and ways to design their farm - creating contexts for nature to thrive. A key understanding is that the Yeomans set the farm up so that nature

did the change work – it was self-organising. I took the following photo in 2001 at the spot where the Yeomans first discovered the significance of the Keypoint.



Photo 3. The place where the Yeomans discovered the Keypoint – Photo I took during July 2001

The photo is the view up towards the main ridge at the top of a primary valley with the primary ridges down either side of the primary valley. A smaller partial ridge splits the head of the valley above the Keypoint. The Keypoint is on the left of the far end of the dam. The Keyline is the contour marked by the edge of the water.

As Keyline fosters emergent farm potential, Cultural Keyline is a rich way of fostering emergent and thriving potential in social systems. Keyline is detailed in Chapter Five. How Neville evolved Cultural Keyline in Fraser House is introduced in Chapters Six to Eight and detailed in Chapter Nine.

All of Neville and his father's work was informed and guided by a relational familiarity with Australian Aboriginal and Torres Strait Islander wisdom about the social and natural life-worlds. While non-Aboriginal people had seen Australia as a harsh and hostile place to be conquered and tamed, Aboriginal and Islander people had a loving and affectionate relating to Earth as their mother who nurtures them – a profoundly different relating. Neville encapsulated this relating in the following words of his 'Inma' poem:

Inma believes that Earth loves us and that we love Earth (2000a).

'Earth loves us' comes first. Neville and his father's work and way were guided and informed by this ancient loving caring respecting tradition.

In preparing for his humanitarian life work, Neville obtained degrees in zoology and then medicine – extended to psychiatry. He completed postgraduate studies in sociology and psychology, accompanied by extensive reading in history, anthropology and peace studies. He followed these studies with a degree in law, specializing in humanitarian law, and law studies in mediation as an alternative to adversarial law in dispute settlement (Carlson and

Yeomans 1975). During the 1970s, he studied spoken and written Chinese and Indonesian, as well as Chinese painting. As part of his quest to become sensitive to the intercultural nuances of the East Asia, Oceania, Australasia region, Neville studied the Indonesian language at a Technical College for eighteen months and the Mandarin language for twelve months - both of them as spoken and written languages. Amongst his other studies, Neville studied 12 months at the Criminology Law School at the University of Sydney. He remained an avid reader and engaged in continuous action research throughout his life.

Neville commenced his endeavours with what he called (Dec, 1993 and July, 1998) the 'mad and bad' people of Sydney. Neville used these terms to aid my understanding of the patient population at Fraser House. Neville well knew the potency of labelling, especially the potency of using terms like 'mad', 'bad', 'patient' and 'mental asylum' – their potency in constituting and reifying aspects of people's response to themselves, each other, and their place in the world. On the issue of labelling, Neville preferred the term 'resident' rather than 'patient'. However, in Neville's words (Dec, 1993), 'not to use 'patient' was just too hard within the hospital milieu at the time'. All patients who arrived at Fraser House *already* arrived with a life history of negative labelling as 'psychosocial baggage' that they had to live with. In Neville and the other interviewees' view, the combined Fraser House process easily outweighed the effect of all this negative labelling.

Neville said (July, 1998) that he recognized that in 1959, with considerable upheaval and questioning in the area of mental health in NSW, and a Royal Commission being mooted into past practices, there was a small window of opportunity for innovation. Neville started his epochal quest in earnest by setting up the psychiatric unit, Fraser House, in the grounds of the North Ryde Psychiatric Hospital in 1959. He obtained permission to have half of the patient intake from asylum back wards and half from prisons. Neville wanted to explore self-help possibilities among both the 'mad and bad' at the fringe of society (July, 1998).

The thesis researches Neville's role firstly, in evolving social psychiatry, community psychiatry and clinical sociology² in Australia. Secondly, the research traces Neville's role as a pioneering Australian innovator of therapeutic community, full family therapeutic community, mediation therapy, community mental health, and large group therapy. Many of the iconoclastic practices that he introduced into psychiatry have become standard practice in Australia. He pioneered suicide support and other life crisis telephone services, multicultural community markets and festivals, and other multicultural events and alternative lifestyle festivals. Neville also influenced the introduction of family counselling and family mediation into family law in Australia, and mediation into Australian society. Through initiating the Psychiatric Research Study Group (discussed in Chapter Nine) and positioning Fraser House as the leading social science research facility in NSW, Neville was also responsible for energizing praxis networks in such diverse, though related fields as social work, criminology, family counselling, community services, community mental health, prison administration, business management, intercultural relations, psychosocial self-help groups, social ecology, futures studies, self organizing systems, qualitative method, as well as world order, and global, regional, and local governance. Neville attracted people involved in researching these varied themes and disciplines to participate in the Psychiatric Research Study Group and Fraser House Groups.

While the many things Neville pioneered are now known by many in Australia and around the World, very few know he was the initiator. The (Sydney) Sun newspaper included Neville's groundbreaking work in psychiatry and therapeutic community with six other Australians under the heading, 'The Big Seven Secrets Australians were first to solve' (1963). Neville was included with people like Sir John Eccles, Sir Norman Greg and Dr. V.

² Fritz's paper 'The Development of the Field of Clinical Sociology' (2005) provides a history of the field – Internet Source <http://digilander.libero.it/cp47/clinica/friz.htm> (accessed 1 Aug 2005/0

M. Copleston. How all the above diverse social actions by Neville are related and were interlinked by him and others are the foci of this thesis.

After detailing Fraser House structure/process and outreach, the research traces Neville Yeomans fostering of the emergence of a social movement he called the 'Laceweb' evolving amongst oppressed Indigenous/Small Minorities in the East Asia, Oceania, Australasian Region. The research documents wellbeing action by Indigenous/Small Minority and intercultural psychosocial healers and natural nurturers that has been evolving informally in the Region for over 45 years.

RESEARCH QUESTIONS

While aspects of this endeavour have been the subject of a PhD (Clark 1969) and other research and writings in the past (Yeomans 1961a; Yeomans 1961b; Clark and Yeomans 1965; Yeomans, N. 1965a; Clark 1969; Clark and Yeomans 1969; Watson 1970; Paul and Lentz 1977; Yeomans 1980a; Yeomans 1980b; Wilson 1990; Clark 1993, p. 61, 117), this will be the first research that attempts to draw the many aspects of the above and related social action research together.

It took a number of months of reflection after discussions with Neville and my Supervisor for three 'natural' parts of Neville's epochal transition action to emerge - Fraser House, Fraser House outreach, and the evolving of the Laceweb.

The research questions are:

1. What is Cultural Keyline and its precursor Keyline? How do you make use of them? With what potential outcomes?
2. What were the theoretical and action precursors to Neville Yeomans evolving the therapeutic community psychiatric unit Fraser House?
3. What change processes, innovations and social action evolved in and from Fraser House? How do these differ from processes used in other psychiatric therapeutic communities? With what effect?
4. What was Neville's outreach from Fraser House?
5. What is INMA? What is the Laceweb? What are the Laceweb's structure and process, and how has it being evolved and sustained?
6. Were each of the above an aspect of Neville's action research on epochal transition?
7. What patterns and integration are there linking aspects of Neville Yeomans' work - Fraser House, Fraser House outreach and the Laceweb? Was Cultural Keyline used in all of the above aspects?
8. What possible futures may emerge from Laceweb praxis towards epochal transition?
9. What is the significance of Neville's life work?

As the thesis is investigating something with so many facets, I had to make decisions about my research focus, and what was to be included and excluded. I have elected to report extensively on structure, process and their interconnectedness while providing a broad feel for their fit in the mediums and interstices of Neville's massive endeavour. In order to cope with the extent and complex richness of my focal interests, the following are excluded.

Firstly, while outlining and answering the criticisms others have made about Neville and Fraser House, I do not engage in identifying shortcomings, or criticizing his life work. I have gathered together material that others may use for further research, critique, and evaluation. The limits I set to my research have still left me with a massive endeavour.

Secondly, I report on Neville's extensive life work and public persona and the public life of Fraser House staff. I exclude research concerning his personal life while acknowledging and recognizing this was, and is fundamental to an understanding of the man. In fact, Neville recognized and made restricted file notes on issues in his and other Fraser House senior staff's private lives that were reflected in the dynamics of Fraser House. Neville drew attention to the ethical dilemmas involved in research where adequate writing up of a case would give sufficient material to identify focal people to their potential harm. (In some contexts confidentiality should be paramount.) Neville made suggestions in a short monograph to the World Health Organization that may address these dilemmas about research protocols, including anonymity of individuals, institutions and nations, where important, though socially delicate research, is being conducted (Yeomans, N. 1965a, Vol 12, p. 129 - 130).

Thirdly, while Neville's evolving of the Lacweb and its nature as a social movement are researched, the Lacweb networks themselves have not been researched. I have scant links to these networks and I am not cleared to share information.

Fourthly, while the social action being researched has drawn on East Asia, Australasia and Oceania Indigenous socio-medicine and other social and community social cohesion knowledge and way, this thesis only briefly describes some of these without going into detail. I do not re-present or speak for anyone.

LIFE CHANGES

I was privileged to be mentored by Neville over a fourteen and a half year period from August 1985 to December, 1999. Neville arranged for me to engage in sustained action research into (what I sense was) every aspect of his life work. I researched and wrote this thesis with his blessing, encouragement, cooperation and support. Further, I carried out this research in part so that Australians and the World would know more about this man. With the issues facing the World, Neville's lifework is timely, practical, seminal and potent. This thesis contributes to making his life work more accessible.

Chris Collingwood confirmed by email (Sept, 2004) that I first met Neville in August 1985 at a psychotherapy workshop Neville was co-facilitating with Chris Collingwood and Nelson Pena Y Lillo in Balmain, Sydney. At first, all I knew about Neville was that he was a psychiatrist who had just come back from doing an interesting workshop in the USA facilitated by Steve and Connirae Andreas. That workshop had been on powerful brief therapeutic processes based upon sensory submodalities (Bandler 1985; Andreas and Andreas 1987). At the time I knew nothing of Fraser House or Neville's wider work.

The topic of that Balmain workshop was the therapeutic potential of sensory submodality change processes. It turned out that Neville had always been interested in the functioning of the minute parts of the hypothalamic limbic region of the brain in sensory submodality and cross-sensory processing and the therapeutic potential of these understandings (Yeomans 1986). (Examples of sensory submodalities are size, form and direction of internal visual imagery. An example of cross-sensory processing is in hearing drumming and then moving to the rhythm (auditory-kinaesthetic crossover)).

The processes for therapeutically using sensory submodality processes that Neville had just been studying in the United States are a part of Neuro-linguistic Programming (NLP) evolved by Richard Bandler, John Grinder and others (Bandler 1985; Andreas and Andreas 1987). NLP is the study of the structure of subjective experience (Dilts, Grinder et al. 1980). Neville also referred to NLP as 'Natural Living Processes' and 'Natural Learning Processes' (Nov 1989, Nov 1993; June 1998).

Neville had attended NLP workshops regularly overseas since their inception in the mid Seventies - attending in USA, England and in Bali. In a 1986 video interview of Neville recorded in Darwin in the Australian Northern Territory (Yeomans 1986) Neville states that while he had an extensive range of therapeutic interventions he could use, his gaining of NLP experiences in the Seventies and Eighties had enabled him to have, in his words, even greater brevity and precision in his work with individuals and groups. Neville also said that NLP gave him frameworks for understanding what he had done intuitively back in the Sixties. Over many interviews and discussions during the time I knew Neville, he told me that he viewed NLP as such a powerful modality, that in his NLP workshops and his own use of NLP with clients, personal and client social ecology was paramount. At the Balmain workshop Neville defined 'social ecology' as constantly checking 'the personal safety, integrity, and respect of everyone by everyone in any interpersonal exchange'. During the workshop sessions I was taken with Neville's attention to social ecology; he was precise and thorough, and incredible quick in sensing everyone in the group. I had never met anyone like him.

Neville kept himself abreast of all of the innovations in NLP during the Eighties and Nineties and continued to be an avid reader of neuro-psycho-biology till his death. Neville made good use of the Internet in keeping abreast of psycho-neurobiological research. During 1998 and 1999 he told me that he was especially monitoring the small sensory sub-systems in the hypothalamic-limbic region, and their implications and potential use in therapy.

During the Balmain workshop Neville singled me out as a resonant person. At lunch on both days of the workshop we shared life stories relating to working with groups and change processes. He specifically engaged me on my academic and work experience. In July 1998 Neville told me that when he first talked with me at the workshop lunch on both days in Balmain in 1985 he could see immediate and potentially useful 'fit' between his life work and many aspects of my background. By the end of the lunch of the second day in Balmain, he knew I had a Social Science degree in Sociology, and that my sociological theoretical perspectives and action research (based in part on clinical sociology and sociology of knowledge) were resonant with his own. He found out that my Behavioural Science Honours Degree in Psychology entailed research in clinical psychology and that I had completed postgraduate studies in neuro-psychology. He knew I had been eligible to do PhD level research since 1981. He was also interested in the potential relevance for his life work of my prior degree-level industry studies in actuarial and financial services to become a Fellow of the Australian Insurance Institute by examination. He also saw resonance in my Diploma level studies in Personnel Management and Organizational Training and Development. I was for a time a member of the Australian Institute of Personnel Management and the Australian Institute of Training and Development. Neville delighted in my revelation that I had been sacked from most of my jobs for provoking the system to change. At the time I did not know that Neville specifically sought out people who were living on the margin of society - those who, according to Neville, were 'dysfunctionals laden with potential'. At that first meeting, I had no idea that Neville was a constant networker and that he was checking me out as to how I might fit and be interested in the social action he was engaged in. We discussed my consulting work supporting chief executive officers of multinational companies in resolving psychosocial issues between members of top management, and my use of clinical sociology and psychosocial group process at the senior executive level. I had been for ten years chairperson of the Australian Insurance Institute – Life Branch Management Discussion

Group. I found out later that he had seen 'fit' in all aspects of my background including my security consulting work in electronic article surveillance.

I had my training in counselling from Terry O'Neill at the Student Counselling Unit at La Trobe University in the late 1970's and was an on-call para-professional crisis counsellor in the La Trobe University Student Counselling Centre for eighteen months. I found out shortly after meeting Neville that Terry's counselling was based largely upon his voluntary work at Fraser House and the influence of Neville in the 1960's. When I told Neville about Terry training me in counselling, this further strengthened his interest in me as a potential resource.

In December 1993 in Yungaburra, Queensland Neville specifically broached my potential to research his lifework towards a PhD. Key things for Neville were that I was eligible to do a PhD and also, that I had experienced major trauma in my life; I knew about trauma self-help from my personal experience. In that December 1993 conversation, Neville went thoroughly into all my background again, although the chatting was laid back. Little did I know then how my entire blend of background 'fitted' his interests and foci. It seems that I was potentially the person he had been looking for, for more than 20 years (Yeomans 1980a, p. 64 ; Yeomans 1980b). He tentatively suggested the possibility of me doing a PhD on his life work a number of times in the following years.

By 1997, he was keen for me to get started as he knew he was in real trouble with his health and that it was life threatening. When I told him in July 1998 that I was starting a PhD on his life he was elated. I could literally see his mind working. He was doing a final check for fit. Then he said a big, 'Yes! Your background is perfect!' I knew in large part this was because of the combination of trauma in my life and my experience and abilities. As discussed throughout this research, Neville had great faith in the dysfunctional fringe. On hearing I was starting the PhD we immediately revisited our extensive discussions during December 1993 where he 'briefed me' – now he started filling in my understanding. While I had engaged in research since I had met Neville, July 1998 was a very busy month of discussions to get me started on disciplined seeking of data towards a PhD.

A WARM DECEMBER MORNING

This thesis is about people connecting with each other, and discovering and learning from and supporting each other. I will share a few things that may support you in connecting with the pith and moment of this research and how I came to be doing it. It is a warm December morning in 1993 and Neville Yeomans and I are eating paw paw in Yungaburra. We are surrounded by the lush greenness of the tropics of Far North Queensland, Australia. We are talking about the origins of the passions that have energized and interwoven our lives. Neville has no hesitation in saying that a defining moment in the origins of his passions occurred in 1931 when he was three years old.

In December 1993 Neville and I had sat at the bench in photo 5 below as we ate paw paw and talked. Neville recalls becoming separated from his parents and being lost in the hot arid desert of Western Queensland.



Photo 4. The Mango Tree Outside of Neville's Yungburra House - A photo I Took in June 2001 a Month after Neville Died.



Photo 5. A photo I took in Neville's Yungaburra House on 30 May 2001.

Neville takes me back in time with him in wandering away from his parents as a three year old – this is Neville's story taken from my file notes at the time:

Back there now I am absorbed in minutia - looking at the little plants and pebbles. After a time my body is demanding my attention away from the pebbles. I am becoming parched under the desert sun. My mouth and lips are becoming very dry. My attention flits again to the pebbles. Then everything begins to shimmer. Every direction seems the same. My legs rapidly are going to jelly and the world begins to tilt all over the place as I feel myself collapsing to the ground from heat exhaustion.

Neville is vividly relating his near-death delirium.

Being a bright little three year-old, I know about death and that I am about to die. I am desperately longing to live to make the world a better place. In delirium, emotions are sweeping over me. Awful dread mingles with immense love - and all this is reaching out *for* love and nurturing and all their possibilities. I am seeing now a shimmering black giant coming towards me and feeling being gently picked up. I melt into the giant's gentleness - strong yet soft - and presently I savour the cool fresh water that is being poured on my body and gently touching my lips - beginning now to assuage my raging thirst. Still in delirium, I feel being carried for a time and being now passed to a nurturing Aboriginal woman by the Aboriginal tracker who had found me, and I feel truly home again among the Aboriginal women and my yearning is being full-filled.



Photo 6 Neville lost in the bush - A painting by L. Spencer.

Neville went on to tell me that this gentle nurturing supported his recovery from the delirium and trauma. Three-year-old Neville in the care of those Aboriginal women had personal experience of Aboriginal socio-medicine. He knew from his own experiencing of it that Aboriginal socio-medicine is powerful. Neville had had conversations with psychiatrist Richard Cawte and had read his writings about Aboriginal socio-medicine (Cawte 1974; Cawte 2001). Australian Aboriginal socio-medicine entails a wide range of social processes with a central aim of community social cohesion and wellbeing. Aboriginal socio-medicine links the psychosocial with the psychobiological through special forms of embodied social interaction. Neville experienced and embodied this linking. Neville spoke of how, during the years of his childhood, he constantly returned to his desert delirium experience as he was forming his very big dream of doing things that would make the world profoundly different. The dreaming evolved as an action quest towards enabling humanity in transitioning to a humane new global epoch on Earth.

Neville said that from that traumatic experience, what he was exploring and mulling over all the time as a child and later as an adolescent, was how he could enable a sustainable transition to an enduring new global epoch. He was talking of enabling a shift of the magnitude of the one from the Feudal System to the Industrial System – though earth wide. He read up on how that epochal transition occurred in the UK. He was passionate about how he could link with others in enabling a global epochal transition to a humane, nurturing, sustainable social-life-world. He was talking about a life-world that is respecting, celebrating and sustaining diversity of all life forms and networks on the biosphere. He kept asking himself, how would someone do that? How could he do that? He realized that it might take up to 300 years to do. And if it takes a few life times to do this, what could he do that would set up action that would be self-energizing and self-organizing; processes that could, no - *would* withstand the withering ways of the current epoch in decline, as it seeks by any means to maintain its structure and process. What processes could enable reconstituting to

continue inexorably through time, to establish and sustain a caring and humane global intercultural synthesis?

Even on hearing Neville saying words like these in 1993, it never occurred to me that that was what he was *really* attempting to do. It never occurred to me that someone would actually take on such a task. It was too immense. Subsequently, a number of people I interviewed about Neville all confirmed the epochal focus of his social action. Margaret Cockett (April, 1999), his personal assistant at and after Fraser House, Stephanie Yeomans, his sister-in-law (Jan, July, and Dec, 2002), and Stuart Hill (July 2000), a professor of social ecology at University of Western Sydney, all said that Neville had said similar things to the above in talking with them about the emergence of his quest from his three year old childhood sociomedicine experience. As well, Paul Wilson implies the same understanding of Neville's quest in his writing (1990, Ch. 6).

Neville went on to tell me a story that was similar to his being lost in the bush; it again involved trauma followed by recovery through Indigenous female nurturing. In 1943, Neville's father co-purchased with his brother-in-law Jim Barnes, two adjacent properties totalling 1000 acres at North Richmond, one hour West of Sydney in NSW (Mulligan and Hill 2001, p. 191-202; Hill 2002a; Hill 2002b). In the next year when Neville was sixteen, a second defining episode occurred. Neville was out riding on the family's pet horse Ginger on one of their properties with his Uncle Jim (Barnes) when they were caught in a grassfire that was being fanned by powerful winds. Neville told me (December, 1993) that Jim yelled to Neville to dismount and squeeze into a hollow in a tree trunk and cover himself to shield the radiant heat. The firestorm was coming towards them at phenomenal speed. The fire front was long. Jim on his horse could neither outflank it nor out-race it. Being too large to squeeze through the gap into the stump, Jim rode straight at the fire – attempting to ride through it. The horse went from under him, and Neville, watching from within the tree stump saw his Uncle burn to death. Amid the shock and horror was the dread of his own impending horrible death. Neville said that he slumped into traumatized delirium consumed with dread, laced with pervasive love similar to his experience when lost as a three year old. He described being on the edge of oblivion and again yearning for a better reality for all people. When found, physically safe, Neville was profoundly traumatized. Ginger his horse, though singed, survived.



Photo 7 P.A Yeomans and Ginger the horse that Neville was riding during the fire - copied with permission (Yeomans P.A. 1954, p121, Plate 4)

Circumstance created another similarity. At age three it was the Aboriginal women who gave nurturing care. During the time of this grass fire there happened to be an Islander women staying with the Yeomans family as a housekeeper-support for Neville's mother. The woman was an Australian South Sea Islander - Kathleen Mussing³. It was in Kathleen's nurturing care that Neville found enfolding love.

Neville attributed his healing from this second trauma in the months following the fire, to the nurturing socio-medicine of this housekeeper, Kathleen. In essence, this entailed love, care, nurturing and affection as the central components of psychobiological healing. Neville re-met Kathleen Mussing when she was old and dying and she didn't recognize him. Neville described (July 1999) that meeting as one of the saddest experiences in his life, though permeated for him with immense love.

In the ensuing years up till the Yungaburra 1993 conversation, Neville had progressively involved me in aspects of his quest. Even so, I knew very little. It was a bit at a time. I did not find his 'On Global Reform' paper on global epochal transition till after his death in 2000.

Neville had written a letter to the International Journal of Therapeutic Communities in 1980 providing an overview of his work (Yeomans 1980a; Yeomans 1980b; Hill 2002a; Hill 2002b). This short letter published in the International Journal of Therapeutic Communities is reproduced in full below:

From the Outback

Dear Sir,

Since A. W. Clark and I produced the monograph 'Fraser House' in 1969, I have moved to private practice in Cairns, North East Australia. This is an isolated area for this country, but is rapidly becoming an intercultural front door to Melanesia and Asia.

'Up North' the therapeutic community model has extended into humanitarian mutual help for social change. Two of the small cities in this region have self-help houses based on Fraser House. An Aboriginal Alcohol and Drug hostel is moving in the same direction, as are other bodies.

These are facilitated by a network called UN-Inma, the second word of which is aboriginal for Oneness. Actually, aborigines have discussed offering one of the Palm Island group off the North Queensland coast as a model therapeutic community prison.

The Director of the Australian Institute of Criminology has the support of the United Nations Secretary-General for the idea of an international island haven for otherwise condemned political prisoners. Our proposal is an application and extension, in which the Institute Director is 'extremely interested'.

The main conditions sought by the Indigenous group are that selected aborigines in Australian prisons also be permitted to complete their sentences on such islands;

³ Kathleen Mussing was the sister of Faith Bandler who was one of those responsible for the 1967 referendum asking people to vote yes or no on whether they wanted the Australian constitution changed so that Indigenous Australians had the same rights as other citizens (Chang, 2002). This was passed. Faith had support from Jessie Street, a feminist and social activist (1889 – 1970) who represented Australia at the United Nations Economic and Social Council in 1946, and at the United Nations Commission for the Status of Women in 1947. In later years Jessie Street was outspoken on Aboriginal Rights and peace issues (University of Sydney, 2003). The Jessie Street Foundation supported the Second SE Asia Oceania Australasia Trauma Survivors Support Network Healing Sharing Gatherings, a Laceweb Action in 2001 (Laceweb Working Group, 2001).

and that therapeutic self-management with conjugal rights be the administrative model.

One of our major next steps is to bring together a psychosocial evaluative research team to monitor the development of this regional community movement. Such may take some time as social scientists are fairly uncommon in the area.

Some years ago, I arranged a cost-benefit analysis of Fraser House, compared first with a traditional Admission unit in another psychiatric hospital, and second with a newly constructed Admission unit which some felt might be a pseudo therapeutic community.

Somewhat to my surprise Fraser House was not only more effective but also cost less than the other two. The traditional unit was next cost-effective and the 'pseudo' unit least. Unfortunately this report was never publicly circulated. Until recently I was unable to locate a copy. One has now been found and it seems I may soon have a manuscript (Yeomans 1980b).

This thesis revisits the above letter in documenting the flow-on action from Fraser House. Note the reference in the letter to bringing together:

a psychosocial evaluative research team to monitor the development of this regional community movement. Such may take some time as social scientists are fairly uncommon in the area.

Neville had been looking for someone like me at least from 1980.

In November 1999, Neville asked whether I would have the thesis finished by February 2000. He was very keen to read it, though only when it was finished. When I told him it would not be finished by then he said that was regrettable. Neville never did read any versions of my thesis. In December 1999 there was inexplicably no reply on his phone for two and a half weeks. Then one morning Neville's daughter answered the phone and said that Neville's bladder cancer, which had been in remission, had rapidly moved everywhere in his body, that he would die very soon and that they were shifting him from hospital to his former wife (his second wife) Lien's place in Queensland. His daughter said he was so bad I would not be able to speak to him again. This was devastating news. I rang the hospital for a status report and was knocked further emotionally to be put directly through to Neville without knowing this was about to happen. Neville spoke and sounded the best I had ever found him. He was clear, calm, relaxed, poised and centred. He said:

Les, have you heard! The cancer's gone everywhere! I have just received a massive dose of morphine and I am going up to be with Lien (his second Wife) and Quan (his son). I can't help you any more. Goodbye.

I said, 'Goodbye.' Those seconds were our last chat. Then he hung up. Quan said in April 2000, 'If Neville died this instant it would be a mercy'.

He died about 4 weeks later on 30 May 2000. Neville's Obituary, written by a friend Peter Carroll was read by Carroll at the funeral on 7 June 2000 at Eastern Suburb Memorial Park in Military Road Matraville, NSW. The Obituary appeared in the Sydney Morning Herald (Carroll 2000). Providing a succinct summary of Neville's life and achievements, it is included as Appendix 1.

SUMMARY

This chapter has briefly discussed the significance of the topic, outlined the nature of the research and the research questions, and why they are important. It has explored how I became involved in the project and the way my biography has led me to undertake the research. The next chapter introduces Neville's model for a 250-year transition to a humane caring epoch.



Photo 8. A Yeomans family photo of Neville in his later years

Chapter Two - Neville's Model for a 250-Year Transition to a Humane Caring Epoch

INTRODUCTION

During the years 1993 through to 1998 (when I started this thesis), my understanding was that the main reason Neville was evolving networks from the early 1970's in Far North Queensland and the Darwin Top End in Australia was to keep these networks away from dominant interests who may seek to undermine and subvert the social action he and others were engaged in.

In October 1998 I found Neville's paper, 'Mental Health and Social Change' (Yeomans, N. 1971a; Yeomans, N. 1971c) in his Mitchell Library archives. It is a scribbled half page note and a hand sketched diagram written back in 1971. It discusses the nature of transitions to a new epoch. It revealed that Neville had specifically chosen Far North Queensland because of his analysis of its strategic locality on the globe as a place to start towards a global transition. Still, I did not take this seriously and immediately turned the page to the next item. I sensed that it was more to do with being 'away from mainstream'. I did not realize at the time that this was a crucial document briefly specifying Neville's core epochal framework. In this 'Mental Health and Social Change' file-note Neville clearly specifies epochal transitions. (I even missed the significance and evocativeness of the title 'Mental Health and Social Change'. What for Neville was the link between 'mental health' and 'social change'?) This is an example of how my pre-judging mind limited my sensing.

Neville wrote (Yeomans, N. 1971a; Yeomans, N. 1971c) the following on epochal change in that file note:

The take off point for the next cultural synthesis, (ed. point D in Diagram 1 below) typically occurs in a marginal culture. Such a culture suffers dedifferentiation of its loyalty and value system to the previous civilization. It develops a relatively anarchical value orientation system. Its social institutions dedifferentiate and power slips away from them. This power moves into lower level, newer, smaller and more radical systems within the society. Uncertainty increases and with it rumour. Also an epidemic of experimental organizations develop. Many die away but those most functionally attuned to future trends survive and grow.

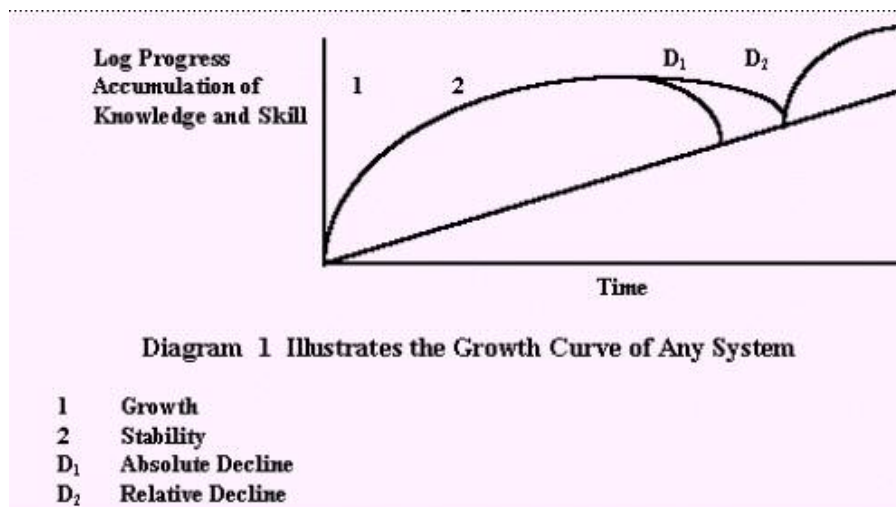


Diagram 1. Neville's Diagram of the Growth Curve of any System

In saying, 'Its social institutions dedifferentiate...' Neville is talking about a shift away from dynamic differentiated *adaptive* far-from-equilibrium states to *non-adaptive* sameness. With the words, 'those most functionally attuned to future trends survive and grow', Neville was hinting at his own aspirations.

In the same document (1971a, 1971c) Neville went on to talk about the strategic significance firstly, of Australia's psychosocial and geopolitical locality, and secondly, of Far North Queensland as a place on the margin to explore global transitions:

Australia exemplifies many of these widespread change phenomena. It is in a geographically and historically unique marginal position. Geographically Asian, it is historically Western. Its history is also of a peripheral lesser status. Initially a convict settlement, it still remains at a great distance from the core of Western Civilization. Culturally it is often considered equivalent to being the peasants of the West. It is considered to have no real culture, a marked inferiority complex, and little clear identity. It can thus be considered equally unimportant to both East and West and having little to contribute.

BUT - it is also the only continent not at war with itself. It is one of the most affluent nations on earth. Situated at the junction of the great civilizations of East and West it can borrow the best of both. Of all nations it has the least to lose and most to gain by creating a new synthesis.

Given all of the aspects outlined above, for Neville, the Australia top-end was the most strategically significant place in the whole world to locate his epochal action research. Neville saw the best place to start was amongst the most oppressed and marginalized Indigenous people. The East Asia Australasia Pacific region contains around 75% of the global 'Indigenous' population (approx. 180 of 250 million). In the same vein, it contains 75% of the world's 'Indigenous' peoples (Widders 1993). Neville wanted the Australia Far North as an informal linking place for evolving Indigenous networks throughout the East Asia Oceania Australasia Region.

In December 1993, Neville told me to remind him to get me a paper that he had written back in 1974 called, 'On Global Reform – International Normative Model Areas'. Neville later told me he could not locate the document. It was not until July 2000 (two months after Neville's death) that I found this 'On Global Reform' paper (Yeomans 1974). This is one of, if not the most significant of the papers Neville wrote. Once I read it I suddenly knew of the strategic significance (way beyond just minimizing interference from mainstream) of the, 'Mental Health and Social Change' paper mentioned above (the one that I had spotted in the archives in October 1998). On Global Reform is discussed in Chapter Thirteen.

The thesis will detail how the essence of INMA (International Normative Model Area) specified in Neville's poem⁴ of the same name (Yeomans 2000a) was woven into Fraser House and into the many Fraser House outreaches leading up to the evolving of the Laceweb social movement. Chapter Twelve and Thirteen describe how Neville's creation of an INMA in the Atherton Tablelands and another in the Darwin Top End were fundamental in evolving the Laceweb.

⁴ This poem is included at the commencement of this research.

A NEW CULTURAL SYNTHESIS

Neville's view (Dec, 1993; July, 1998, Oct, 1998) was that culture was 'how we live together'. Science, technology, economics and politics all take place in the context of how we live together in our places. Neville set out to action research fostering new local, regional and global ways of living, playing and sharing our artistry together (cultures and inter-cultures) towards new cultures, new cultural syntheses and a new global intercultural synthesis. The processes he explored were guided by humane caring respecting values, and his action research involving dysfunctional people on the margins embodied these values. Neville's view (Dec, 1993; July, 1998, Oct, 1998) was that new directions and uses of science, technology, economics and politics would evolve, guided by these values enacted in everyday life together. This is explored further in Chapters Twelve and Thirteen. The next segment introduces the Laceweb.

WEBS AND LACEWEBS

One summer morning in December 1993 in Yungaburra in Far North Queensland, Neville and I were discussing the networking he was linked into, and it seemed that the movement had, as far as Neville knew, no name. Neville knew the potency of symbols, icons and logos and said these were not used in the movement, and he did not think them in any way appropriate at the present. Neville talked about naming the movement. Within seconds he came up with 'Laceweb'. This name was, in Neville's terms, 'an isomorphic metaphor' – something of similar form and resonance to the social movement that was evolving.

The name was from a natural outback Australian phenomenon that Neville had personally experienced. Some years previously Neville had been travelling alone in outback Queensland. When he awoke in the morning and looked out of his tent, the low gorse bush (about fifty centimetres high) appeared to be covered in snow as far as the eye could see. What had happened was that during the night, millions of tiny spiders had floated in on thin webs, drifting in the slightly moving air. The continuous, immense web the spiders had spun overnight stretched to the horizon in all directions. For Neville it had a very Yin – very feminine energy reminiscent of lace, and hence 'Laceweb'.

Neville's dreaming was of an entirely new form of social movement - an informal Laceweb of healers from among the most downtrodden and most disadvantaged marginal people of the world. What follows is from my file note about how Neville described the desert web and the Laceweb as being of similar form (December, 1993):

'The Laceweb is the manifestation of a massive local co-operative endeavour. Not carved in stone, rather – it is soft, light, and pliantly fitting the locale and made by locals to suit their needs. Like the spider web, the Laceweb would appear out of nowhere. When you discover it, it would already have surrounded you. It is exquisitely beautiful and lovely. When you have eyes that see it, the play of reflectant light upon it in the morning sunlight is extra-ordinary. It attracts and stores the dew in little beads. Like the desert web, the Laceweb extends way beyond the horizon. It is suspended in space with links to shifting things - no solid foundations here. It has no centre and no part is 'in charge', and in that sense, no aspect is higher or lower than any other. It is not what it first seems. It is at the same time riddled with holes, whole and holy. It is merged within the surrounding ecosystem and lays low. In one sense it is delicate - in another it is resilient. Bits may be easily damaged. However, to remove it all would be well nigh impossible. It is formed through covalent bonding between its formers and within its form. It is an attractant. Local action may repair local damage. It is very functional. It is what the locals need. And it does help sustain them.'

Neville and I explored the derivation of 'vale', 'valence', and 'valency' - from the Latin imperative – to be well, to be strong. 'Co-valence' is to be bonded together in mutual attraction. After the foregoing spontaneously poetic expression, Neville told me (December, 1993) that the desert web was the perfect metaphor for his movement.

SUMMARY

This Chapter has introduced the topic and the history, theory and practice leading to the evolving of a social movement known as the Laceweb. The next chapter reviews the literature on therapeutic communities.

Chapter Three – The Emergence of Therapeutic Communities and Community Mental Health - History, Types and Significance

OVERVIEW

This chapter provides a background to my research into Neville's pioneering of therapeutic communities and community mental health in Australia. Because of the span and scope of this background, it is necessarily brief. It contains an overview of evolving models and responses to mental malfunction in UK, USA, and Australia since the Nineteenth Century, and an overview of the development, significance and the underlying theory of therapeutic communities in the psychiatric field from the mid 1940's. Some defining features of therapeutic communities in the UK and United States are introduced along with some common terms. The debates and arguments for and against therapeutic communities are briefly discussed along with different theoretical/ideological positions. Community Mental Health, community mental health centres and community mental health support processes in those countries are similarly briefly defined and discussed. Current practices in therapeutic communities/mental health outreach/networks in the three countries are also briefly outlined.

THE EMERGENCE OF POPULAR/FOLK AND SCIENTIFIC MODELS

Throughout human history there have been popular/folk models about mental malfunction based upon culturally derived belief systems (Engel 1977). Prior to the Twentieth Century, in the United Kingdom, the United States of America and other places, individuals with mental malfunctioning experienced harsh inhumane treatment (Roberts 2005a; Roberts 2005b). Physical and mental abuse was commonplace. There was wide use of straight jackets and heavy arm and leg iron bands and chains (Roberts 2005a; Roberts 2005b). Kennard writes of what was called as early as 1796 'moral therapy' as an early precursor to notions of therapeutic community (2004, p. 298):

The application of therapeutic community principles to work with the chronic mentally ill is, in many ways, the closest version of therapeutic community modality to one of its most important predecessors, Moral Treatment. This was the term used to describe a model of care first developed in 1796 by the Quaker William Tuke at The Retreat in York (Tuke 1813; Borthwick A., Holman C. et al. 2001).

In keeping with Quaker ideology, the mentally ill were accorded the status of equal human beings to be treated with gentleness, humanity and respect. This was quite revolutionary at the time, and The Retreat also gave priority to the value of personal relationships as a healing influence, to the importance of useful occupation, and to the quality of the physical environment. Much of this early vision of a humane treatment for mental illness was lost as the 19th century progressed and the mentally ill were housed in increasingly large and impersonal asylums (Kennard 2004, p. 298).

In Europe, a non-violent non-medical approach to mental malfunction was pioneered by Philippe Pinel (1745-1826) as apprentice to, and in association with Jean Baptiste Pussin (1745-1811). Together they evolved 'moral treatment'. Dr. Grohol writes of Pinel:

What he observed was a strict non-violent, non-medical management of mental patients came to be called 'moral treatment' though 'psychological' might be a more accurate translation of the French 'moral' (2005).

Notwithstanding the 'humaneness' of the approach, Pinel condoned the use of threats and chains when other means failed (Dr. Grohol's Psych Central 2005).

Moral treatment was also used by Sir William and Lady Ellis in the 1900s (History of Occupational Therapy in Mental Health 2005) who came to be in charge of England's county asylums. Under the Ellis', asylums as 'community' had a family atmosphere and the men and women were encouraged to enhance their previous trades or establish new ones in order to support purposeful activity. Sir and Lady Ellis were able to prove that the mentally ill were not dangerous with tools, and were far less dangerous than other unoccupied individuals. The Ellis' were also responsible for developing the idea of an 'after care' house, very similar to the halfway houses of today. These places functioned as stepping-stones from total care to limited assistance living care.

The Religious Society of Friends founded America's oldest psychiatric hospital, the Friends Hospital in Philadelphia USA in 1813 based on moral treatment. Among those individuals instrumental in founding Friends' Asylum was Thomas Scattergood, a travelling minister whose visit to England between 1794 and 1800 took him to The York Retreat, a prototype for Friends Hospital (as well as many other mental hospitals). There he observed firsthand founder William Tuke's use of moral treatment (A History of Friends Hospital 2005).

The York Retreat and the Philadelphia Hospital were early examples of a biopsychosocial approach. Mind and body functioning was viewed as somehow profoundly linked to interpersonal action in quality contexts. The idea was that the Retreat milieu would somehow create the transformation.

In the later 19th and the early 20th centuries psychiatry was in the process of seeking links with academic disciplines. Medicine was doing the same thing (Engel 1977; Bloom 2005). While medicine had been evolving within biological frameworks, Rudolph Virchow writing in 1848 wrote that 'Medicine is a social science' (Rosen 1974).

Bloom identifies the rise of biopsychosocial approaches in psychiatry in the 1920's and traces the professional links made by psychiatrists to evolve their specialty in the 1920s.

Bloom (2005, p.77) states:

Collaboration between sociology and psychiatry is traced to the 1920s when, stimulated by Harry Stack Sullivan and Adolph Meyer, the relationship was activated by common theoretical and research interests. Immediately after World War II, this became a true partnership, stimulated by the National Institute of Mental Health, the Group for the Advancement of Psychiatry, and the growing influence of psychoanalytic theory.

Bloom continues (2005, p. 81):

One piece of evidence of this development was the emergence of the new subspecialty of social psychiatry. Initiated in Great Britain, it reflected the importance of broad environmental factors in the etiology of mental disorders.

Colloquiums were held in 1928 and 1929 under the auspices of the American Psychiatric Association Committee on Relations with the Social Sciences. As well as psychiatrists, the colloquium attendees were psychologists, political scientists, anthropologists and sociologists. These two colloquiums helped forged psychiatry's links with the social sciences.

In the context of this reaching out to the social sciences and as an indication of the acceptance of psychiatry by the medical profession in the 1920's the APA chairperson White stated during the 1929 Colloquium:

The specialty of psychiatry is almost universally neglected by medical education (White 1929, p. 136).

Bloom (2005, p81.) quotes Grob (1991) writing that it was,

.....the triumph of the psychodynamic approach....that set the stage for the collaboration and cross-fertilization of psychiatry with the behavioural and social sciences in the 1950s.

The effects of a sociology that focused on issues of health and illness proceeded to grow in medical education, research, and the treatment of mental illness until 1980, when a distinct shift of emphasis in psychiatry occurred.

After the rise of biopsychosocial approaches in the 1920's there was a move away from the biopsychosocial to a biopharmacological model in the 1980's (Bloom 2005, p. 77):

In its role as educator of future physicians, post-war psychiatry developed a paradigm of biopsychosocial behaviour but, after three decades, changed to a biopharmacological model.

The definition of mental illness as a deviant extreme in developmental and interpersonal characteristics lost favour to nosological diagnoses of discrete or dichotomous models. Under a variety of intellectual, socio-economic, and political pressures, psychiatry reduced its interest in and relationship with sociology, replacing it in part with bioethics and economics (2005, p. 77).

Speaking of the 1950-1970 period Bloom (2005, p. 82) discusses important changes in psychiatric approach and educational method:

...the focus was on human behaviour, and the theoretic model was psychodynamic. George Engel, in what he called the biopsychosocial model, gave voice to this point of view more than any other single voice.

Engel and others argued for both medicine and psychiatry to be modelled on the biopsychosocial:

To provide a basis for understanding the determinates of disease and arriving at rational treatments and patterns of health care, a medical model must also take into account the patient, the social context in which he lives, and the complementary system devised by society to deal with the disruptive effects of illness, that is the physician role and the health care system's. This requires a biopsychosocial model' (1977, p. 32).

Bloom refers to Mechanic (1999) writing of the biopsychosocial being based on a continuum and the biopharmacological being based on discrete or dichotomous model. Mechanic describes two definitions of mental health:

One presented a continuous model of mental health and illness, the other a discrete or dichotomous model of mental illness. In the first, mental health and illness are the

opposite ends of a continuum; the second rejects such a continuum, instead fitting a medical model of specific disease categories with measurable symptoms (Bloom, 1997, p. 78).

Engel makes the point that:

Other factors may combine to sustain patienthood even in the face of biochemical recovery. Conspicuously responsible for such discrepancies between correction of biological abnormalities and treatment outcomes are psychological and social variables (1977, p.132).

In the Seventies the debate about appropriate models for both psychiatry and medicine continued. Some argued the medical model is not relevant to the behavioural and psychological domains.

Disorders directly ascribable to brain disorder would be taken care of by neurologists, while psychiatry as such would disappear as a profession (Engel, 1977, p.129).

In the late 1970's one view of psychiatry documented by Engel was:

Psychiatry has become a hodgepodge of unscientific opinions, assorted philosophies and schools of thought, mixed metaphors, role diffusion, propaganda, and politicking for 'mental health' and other esoteric goals (Engel 1977, p. 129).

Today psychiatry has typically maintained a biopharmacological model as a biomedical sub-specialty (Bloom, 2005).

The next section explores what was actually happening to people suffering mental malfunction since the late 1800s.

NINETEEN AND TWENTIETH CENTURY PRACTICE

USA Experience

In the Nineteenth Century, the USA generally followed the harshness of the UK experience. Dorothea Dix (1802 – 1887) commenced a forty year humanitarian crusade for humane reform of public institutions for the mentally malfunctioning (South Carolina Department of Mental Health 1999; The History of Mental Illness 2005).

The publication by Clifford Beers of his expose of his USA experience in the state asylum system, 'A Mind That Found Itself' (1908) had a wide and immediate impact both in America and overseas towards reforming and humanizing mental health practices. In the same year Beers founded the Connecticut Society for Mental Hygiene, and the following year founded the National Committee for Mental Hygiene. This entity merged with others in the USA in 1950 to form the National Association of Mental Health (NAMH). These bodies and others, including charities, lobbied for Mental Health Treatment reform and rights for the mentally ill.

Early Australian Experience

The Central Sydney Area Mental Health Service's (2004) 'History of Rozelle Hospital (formerly Callan Park)' reports that:

Social deviants were often treated brutally and alcoholism was rife in the new colony. Governor Bourke in 1820 wrote that 'a lunatic asylum is an establishment that can no longer be dispensed with.

The Australian experience followed that of the UK and USA. According to Shireav (1979, p. 27-43):

Psychiatry in New South Wales can be divided into four periods of varying administrative policy and treatment:

- 1788 to 1839 - The Primitive Era. (The Beginnings)
- 1839 to 1860 - The Moral Treatment Era. (The Romantic)
- 1860 to 1945 - The Physical Treatment Era. (The Classical)
- 1945 to the present day - The Modern Era. (The Revolution in Therapy)

On 1 July, 1876, Manning was appointed by the Colonial Government as the Inspector of the Insane for mental institutions in NSW (The Central Sydney Area Mental Health Service 2004). Manning was noted for his humanitarianism. His constant desire was to ensure that his patients received treatment for their illnesses rather than confinement in a 'cemetery for deceased intellects'.

Despite overcrowding with 1,078 patients being recorded in 1890, the Hospital (Callan Park) at the turn of the century was considered to be one of the 'finest Institutions in the Commonwealth for the housing and treatment of persons, suffering from mental disorders' (Leong 1985). Callan Park was situated in the Sydney inner west on the harbour in Leichhardt Municipality.



Photo 9. Photo of Callan Park (Leong 1985)

Two World Wars and the Great Depression brought social upheaval and hardship and further overcrowding. Demands for financial austerity eventually lead to Callan Hospital falling into disrepair and neglect.

Kenmore Psychiatric Hospital in Campbelltown which opened in January 1895 following a building program which started in 1893 and expanded to have over 1,800 patients (Mitchell 1964).

Other large asylums were also built in Australia including the Kew Asylum in Melbourne. A report by J.B. Castieau (1880), inspector of lunatic asylums, to the Chief Secretary published in the Melbourne Age, 23 March 1880 about the treatment of inmates at Kew Asylum stated:

There is no doubt in my mind that the patients are kindly treated, and that any attempts to ill-use them would, if they came to the knowledge of the superior officers, be most vigorously dealt with.

Asylums in Australia, UK and USA were typically geared to meet the needs of psychiatrists and staff rather than patients. Many of the patients were confined to beds. Those deemed 'incurable' were placed in 'back' wards where they were to remain till they died (Main 1989; The History of Mental Illness 2005).

UK Experience

Throughout the Nineteenth Century many madhouses and asylums were built and regulated under various Acts of Parliament (Mind 2005). For example, the 1828 Madhouses Act, regulated conditions in asylums including the moral conditions. Official visitors were required to inquire about the performance of divine service and its effects. In 1832 this Inquiry was extended to include 'what description of employment, amusement or recreation (if any) is provided'.

The last of the (large) mental hospitals to be built in England and Wales was in the early 1930's (Roberts 2005a; Roberts 2005b).

EVOLVING THERAPEUTIC COMMUNITIES

This section discusses the rise of therapeutic communities, the ways in which therapeutic communities differ from asylums and the psychosocial healing potential of communal living.

Kennard refers to the link between community and healing:

The idea of a community as a place of healing for the troubled mind is probably universal and as old as society itself. One of the earliest recorded intentional uses of a community in this way was Geel in Belgium, which became a place of pilgrimage for "lunatics" in the fourteenth century (2004, p. 304).

Kennard identifies the founding of the Little Commonwealth by Homer Lane in 1913 in Dorset in south west England as an early example of a therapeutic community for children and young people in the Twentieth Century.

Lane was an American who had experience as an educator at the George Junior Republic, a reformatory system developed in the United States, and was invited to advise on the setting up of a home for delinquent adolescents in Dorset in south west England. For 5 years the Little Commonwealth housed around 50 youngsters, mostly aged 14–19, who participated in a carefully structured system of shared responsibility. Lane wrote that the chief point of difference between the Commonwealth and other reformatories and schools is that in the Commonwealth there are no rules and regulations except those made by the boys and girls themselves. All those who are fourteen years of age and over are citizens, having joint responsibility for the regulation of their lives by the laws and judicial machinery organized and developed by themselves (Kennard 2004, p. 296).

This is an early example of the interconnected psychosocial process of marginalized people on the fringe of society co-constituting themselves in the process of establishing and maintaining their lore, norms, law, self governance and shared community.

A biopsychosocial approach addressing general health was the 1935 'Peckham Experiment' at the Pioneer Health Centre in St Mary's Road, Peckham in the UK.

According to the Southwark Council Website (2005) this centre was:

...a unique attempt to raise public health through a combination of education, community care and preventative medicine.

The experiment came about in response to worryingly low levels of health and fitness amongst low-income inner-city families. Doctors Scott Williamson and Innes Pearce (a husband and wife team) believed that social and physical environment could have a direct affect on health - and looked to prove it.

Just as we now join gyms, 950 families signed-up, paying one shilling a week to relax in a club-like atmosphere where physical exercise, games, workshops and relaxation were all encouraged. The families were constantly observed by Williamson and Pearce's team of doctors - and attended thorough medical examinations once a year.

The experiment was a bold departure in the medical field in the 1930s, concentrating on a preventative, rather than a curative approach to health - and its setting was equally pioneering. The well-lit and open-plan design of the building (designed by Sir Owen Williams) was far ahead of its time, providing an ideal environment for observation and relaxation.

One historical record describes the large Pioneer Health Centre's as having:

.... an out door area for roller-skating, cycling and sports. Inside the building, you notice that large windows allow you to see the activities of the gym, swimming pool, games area, nurseries, dance floor, cafeteria, theatre, library and workrooms from almost any point in the building. The facility is fully equipped with a modern laboratory and medical staff. Many areas are designed with rollaway rooftops to allow fresh air, and sunshine when available. The centre is designed to accommodate leisure activities of 2,000 families (Chek 2005).

Membership of the centre entitled all members of the family to participate in a wide range of sports, pastimes, crafts, social and learning activities as well as community dining.



Photo 10. The Purpose Built Peckham Centre - (Peckham Health Centre 2005)

The centre research showed significant improvement on a range of medical and wellbeing indices compared with baseline entry levels.

The experiment continued until 1950, concluding that: 'It is not wages that are lacking ... but quite simply ... social opportunities for knowledge and for action that should be the birthright of all; space for spontaneous exercise of young bodies, a local forum for sociability of young families, and current opportunity for picking up knowledge as the family goes along' (Chek 2005).

Peckham is an early example of social learning in transitional community.

Kennard (2004, p. 304) refers to the 1939-1945 period in England and the development of therapeutic community:

What seemed to happen at this moment in history was that a particular constellation of human ideology, wartime necessity, psychoanalytic insights and open minded pragmatism came together and coalesced into a new form of treatment.

Kennard (2004, p. 299) writes that following World War Two the zeitgeist for the mentally ill began to change:

'Factors which can be seen to have contributed to this included the founding of the English National Health Service, the emergence of sociological studies of the toxic nature of large institutions, and the (re)discovery of a humane and egalitarian model of care in the shape of the therapeutic community experiments during and following the Second World War.

Bloom (2005 p.80) refers to the link between personality and society:

The core of both social and psychiatric theoretical speculation stimulated by the war was that the social structure and personality are linked. Differing in its particulars but similar conceptually was the interpretation of the hospital as a therapeutic community.

UK Therapeutic Community Experience

The Second World War created a context that contributed to major change in the treatment of the mentally ill. By the end of the Second World War both UK and the United States had large numbers of returning soldiers and former prisoners of war suffering from what was called 'war neurosis'. Totally socially withdrawn, these people were being 'warehoused' in the back wards of asylums - conditions replicating, and in some respects more hopeless than their former prison camps where they could at least hope for the end of the war. David Clark (1974) one of the pioneers of therapeutic community writes of the term 'therapeutic community' first being used in the United Kingdom in 1946 by Main to describe the processes at Northfield Hospital, Birmingham.

Clark writes:

There, a group of psychoanalysts and group therapists working with demoralized psychoneurotic ex-soldiers developed a new pattern of institutional life (Clark, 1974, p. 29).

Weisaeth and Eitinger (1991) make the point that:

Although it is well known that the principles of forward psychiatry were rediscovered in WWII, not everyone is aware that modern treatment principles such as the therapeutic community and group therapy were also developed by psychoanalysts in the British Army. The late Tom Main's 'The Ailment and Other Psychoanalytic Essays' (1989) provides important information about this.

The conventional asylum of the day replicated most of the rigid life-controlling daily routines of the returning soldiers' former prisoner-of-war camps. Main's aim was to re-socialize the hospital's patients via 'full participation of all its members in its daily life'. Clark quotes Main talking about social processes being adopted to re-socialize British ex-prisoners of war:

The Northfield Experiment is an attempt to use a hospital not as an organization run by doctors in the interests of their own technical efficiency, but as a community with the immediate aim of full participation of all its members in its daily life and the eventual aim of re-socialisation of the neurotic individual for life in ordinary society (Clark 1974, p. 29; Main 1989).

Some psychiatrists caring for these ex-soldiers recognised that major changes to 'treatment' had to occur for these people to ever be able to return to functional living in society. Psychiatrists began exploring community-based approaches to reconnect these former soldiers with society. Given the community approaches being used, these units became known as therapeutic communities.

Maxwell Jones is recognized as the main developer of therapeutic community (Jones 1953; Jones 1957). In contrast to the conventional asylums, Jones writes of starting at Belmont Hospital in 1941 to provide psychiatric support of a different kind to returning soldiers:

By great good fortune I was asked to organize a treatment unit for British ex-prisoners of war who had just returned from the prison camps in Europe. We developed a 'transitional community', which helped to rehabilitate men who had been shut away from ordinary society for up to five years and who had to adapt to a world which had largely forgotten them.

And so, almost imperceptibly we moved from the idea of teaching with a passive, captive audience, to one of social learning as a process of interaction between staff and patients. By the end of the war we were convinced that people living together in hospital, whether patients or staff, derived great benefit from examining, in daily community meetings, what they were doing and why they were doing it (Jones 1968, p. 16-17).

Kennard writes of wide interest in Jones' work (2004, p. 299):

Right from its early days Maxwell Jones' experiment at Belmont Hospital, just outside London, attracted the interest of psychiatrists in England and around the world.

In stark contrast to conventional asylum top-down autocratic structure, Maxwell Jones writes of re-constituting towards democratic egalitarian structure/processes having three main objectives – communication, decision-making and culture:

...the establishment of two-way communication involving as far as possible all personnel, both patients and staff; decision making machinery at all levels, so that everyone has the feeling that he is identified with the aims of the hospital, with change, and with its success and failures; the development of a therapeutic culture

reflecting the attitudes and beliefs of patients and staff and highlighting the importance of roles and role relationships (Jones 1968, p. XIII).

These changes in communicating, decision-making and culture were core shifts in changing from top-down expert driven hierarchy to a democratic egalitarian holarchy (each participant as networked part of the whole) with a community focused structure:

In a therapeutic community communications at all levels are made as efficient as possible, and decision-making by consensus is aimed at.

In a therapeutic community, a unilateral decision, no matter how wise, is seen as contradictory to the basic philosophy (Jones 1969, p. 48).

In this shift to a flatter structure, Jones suggests that a more apt name for the leader is 'catalyst or charismatic leader' (Jones 1969, p. 24).

Two-way communication and all-inclusive meetings change the notion of 'confidentiality'. Information is to be kept confidential within the community, not just within the patient-psychiatrist relationship (Jones 1969, p. 54).

In his book 'Administrative Therapy', D. H. Clark (1964) writes of using meetings and other aspects of administration as an integral aspect of patient change, what he called 'Administrative Therapy'.

Maxwell Jones expands on these re-socializing themes:

The psychiatric hospital can be seen as a microcosm of society outside, and its social structure and culture can be changed with relative ease, compared to the outside. For this reason 'therapeutic communities' to date have been largely confined to psychiatric institutions. They represent a useful pilot run preliminary to the much more difficult task of trying to establish a therapeutic community for psychiatric purposes in society at large (Jones 1968, p. 86).

In a conversation I had with Alfred Clark (June 2004) he recalled the term 'civil reconnection' for what the UK therapeutic communities were doing. Kennard refers to the use of the term 'culture of enquiry' (2004).

Jones saw therapeutic community as an adjunct to existing processes:

It does not amount to a treatment methodology in its own right but complements other recognized psychotherapeutic and pharma-cological treatment procedures (1969, p. 86).

Jones and others recognized potential in hospital social restructuring:

A hospital has the advantage of being a small community where it is possible to organize the social structure so that it enhances social learning (1969, p.91).

Jones called this setting up a 'living-learning' situation:

The term is meant to convey the concept of social learning as it applies to the problems of everyday living (1969, p. 87; Kennard 2004).

Jones adds that along with structure - roles, role relationships and culture may be involved in re-socialising:

The concept of the therapeutic community stresses the importance of social structure; it underlines the need to focus on roles and role relationships and to evolve a therapeutic culture (1969, p. 86).

David Clark, in writing the history of Fulbourn Hospital writes of their therapeutic community wards' features being:

...mixed-sex wards, no staff uniforms, ward meetings, staff discussion groups and open and free discussion between professions. There was plenty of encouragement for patients to help each other and to talk openly with staff, as well as active involvement of, and discussion with relatives of patients (1996).

Other aspects were:

Doctors' Sensitivity Meeting on Fridays (with its egalitarian sharing), the Hospital Innovation Project, and the culture of growth.

Basic premises of the therapeutic community are the abolition of hierarchy and authority, the establishment of all contributions as equally valid, the tolerance of open confrontation and challenge, and the acknowledgement of patients' responsibility for their own lives and for the running of their wards (1996).

Patients became change-agents of self and others. Patients also became community leaders.

The task of senior officers like myself, the power holders in the organisation, was supportive – creating an atmosphere where hope could develop.

It taught us to value the contributions of all the people who worked with patients and showed us the immense power of social forces in the life of the ward (Clark 1996).

David Clark writes of Maxwell Jones:

Jones himself said that the distinctive aspect of the method was 'the way the institution's total resources, both staff and patients, are self-consciously pooled in furthering treatment (1974, p. 29).

Jones contrasts therapeutic community with conventional treatment.

In therapeutic communities - active rehabilitation, democratisation, permissiveness and communalism replace the conventional custodialism and segregation, old hierarchies and status differentiation, customarily limited ideas and the specialized role of the doctor (1968, p. 87).

Jones refers to meetings playing a central role:

An essential feature of the organization of a therapeutic community is the daily community meeting. By a community meeting, we mean a meeting of the entire patient and staff population of a particular unit or section. We have found it practicable to hold meetings of this kind with as many as 80 patients and up to 30 staff; we think that the upper limit for the establishment of a therapeutic community in the sense that the term is used here is around 100 patients...it is desirable for the

community meetings to be followed by meetings of these smaller groups (1968, p. 87-88).

David Clark writes of Belmont:

The centre of Belmont Life was the morning meeting, attended by all members of the community, where all matters of general interest were analysed. There was a system of feedback of the events of the 24 hours. This was followed, always, by a staff review session, where the main meeting was analysed and personal contributions and reactions assessed (1974, p. 30).

Rather than been seen as a negative, crisis situations were used to foster change:

The social organization inherent in therapeutic community settings – both inside and outside the hospital - strongly facilitates the productive resolution of crisis situations by confrontation (Jones 1969, p.86).

The therapeutic community process was largely responsible for the return of war neurosis soldiers to mainstream society. According to Jones, at Fulbourn Hospital:

...the group that benefited most from the therapeutic communities were the patients (and staff) trapped in long-stay wards. By 1980 most of those patients had left hospital (1996).

USA Therapeutic Community Experience

Kennard (2004) refers to the writing of Boston psychiatrist Bockoven (1956) who described 'the heavy atmosphere of hundreds of people doing nothing and showing interest in nothing' in American hospital wards in the 1950s.

Sandra Bloom (1997) refers to the U.S.A. development of therapeutic community having similarities to the UK treatment of war neurosis.

During the same era in the United States, Harry Wilmer a psychiatrist stationed at the Oakland Naval Hospital used his own experience as a patient in a tuberculosis sanatorium at the beginning of World War Two to create a program based on group therapy for returning veterans. His experience was similar to that of his British colleagues. He refused to use any control other than social control, and the staff were taught to establish the firm expectation that the patients could and would control themselves. This required the staff to learn ways of managing difficult patients without using the usual forms of external control - seclusion, restraint, and punishment. The result was that many patients who had been hostile, belligerent, and assaultive in other settings were treated in the therapeutic milieu without resorting to violence. 'I never found it necessary to isolate even one of the 939 patients with whom we dealt, despite the fact that almost every type of acute psychiatric disorder was represented in the group. This result was achieved largely because the staff, no longer free to use methods of control that brutalize both themselves and their patients, had to find new ways of dealing with patients. They found the new ways more effective and infinitely pleasanter than the old' (Wilmer 1958).

SOCIAL PSYCHIATRY, SOCIAL THERAPY AND MILIEU THERAPY

This section details some of the terms and processes associated with therapeutic communities.

Jones defines social psychiatry as:

The preventative and curative measures, which are directed towards the fitting of the individual for a satisfactory and useful life in terms of his own environment (1968, p. 29).

Jones further writes on social psychiatry:

Sociocultural process is an integral part of the treatment. The sort of social system that results is often called a 'therapeutic community', or in terms of social process, milieu therapy.

What distinguishes a therapeutic community from other comparable treatment centres is the way in which the institutions total resources, staff, patients, and their relatives, are self consciously pooled in furthering treatment. This implies above all, a change in the usual status of patients. In collaboration with staff, they now become active participants in their own therapy and that of other patients and in many aspects of the unit's general activities. This is in marked contrast to their relatively more passive, recipient role in conventional treatment regimes (1968, p. 85-86).

Kennard describes distinguishing features of therapeutic communities as:

There is a 'culture of enquiry', a phrase that highlights the need not only for efficient structures but for a basic culture among the staff of 'honest enquiry into difficulty', and a conscious effort to identify and challenge dogmatic assertions or accepted wisdoms.

The basic mechanism of change can be described as this: the therapeutic community provides a wide range of life-like situations in which the difficulties a member has experienced in their relations with others outside are re-experienced and re-enacted, with regular opportunities - in groups, community meetings, everyday relationships and, in some communities, individual psychotherapy - to examine and learn from these difficulties. The daily life of the therapeutic community provides opportunities to try out new learning about ways of dealing with difficulties (2004, p. 2).

In the context of therapeutic communities, David Clark (1974, p. 14) defines 'social therapy' (a term linked to therapeutic communities) as:

... an attempt to help people to change by affecting the way in which they live.

This is based on the observation that:

...people are shaped by the way they live, unfortunately often for the worse (Clark 1974, p. 14).

Carstairs in the Forward to David Clark's book quotes another of Clark's definitions of social therapy:

...the use of social and organizational means to produce desired changes in people (Clark 1974, p. 8).

Carstairs also quotes David Clark's third definition:

Social therapy is about personal change and growth and living-learning experience (Clark 1974, p. 8).

David Clark suggested that social therapy could be summarized using three words – 'Activity', 'Freedom' and 'Responsibility'. Jones notes the 'experience of two centuries' of the corroding effect of idleness. A central focus was the potential of a community exploring freedom and responsibility together (1974, p. 67).

The common theme through the above summary of therapeutic community experience has been the use of social processes, especially community meetings, as the change process. Chapters Six to Ten will detail how Neville went way beyond the above in Fraser House.

The next section explores the intervening forces contributing to a decline in the use of therapeutic communities within psychiatry.

DECLINE OF THERAPEUTIC COMMITTEES IN THE UK NATIONAL HEALTH SYSTEM

David Clark, in Chapter Eight of his book 'The Story of a Mental Hospital: Fulbourn, 1858-1983' (1996), details the reasons for the decline of therapeutic committees in the UK National Health system. Clark's observations can be seen in the context of a psychiatric profession shifting to a biopharmacological model around the 1980's as discussed above.

In 1970, four wards in Fulbourn hospital had been therapeutic communities and a number of hospitals had therapeutic communities. David Clark writes of the UK experience:

During the 1960s therapeutic communities had started in many psychiatric hospitals; Henderson, Claybury, Littlemore, Fulbourn, Dingleton and Ingrebourne became well known. In the 1980s therapeutic community wards stopped operating, units were closed, hospitals famous for being committed to therapeutic community principles, such as Claybury, dwindled in size and ultimately were being closed down (1996).

Clark (1996) suggests that in his opinion:

The root cause is the incompatibility of an egalitarian, democratic ward culture with the authoritarian, bureaucratic organisation which the National Health Service has gradually become.

... the hostility of powerful senior doctors to a system that devalued their expertise and challenged their power worked against it, and the National Health Service Bureaucracy of the 1990s, with its emphasis on 'business management', strict economy, and answerability upward could not tolerate a system so challenging, so revolutionary and so irregular.

Enthusiasm and hope do not appear in accounting systems.

The external response was as suspected; David Clark writes:

A unit where patients make decisions, where disorder is apparent and from which unacceptable demands may come, perplexes and angers tidy-minded and harassed managers so that they readily support demands for enquiries, disciplinary action and closure (1996).

Clark (1996) describes the UK changes in psychiatry:

British psychiatry has moved away from an interest in social therapy. With a wider range of new drugs available, many young psychiatrists concentrate on improving their skill in diagnosing, assessing symptoms, prescribing drugs and monitoring side effects.

The insecure and inadequate doctor feels far safer in a white coat examining a half-naked patient with a stethoscope or in a comfortable armchair out of sight behind the psychoanalytic couch, than working in an environment where he would be open to scrutiny and criticism by patients and nursing staff.

Clark (1996) also writes about the Nation Health Service funding in the Seventies and Eighties:

Most of their time and energy was given to general hospitals which had a clear traditional social structure of doctors doing their skilled work, nurses assisting and organizing, and patients lying passively in bed awaiting cure.

The National Health Service, David Clark writes, is now:

...where power and authority is statutorily entrenched with administrators, consultant doctors and senior nurses and where patients are usually treated as passive, incompetent, ignorant people whose only task is to await the attention, skill and compassion of those paid to look after them (1996).

Clark (1996) details some of the lasting effects of the therapeutic community movement in the UK:

Quite a few of the practices of the therapeutic community were by now accepted as normal in Fulbourn - mixed-sex wards, no staff uniforms, ward meetings, staff discussion groups and open and free discussion between professions.

Is any of what we learned and taught still relevant? I believe most of it is. Some of the effects of the social revolution in post-war British psychiatry remain and will I believe be permanent. Psychiatric nurses today see their main tasks as listening to patients, counselling them and understanding them. They know they do this best in a supportive, friendly humane culture. Most British psychiatric wards and units are now open door. In many units nurses, patients, and creative therapists meet in groups and in ward meetings. This is a far cry from the psychiatric nursing culture of the forties with its emphasis on order, uniforms, discipline and its undertone of brutal oppression.

DECLINE OF THERAPEUTIC COMMITTEES IN THE USA NATIONAL HEALTH SYSTEM

Commencing in 1968, Paul and Lentz (1977) set up the first research in USA on long term chronic mental patients - comparing two psychosocial change programs with a comparison hospital treatment. One of their change programs was based on milieu therapy (or therapeutic community) and the other on social learning (using a token economy). 92% of the patients in the social learning program were released with community stay without rehospitalisation for the minimum follow up period of 18 months.

After four and a half years of results demonstrating that the two psychosocial programs were clearly superior to the comparison hospital, they were going to move the hospitalised

'patients' into the social-learning unit. However, before they could do so, medico-political forces shut both of the psychosocial change programs down and ended the research. Shortly afterwards, interests holding to the biopharmacological model linked with forces within the politico-legal system to get laws passed prohibiting many of the key aspects of the psychosocial change programs. The effect of these laws and regulations were that aspects of therapeutic community based programs that Paul and Lentz's research had empirically demonstrated as possessing considerable change power were banned. These changes to the law left the *least* useful and *most* expensive treatment, namely drug-based long-term hospitalisation as the only option remaining for long term chronic mental patients still in the hospitals. The 'patients in and none out' process would ensure that this pool of patients would steadily accumulate in the back wards.

Kennard (2004, p. 302), in referring to the success of the Soteria House Therapeutic Community Experiment, which found the Soteria program was as effective as neuroleptics in reducing the acute symptoms of psychosis, writes:

Surprisingly, the success of this experiment has not spawned a host of replicas, pointing up the conservatism of the professional establishment, the reluctance to use the natural healing properties of normal relationships, and the hold that the drug industry still has over treatment models.

WIDER APPLICATIONS OF THERAPEUTIC COMMUNITY

In reviewing the various settings for therapeutic community Kennard introduces the term 'therapeutic community impulse' as:

....something that flows through many forms of institutional care, including hospitals, schools, prisons and other settings created by societies for their ill, disabled or troublesome members (and sometimes for their brightest too). This impulse comprises a tolerance of the expression of conflict, a desire to enable people to take responsibility for their lives, a natural sense of democracy (not necessarily of the one vote per person variety) where everyone has the right to information and to contribute to decisions that affect them, and 'a kind of shirt-sleeves informality about the business of helping people.' I believe it is a hardy plant because once experienced, the capacity to work with people in this way becomes an inner benchmark of the most humane and effective way of delivering mental health care (1998, p. 27).

Kennard (2004) reviews the application of therapeutic community as an adaptable treatment modality across different settings in UK, USA, in Africa and in 11 out of 15 European Union countries – including youth offenders, drug addicts, and within prisons. Kennard refers to Kasinski's review of the use of Therapeutic Communities for Young People as 'Planned Environment Therapy' (Kasinski 2003; 2004, p. 297).

In discussing therapeutic communities in prison, Kennard writes (2004, p. 302):

Prison may seem an unlikely setting for a treatment model based on democratic decision-making. Yet democratic therapeutic communities have been run in prisons since the 1960s with positive results, and today there is an increasing number within the English prison system. The first and best known of these is Grendon Prison, 30 miles west of London, which opened in 1962 and takes long-term male prisoners towards the end of their sentence. Violence, sex offences and robbery are the most common types of offence.

Once accepted, a prisoner moves to one of five wings of 40 men, each run as a separate therapeutic community, where he may stay for up to two years.

In Grendon:

...considerable thought is given to how the key therapeutic principles can be adapted (Cullen 1997; Kennard 2004, p. 303).

Neville spoke to me (Dec 1993, Sept 1998) about Grendon Prison (Association of Therapeutic Communities 1999; Smartt 2001; HM Prison Grendon 2005) in the UK. Grendon has had excellent recidivism rates (Millard 1993; HM Prison Grendon 2005) - way ahead of traditional maximum security prisons - for over thirty years. Cullen (1997) reports the overall recidivism rate for men who have served some time at Grendon being 33%, and for those completing their program it falls to 16% compared with a 42 to 45% recidivism rate for the national rate. An article in the Birmingham Post newspaper states:

Grendon is the only prison in Britain that operates wholly as a therapeutic community; it has a waiting list of around 200 prisoners who want to go there and, uniquely, independent research has just shown that prisoner who complete its therapeutic regime are significantly less likely to re-offend when released (A Prison to Cure and Not to Punish 1998).

On therapeutic communities applications within the criminal justice system Kennard concludes:

In the experience of the author and other experienced practitioners in both the USA (Toch 1980) and Europe (Cullen and Woodward 1997) therapeutic communities in prisons can be surprisingly effective in creating a culture of openness and exploration of personal issues, in direct contrast to the conventional prison culture, and also in reducing the incidence of violent disturbances. Perhaps the major limitation is the acceptability of the model to prison staff and administrators. For some staff the relaxation of the "them and us" polarisation of officers and inmates provides a welcome opportunity to do something worthwhile; for others it is seen as a threat to their authority and control (2004, p. 303).

Paul Hamilton (1992) describes a therapeutic community in K Division in Pentridge Prison in Melbourne, Australia as:

... having a valuable catalytic effect in terms of education and work practices, as well as providing a relatively normal environment for HIV seropositive prisoners.

Within Australia there is a number of therapeutic community based drug and alcohol rehabilitation centres (Pierce 2004).

Many therapeutic community Drug and Alcohol Rehabilitation Centres in Australia have the following features:

1. Residents participate in the management and operation of the community
2. The community through self-help and mutual support is the principle means of promoting behavioural change
3. There is a focus on social, psychological and behavioural dimensions of substance abuse (Gowing, Cooke et al. 2005)

The next section describes ways in which therapeutic community processes were extended into the wider community.

REHABILITATION SERVICES, TRANSITIONAL FACILITIES AND THE MOVE TO COMMUNITY BASED CARE

David Clark writes of the setting up at Fulbourn Hospital of Rehabilitation Services starting in the 1970s and fully developed during the 1980s, as being another aspect of social therapy. These Rehabilitation services were precursors to Community Mental Health.

Clark writes:

We had moved most of our long-term patients out of hospital into group homes, halfway houses, sheltered accommodation and so on. We were visiting and supporting them there. We had developed an effective system of care in the community - long before it became official government policy.

Many hospitals emptied the wards too quickly, with inadequate support facilities. We took longer over the process. We set up a wider range of transitional facilities. We prepared people carefully for discharge. We supported them in the community. We certainly had remarkably few episodes of suicide, social breakdown or public disaster over the years while we were opening the doors.

We developed transitional facilities, halfway houses, group homes, sheltered accommodation. We set up sheltered workshops and industrial units and organised supportive rehabilitation using networks of social workers, community psychiatric nurses and community occupational therapists, and so on (1996).

Kennard writes of the application of therapeutic community practices to patients in community based transitional facilities who were no longer ill or could now have their symptoms controlled by the newer medications, and whose continued hospitalisation was due at least partly to a loss of the skills and confidence to manage their own lives.

As these patients left hospital, those who remained were those whom today are sometimes referred to as the 'difficult to place', whose combination of treatment resistant symptoms and difficult personalities keep them in need of 24-hour care. Thus although the crusading aspect of the therapeutic community approach to chronic mental illness is relevant where total institutions are still found, today there are other important applications in community-based housing projects for the long term mentally ill, and the work of community mental health teams. Small domestic households of between 5 and 12 residents live with staff support (either 24 hour or office hours depending on the level of need). For people with more integrated or recovered psychoses there are regular community meetings, service users help to draw up and review their own care plans and those of their fellow residents, and help in running the household (2004, p. 303).

COMMUNITY MENTAL HEALTH - THE UK, USA AND AUSTRALIAN EXPERIENCE

This section outlines the UK, USA, and Australian experience of Community Mental Health, Community Mental Health Centres and outreach, as well as psychosocial self-help networks and organizations that provide support and sustenance to marginal people. Debates and arguments are briefly outlined along with associated theoretical/ideological positions. Kennard writes of therapeutic community as:

...an appropriate perspective for all community-based services. The emphasis on respect for the individual, the recognition that services users have therapeutic skills, the importance of a containing environment and awareness of the potential for

splitting within teams and organizations have been noted as some of the contributions that the therapeutic community approach can make to the work of community mental health teams (Kennard 2004, p. 300)

United States Experience of Community Mental Health

Community Mental Health was promoted in the United States as a new wave of 'expanded mental health care' (Citizens Commission on Human Rights 2005).'

Given this aspiration, the organisation LA Voice writes:

There's no question that deinstitutionalising the mentally ill ended (for the most part) the cuckoo's-nest horrors of 1950-60s mental hospitals. But it also consigned people with a horribly difficult-to-manage, stigma-ridden lifetime illness to a ragged net of jails, outpatient programs and halfway houses from which the Legislature often enjoys siphoning money. End result? People get dumped back onto the street.

The Times points out that 34% of the 83,347 homeless in greater L.A. are severely mentally ill; 47% of the total are chronic substance abusers and 19% are veterans (though it doesn't say how much those three numbers intersect) (LA Voice 2005).

Given the concerns, across each State in the United States are extensive networks of Community Mental Health Centres. Each has a 'catchment' area within which they provide a targeted service. Typically, there is an interdisciplinary approach. Also one focus of action is education and early identification and prevention of mental disorders. As an example the Association of Community Mental Health Centres of Kansas, Inc. has 29 licensed Community Mental Health Centres with a combined staff of over 4500, providing services in every county of the state in over 120 locations; together they form an integral part of the total mental health system in Kansas (Association of Community Mental Health Centres of Kansas Inc. 2005).

Mediation has been evolved in some parts of the world as a way of settling issues in dysfunctional families (Carlson 1971). One such example is the Ontario Family Mediation Centre (2005), which was highly regarded by Neville (July 1998).

Community Mental Health in the UK

Clark (1996) writes that as a result of the social revolution in post-war psychiatry in the UK, the care of people with long-term mental disability has been changed utterly:

Very few of them are now in hospital wards. Many live in the community, with their families or in sheltered accommodation. They attend day centres and workshops and are supported by teams of social workers and community nurses. We have created in Britain a framework of psychiatric rehabilitation and a range of trained professionals to support it. It is true that this framework sometimes fails, particularly in the big cities where people with chronic mental illness live as tramps, finding their food in garbage dumps and sleeping in cardboard boxes. But these are the exceptions. Most long-term mentally ill people in Britain now live good lives out in the community.

The 4 November 1999, BBC program 'Background Briefings' spoke of care in the community representing 'the biggest political change in mental healthcare in the history of the NHS.

It was the result both of social changes and political expediency and a movement away from the isolation of the mentally ill in old Victorian asylums towards their integration into the community. The aim was to 'normalise' the mentally ill and to

remove the stigma of a condition that is said to afflict one in four of the British population at some time in their lives.

The main push towards community care as we know it today came in the 1950s and 1960s, an era which saw a sea change in attitude towards the treatment of the mentally ill and a rise in the patients' rights movement, tied to civil rights campaigns.

The 1959 Mental Health Act abolished the distinction between psychiatric and other hospitals and encouraged the development of community care (BBC News 2005).

An Internet source document from the UK NGO 'Mind', formerly 'The National Association for Mental Health' entitled 'Key Dates in the History of Mental Health and Community Care' states:

From 1955 onwards, psychiatric in-patient numbers began to slowly decrease due to the introduction of social methods of rehabilitation and resettlement in the community, and the availability of welfare benefits, as well as the introduction of antipsychotic medication (Mind 2005).

The same 'Key Dates' document identifies 1961 as the year Enoch Powell, as Health Minister, made his famous 'Water Tower' speech to the Annual Conference of the NGO Mind.

He envisaged that psychiatric hospitals would be phased out and care provided in the community. Powell's plan was for 'nothing less than the elimination of by far the greater part of this country's mental hospitals as they stand today' (2005).

The 'Key Dates' document refers to:

The Hospital Plan for England and Wales which stated that 'large psychiatric hospitals should close and that local authorities should develop community services'.

In-patient numbers continued to fall, but many local services were not yet in place. A new group of 'long-stay' patients began to accumulate in the hospitals. The era of community care had begun and this has remained official policy ever since (2005).

Sir Roy Griffiths' 1988 UK report, 'Community Care: Agenda for Action' was a precursor to the Community Care Act of 1990, that set up community care as it has operated through the Nineties (Mind 2005).

In 1998 in the UK, Community Care was declared a failure by Health Secretary, Frank Dobson. He stated:

Care in the community has failed. Discharging people from institutions has brought benefits to some. But it has left many vulnerable patients to try and cope on their own. Others have been left to become a danger to themselves and a nuisance to others. A small but significant minority have become a danger to the public as well as themselves (Mind 2005).

Burns and Priebe (1999, p. 191-192) outline issues in Mental Health Care in the UK:

The past few years have seen mental health services in England (more so than in the UK generally) subjected to an unprecedented barrage of criticism. The tone has been set by tabloid newspapers:

London's mental health services a shambles – Evening Standard, 16 January 1996

We're mad to trust shrinks – Daily Mirror, 9 February 1996.

The current, pervasive opinion is that English mental health services (especially in cities) are unacceptably poor (Deahl and Turner 1997).

Burns and Priebe (1999, p. 191-192) also refer to comments by Frank Dobson (1990):

The Secretary of State for health, Frank Dobson, has recently pronounced that 'community care has failed', and his predecessors expressed their lack of confidence by imposing a succession of increasingly restrictive legislative requirements – the Care Programme Approach.

Burns and Priebe detail shortcomings:

There are undoubtedly serious short-comings in the English services. These include the excessive preoccupation with risk, the limited therapeutic involvement of consultants and the shortage of services for patients with less severe mental illnesses, to name just a few (1999).

In the same article Burns and Priebe also comment on considerations of clinical effectiveness:

Service delivery is generally transparent and subject to clinical audit and a widespread consideration of clinical effectiveness. English psychiatrists, correctly preoccupied with the problems generated by the split between health and social care, seem rarely to reflect on the degree to which services are fragmented elsewhere. By international standards our services are extraordinarily straightforward and well co-ordinated (1999).

They also provide the following contextual information:

Neither one of us doubts the real problems that face modern mental health services. The rules of the game are changing. Family and social changes make coping with severe mental illness increasingly problematic. Public expectations are rising, and in our current, very visible position, balancing therapy with social control is highly delicate.

There is no shortage of advice about how to reform the mental health services being proffered by pressure groups and voluntary bodies. In many cases their conviction may far exceed evidence for the feasibility or value of their proposals (1999).

Community Mental Health in Australia

Community Mental Health in Australia was started by Dr. Neville Yeomans in 1968. His first Community Mental Health Centre was at Paddington NSW. Similar to the Kansas example, Community Mental Health Centres are now distributed throughout Australia. Psychiatric Support Services are also provided through public hospitals. Some networks expressly address transcultural issues. An example is the West Australian Transcultural Mental Health Centre established in 1993. This Centre has a statewide function bringing a culturally sensitive response to migrant mental health needs. The Centre's operations are further

enhanced by its inclusion in a national network of Transcultural Mental Health Centres around Australia. (Western Australian Transcultural Mental Health Centre 2005).

As one indicator of the current status of community mental health care the Weekend Australian newspaper 16 July 2005 ran a headline 'Time to Get Mentally Ill Out of Jails':

Leading psychiatrists have admitted that a twenty-year policy of treating mentally ill patients in the community has failed. The psychiatrists are demanding radical review of mental health care claiming prisons have replaced asylums as holding centres for the mentally ill. Those calling for a new approach include many of the architects of the current policy of de-institutionalisation, which lead to the closure of psychiatric wards and institutions around the country.

A recent study by the Corrections service found that 74% of prisoners in NSW suffer from a psychiatric disorder with almost 10% suffering symptoms of psychosis (Kearney and Cresswell 2005).

SELF-HELP AND MUTUAL AID GROUPS

Another development in the 1960's was psychosocial self-help/mutual aid groups where people with mental malfunction provide each other mutual support without the presence of mental health professionals. Historically, governments and their agencies, as well as private service providers, have provided care to the mentally disabled as a funded service. After self-help and mutual aid processes were evolved in therapeutic communities, ex-patients of these communities began forming their own self-help groups in civil society. This led to the growth of voluntary not-for-profit psychosocial self-help group movement in the UK, USA, and Australia outside the delivery of service by experts.

Kyrouz, and Humphreys (1997) carried out a review of research carried out in the 1980s and 1990s on the effectiveness of self-help mutual aid groups. Their review primarily covered studies that compared self-help participants to non-participants, and/or gathered information on multiple occasions over time (that is, "longitudinal" studies).

They summarise findings of five research studies on mental health groups as well as research on self help groups focusing on sufferers of bereavement, diabetes, cancer, chronic illnesses as well studies on self-help group for caregivers as well as groups for elderly people. Kyrouz, and Humphreys (1997) report:

Most research studies of self-help groups have found important benefits of participation.

ORGANIZATIONS, NETWORKS AND MUTUAL HELP PROVIDING SUPPORT AND SUSTENANCE TO MARGINAL PEOPLE

Healthy Living Centres

Influenced by the Peckham Experiment mentioned previously, the United Kingdom government has set aside £300m from the National Lottery to establish a network of 'healthy living centres' around the country.

Its aim is to improve health through community action and particularly to reduce inequalities in health in deprived areas.

Healthy living centres will take various forms and may exist as partnerships and networks rather than as new buildings. They are based on a recognition that determinants of poor health in deprived areas include economic, social, and environmental factors which are outside the influence of conventional health services (BMJ Editorial 1999).

Everyday Life Mutual Help

Rowan Ireland (1998), a Melbourne sociologist had been researching an urban renewal social movement among the extreme poor in São Paulo, Brazil in the late eighties. Ireland writes of his returning to investigate the social movement ten years later and not being able to find any trace of it. Then he suddenly realises that his 'movement' had taken a new form and was alive and well on the peasant's train. In the public space of the workers' train, Ireland suddenly sees therapeutic community in everyday life - a self organising emergent cultural synthesis through zest and community, avid conversations and debates, orators talking on all manner of subjects, the repartee of hecklers and the belly laughs of the audiences. Here on the train, alive and well, Ireland finds ongoing 'invention' and 'structuration' - change potential bubbling within everyday socio-cultural life among the most marginalized people from the shanty towns on the far edges of São Paulo. Ireland paints a contrast to the zombies receiving a one-way flow of massaged information from the establishment - rather like the inmates in the old asylums. Instead, across the lines of fragmentation of the poor, the 'astonishing sociability of Brazilians appears to flourish just when it is assumed dead on the mean streets'.

Ireland refers to Evers' (1985) writings on new social movements in Latin America. Like Ireland, Evers also seeks to identify aspects of new social movements. He suggests that action is occurring at the margins of the old cultural synthesis, 'their potential is mainly not one of power, but of renewing socio-cultural and socio-psychic patterns of everyday social relations penetrating the micro-structure of society'. To express it in different words, 'the transformatory potential within new social movements is not political, but socio-cultural. Any focus on power relations would miss this shift!

Natural Nurturers in Everyday Life

Resonant with the São Paulo experience above, a report of a visit (where I was a member of a international team) to the Southern Philippines war zone of Pikit, Mindanao identifies 'natural nurturer networks' among the local rice farms living in the war zone as an integral aspect of ongoing social support among local people:

Given the limitations and the short period allotted, the team achieved the objectives of the pre-test, especially in drawing out local contexts, identifying local healing ways, and natural nurturers says international team member and UP CIDS PST research fellow, Faye Balanon. More importantly, there is the need to help identify local psychosocial support systems, especially in the areas struck by calamities, and to identify people in the local cultural context – the natural nurturers who could support the psychosocial needs of the community after the team has left (Balanon 2004).

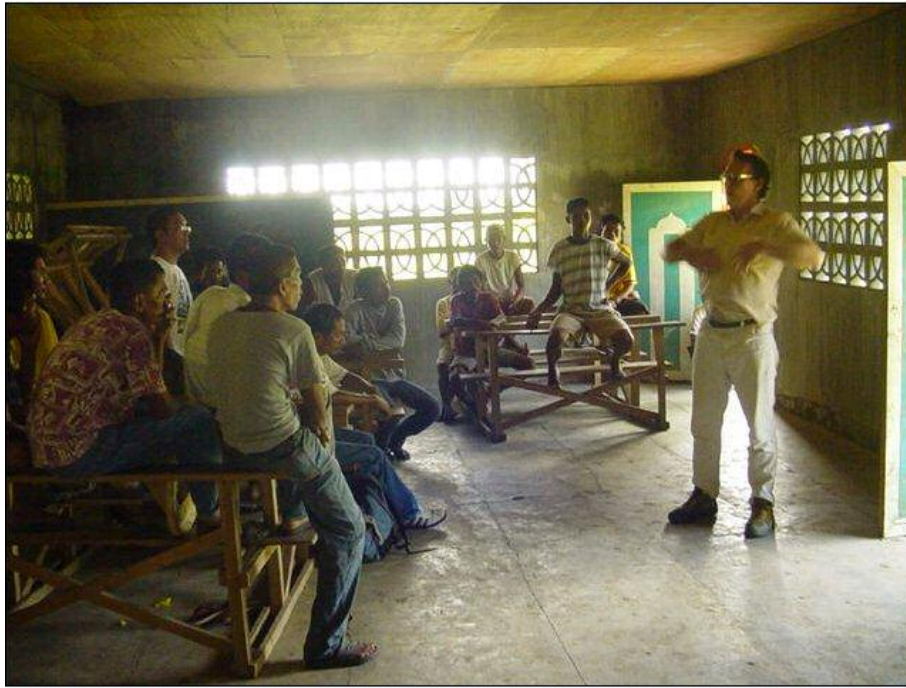


Photo 11 Photo by Marco Puzon of Les Spencer engaging with Muslim Men's Group in Pikit Area – used with permission

Chapters Twelve and Thirteen extend this theme of natural nurturers.

POSSIBLE FUTURES

As in the call to recreate the old asylum culture in Australia (Kearney and Cresswell 2005), the same trend is emerging in the UK. Clark writes of a potential to return to pre Second World War harshness:

A malignant trend in English society in the 1990s is the growth in the number of gaols and secure institutions. England has the dubious distinction of having a higher proportion of its citizens locked up than any other European country. The 'secure hospitals' – Broadmoor, Rampton, Ashdown – are now being refurbished and extended. 'Regional Secure Units' are being created and developed and enlarged. There is pressure from frightened managers and uncaring psychiatrists to lock up wards again. All the melancholy patterns of institutional oppression which created the old asylum culture are being repeated. The conditions that created the need for social therapy in asylums are being set up again in gaols, secure institutions and locked wards.

Wherever society locks up people it dislikes and pays other people to keep them in, an oppressive and cruel culture is likely to develop. If society designates these prisoners 'insane' and hires doctors and nurses as gaolers, they will create the same medicalised, hypocritical gaol culture as in the old asylums (1996).

SHIFTS IN PSYCHIATRIC MODELS

This section returns to the theme of psychiatric models and explores forces influencing them in the past few years. Burns and Priebe (1999, p. 191-192) writing of the UK psychiatric experience point out the players involved in the underlying economics and review of effectiveness of mental health service provision:

Mental health care is, with few exceptions, within the public domain, and service planning is not solely driven by the economic interests of service providers and insurance companies.

The powerful forces associated with psychiatric paradigm shift mentioned at the beginning of this chapter are currently being confronted by Victorian Workcover, a State body in Australia funding workplace injury. Mental Illness becomes a factor in the determination of claimant funding. Since 2004, Workcover backed by State legislation has begun introducing what is called the 'Clinical Framework' based upon a biopsychosocial approach rather than the current medical and psychiatric biopharmacological model. The Clinical Framework (Victorian WorkCover Authority 2005) has been worded for the various suppliers of professional services. The Clinical Framework website sets out a set of guiding principles for the treatment of injured workers:

The five core principles reflect contemporary practice in injury management and focus on:

1. a demonstration of measurable treatment effectiveness
2. a biopsychosocial approach for the management of pain
3. empowering workers to manage their injury
4. treatment goals that focus on function and return to work and
5. the delivery of treatment based on the best available evidence.

With respect to the 'psychosocial' component of biopsychosocial, the terms 'functional overlay', 'somatoform reactions' or 'psychosomatic reactions' are used when people have a psychological overlay suppressing or inhibiting physiological function. Typically, Workcover claimants with functional overlay are referred to a psychiatrist or psychologist. Rather than the previous norm of expert based assessment, the clinical framework requires the use of standardised outcomes assessment of:

1. Physical impairment
2. Activity limitations
3. Life participation restrictions

'Life participation restrictions' asks for considerations on a wellness continuum rather than nosological diagnoses of discrete or dichotomous conditions.

For psychiatrists and other caregivers to continue to receive funding for their Workcover claimants, they need to demonstrate measurable treatment effectiveness resulting in the enhancement of at least two of the above three domains. Independent standardised outcome assessment has to be used. There is also a provision that the treatment must focus on empowering the claimants to manage their own injury. Another provision is that treatment goals must be functional and focused on a return to work. It is understood that the Transport Accident Commission is likely to introduce a similar Clinical Framework. This outside intrusion into the power domain of psychiatrists, psychologists, and other professionals is being strongly resisted by them (from discussion at an Australian Wellness Association Forum in Melbourne, December, 2005); independent standardised assessment undermines the professionals' power to define reality.

Having a 'return to work' focus is isomorphic with a concern to have people returning to functional living in society rather than being warehoused in asylum back wards like soldiers with war neuroses. The Clinical Framework does hold a space for a psychopharmacological approach; drugs may be an aspect of treatment. The framework changes the patients' role from being a passive and dependent upon a professional expert to having an active self-help

role with a functional return to work focus. The potential role of Neville's biopsychosocial processes in the context of the Workcover Clinical Framework is discussed in Chapter Ten, Eleven and Thirteen.

THE PSYCHOSOCIAL MODEL, THERAPEUTIC GOVERNANCE AND GLOBAL SOCIAL CONTROL

Vanessa Pupavac (2005) in her paper "Therapeutic Governance: the Politics of Psychosocial Intervention and Trauma Risk Management" argues the international psychosocial model and its origins in an Anglo-American therapeutic ethos is being used for social control via pathologising of Third and Fourth World countries by wide interests in the First World. Her paper argues that 'psychosocial approaches jeopardise local coping strategies' and identifies 'the potential political, social and psychological consequences of the pathologisation of war-affected societies'. Her paper concludes 'that therapeutic governance represents the reduction of politics to administration'. Pupavac argues that powerful first world entities assume pervasive pathology exists in third and fourth world societies and take action that strengthens that assumption, and then uses the claimed pathology to take on a 'therapeutic governance' role on behalf of 'helpless' people.

Power is not exercised by the ostensible subjects of rights, but by international advocates on their behalf.

Effectively, the psychosocial model involves both invalidation of the population's psychological responses and their invalidation as political actors, while validating the role of external actors.

Where populations are experiencing a curtailment of self-determination and a questioning of their moral capacity, it should be no surprise if psychosocial professionals find a relatively high instance of depression - the link between a sense of control and mental health is well established. However, the presence of depression does not vindicate therapeutic governance, rather the reverse. It is the functionalism of therapeutic governance that needs to be examined. Ironically, the unprecedented regulation of people's lives and emotions under therapeutic governance risks populations' mental health. That populations do not succumb to the pathologisation of their condition under therapeutic governance in greater numbers is testimony to people's capacity and resilience.

Chapters Seven and Thirteen revisit the themes of therapeutic governance and social control where Neville reverses the above framing – where the locus of governance and control for re-constituting collapsed society is with the marginalized fringe acting in mutual help. Neville's process entailed relational governance.

SUMMARY

This chapter has provided a brief background to my research on therapeutic communities and community mental health in Australia. Evolving models and responses to mental malfunction in UK, USA and Australia have been outlined along with an overview of the development, significance and the underlying theory of therapeutic communities in the psychiatric field from the mid 1940's. Defining features of therapeutic communities in the UK and United States have also been outlined along with some common terms. Some of the debates and arguments for and against therapeutic communities have been briefly discussed along with different theoretical/ideological positions. The emergence and nature of Community Mental Health, community mental health centres and community mental health support processes have been outlined and current practices in therapeutic communities/mental health outreach/networks in the three countries were also briefly

outlined. Both the biopsychosocial and biopharmicological approaches to psychiatry were discussed. The next Chapter discusses the method used in this research.

Chapter Four – On Method

OVERVIEW

This chapter describes the research methods I used to source and gather data about Neville's life work, and the processes I used in making coherent sense out of the diversity. The chapter commences with how issues concerning being an insider looking in were resolved. My data collecting, using a combination of interviewing, archival research, on-site visits and prolonged action research is discussed. My use of naturalistic enquiry is outlined. The chapter concludes with a discussion of the processes I used for data analysis, the steps I took to ensure trustworthiness, and the theoretical perspectives I used in carrying out this research.

ON BEING AN INSIDER LOOKING IN

When I started this thesis I sensed that I was an insider looking in, and that I had people's trust. Since the mid 1980's I had special insider knowledge that an outsider may never be given clearance to know. I had access to relevant people, and I had had a massive amount of access to Neville. I sensed that I had a feel for what Neville and the Laceweb were all about. I knew a lot. When I started disciplined data gathering towards the PhD in July 1998 I had a concern that I may be prejudiced, biased and selective in data gathering and analysis, even with the best will in the world. Any outsiders attempting to do this research would also bring their biases, presuppositions and prejudgments to the task. An outsider may never find out about the Laceweb. People involved are in remote places and go quietly about their work. Laceweb is difficult to recognise even if you are surrounded by it. Outsiders would have potentially even greater difficulty than I did in determining Neville's and Laceweb process. Outsiders would also have had issues with bias, and what to include and exclude. It could be said that as an insider, I would be interested in promoting virtues and downplaying shortcomings. I have a vested interest because of my close connection to ensure that this research has rigor and substance. Only a very good thesis would have 'legitimising' value. To address these issues I endeavoured to be simultaneously close and detached. Neville specifically worked with me on attachment and detachment. Before July 1998 I was at varying times, by contextual circumstance and intentionally, an insider and outsider, native and stranger. At times I felt this role fluidity as emotionally painful, wearing and exhausting (Petford Working Group 1992). After July 1998 this 'insider looking in' issue became a matter of degree and being mindful of the issues. I had a strong drive to have the thesis methodologically sound; the topic deserved this. It turned out that I was not the insider I thought I was at the start of this research. I did not at first realize I had scant knowledge, understanding, or feel of Neville's or his father's way – even though I had been talking and working with him for twelve years. Neville told me in early 1999 he had felt despair with some of my pre-thesis writing. He said that my earlier writings outlining Laceweb action did not convey the texture, the feel and the tentativeness – I was being too definitive. (As examples, Neville's poem 'Inma' starts with 'There seems to be' and ends with 'I guess'; his poem 'On Where' starts with 'Perhaps'.

For many of the early months of this thesis I was overwhelmed. There appeared to be a dozen or more possible theses. Which one was I doing? Focusing on my potential theses, and deciding what I was, and was not doing, was important.

One of my challenges in this thesis was how to write so as to not lose or overwhelm the reader or myself. Linked to this was how I could convey the interconnections – how to weave it all together meaningfully. The thesis has emerged as something beyond anything I had

contemplated, and it emerged through contemplative action, persistence, and a lot of challenging work.

Explicating the Inexplicable

I was very aware that everyone I spoke to who had worked closely with Neville said that his way of working was incomprehensible. All that they would say was that he was so fast, that he was way ahead of everybody, and that they could not fathom how he did it. He would tell me stories about what happened in the past. However, when I would seek information on how he did things Neville would not explicate his way. When I would ask him, he would get me to do things and tell me to read his father's books.

My challenge was how to explicate the inexplicable; on this, Martin Heidegger wrote:

To the common comprehension, the incomprehension is never an occasion to stop and look at its own powers of comprehension, still less to notice their limitations. To common comprehension, what is incomprehensible remains merely offensive – proof enough to such comprehension which is convinced it was born comprehending everything, that it is now being imposed upon with a sham. The one thing of which sound common sense is least capable is acknowledgement and respect (Heidegger 1968, p. 76-77).

I had to move beyond my common sense and evolve respect for the incomprehensibility I was experiencing in entering Neville's strange realities. David Silverman in writing about Castaneda's account about entering into a Yaqui Indian, don Juan's reality, wrote:

Here we have an account, written in English, which seeks to make a replica of how a Yaqui Indian himself understands his knowledge. Yet the problematic of the book can in no way express don Juan's concerns. For Castaneda must seek to explicate an 'order of conceptualisation' which to don Juan is not at all in need of explication (Silverman 1975, p. 88).

Beyond conceptualising, I was seeking to understand subject, act and object as a melded phenomenon – Neville as subject, Neville using his process and the interconnections between all of the vast array of social things he evolved through action with others. I sense Neville sensed not only that his way was not at all in need of explication, but also that explication would fail to embrace his way. His way had to be embodied to be understood and appreciated and once embodied, would not need explicating. How these challenges were faced unfold in this research.

DATA COLLECTING

Note Taking

I wanted to interact naturally with informants and not have detailed note taking interfering with my attending. Taylor and Bogdan estimate that one hour of interviewing generates around forty pages of typed data (Taylor and Bogdan 1984). Most of the time Neville and I talked very fast. At the time I tested my speed of thought (timing the internal recall of piece of writing of known length) at around 650 words a minute without any sense of rush, and Neville was way faster than me. My guess is that our discussion would have generated far more than forty pages per hour. Given that I had well in excess of 150 hours of discussions with Neville, and many hours with other interviewees, the most appropriate method was note taking rather than tape recording. As my method, I followed Minichiello, Aroni, Timewell & Alexander (1995) in relying on memory aided by the briefest note taking. These notes were also what Burgess calls an 'aide memoire' for the next interview (Burgess 1984).

While speaking by phone I would type in key words and phrases into my computer in my own shorthand, and type up my notes more fully directly the call was finished. In face-to-face interviewing, I made brief notes throughout, concentrating my attention on themes, key words, incidents, names, and ideas. I jotted these down as they emerged in conversation.

Typically, I jotted down or recalled the meanings of remarks rather than verbatim statements. Succinct important comments were recorded verbatim. I used my own shorthand in note taking. I always wrote up my notes on a computer within an hour of an interview/discussion as Minichiello et al recommend (1995). They quote Bogdan and Biklen, 'Researchers who have mastered the above process can conduct up to two hours of interview without the use of a tape recorder (Bogdan and Biklen 1982).' I found I could do this.

During face-to-face interviews with Neville between 1986 and 1998 I would also take cryptic shorthand. We would speak for about 40 minutes before a break. I would then download my notes and recall onto my computer. I would print these notes as my guide for the next 40 minutes. I found that my note taking enabled recording, coding, analysis, interpretation and emergent design of my research on the run, and gave scope for analysis and interpretation to be discussed as it emerged with informants. This allowed commentaries about the mode of discussion, analysis and interpretation to be exchanged then and there. Links between things were being discussed as they arose. In using Minichiello et al's benchmarks for this note taking mode (1995). It was 'fair' to me and interviewees, the data gathering was valid and effective, and it did aid in analysing the data.

Interviewing

My interviewees were telling absorbing stories, and describing structure and process that were very memorable. Listening for key themes and ideas encouraged my attending. With counselling skills training I had received from Terry O'Neil and Neville's mentoring, I had well-developed interviewing and attending competencies. I had been trained to para-professional status in counselling and interviewing skills by O'Neil at the La Trobe University Student Counselling Unit, and had completed 18 months of work as a para-professional student counsellor at that unit. Terry had modelled his counselling and group work on his experiences with Neville in Fraser House. Once a vivid discussion with my interviewees was in flow, I would use 'reflecting back comment', 'paraphrasing', 'summarizing', 'para-linguistics' and 'minimal encouragers' in supporting their flow of consciousness.

As well, Neville and others had enabled me to be firstly, proficient in information gathering using the NLP language metamodel (Minichiello, Aroni et al. 1995) developed by Bandler and Grinder (Bandler and Grinder 1975), and secondly, competent in using Ericksonian language patterns (Bandler, Grinder et al. 1975; Grinder, De Lozier et al. 1977; Grinder, Bandler et al. 1981; Hanlon 1987) and patterns evolved by Virginia Satir (Satir 1967; Satir 1972; Bandler, Grinder et al. 1976; Satir 1983; Satir 1988). I used these competencies in my exchanges with Neville and my other interviewees to support recall and aid thick description (Geertz 1973). Often Neville and I would be so attuned that we would have things flow without complete sentences, and we would finish each other's sentences as confirmation of empathetic shared understanding. This notwithstanding, some things I took a long time to comprehend, namely - community being the therapy, Cultural Keyline, and that Neville was involved in evolving global epochal transition.

Interviewing Neville

Neville and I had many overlapping interests. He had competencies I sought to acquire. During the ten years I knew Neville before commencing this thesis in July 1998, I had many hours of 'discussions' with Neville that were informal, prolonged, in-depth research

interviews/dialogues. This was a mutually desired and supported process. We did little by way of social talk unless it was networking related. In fact for social exchange, Neville preferred the company of others, not me.

Minichiello et al (1995, p. 81) define in-depth interviewing as:

....conversation with a purpose – a conversation between researcher and informant focusing on the informant's perception of self, life and experience, and expressed in his or her own words. It is the means by which the researcher can gain access to and subsequently understand the private interpretations of social reality that individuals hold.

My use of in-depth interviewing is consistent with my naturalistic inquiry frame and use of grounded theory (Glaser and Strauss 1967).

Before I began the research, prolonged interviews were held face-to-face with Neville when I stayed with him firstly, in Bondi Junction, New South Wales (1988-89), secondly in Yungaburra, Queensland (Dec in 1991, 1992 and 1993, and July, 1994) and thirdly, in Rapid Creek, Darwin (Feb, 1993). These face-to-face interviews were daily and sustained, often lasting all day and well into the night. A couple of times in Yungaburra I stayed for a fortnight. I stayed a week in Darwin. I stayed for a week with Neville in Bondi Junction many times during 1986 and 1987 and travelled up to Bondi Junction for long weekends monthly for eighteen months during that period coinciding with the Bondi Junction Dispersed Therapeutic Community Sharing Sundays. I also held many interviews with Neville by phone throughout 1998 and 1999.

When I commenced the thesis in July 1998, Neville and I agreed that interviews would be by phone and typically four times a week. By common agreement we worked better on the phone. Phone calls were typically around two hours or longer. In 1999, the holding of interviews was dependent on Neville's pain levels from his bladder cancer, and during this period, we generally had discussions one or two nights a week. During 1999 discussion length was generally between thirty to sixty minutes. During the phone interviews I typed on the computer as we talked. The bulk of the time we would have unstructured discussion and storytelling themes, rather than question and answer. It emerged that thematic discussion was a fundamental aspect of Fraser House change process (Yeomans, N. 1965a, Vol . 4, p. 50 - 54). My notes referred mainly to discussion themes rather than specific questions and answers.

Most of these in-depth interviews were recording Neville's life history, with storytelling a large part (Minichiello, Aroni et al. 1995, Chap. 7). These stories related to Fraser House, Fraser House Outreach, and the Lacweb. We constantly jumped around in time. Neville very much saw his life action as emergent, interdependent and inter-related (Minichiello, Aroni et al. 1995, p. 152).

I was endeavouring to enter Neville's socially constituted world's through his 'precariously negotiated subjective views of it' (Minichiello, Aroni et al. 1995, p. 152), the stuff of Poole's 'intersubjectivity' – my experiencing of Neville's experiencing of my experiencing of him (Poole 1972). These discussions did involve a mutual inter-subjective exchange of information (Minichiello, Aroni et al. 1995, p. 179) - what Neville called co-learning. This in turn has resonance with Gergen's writing about meaning being jointly negotiated. 'Its meaning and implications are open to continuous reshaping as relationships proceed (Gergen 2005).' This is the way Neville and I related, and it was also a frame I used throughout the research.

Often Neville would initiate a new theme. During a December 1991 Yungaburra conversation, Neville mentioned that he had adapted his father's Keyline in evolving Fraser House and extending Fraser House ways into the wider community. During that conversation Neville referred to his Keyline adaptation as 'Cultural Keyline'.

In December 1992, Neville told me the story of his being lost as a three year old and his near death experience. The conversation flowed to his second near death with the grass fire. This led to a discussion about the evolving of his life quest. I had not heard of these aspects being related to Neville's psychiatric work before. Even then, from December 1993, with so much storytelling and discussion going on, I did not realize till around mid 1999 that up till that time I had so filtered my hearing through my prejudices and preconceptions that I had understood little of what Neville was saying. During 1998 and early 1999 I was *still* seeking to find out the 'change process' that was used in Fraser House. I was still thinking in terms of, 'an expert using therapy techniques on the mentally ill' frame. Neville had told me time and again that the change process was 'self-help' and 'mutual help' and that 'community' was the therapy. For all this telling, I was still thinking – 'Yes! But what was the *real* change process? I was a slow learner.

Neville never spoon-fed me with him telling me, as 'fount of all wisdom' what to do. He would set me challenges and tasks.⁵ When Neville and I were together in Lacweb contexts he would never do something if I could do it myself. I now know he was creating contexts for me to embody learning. By the time I started my thesis, Neville was in his Seventies and said his memory was failing. However, I suspect that often he followed his Fraser House protocol, 'give the tasks to those who have *no* experience, so they learn by doing with support'. Sometimes he could have told me things. Instead he let me find things out from my interviewees and then he would respond to my crosschecking with him about what I had found out from others.

Interviews with Bruen and Chilmaid

Apart from Neville, my first thesis interviewees were ex-Fraser House staffers Warwick Bruen and Phil Chilmaid. I had an interview with Bruen and Chilmaid in October 1998, and further interviews with each of them in March, June and July in 1999. Chilmaid was a Fraser House head charge-nurse who continued at North Ryde Hospital after Fraser House closed till his retirement in 1999. Warwick Bruen was a Fraser House psychologist. Both were pleased to help. Each of the three interviews with each of these men took place on consecutive days to aid crosschecking. I met Bruen in Canberra where he now works. My first interview with Chilmaid was at North Ryde Hospital on the Sydney North Shore and the interview commenced at 11 PM. He was doing the midnight till dawn charge nurse shift. This was my first visit to North Ryde Hospital and he and I spoke briefly. He then gave me a tour of the Reception Centre as he told stories. He then took me 150 metres down the hill in the dark to where the Fraser House buildings are (now called the Lincoln Centre). We had no access. Even so, Chilmaid identified what in the Fraser House days in the Sixties was the Administration Block, the room where Big Group was held, the two large double story dormitory blocks either side of the central administration section, and the lounge/recreation area and the dining room at their respective ends. The buildings stretch over a quarter of a kilometre, so in circling them, it was a substantial walk. I could get a sense of the room used for Big Group as it was dimly lit by street lighting. I visited 'Fraser House' two days later and took photos. I had no access to the interior.

I commenced my first two interviews with both Bruen and Chilmaid with a series of questions that focused on the specifics of the structure and process of Fraser House. As the interviews

⁵ Milton Erickson the therapist would also use assignments of tasks and challenges Hanlon, W. D. (1987). Taproots: Underlying Principles of Milton Erickson's Therapy and Hypnosis. London, W.W. Norton & Co..

progressed, discussion became more unstructured. I realized some time after the second interview I had with each of them that many of my questions were based on incorrect or naive assumptions. For example, I had asked a lot of questions relating to the 'change process' at Fraser House. I was continually returning to asking about the kinds of therapy and change processes that were used. 'Was it Gestalt? Was it Behaviour Modification? The response I kept getting was, 'It was not like that'. After the first two interviews with both of them, I was still confused about the nature of the change process. Neville had already told me the changes processes many times in many ways. Therapeutic community was the process. I had not heard! He said to read his father's books on sustainable agriculture and read his archival material.

The first reading of the books and archives left me none the wiser. That 'experiencing and reconnecting in new ways with a peculiarly 'total' community' was the reconstituting process was not initially conveyed by my reading of Neville and Alf Clark's book. At this time I had not read the UK therapeutic community literature as Neville said he was not influenced by that – rather he had modelled his action on Keyline and Australasia Oceania Indigenous way. I interviewed Alfred Clark for the thesis (Aug, 1998). Clark was the head of the Fraser House External Research Unit, and co-writer with Neville of the book about Fraser House (Clark and Yeomans 1969). During his time at Fraser House, Clark was a senior lecturer at the University of New South Wales and was completing his PhD on Fraser House (Clark 1969). After leaving Fraser House and the University, he carried out organizational research with the Tavistock Institute in the United Kingdom. Then he became a Professor and Head of the Sociology Department at La Trobe University for fourteen years (1975 till 1990). Shortly after I first met Neville in 1986, I spoke to Alfred Clark at LaTrobe University about his Fraser House experience and work with Neville. When I interviewed Alfred Clark in August 1998 he said that he was not able to say what made Fraser House work – it was for him, still a puzzle. He reiterated this in a June 2004 phone discussion. Fraser House was a very dense complex process.

I cannot pin point the time when I realized that in Fraser House 'community' was the therapy and 'therapeutic community' was the process, not a just a name. *All* of the patient community governance and work by patients were change process. *Everything* was change process. It was there in the archives, mentioned many times, but I had just not sensed it.

Once I had this understanding about socio-therapy and community-therapy and that Neville viewed Fraser House as a complex self-organising living system, it became clear that all that Neville had said about his father's interest in living systems was central and not peripheral. Neville had told me many times that he modelled his way on his father's work, and I had not read P. A.'s writings. During 1999 I finally did read all of Neville's fathers books so I had a growing understanding of Neville's adaptation of his father's 'Keyline' concept into Cultural Keyline. My research was naturalistic inquiry, emerging connoisseurship and emergent design in action. These are discussed later. This gave me a new framework for the third interview with Bruen and Chilmaid in June 1999.

It became apparent during the June 1999 and the July 1999 interviews that I had some understanding that Bruen and Chilmaid did not have. They had little idea that Fraser House was, for Neville, a pilot for exploring global cultural and intercultural transition with a time frame of possibly more than two hundred and fifty years. Neville talked about this epochal transition meta-frame of Fraser House with me through the late Eighties and the Nineties. That Neville had this metaframe in the Fraser House years was confirmed by two other interviewees, Margaret Cockett (April, 1999) and Stephanie Yeomans (Jan, July, Dec, 2002). After my increasing understanding, my following engagements with Bruen and Chilmaid shifted from question and answer to a more conversational exchange with increased storytelling.

Margaret Cockett and Other Interviewees

Apart from Neville, Bruen and Chilmaid, I interviewed six other people linked to Fraser House, namely, Margaret Cockett, Alfred Clark, Terry O'Neill, Stephanie Yeomans, as well as a former Fraser House patient, and a former outpatient. Apart from the outpatient, all of these interviewees were skilled psychosocial researchers and used these competences in our exchanges. The Fraser House patient after leaving Fraser house changed his focus from bank robber to having a career as a research assistant to a leading Australian criminologist. Some of the feel of Fraser House, especially the Big and Small Groups from a patient's perspective, was obtained from the former patient (June 1992) and the former outpatient (July 1994, July 2001, July 2002 and December 2002).

I had interviews with Margaret Cockett in April, June and July 1999. Margaret, a psychologist and anthropologist was Neville's personal assistant at Fraser House. Margaret stayed on as Neville's personal assistant in his subsequent Director of Community Mental Health position and other outreach. Margaret later went into private practice and was practicing from Neville's Bondi Junction house when we had the eighteen months of monthly gatherings during 1986 and 1987. I first met her then (though Margaret did not participate in the Sunday gatherings). Chilmaid, Bruen and Cockett each facilitated Fraser House Big Group and Small Groups on many occasions and conducted research into aspects of Fraser House.

Another interviewee was Terry O'Neill. He was a psychologist at North Ryde Hospital in the early Sixties and had voluntarily run the Fraser House children's play therapy sessions immediately after the Unit's parent-child play therapy sessions on Tuesday evenings (after Warrick Bruen had stopped working at the Unit). Terry went on to be a member, and then head of the La Trobe University Student Counselling Unit. Because of my voluntary on-call paraprofessional crisis counsellor role within that Unit, I was permitted to do clinical therapy research at the psychology honours level. I did not meet Neville till nine years later. Terry had never mentioned Neville or Fraser House to me. I was absorbed in Terry's way of enabling, and it was not until I said to Terry in 1988 that I had met some one who did things similar to himself that he would probably really like to meet, mentioning Neville's name, that Terry said he knew Neville well and that he had largely based his work on his experience at Fraser House.

Another person I interviewed (Jan, 2001, July, 2002 and Dec, 2002) was Neville's sister-in-law, Stephanie Yeomans (Neville's younger brother, Ken's first wife). She had been a psychiatric nurse at North Ryde Psychiatric Hospital (where I had met Chilmaid) in the Sixties, although she did not work at the Fraser House Unit so as to avoid charges of nepotism. Neville had extensive conversations with Stephanie during their times at North Ryde Hospital and later. Stephanie said (July, 2002) that when she was working up the hill from Fraser House in another part of North Ryde Hospital, Neville would come over and talk with her about Fraser House. They would also talk at his house. Stephanie had been in her early teens an informal research assistant for her mother, a geographer. Later she used these skills when she regularly assisted Neville in University Libraries, 'devouring' books on anthropology, sociology, psychology, religion, history and humanitarian law. Stephanie and Neville's brother Ken were also very active with Neville in his Fraser House outreach. In conversations I had with Stephanie (January 2001, January 2002, and July 2002), Stephanie said that back in the Sixties and early Seventies, she and Neville had had endless hours in discussing his way and action. There was evidence among all my interviewees that they had adopted many aspects of Neville's way.

Prolonged On-Site Social Action Research

It was in September 2002 in reflecting upon the social action contexts that I had been involved in since 1986 linked to this thesis that I suddenly realized for the first time that

Neville had set up for me an extensive range of contexts that were isomorphic metaphors (matching form) for each and every type of social action he had enabled. Appendix 2 is a table showing eighteen types of social action, with over fifty examples of these types that Neville had been engaged in prior to my meeting him. The third column shows over ninety mirroring contexts that he set up and/or arranged for me to be involved in. Many of these were not just for me; large numbers of people were also involved. This meticulous extensive strategic thoroughness was typical of Neville. He knew that if ever I started a PhD based thesis, I would have potentially embodied this extensive action research, and may have this embodied experience to draw upon, as well as interviews, archival research, narrative, autobiographical material and storytelling - all enriched potentially by my own prolonged action research that I am continuing to be involved in. I did not know it at the time that I had been adopting and adapting Neville's ways both in action research and in action in everyday life in the social life world.

Gold (1958) writes of four possible roles for observers ranging from complete detached observation to complete involvement and participation in the site context. Neville arranged for me to be in the latter role – being immersed in the action and regularly taking an initiating and enabling role (1958, Vol. 36, p217-223). Neville engaged me in enabling and supporting social action research a number of times in contexts approximating Fraser House Big Group with between 100 – 180 people present, and in these he cast me in the Big Group enabler role. Through the Nineties I have enabled over 200 experiential gatherings with between 40 and 180 people attending during bush camp-out conference-festivals.

In keeping with indigenous influences on Neville's modes of action research he involved me many types of actions that were resonant with Linda Tuhiwai Smith's twenty five Indigenous Research Projects (Smith 1999, p. 142-167) namely – creating, democratising, discovering, envisioning, negotiating, naming, networking, reframing, remembering, restoring, revitalizing, sharing, storytelling, and enabling and fostering proactive action research, structural change and cultural change

In these social action contexts Neville mentored me in taking on the same enabler, mentor and 'supporter of others' self-help and mutual help' roles that he engaged in. This social action had 'research' woven into the holistic emergent action. Actions were being continually reviewed by me and other participants together. What worked was repeated in similar contexts. What didn't work so well was modified and adapted so it did work, or it was dropped. The process was fractal, merging, synthesising and iterative. Action, monitoring, evaluation, adaptation and modification all took place in a merged holistic way appropriate to emerging and emergent context, rather than as a linear process. The prolonged continuous action research that I have engaged in since 1986 is isomorphic with the prolonged continuous action research that Neville engaged in throughout his life.

For Neville and his 'Cultural Keyline' way, prolonged continuous action research became an embodied aspect of being – a way of living. It is resonant with Indigenous socio-medicine. It became woven into his every day natural perceiving and sense-making in relational social-place inter-action. Neville's way was to have people aware of their own body's responses to unfolding experience (especially what Neville called micro-experiences) of wellness generating action – what Neville called 'embodied understanding'. Head knowing without embodied understanding was for Neville, of little significance.

The prolonged continuous action research that Neville pioneered in Fraser House and Fraser House outreach has resonance with what Deming termed 'a culture of continual improvement' (2005). There is also resonance with what Senge calls, the 'learning organization' (1992) and what Bateson called deuterio-learning (1973). In some senses we all do this continuous everyday action research – noticing and adjusting as circumstances change. Neville did it exquisitely in a way that maximized emergent potential. He noticed,

responded to and supported the positive aspects of everyone's context role specific behaviours. While Neville monitored the unfolding context, he stayed in his own meta-context (his personal context in the context). In a June 1999 conversation he spoke of being 'context driven' while maintaining his own metacontext in these words:

I was context driven - if I go to 'creative context' then 'everything is creative' - it worked like that.

He attended in a way that 'soaked up' what was there - responding in a resonant way, noticing the unfolding action and flexibly altering and responding to responses as a natural spontaneous flow. It was an integral aspect of his way of life – his 'culture'.

Archival Research

While I had been told and shown so much over the years I had known Neville, he only told me of his collected papers in the Original Manuscripts Collection in the Mitchell Library within the NSW State Library in Sydney when he knew my candidature had been confirmed in July 1998. As ever strategic, he had put that archival collection there in the Sixties for serious academic study. In July 1998, Neville told me where that primary source material was stored as well as the location of other materials.

Neville told me that archival material was in three places, the Mitchell Library within the NSW State Library, in a private collection in Armidale in North East New South Wales, and in his private collection in Yungaburra. Neville's collected papers in the Mitchell Library contained a range of primary sources including Neville's hand written jottings and diagrams, photographs, newspaper clippings, meeting notices, monographs by Neville, staff and patients, and Neville and Fraser House staff's conference papers, research reports and Unit reports - most of it original documents. Neville was well skilled in research methodology and had created an archival researcher's dream cache. There was a spread of types of archival material and a spread of authors – Neville, senior staff, junior staff, patients, outpatients, newspaper reporters and other interested parties. It was not a large collection and it is not all in one place in the 'Original Manuscript' collection. Neville had obviously given thought to each piece's strategic significance. I had a strong feel that this cache was sent ahead specifically for the likes of me. Additionally, there was a collection of Neville's father's materials, and three further collections belonging to Neville's brothers, Allan and Ken, and Neville's second wife, Lien.

On my first visit I did a skim read of the collection to get a sense of what was there and took some brief notes as a guide for the next visit. At this time I had no idea what thesis I was doing, or the relevance of what I was looking at. I had two further visits each lasting three days where I 'poked around' in the archive. It was in August 2002 on my fourth visit when I had finished my first rough draft of the whole thesis that I scanned, skimmed, and read the total archive of all family members. By this time I knew what was relevant and what was cross-confirming and where it would go in my thesis. Typically, I only wrote down what I was going to use in my thesis.

As well, on this visit I saw material that 'stood out' that I had never noticed before. Some small bits were seminal. These I photocopied. While plainly there all along, I had never seen just how many research papers and monographs Neville had written. I sense that given the interaction between me, my interviewees, my thesis topic, and the archive, the timing sequence was right as to when I went 'in earnest' into the archive. The preliminary archival viewings had given me a feel for the collection. On those early visits the archive was becoming familiar to me, though I had little sense of what was significant. My approach and timing in the use of the Mitchell Library archives were consistent with the principles of my emergent design, i.e. contextually determined, rather than presupposed and prescribed.

Some small bits of Neville's handwritten scribbling turned out to be potent; for example, the personal file-note 'Mental Health and Social Change' which is Neville's succinct half page early statement about his thinking on global transitions (Yeomans, N. 1971b). I had not had the title's significance reach me - the culture's margin is where social change starts. I spotted this document on my first look at the archive, and then I had no idea that it was one of two seminal linked documents. It was the precursor to the paper, 'On Global Reform – International Normative Model Areas (INMA)' which was in Neville's Yungaburra Far North Queensland archives (Yeomans 1974). I found this second document in July 2000 after Neville's death (30 May 2000).

Dr. Ned Iceton had archival materials at his home in Armidale in N.E. New South Wales relating to the 1971 to 1973 Aboriginal Human Relations Gatherings facilitated by Neville. I was able to get a photocopy of all of the relevant material so I could peruse them at my leisure. As well, Iceton informed me that a collection of the Aboriginal Human Relations Newsletters was held in the Australian National Library (I perused these in Canberra) (Aboriginal Human Relations Newsletter Working Group 1971a; Aboriginal Human Relations Newsletter Working Group 1971b). I had two interviews with Iceton on consecutive days. My questions focused on the processes used to start and sustain group process at the Human Relations Gatherings, given the presence there of both urban and remote area Aboriginals and non-Aboriginal people. These interviews also soon became semi-structured then unstructured. Through these interviews I confirmed that the 1971-73 Aboriginal Human Relations Gatherings were resonant with Fraser House groups and fully consistent with Neville's Cultural Keyline, therapeutic community and other socio-cohesion frameworks.

By the time I was able to get up to see the Yungaburra archive Neville had died. I was given the archive to copy. The key document, 'On Global Reform and International Normative Model Areas (Inma)' (Yeomans 1974) was in this archive; as well, there were materials relating to Neville's Lake Tinaroo Mediation Workshops.

Engaging In Naturalistic Inquiry

This research is in the style and mode of the naturalist paradigm following Lincoln and Guba's book, 'Naturalistic Inquiry' (1985). I used this approach because Neville himself engaged in naturalistic inquiry and helped pioneer this method in Australia in the 1950's and 1960's. Neville used naturalistic inquiry as the framework for his prolonged action research/praxis, and engaged others in sharing with him in naturalistic inquiry as a process for re-constituting locality, community and society. 'Locality' here means 'connexity with place' rather than 'place'.

Consistent with naturalistic inquiry, I engaged in prolonged action research in natural settings and obtained secondary source recollections and archival materials because, to quote Lincoln and Guba, 'Naturalistic ontology suggests that realities are wholes that cannot be understood in isolation from their contexts, nor can they be fragmented for study of the parts (1985, p. 39).' My guiding substantive theory emerged from, or was grounded in the data (Glaser and Strauss 1967; Lincoln and Guba 1985, p. 41). I set boundaries to the inquiry:

...on the basis of emergent focus because that permits the multiple realities to define the focus...; because boundaries cannot be satisfactorily set without intimate contextual knowledge, including knowledge about the mutually shaping factors involved... (Lincoln and Guba 1985, p. 42).

I followed Lincoln and Guba's special criteria for trustworthiness, namely, credibility, transferability, dependability and confirmability discussed below (1985, p. 43). Consistent with naturalistic inquiry, Neville's way of prolonged action research was based on the same

beliefs and associated principles of the New Paradigm as detailed by Lincoln and Guba (1985, p. 56) – refer Table 1 below adapted from Lincoln and Guba (1985, p. 56).

I will show in the three sections of this research that Nevilles and his father's work is consistent with the new paradigm's beliefs and principles and that both men helped evolve new paradigm action research in Australia.

Neville was well aware of the holographic quality of his action research in interaction between Cultural Keyline processes and social systems. For example, Lincoln and Guba could well have been quoting Neville when they wrote:

Information is distributed throughout the system rather than concentrated at specific points. At each point information about the whole is contained in the part. Not only can the entire reality be found in the part, but also the part can be found in the whole. What is detected in any part must also characterize the whole. Everything is interconnected (1985, p. 59).

The quote aptly describes the holographic and fractal quality of the way Neville interacted with connexity in a two-fold sense.

My definition of 'connexity' is as follows:

Connexity' embodies the notion that everything within and between natural contexts and everything within and between people and context (culturally and inter-culturally) is inter-dependent, inter-related, inter-connected, inter-linked and interwoven – whether we recognize it or not.

Neville maintained connexity perception in relating with the unfolding connexity. I found that Fraser House can be seen in Neville's Festivals, community markets, smaller therapeutic community houses, and in his networking, and simultaneously Keyline can be seen in Cultural Keyline and both in Fraser House, Fraser House outreach, Cultural Healing Action and Laceweb Networks. I return to this theme in discussing holographic generalization below.

ENSURING TRUSTWORTHINESS

To ensure trustworthiness in my research I endeavoured to establish truth value by the test of isomorphism (Lincoln and Guba 1985, p. 294), namely, that I have revealed the form, structure and processes of the focal multiple social constructions adequately in a way that would be credible to the co-constructors of those multiple realities. In respect of external validity, again following Lincoln and Guba, I make the assumption that, 'at best only working hypotheses may be abstracted.' Neville used to continually exhort me to keep everything tentative and up for continual review. On another trustworthiness criterion, 'consistency', I use a number of processes set out below to ensure replicability and dependability.

New Paradigm Basic Belief	Associated Principle
Complex	Real-world entities are a diverse lot of complex systems and organisms.
Heterarchic	Systems and organisms experience many simultaneous and potentially dominant orderings – none of which are 'naturally' ordered.
Holographic	Images of systems and organisms are created by a dynamic process of interaction that is (metaphorically) similar to the holograph.
Indeterminate	Future states of systems and organisms are in principle unpredictable
Mutually causal	Systems and organisms evolve and change together in such a way (with feedback and feedforward) as to make the distinction between cause and effect meaningless
Morphogenetic	New forms of systems and organisms unpredicted (and unpredictable) from any of the parts can arise spontaneously under conditions of diversity, openness, mutual causality, and indeterminacy
Perspectival	Mental processes, instruments, and even disciplines are not neutral

Table 1. Basic Belief and Associated Principles of the New Paradigm

I had sustained prolonged engagement by investing ample time to become immersed in the focal milieu. I learned the cultures. I have built respect and trust. I was around long enough to detect the subtle and non-obvious aspects (even then, with considerable difficulty). I had ample time to detect my distorted and selective perceptions and misconstructions of what Neville and others were saying; time to 'render the inquirer (me) open to multiple influences – the mutual shapers and contextual factors (Lincoln and Guba 1985)'. This prolonged time also enabled the building of trust in some people who were extremely cautious about me. Some are still very cautious and hold back for very good reasons. There are some things I do not need to know. (As discussed in Chapter Twelve, in East Asia psychosocial healers are 'subversives to be harassed/eliminated' to entities using atrocity for social control.)

While engaged in prolonged action research, I believe that I have never 'gone native'; I have never lost what Lincoln and Guba (Lincoln and Guba 1981) call 'detached wonder'. I also engaged in persistent observation to add salience so as to:

....identify those characteristics and elements in the situation that are most relevant to the problem or issue being pursued and focusing on them in detail. If prolonged engagement provides scope, persistent observation provides depth (Lincoln and Guba. E. G. 1981; Lincoln and Guba 1985, p. 304).

These two forms of engagement enabled me to come to terms with what Eisner calls the 'pervasive qualities' (Eisner 1975), in this case the 'pervasive qualities' of Neville and his social action, and to sort out what really matters. In my writing I have endeavoured to specify in detail the exploring I carried out, and how I sought out salience.

Another aspect of my method to ensure trustworthiness was the use of triangulation. Following Denzin (1978) I used different sources and different methods. Comments made by one interviewee were crosschecked with the other interviewees. As well, comments were crosschecked with archival material, on-site visits, and immersion in ongoing social action with me taking on the enabling and mentoring role for others, with Neville as my mentor. Archival materials were also crosschecked.

I engaged in peer debriefing (Lincoln and Guba 1985) with a number of people who were disinterested, though resonant. I also carried out ongoing member checks with my interviewees, both formally and informally, after typing up my interview notes, and when the first and later drafts were finished (Lincoln and Guba 1985). This was in the early work to provide, 'an initial and searching opportunity to test working hypotheses, to correct for error, to provide them opportunity to ask challenging questions, probe for biases, question meanings, check the need for further information or clarification, and to give them an opportunity to give an assessment of overall adequacy (Lincoln and Guba 1985).'

My method was resonant with Neville's own research methodology outlined in the next two segments.

MY THEORETICAL PERSPECTIVES

When I first met Neville one of the first things he did was to discover that we shared some of the same theoretical perspectives. We were both informed by a study of phenomenology, hermeneutics and the sociology of knowledge. I had had sociology of knowledge as my substantive topic in each year of sociology for my social science degree. For both of us, meaning emerged out of our shared relational inter-subjectivity. For Neville, re-constituting and mediating relational meaning was a core activity of the Fraser House community re-socializing process (Gergen 2005).

A part of my theoretical stance was using Neville's way of action research. I have used qualitative methods from within Neville's worldview to provide some glimpses and feel of his way. Neville's primary focus was on the 'action' part of action research. From a research point of view, Neville was not into critique of society as in 'critical sociology'. While Neville assumed a social basis for mental illness, he was neither into criticizing society nor promoting his own solutions. If anything his work was in the general area of cultural studies, and within that, the study of 'cultural emergence' and 'intercultural connexity'. His work is wider than cultural science (*geistwissenschaftlich*); his action was linked to many of the 'disciplines'.

Neville engaged marginalized people in inter-subjective awareness (living experience) of the shared act of working out in everyday life how to live together well.

The way of life they were co-re-constituting together was:

- Action researched using emergent design
- Subjected to constant review and evaluation
- Evolving transitional community using transitional concepts
- Guided by values of respect for human dignity, respecting all life forms and being humane and caring
- Documenting the action research, specially what works and what does not work

Neville fostered emergence by creatively utilizing the liminal (at the threshold) tension between the actual and the possible.

The fluid freeness in Neville's methods mirrors the fluid freeness in the ways of living Neville was enabling through cultural emergence.

Neville's way embodies a paradigm (Kuhn 1996) fundamentally different to the logical positivist and similar paradigms pre-occupied with categorisation, universal prescriptive inter-contextual algorithms - and manipulative knowing (so we can predict, and control) (Pelz 1974; Pelz 1975). Anyone looking through the filter of a logical positivist and similar paradigms at Neville's tentative connexity way perturbing self-organizing systems typically find little that makes sense in Neville's life work. It may appear a confused uncontrolled mess.

The typical responses to Neville's actions from those within the above paradigms have been to intervene to have their paradigm applied through negation, denigration, condemnation, subversion, imposition and control (typically through imposing a fixed predetermined agenda). Some examples are firstly in organising the NSW festivals (authorities seeking to curtail location and energy); secondly, at both the 1992 gathering at Geoff Guest's place (Petford Working Group 1992), and at the 1994 Small Island Gathering on the Atherton Tablelands (where non-grassroots oriented people sought to impose top down control through imposing fixed agenda (Roberts and Widders 1994); and thirdly, all the above responses happened constantly in relation to Fraser House.

Neville's way and Cultural Keyline has to be experienced and embodied from deep within the associated paradigm, value and behaviour system; mentoring is valuable. Neville in no way wanted to answer my questions about Cultural Keyline when he first mentioned the term in Decembr 1991; rather he mentored me and set up a stream of micro-experiences. Cognitive 'head'-based knowing will never lead to a substantive understanding of Neville's way; it has to be embodied. Neville's way survives and thrives in the lived-life experience of natural nurturers and those who are continuing living their caring human values in supporting wellness action. The above is the reason I mirrored Neville's way in carrying out this research

USING EMERGENT DESIGN

In keeping with Neville's use of naturalistic inquiry, my research design was emergent rather than preordinate (Lincoln and Guba 1985, p.208). Meanings emerged from unfolded and unfolding contexts, and multiple realities; for example, from Indigenous and grassroots life-worlds throughout East Asia, Australasia, and Oceania. In my prolonged action research, what I was experiencing and learning was a function of my interaction with the contexts, and the people who had helped constitute them and who were co-constituting them. There was pervasive indeterminacy. In many aspects I was in the situation of knowing I did not know and being comfortable with that. With other aspects, I did not know I did not know, and I found out this by running into seeming inconsistencies and paradoxes - the bewildering, and

into what I thought were brick walls, and Neville making me jump hurdles. My response to this was to have an even more open-ended approach (Lincoln and Guba 1985, p. 209).

My design emerged from continuous data analysis and writing as I went. I was under way for almost a year before I decided what thesis I was doing – that it would be in three parts, Fraser House, Fraser House Outreach and the evolving of the Laceweb. Recall that initially, I was looking at the archives and not knowing what I was looking at or for, or what was, and was not significant. Consistent with emergent design, I allowed the emerging data to be both a stimulus and guide for my review of literature. For example, it was after realizing the way Neville and his father worked holistically with emergence in self organizing systems that I had the literature as a ‘stimulus for thinking’ (Minichiello, Aroni et al. 1995, p. 71). Consistent with Neville and his father I was letting the archive tell me what to do.

WRITING THROUGH AND MAKING SENSE

Writing Through

I engaged in writing through rather than writing up. While I would make many file notes, right from the start of the thesis I started writing the actual thesis. I constantly added and reworked - as if it was a moist pliable clay statue. This is consistent with my emergent design. It did mean constant rereading of the latest draft, and as it got larger, it meant that I had to have the latest version ‘in my head’ all the time. As I gathered more data and reflected, I was constantly looking for where things fitted and whether they still had a place.

In making sense of, and writing through my research I combined ‘grounded theory’ (Glaser and Strauss 1967; Lincoln and Guba 1985, p. 204-205), holographic generalization (Lincoln and Guba 1985, p.125), ‘thick description’ (Geertz 1973), ‘thematic analysis’/‘narrative analysis’ (Kellehear 1993, p. 38; Miles and Huberman 1994), ‘structure/event process analysis’ (Neuman 1997, p. 433; Neuman 2000) and Eisner’s concept of ‘connoisseurship’ (Eisner 1991). After discussing each of the above, I outline processes used to support my intuition and being what Neville called, ‘a scientific detective’.

Using Grounded Theory

Lincoln and Guba describe ‘grounded theory’ (Glaser and Strauss 1967) as a ‘theory that follows from the data rather than preceding them’. ‘The theory that is developed is then said to be grounded in the data’ (Minichiello, Aroni et al. 1995, p. 103). Lincoln and Guba make the point that this is a ‘necessary consequence of the naturalistic paradigm that posits multiple realities and makes transferability dependent on local contextual factors’ (1985, p. 205).

Recognising Fractals and Holographs

Along with researching the transferability of Neville’s Way (including Keyline and Cultural Keyline) between many contexts, a central theme of this thesis is the fractal and holographic quality of Neville’s action. Lincoln and Guba (1985, p. 204-205) refer to Schwartz and Ogilvy’s (1979), comment that ‘the metaphor for the world is changing from the machine to the hologram’.

Lincoln and Guba point out that a characteristic of holograms is ‘that any piece of the hologram contains in it all of the information found in the whole’ (1985, p. 204-205). While recognizing the limits of metaphor, Lincoln and Guba make the case that any part or component gathered is a ‘perfect sample in the sense that it contains all of the information about the whole that one might hope to obtain; that imperfect (blurred) information from any source can be improved (clarified), if one has the appropriate filters or other processes for so

doing' (1985, p. 204-205). Chapter Five discusses the fractal quality of the Keypoint) where information distributed in land topography is present at the Keypoint where the three main landforms meet. Chapter Nine discusses the fractal quality of Cultural Keypoints.

It was some time before I started to see the fractal quality in everything Neville was doing and how all the diverse bits were parts of the whole.

Using Thick Description

The 'base of information' that is appropriate for holographic generalization is suggested by Lincoln and Guba as Geertz's 'thick description' (1973). I have endeavoured to obtain thick description of the many and varied contexts in which Neville worked. I then used Keyline, Cultural Keyline and other 'filters' or 'lenses' to focus and clarify what I had found and to help in form and pattern recognition.

These processes in turn helped clarify the 'filters'. I found the 'filters' permeated through the various objects, events, processes, happenings, and structures that Neville set up and enabled, and their varied contexts. I then started seeing aspects of each of the particulars in the general, and the general in the particulars.

Using Thematic Analysis/Narrative Analysis

In working with thick description and holographic generalization I used thematic analysis (also called Narrative Analysis). In this I was guided by Miles and Huberman's themes below (1994, p. 245-261):

- Look for repetition
- Note themes and patterns
- Make metaphors and analogies
- Check if single variable, events, experiences, are really several
- Connect particular events to the general
- Note differences and similarities
- Note triggers connecting meditating variables
- Note if patterns in the data resemble theories/concepts

Neville used each of the above processes in naturalistic inquiry. I also recognized that in large part I had been using each of them in my prolonged Lacweb action research from 1986 onwards, and increasingly using them during this thesis research. Naturalistic inquiry was for me, becoming a way of being.

In speaking of 'thematic analysis', Kellehear writes that 'validity is tied to how well a researcher's understanding of a culture parallels the way that a culture views itself', and that the 'central meanings the researcher attaches to objects, actions and relations should reflect the beliefs of insiders' analysis' (1993, p. 38). These aspects were used to increase trustworthiness along with carrying out ongoing member checks (Lincoln and Guba 1985, p. 314) with all of my interviewees. I also checked and confirmed my 'central meanings' – such as 'Cultural Keyline', 'connexity', and 'emergence' – with others involved in the focal action. When I had understanding and meanings that my interviewees did not have, I checked and confirmed the 'fit' of these with my interviewees and relevant others.

I drew on Berger and Luckman's notion of 'typification' (1967) in looking for what Eisner calls, 'structural collaboration' – 'recurrent behaviours or actions, those theme-like features of a situation that inspire confidence that events interpreted and appraised are not aberrant or exceptional, but rather characteristic of the situation (1991, p. 101)'.

I was guided by Eisner's references to a number of aspects that all of the social sciences have in common:

.... the search for pattern in the qualities they observe, the effort to illuminate and display what has not been previously noticed, and the attempt to account for what has been seen (1991, p. 230).

Using Connoisseurship

In exploring diversity - seeking Bateson's 'patterns that connect' (1980) in respect of each of Eisner's three aspects mentioned in the previous paragraph, I endeavoured to continually improve my capacity to engage what Eisner (1991, p. 63) calls 'connoisseurship', defined by him as 'the ability to make fine-grained discriminations among complex subtle qualities'. Connoisseurship is 'the art of appreciation'. A fundamental aspect of connoisseurship is 'allowing the situation to speak for itself, that is, to allow for an emergent focus' (1991, p. 176). This involves enriching perception, the sense and significance we make from all that is streaming through all our senses. In this I was mindful of Pelz's remarks about the German word 'erscheinung' meaning 'appearance'. This word contains the German, 'schein' that also contains for the social scientist the caution that appearance may deceive, 'for schein, because it shines and glitters, reveals *and* deceives. It denotes something better and worse, more and less than appearance' (1974, p. 88).

Pelz speaks of a particular mood in searching for understanding where appearance can reveal and deceive. In this, Pelz introduces another German word, 'stimmung' having, as one of its meanings, 'a mood that attunes' (1974, p. 89). I sensed that when I was engaged with Neville, Lacweb prolonged action research and this thesis, I worked best when I entered this attuning mood. I also explored attuning moods in group contexts (in both senses – that is exploring constituting stimmung and notice its spontaneous emergence).

My capacity for being a connoisseur was enriched through in-depth interviewing, prolonged engagement, and persistently observing someone like Neville in action. He was a connoisseur par excellence. The observational challenge was that I only saw the output of his connoisseurship, not connoisseurship per se. The perennial questions were, 'How did he do that?' and 'How did he come up with that?' To this endeavour I brought my understanding of 'understanding', honed by my three years of study of the sociology of knowledge with sociologist Werner Pelz. He speaks of a contemplative mode of knowing that has some resonance with connoisseurship, where, Pelz's (1975, p. 232, 238) 'contemplating as mode of knowing' is:

a kind of intellectual-emotive compound of seeing-hearing-smelling-tasting-feeling. It is appreciative and savouring. It leaves things as and where they are.

It neither proves or disproves, though it may approve or disapprove. It is the psychic equivalent of eating, drinking, and breathing. Contemplation does not wish to handle its subjects and need not therefore concentrate on looking for a handle. It is not exclusively interested in categorizing them according to function and utility within a conceptual framework designed by and for sectional interests.

Following Pelz 'contemplation' as a mode of knowing, I have endeavoured to use the German concept 'kennen' - not a 'provable' manipulatable knowing (the German concept 'wissen'), rather kennen implies a knowing to become better *acquainted* with Neville's way – to become even more familiar with it – 'to kennen' following Pelz is 'denoting something personal [and inter-personal], subjective, unfinished and unfinishable, involving me and interesting me' (1974, p. 80-83). It is relational knowing (Gergen 2005).

Allied to this is a process Jeremy Narby calls defocusing (1998). As a metaphor for defocusing, Narby speaks of those stereo pictures where the three-dimensional image only appears suddenly with the relaxed defocused gaze. Examples of defocusing approaches are daydreaming, nocturnal soliloquies, and following Pelz, contemplation. Pelz (1974, p. 80-83) goes on to say that:

The fate of one man, one woman, one child, during a vast international upheaval or natural disaster, faithfully and sympathetically represented, can inform us more thoroughly concerning the reality of that situation than any number of statistics or objective descriptions.

One of the challenges in writing was what Eisner called 'the untranslatable' – 'there is no verbal equivalent for Bach's Mass in B Minor' (1991, p.235). Prose cannot encapsulate the co-reconstituting lived-life emotive richness of Fraser House. Since an aim of this thesis is to reveal, I endeavoured to understand 'the limits and uses of the forms used to represent what connoisseurship makes available' and to recognize and be mindful of how 'each form shapes content – that is by leaving out what it cannot represent' (1991, p.235). I endeavour to give at least a 'pale cast' of milieu, mindful that description and explanation are always inadequate. The derivation of the word 'explain' hints at this – Latin 'ex-planus' meaning 'out of the two dimensional' (from a 1978 discussion with Werner Pelz) - that is, conveying an impoverished representation of the multidimensional; I was constantly challenged by making sense of rich interwoven complexity.

There is a German expression that links to connoisseurship, 'Dichter und Denken' (Pelz 1974). As an example, some very talented creative people are called 'dichter und denken'. When using this term to refer to say a poet, the speaker is suggesting that the listener merges in his or her reflection the poet, the poem making and the poem. This is calling for us to engage in a very rich form of reflective contemplating about process. It is about our intersubjectively responding to the intermingling of the three elements, i.e., the poet, the poem making and the poem. In doing the research I contemplated Neville as Dichter und Denken. I endeavoured to enter into a threefold mode of understanding, intermingling three views of Neville, for example, in the guise of evolver of community psychiatry, secondly, Neville in the process of evolving community psychiatry, and Neville's version of community psychiatry – and then inter-subjectively linking with all of that.

As another example, merge Neville, as community wellbeing innovator, the evolving and sustaining of Fraser House processing, and Fraser House as an unfolding placed social life world. Do the same with Fraser House outreaching and the evolving of Laceweb networking. Note that it is easy to think about any of the three aspects of the above sets' separately. Thinking of two simultaneously is more 'work', and merging the three in contemplation towards relational knowing (kennen) is typically a challenge - though a worthwhile experience into a new (higher?) more connexity-based mode of reflecting/perception (making sense of the senses).

Another resonant process for subtle sensing I endeavoured to use was Wolff's twin concepts of 'surrender' and 'catch' (1976, p. 20). For Wolff, 'surrender' involves 'total involvement, suspension of received notions, pertinence of everything, identification, and risk of being hurt'. In surrendering one leaves oneself open to 'catch' - meaning 'the cognitive or existential result, yield or harvest, new conceiving or new conceptualising – a new being-in-the-world'. Werner Pelz introduced me to surrender and catch during 1978 and I have explored this ever since. Suspension of received notions is a major experiential shift.

Wolff refers to Tolstoy's writing of the character Levin being with his beloved Kitty in Anna Karenina:

Then for the first time, he clearly understood...that he was not simply close to her, but that he could not tell where he ended and she began (Wolff 1976, p. 20).

Wolff uses this quote in making the point that 'in surrender as in love, differentiation between subject, act and object disappear - an example of the suspension of even essential categories among our received notions (Wolff 1976, p. 22).' He is talking about realizing connexity. Wolff refers to 'subject, act and object'. These are the three aspects of *dichter* and *denken*. Wolff's undifferentiated surrendering merges the richness of perceiving subject and act and object in an undifferentiated melding.

Structure/Event Process Analysis

With Structure/Event Process Analysis I was looking for connexity within and between events and other happenings, and their form/structure and processes, and the nexus between people constituting these unfoldings. I was looking for fractals, emergence and mutual-causality (Neuman 1997, p. 433).

Emergence of Intuition

After the emotional turmoil of learning of Neville's impending death, I allowed everything I had done to just 'settle' inside, to give it all room to sort itself out. It was nearly a year later when I had a feeling that I was ready to make more sense of it all, including his death; I had busied myself in the meantime with reading more extensively about qualitative methods and the Keyline literature. As well, I reviewed the the following literature areas - Prigogine & Stengers, 'Order out of Chaos' (1984); secondly, on fuzziology, commencing with Dimitrov (2002); thirdly, on deep ecology commencing with Arne Naess (1998); fourthly, on emergent properties commencing with Fritjof Capra (1997); fifthly, on holistic open systems commencing with Ludwig von Bertalanffy (1950) and Fred Emery (1969); and sixthly, on self organizing systems and autopoiesis commencing with Maturana (1970). Insights from this literature review are interspersed throughout this thesis.

Beveridge (1950) speaks about having a purposeful break in these terms:

The most characteristic circumstance of an intuition are a period of intense work on the problem accompanied by a desire for its solution, abandonment of the work with the attention on something else, then the appearance of the idea with dramatic suddenness and often a sense of certainty.

I did have clarity and sudden insights 'out of the blue' after this long break. Other sudden insights occurred unexpectedly throughout the research. A key thing I found with the sudden insights was to write them up immediately they occurred as they had a tendency to disappear beyond recall as fast as they came. I also found that not reading my writing for a number of weeks would allow me to see with 'fresh eyes'. I could far more easily spot things like clumsy expression, ambiguity, punctuation errors and the like when the material was less familiar.

On Being a Scientific Detective

Neville was right when he said that my Lacweb writing was, 'like a scientific detective story'. Neville in no way did things for me. I had to do lots of detective work. Complicating my task was that Neville and his father's actions and ways were largely non-linear, and mirrored nature; these actions and ways were pervasively inter-connected, inter-woven, interdependent and inter-related – what I have defined as having connexity. Neville and his father were both 'groundbreaking' - to use an appropriate metaphor - world leaders in their

separate, though as it turns out, very related fields. There was scant literature that I could find on links between Indigenous wisdom, sustainable agriculture, psychosocial wellbeing and epochal transitions. As well, a lot of what they were doing was not mentioned in their writing. For example, Neville and his father were both pioneers in the evolving studies of chaos, self-organizing systems, emergence, uncertainty and complexity, and yet none of these themes are mentioned in Neville's or his father's writings. As well, Neville never mentioned either of the terms Keyline or Cultural Keyline in any of his Fraser House writings. While 'Cultural Keyline' is such a central concept to Neville and his way, I have found no mention of this term in any of his other writings either. However, Cultural Keyline *is* implicitly present throughout Neville's writing if one understands the term and how to discern it.

Another complicating factor was that there were fractal forms and other resonant aspects to everything Neville and his father were engaged in, though these are not immediately obvious. If this fractal quality and connexity is not recognized, as it was not recognized by me for halfway through my research, an inquirer would miss the inter-related essence and inner potency of Neville (and his father's) work. Any amount of analysis of the parts that missed their connexity, or laboured to make links when they are already pervasive, would again miss the essence.

Consistent with Neville's way of enabling self-organizing, he would create contexts where I would discover his way and the things he had done. For example, the first time I knew that Neville wrote poetry was when I was handed two of his poems at his funeral by his second wife Lien. These are included at the commencement of this thesis. My sense is that these two poems introduce the thesis artistically and succinctly. In some sense they say more than my first chapter! They are typical of Neville's potent minimalism. I found out from Neville's son Quan that Neville had written over 2000 poems and he never told me about them. He knew I would find them if I was thorough and persistent. As at writing I have not had access to these other poems.

In our December 1993 Yungaburra conversations, Neville said that he was very conscious of not overloading people. Neville well knew how much lay behind his simplicity, brevity and strategic precision. He said that if he was linking with an Aboriginal natural nurturer for the first few times and started talking about Fraser House and epochal change, he would likely overwhelm her and he would probably never see her again. He very slowly mentioned things over months and years. The same applied to me. He had very slowly shared aspects with me. I was it seems, a slow learner.

Crafting the Writing

While I had been writing through rather than writing up, I came to the time when I thought incorrectly that the thesis was essentially finished. Even then, resonant with Neville's scrupulous writing, I carried out sustained reshaping of the manuscript, especially looking at the sequencing and juxtapositioning of ideas. Creating headings and subheadings helped in both sequencing and thematic analysis. At one stage I made good use of Microsoft's 'Outline' program that allowed me to look at the words at the start of each paragraph to check sequencing and sense.

When I essentially 'knew what was in the research document' I particularly used Neville's notion of the 'survival of the fitting'. As I scoured my file notes and musings 'what fitted' 'survived' and was woven in to the document. Similarly, what was already 'in the document' was tested for 'fit' and placement. If it did not fit it was reframed, repositioned or discarded.

A final period of writing entailed weaving everything together in a tighter, finer weave – so it was appropriately web-like. This phase lasted another eighteen months.

My Aboriginal interviewee Marjorie Roberts told me:

It has to be a fine weaving; anything less than that would not reflect Neville's life work.

Consistent with Neville and his father's 'letting nature tell them what to do', in the final months my thesis was 'telling me what to do.'

SUMMARY

This chapter has described the research methods used in data collecting. The chapter commenced with a discussion of my being an insider looking in. My note taking and interviewing methods were outlined. Data collection (using a combination of interviewing, archival research, on-site visits and immersion in holistic social action) was discussed. My theoretical perspectives and Neville's research methods were detailed. The chapter concluded with an outline of my use of naturalistic enquiry, the steps I took to ensure trustworthiness, and the processes I used for analysis.

The following chapter explores the precursors of Neville Yeomans' way of psychosocial being and action, and their emergence and adaptation from the joint work Neville did with his father and brother Allan in evolving Keyline sustainable agriculture practice, and the family's drawing from Australian and Oceania Indigenous ways.

Chapter Five - Connecting Sustainable Agriculture and Psychosocial Transition

ORIENTING

This Chapter explores the research question, 'What were the theoretical and action precursors firstly, to Neville Yeomans evolving the therapeutic community psychiatric unit Fraser House, and secondly, to the ways of being and acting that Neville Yeomans used in his life work?'

Some aspects of Neville Yeomans' way of thinking, processing and acting are detailed, and their origins are firstly traced to the innovative work that Neville did with his father Percival A. Yeomans and brother Allan (and later with the younger brother Ken) in evolving Keyline, a set of processes and practices for harvesting water and creating sustainable agriculture. The chapter then details the influence on the Yeomans of Australasia Oceania and East Asia Indigenous and grassroots ways.

INSPIRING TRAUMA

Neville's two traumatic incidents mentioned in Chapter One also had a profound, though different impact on P.A. Yeomans, his father (Mulligan and Hill 2001, p. 193). Neville's father was, at the time Neville was lost, a mine assayer and a keen observer of landscapes and landforms. His father was deeply impressed by the Aboriginal tracker's profound knowledge of the minutiae of his local land, such that, in that harsh dry rocky climate with compacted soils, he could so readily follow the minute traces left as evidence of the movements of a little boy. The other thing was that upon finding little Neville, the tracker was so intimately connected to the local land and its form, he knew exactly where to go to find water. It was not that this tracker knew where a creek or a water hole was, as there was no surface water. He knew how to find water whenever he wanted it, and wherever he was in his homeland. He and his people '*be long*' there (40,000 plus years). They were an integral part of the land. They were never apart from it. The tracker and his community saw the Earth as a loving Mother that provided well for them continually ('The Earth Loves us' – from Neville's Inma poem). The tracker was '*of the land*'. As soon as the tracker found Neville, he had to find the right kind of spot for a short easy dig. Because of Neville's dehydration, the tracker needed water for Neville fast. He used his knowledge of his place and quickly had Neville sipping water.

Mulligan and Hill report that:

According to Neville, it was probably this incident that gave his father his enduring interest in the movement of water through Australian landscapes, because he could see that an understanding of this would be a huge advantage for people living in the driest inhabited continent on Earth (2001, p. 193).

In the years after leaving mine assaying, P.A. Yeomans had moved on to having his own earth-moving company. P. A. had just purchased the Nevallan and Yobarnie properties in Richmond, NSW with his brother-in-law Jim Barnes in 1943 - a year before the fire.

WATER TELLING US WHAT TO DO WITH IT

P. A. emulated the Aboriginal tracker in becoming familiar with the landform of his two properties. P.A. wanted to store or use *all* of the water that landed on the properties. In the Forties, P.A. wanted to be able to water his two properties so they were so lush and green

all year round, they would be virtually fireproof. When the families acquired the properties the soil was 'low grade'. It was undulating hill country with plenty of ridges that were composed of low-fertility shale strewn with stones. The following photo taken at Nevallan, one of the Yeomans' farms, shows the original poor shale and rock 'soil' throughout the two properties when the properties were acquired.



Photo 12. The low fertility shale strewn with stones on P.A.'s farm - from Plate 30 in P.A.'s book 'Challenge of Landscape' – used with permission (Yeomans 1958b; Yeomans 1958a)

Photo 11 shows a spade full of fertile soil after two years of the processes evolved by P.A. and his sons. To clearly show the difference in the soil, a clump of the fertile soil has been placed beside earth on the base of a tree stump that became exposed when the tree fell over. This lighter low-grade soil had not been involved in the processes the Yeoman's evolved.



Photo 13. Fertile soil after two years compared to the original soil - a copy of Plate 30 in P.A.'s book 'Challenge of Landscape' - Used with permission

Within three years, Yeomans and his sons had energized what conventional wisdom said was impossible; they had altered the natural system so that the natural emergent properties of the farm, as 'living system', created ten centimetres (4 inches) of lush dark fertile soil over most of the property. What is important is that the local natural ecosystem did the work. P.A.

enabled emergent aspects in nature to self-organize towards increased fertility. With the interventions that P.A. introduced, the property became lush and green twelve months of the year. It was virtually fireproofed!

In 1974, P. A described processes whereby 4 inches (10.16 cms) of deep fertile soil could be created within three years (Yeomans and Murray Valley Development League 1974).

The balance of this chapter will specify the processes the Yeomans evolved and applied on their farms and the Indigenous precursors they drew upon. It then briefly introduces the ways Neville evolved in adapting his family's farming processes to psychosocial change.

Keyline Emerges

Over thousands of years, if this continent's Aborigines wanted to spear fish in the shallow creeks and rivers, they would copy the behaviour of the wading birds that wade slowly, and then react extremely fast with their long beaks. The Aboriginal hunter with his spear mimics these waders. Resonant with the continent's Indigenous ways, P.A. and his sons engaged in bio-mimicry - letting the water, the landforms, the soil biota, and the balance of the local eco-system tell them what to do. Neville told me (July 1998) that P.A. would take Neville and Neville's younger brother Allen out onto the farms as they were growing up whenever it rained so they all could learn to see directly how the rain soaked in at different times, how long before run-off would occur on different land forms, and what paths down the slopes the run-off moved on different land shapes. Like the Aborigines, they were learning to have all of their senses focused in the here-and-now, attending to all that was happening in nature. As action researchers, they became connoisseurs of their land and all life on it (Eisner 1991, p. 176). Whatever action P.A. and his sons did, they always observed how nature responded.

P. A. obtained contour line maps with a useful scale of his property to further aid his understanding of landform. According to Ken Yeomans in an October 2003 phone discussion, the map scale was typically 1 in 25,000 with 5 metre contours. Neville said that his father constantly referred to the three primary landscape features - the main ridge (elevated from the horizontal), the primary ridge (lateral to the main ridge) and the primary valleys (lateral vertical cleavages). The farm was perceived by P.A. as a cleaved unity, a feature pervasive in nature. P. A. discovered where the best places were to store run-off water for maximum later distribution using the free energy of gravity feed. It was high in a special place in the primary valleys. Overflow from dams high in the primary valleys were linked by gravity-based over-flow channels to lower dams.

Below is the most succinct statement I have found written by P.A. Yeomans about what he called 'Keyline'. I have extracted it from P.A.'s speech at the UN Habitat 'On Human Settlements' Forum in Vancouver, Canada during 27th May to 11th June 1976. P.A.'s speech was entitled 'The Australian Keyline Plan for the Enrichment of Human Settlements' (1976, p. 5-6).

Keyline relates to a special feature of topography namely, the break of slope that occurs in any primary valley. Primary valleys are the highest series of valleys in every water catchment region and lie on either side of a main or water divide ridge. They are widely observed as the generally smooth or grassed over valleys of farming and grazing land but are often overlooked and disguised in the city. On either side of the primary valley is a primary ridge. Of the three basic shapes of land, namely, main ridge, primary valley and primary ridge, the primary valley shape occupies the smallest area of land and the primary ridge shape, the largest. In the rural situation

irrigation is a matter of watering the large primary ridge shapes, even on land which appears flat.

All of the structures, processes and practices that P. A. Yeomans evolved he also called Keyline (Yeomans, P. A. 1971b; Yeomans, P. A. 1971a). Diagram 2 shows the main ridge (the dotted line along the left), two primary ridges (with the arrows) and two primary valleys.

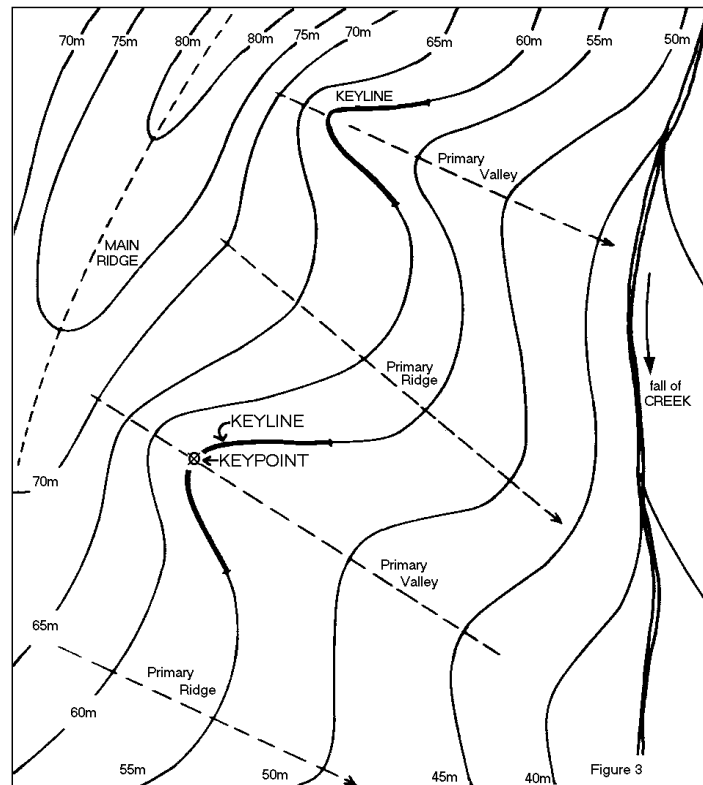


Diagram 2. The Three Keyline Features – Photo from P.A.'s UN Habitat Speech (1976, p. 9)

Note that the Keypoint is on the fall line on the contour above the first wider gap between the contours. The fall line is marked on Diagram 2 above as the dotted line through the Keypoint. This wider space between contours indicates less steepness on the slope.

Above the Keypoint is typically an armchair-shaped land form that directs the water run-off so that most of it ends up arriving in an area that may be as small as a square metre (the Keypoint) – sometimes the very start of the typical creek as creek.

P.A. found that the optimal locations for dams along the Keyline are where it crosses the drainage lines within primary valleys. As stated, he called these the Keypoint for that primary valley.

P.A.'s 'On Human Settlements' Forum speech contains another description of Keyline:

It will be observed that in the primary valleys the first slope falling from the ridge above is short and steep – usually the steepest slope in the immediate environs – while the second slope is flatter, much longer and extends to the watercourse below. The point at which the change occurs between these two slopes is named the

Keypoint; the Keyline extends on the same level on either side of this Keypoint and partly encloses a concave shape on the land. Only primary valleys have Keylines (see contour diagram above) (Yeomans, P. A. 1971b; Yeomans, P. A. 1971a; 1976, p. 7-8).

Ken Yeomans in a December 2005 email referred to the above quote:

I question the technical accuracy of saying it 'partially' encloses a concave shape on the land. Actually the Keyline occupies all of the concave shape of the contour line curve. The change of direction of the contour from concave through the valley to the convex curve of the ridge defines the end of the Keyline on either side of each primary valley.

Diagram 2 above shows Ken Yeomans point mentioned above - that the Keyline extends either side of the Keypoint for a particular distance along the contour line running through the Keypoint.

P.A then goes on to give a key point summary (1976, p. 9):

The Keyline is significant because:

1. It is the first place in any valley where rain run-off water, concentrated from the higher slopes, can form a stream.
2. It is also the first place where run-off water disappears when the rain stops unless the water is contained.
3. It is the highest possible storage site in any valley of the land.
4. It is often the highest point at which good construction material for earth dams is available (higher up the earth may be less decomposed and less suitable for dam building).
5. It is the essential starting point for a water control system in any landscape that produces run-off; and
6. It is the line of change when the three shapes of the land merge and readily disclose the geometry of land contours and the behaviour of surface flowing waters.

The Keyline is thus of major significance to any concept that aims to enrich the environment by controlling and using all available water.

Note point six above - the Keypoint in nature is saturated with information carrying capacity. On this typically square metre of land is the junction of all three land forms. Information distributed through each landform is present at the Keypoint. The Keypoint, for those with eyes to see, is the place that reveals the interaction of water with land. There is a confluence at the Keypoint of all the water runoff from the main ridge and adjacent primary ridges down the curved slope at the head of the primary valley.

Lincoln and Guba made a similar point about distribution of information within a system (quoted in Chapter Four):

Information is distributed throughout the system rather than concentrated at specific points. At each point information about the whole is contained in the part. Not only can the entire reality be found in the part, but also the part can be found in the whole. What is detected in any part must also characterize the whole. Everything is interconnected (1985, p. 59).

The Yeomans' genius was that they spotted the information distributed throughout the three landform systems and saw how the distributed information inter-connects and interacts at the Keypoint. Keypoints are saturated with information that is distributed in the system. Sensing and observing the Keypoint may reveal insights as to how the whole complex dynamic system works.

Resonant with the above, Neuman also makes the observation that at each point in a living system, information about the whole is contained in the part (1997, p. 433). Not only can the entire reality be found in the part, but also the part can be found in the whole. What is detected in any part must also characterize the whole. Everything is interconnected, inter-dependent, inter-related and inter-woven.

Also resonant with Yeomans and Neuman, Joseph Jaworski (1998, p. 80) writes of a conversation with theoretical physicist Dr. David Bohm:

We were talking about a radical, disorientating new view of reality which we couldn't ignore. We were talking about the awareness of the essential inter-relatedness of all phenomena – physiological, social, and cultural. We were talking about a systems view of life and a systems view of the universe. Nothing could be understood in isolation, everything had to be seen as a part of the unified whole.

Jaworski writes of Bohm saying that it's an abstraction to talk of nonliving matter:

Different people are not separate, they are all enfolded into the whole, and they are all a manifestation of the whole. It is only through an abstraction that they look separate. Everything is included in everything else.

Yourself is actually the whole of mankind. That's the idea of implicate order – that everything is enfolded in everything.

While Jaworski and Bohm were talking about a 'radical, disorientating new view of reality', this view has been the natural view of Australian Aborigines since antiquity, and it was this view that the Yeoman's used to perceive inter-related things that Western farmers had never seen before. Barabasi (2003) in his book 'Linked - How Everything is Linked to Everything and What it Means' also explores the same theme. Consistent with the foregoing, for the Yeomans, the farm was a living system made up of interconnected, inter-related, inter-dependent and interwoven living systems and associated inorganics. I have been referring to this as 'connexity'; this term was not used by Neville or the other Yeomans, although it connotes their understanding of system linkages well.

Where the context around a Keypoint made it possible P.A. placed a dam wall so that the dam could fill to that Keypoint. He designed his farms Nevallan and Yobarnie to fit nature. All of the dams were placed so as to simultaneously get water run-off, pass overflow to a dam below by gravity, and by gravity-based irrigation, pass on the water to the soil when desired. Neville (August 1998) and Allan (May 2002) both confirmed that they were with their father at the moment when they recognized what he called the Keypoint and the Keyline in landform – the central concepts in Keyline (Yeomans 1955a, p. 118) . The very spot where they realised the significance of the Keypoint is where the closest water is in the closest dam in photo 12 below; the primary ridges are on the left and right of the primary valley.

P.A. wrote:

Once the eye becomes trained to see these simple land shapes, and the mind has selected and classified one or two, there is a fascination in the continuous broadening of one's understanding and appreciation of the landscape (1958, p. 56)

In December 2005 Allan Yeomans told me that the special properties and significance of Keypoints and Keylines as well as the associated design principles such pattern cultivation, and placement of roads, fences and irrigation channels were slowly realised over a number of years. Photo 14 below shows strategic design of tree plantings as windbreaks and shade for livestock.

The Social Ecologist, Stuart Hill and I visited Nevallan for the first time in 2001 and I took photo 15 below showing the place where P.A. and Neville first spotted the Keypoint and Keyline. Like all Keypoints, the one in the photo is on the drainage line. Photo 15 shows one of the primary ridges on the left near the top of the primary valley. Photo 3 in Chapter One was taken looking up towards where photo 15 taken.

Stuart Hill, in Chapter Eight of his book on Australia's Ecological Pioneers, outlines some aspects of the process P. A. and his sons used (Mulligan and Hill 2001, p. 193):

What Yeomans senior discovered through such patient observation was that there is a line across the slope of a hillside where the water table is closest to the surface. The ground along this line looks wettest and is reflective when it rains heavily.



Photo 14 Aerial photo of the Trees on Nevallan - Photo from Priority One – Together we can Beat Global Warming (Yeomans, A. 2005, p. 137) – Used with permission



Photo 15. Photo I took during July 2001- looking down towards the Keypoint at the top of the dam.

It is the line along which it makes most sense to locate the highest irrigation dams within the landscape, because this is where the run-off water from above can most effectively be collected and subsequently used at the most appropriate time to irrigate the more gently sloping land below. Yeomans called this line the Keyline.

Yeomans first outlined his ideas about water movement and how to detect Keypoints in a book entitled, 'The Keyline Plan' (1954). The books, 'Challenge of Landscape' (Yeomans 1958a), 'Water for Every Farm' (Yeomans, P. A. 1965), and 'The City Forest' (Yeomans, P. A. 1971a) followed. Three of P.A. Yeomans' books, 'The Challenge of Landscape' (Yeomans 1958b), 'The Keyline Plan' (Yeomans, P. A. 1955), and the 'City Forest : The Keyline Plan for the Human Environment Revolution' (Yeomans, P. A. 1971b), including all of their diagrams and photos, are now on-line on the Internet through the Soil and Health Organization.

In 1993, Ken Yeomans, Neville's younger brother published his book, 'Water for Every Farm: Yeoman's Keyline Plant' (Yeomans and Yeomans 1993). This book clarified some aspects of Keyline.

Alan Yeomans in a phone conversation (December 2005) noted that the Keypoint and Keyline in successive primary valleys along a ridge have an ascending (or descending) elevation as occurs in Diagram 2 above. Allan spoke of regular patterns in nature; as an example, the 'Yeomans' experience was that often the height of the bottom of a dam wall below a keypoint in a primary valley been the height of the top of the dam wall in the next lower primary valley (refer Diagram 2 above). This has implications for linking the two dams by over-flow channel along a contour.

A key aspect of Keyline was how the Yeomans changed the interaction between water and soil. P. A. used chisel ploughing parallel to the Keyline, allowing the natural self-organizing flow of water to run into these chiselled grooves. This is not the same as contour ploughing as ploughing parallel to the Keyline soon goes 'off contour' in a gentle downhill direction with

an important effect. This chisel ploughing results in shifting the direction of flow of surface water around 85 degrees to flow down hill more slowly along the sides of the primary ridges on each side of the primary valley. In contrast, contour ploughing has the reverse effect, namely directing water towards the bottom of the primary valley (from a phone conversation with Alan Yeomans Dec, 2005). Keyline ploughing stops an eroding rush of surface water down to the valley floor, slows the flow, spreads the soaking, and allows for a massive increase in the moisture levels in the soil without water-logging. Consequently, water is 'stored' as it slowly filters through the soil, as well as being kept in all the dams. The chisel plough that the Yeoman's developed was called the Bunyip Slipper Imp with Shakaerator (that is it shakes and aerates). This shaking action reduces soil compaction. P. A. Yeomans won the Prince Phillip Agricultural Design Award in 1974 for his design of this plough shown in photo 16.

The plough has the effect of placing a loose cap on a chisel groove so there is air and space for water run-off to run along in the grooves underground. This cap on the top of the groove minimises evaporation by sun and wind (Foster 2003). These changes to the soil and water interaction are vital in the driest inhabited country in the World. P. A. did not use ploughing that inverted the soil as he found that it damaged soil ecology.

In Diagram 3 below, the red lines depict rainwater run-off as it happens without the chisel ploughing. Once the run-off hits the chisel ploughing it is turned around (approximately) 85% and runs out along the ridges on both sides of the valley.

On the ridges, chisel ploughing is carried out parallel to a selected contour line as depicted in Diagram 4. Notice that the fall-line and the chisel grooves are again at around 85 degrees to each other. This ploughing pattern on the ridges also turns the rain or irrigation water flowing on the ridges from running straight off the sides of the ridge. The chisel cuts have the water again turned so that it runs at a much shallower slope along the *side* of the ridge. This again slows the speed of run-off and allows the water to be stored as it passes through the soil.

Creating Deep Soil Fast

There is fractal like repetition in nature (Mandelbrot 1983) *and* in the Yeomans' designs. Neville said that one of his father's design principles was 'work with the free energy in the system' (Dec 1993, July 1998). This was evident in the Yeomans use of gravity and the design layout that maximized the capacity to use gravity. Another example of thriving free energy is creating the context for the massive increase in detritivores (worms and other organisms that break down detritus - decaying organic matter) for generating new soil (discussed later).

P.A and Neville did not rest with the notion prevailing in most quarters, that it can take up to 800 years to make ten centimetres of soil by rock erosion and other breaking-down processes. They asked how they could create ten centimetres or more of new topsoil *in a few years*. They reasoned that soil could be created by constituting an underground context/environment bringing together detritivores with ideal combinations of air, moisture, seasonal warmth and a steady supply of organic detritus (dead organic matter).

They knew that cropping a certain height off grasses and plants just before flowering/seeding either by grazing or cutting created a shock to the plant and a comparable size of dieback in root systems. The energy that the plant had geared up for flowering and seeding is diverted into rapid growth for survival. The roots that die create the organic material for decomposing. What's more, the dead organic root matter is *already* spread underground through the soil where it is needed. The space previously taken up by the roots become air chambers. The cut vegetation material was also recycled into the soil. The plant

responds with vigorous new growth that is strategically irrigated. Keyline chisel ploughing and flood-flow irrigation would increase soil moisture content and reduce compaction. This combination supplied the conditions for a *massive* increase in detritivores (Yeomans, P. A. 1971b; Yeomans, P. A. 1971a; Yeomans and Murray Valley Development League 1974; Yeomans 1976).

Ten centimetres of new topsoil was created in three years – something that was previously thought to take around 800 years! Earthworms emerged in abundance, the size of which (over 60 cm or 24 inches) had never been seen before in the region. The Riverland Journal carried an article stating that H. Schenk, head of the Farm Bureau of America described Nevallan earthworms as being among the best he had seen. His words were, 'Boy this must be the best soil ever was' (Yeomans 1956; Yeomans, P. A. 1971b; Yeomans, P. A. 1971a). Neville told me (December 1993) he heard one well-travelled visitor saying that the only other place he had seen comparable worms was in the fertile fields of the Nile delta in Egypt.

Thirty years after P.A.'s death, the system he established on the farm still works by itself with little maintenance required. As can be seen from Photo 18 below that I took in July 2001 when I walked the farm with Stuart Hill, the farm still looks like sweeping gardens or a golf course. The surrounding farms were covered with dry brown grass.



Yeomans



NEW REVOLUTIONARY

BUNYIP SLIPPER IMP

WITH SHAKAERATOR

The Soil Maker Supreme



FARM MANUAL

Introduced by **P. A. YEOMANS**

Photo 16 Bunyip Slipper Imp with Shakaerator

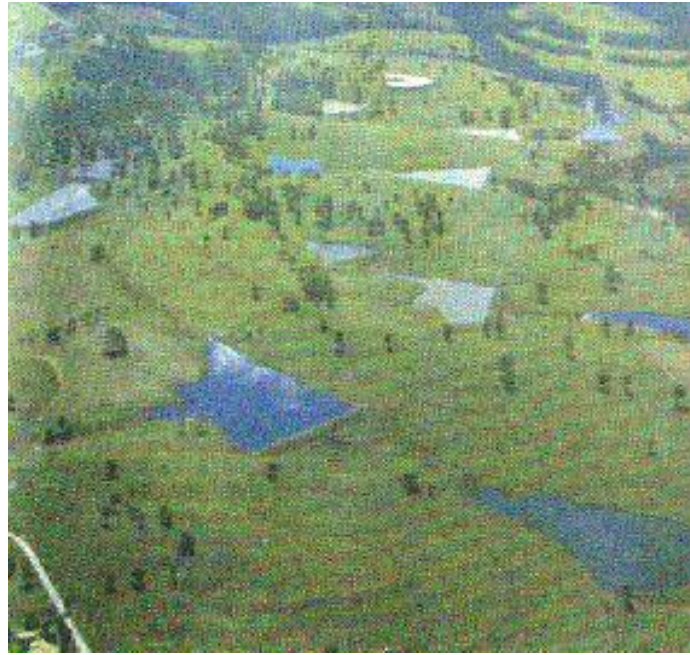


Photo 17 Chisel 'terracing' effect and the water harvesting achieved – Photo from P.A. Yeoman's book 'City Forest Plate 1 – used with permission

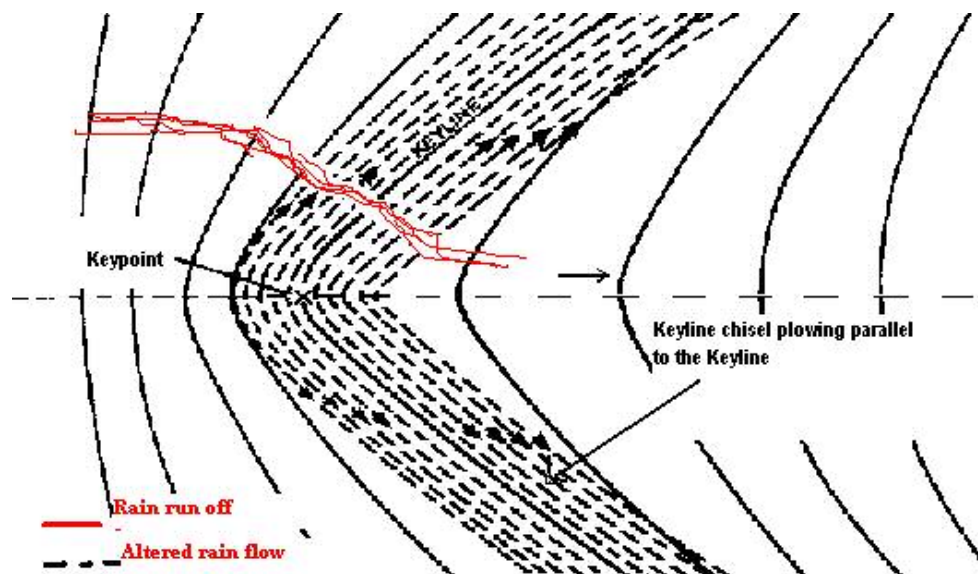


Diagram 3. Rain and irrigation water being turned out along both ridges – adapted diagram from P. A. Yeomans' book 'Water for Every Farm' (1965, p. 60) – used with permission

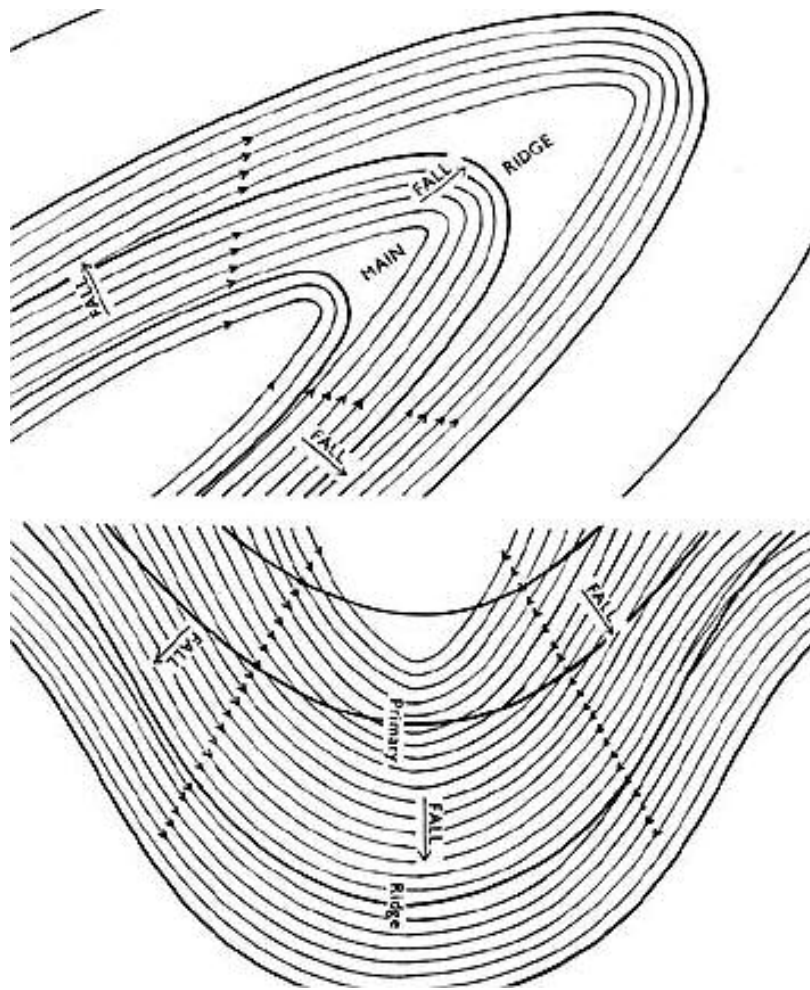


Diagram 4. Keyline Ploughing Process for Ridges - from P. A. Yeomans' book 'Water for Every Farm' (Yeomans, P. A. 1965, p. 60) – used with permission.

In his 1971 'City Forest' Book P. A. acknowledges the seminal supporting role Neville played in the forming of his ideas, 'as psychiatrist and sociologist, for keeping me up to date on the social and community implications'. He had Neville write the forward (Appendix 4) to this last book – The City Forest – about adapting his ideas to the design and layout of a city (Yeomans, P. A. 1971b; Yeomans, P. A. 1971a).



Photo 18. The farm during July 2001 looking back to the Keypoint at the left of the dam

Neville had evolved Fraser House back in 1959 when P. A. had Keyline well under way. Neville worked closely with his father throughout Neville's years at Fraser House and Fraser House outreach in the years 1968 through 1971 when the City Forest Book was published. In the Forward to the City Forest Neville sums up Keyline's soil approach in these terms:

'The soil which gives us life must be developed in its own living processes so that it grows richer year by year rather than poorer.'

In the 1970's, Neville wrote a weekly column in the Now Newspaper (a Sydney suburban paper) called 'Yeomans Omens' (Various Newspaper Journalists 1959-1974). In this column he wrote that between 20,000 and 50,000 acres of Keyline forest could totally absorb and purify the liquid effluent of Sydney. From this City Forest clean water would re-enter the rivers and dams or the sea. A natural by-product would be copious new fertile soil.

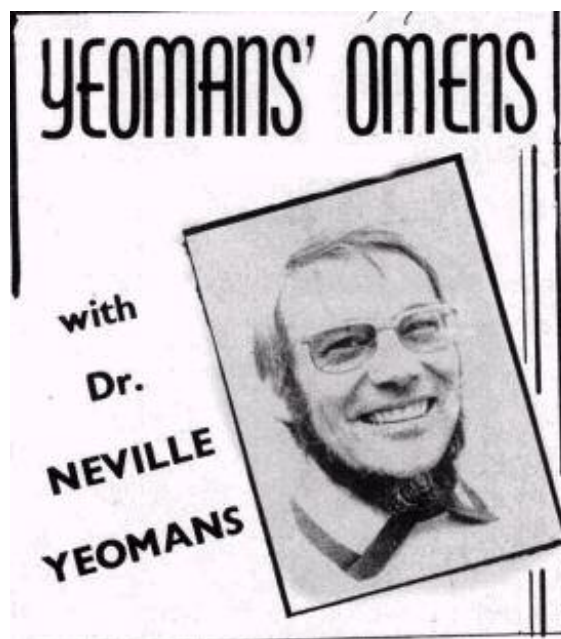


Photo 19. The Header to Neville's Newspaper column in the Now Newspaper

The Yeomans let nature tell them what to do. They always attended to nature and respected the design in nature, and designed and redesigned their interventions in a way that melded in with nature's design, 'design principles' and emergent properties (Capra 1997, p.28). The Yeomans used 'dynamic living systems' as a strategic frame in their thinking, design work and action. They also used bio-mimicry (mimicking nature) (Suzuki and Dressel 2002, p. 66, 110) in their designs. They engaged with all of the inherent aspects of the farm as a holarchical living system (Holonc Manufacturing Systems 2000). They were ever aware that the 'wholes' in the living systems of the farms were made up of parts, and these parts were themselves wholes made up of parts. The Yeomans were very connected to this web of linkages.

After the Yeomans had introduced some changes to the soil environment the massive changes were *self-organizing*. The soil, organic matter, water and detritivores, as naturally occurring integrated systems, had emergent qualities; that is, aspects started emerging, or coming into being, which had not been present at lower levels of organization.

Designing Farms

A fundamental aspect of Keyline is that it involves design, and not just any design; rather, a design guided by nature in the local place and context, such that the resultant design superbly fits the local natural system.

Keyline insights and design principles guide placement of paddocks, rows of trees as windbreaks and shade for stock (see Photo 14), fences, gates, and roads. Landform and flood irrigation flow are also taken into account in designing where paddock boundaries are placed. Before P. A. and his sons' work, Australian (and other) farms had rarely been designed. They tended to evolve in a haphazard or 'traditional' way – 'this is the way we always do it'. Farmers would impose their will on nature ('dominion over' in the Jewish and Christian tradition). If something was 'in the way', farmers would 'bulldoze' it out of the way.

In designing and using Keyline, things are placed relative to other system parts and place for maximizing working well with nature, functionality, emergence, inter-related fit, and use of free energy in the system (for example, using gravity and the transformative energy of the detritivores that break down organic matter). Neville spoke to me (Dec 1993) of his father constantly fine-tuning things till they would fit. Neville described this as 'the survival of the fitting'. This is discussed more fully in other places (Yeomans 1954; Yeomans, Percival. A. 1955; Yeomans 1958b; Yeomans 1958a; Holmes 1960; Yeomans, P. A. 1965; Yeomans, P. A. 1971b; Yeomans, P. A. 1971a; Yeomans 1976; Yeomans and Yeomans 1993; Hill 2000; Holmgren 2001; Yeomans 2001; The Development Of Narrow Tyned Plows 2002).

Neville's father made repeated use of 'do the opposite' type lateral thinking. For example, P.A. experimented with putting a pipe through dam walls – something conventional wisdom said was never done because of 'inevitable' wash out along the outside of the pipe.

Neville's father solved this problem by putting baffles along the outside of the pipe. Water running along the outside would carry with it small gravel and soil particles that would be trapped by the baffles and fill in any gaps and compact the soil around the outside of the pipe and therefore strengthen the seal around it. All the Yeomans had to do was turn on the valve on the outside base of the dam wall and they had gravity fed flowing water.

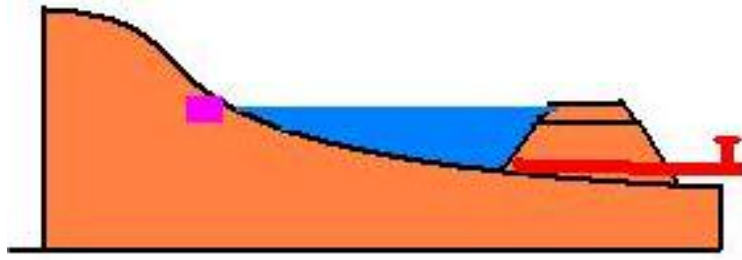


Diagram 5. Pipe through dam wall with the dam filled to the Keypoint marked by the square

So far in this chapter we have summarised the Yeomans family's evolving of Keyline and discussed aspects of their farm designing and the way they worked with nature to foster the self-organizing emergence of abundant fertility. The next section explores some of the Indigenous origins of the Yeomans' ways.

LINKS BETWEEN SUSTAINABLE AGRICULTURE, PSYCHOSOCIAL CHANGE AND INDIGENOUS SOCIOMEDICINE

Indigenous influences on the Yeomans' ways will now be considered. Through P.A.'s work in remote areas across the Top End of Australia and Western Queensland the Yeomans family came in to contact with Aboriginal communities. Given Neville's nurturing following trauma in his youth, in times of personal struggle with psychosocial survival, Neville was drawn to Indigenous Healing Ways. Neville would take every opportunity to experience Aboriginal and Islander nurturing, sociohealing and social cohesion practices. A brief overview of some of these practices follows.

For Indigenous people living as nomadic hunter-gatherers on this continent, social cohesion is a central component of healing and vice versa. The concept of Indigenous 'sociomedicine' is implicit in psychiatrist Cawte's book, 'Medicine is the Law' and other writings (Cawte 1974; 2001).

Neville spoke (Dec 1993) about Aboriginal and Torres Strait Islander people living traditional lives – for them, bush remedies for a wide range of troubles are both widely known and widely used. This was confirmed by Geoff Guest (Aug 2004). However, if in these contexts sickness is deemed to have its source in *social trouble - if social cohesion is under threat* - sociomedicine is used by only a few law people who know the ways.

Neville understood the pervasive way Aboriginal sociomedicine is linked into social cohesion. The focus for healing or prevention is the *whole* group, and all become involved (Cawte 1974; Cawte 2001). Neville had firsthand experience of Aboriginal and Torres Strait Islander artistry - stories, sand drawings, rock paintings, songs and dances - and how all are used to maintain social cohesion in being well together in community. Neville evolved his social action on his understanding that for Aboriginal and Torres Strait Islander people, social cohesion among one's people is paramount and isomorphic with the cooperative inter-relationships found in nature.

Neville and his father had been linked into these ways of thinking and experiencing each other and the World. Through his life Neville had been accepted into Yolgnu Aboriginal Communities living traditional lives in their homelands in Arnhemland in the Australia Top End. Neville told me (July 1994), he had experienced the storytelling and the singing and the corroborees. He had gone hunting with them and participated in ancient ceremonies associated with a person's death, as well as other ceremonies. Neville said that these

psycho-physical and metaphysical experiences profoundly linked him into extremely rich antiquities. Neville described these experiences as equalling any of the wisdom literatures he had read, and certainly having the richness of the mythologies of Grecian, Indian, Mayan and other cultures.

It is very easy to get lost in the Australia bush; people may be in the Australia bush and have no idea where they are. To know exactly where you are in relation to other places near and far is a pervasively different experience - to have a loving familiarity (as in 'being among family') with the land. Local Australian Indigenous people living in *essential relatedness* (Pert, 1997) with their homeland, and essential connexity with their land, know where they are in their locality. They have an intrinsic knowingness, and know how to travel well through various terrains. Indigenous psycho-social-mindbody and local land merge and become one. Indigenous mindbody can wander both the landscape *within inner* embodied landforms, and the outer landscape. At some levels, these inner and outer landscapes merge - people feel the land they be-long in – within and without.

Indigenous people constantly 'absorb' their land through all of their senses. Being in their land has emotional tone; the land is in them and they are in it, and of it. Neville acted from deep within this rich sensuous emotional consciousness of connexity to and with land.

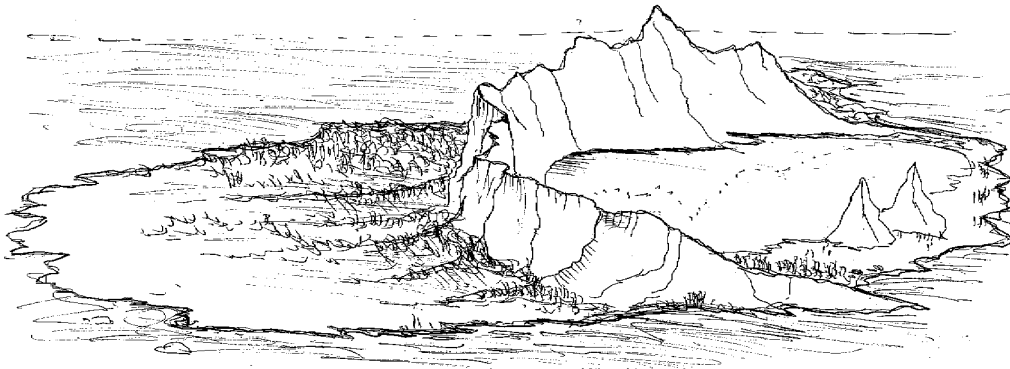
Neville spoke of all manner of artistic expression and borrowing from nature being used by Indigenous people of the Australasia Oceania Region to sustain and enhance the social cohesion in their way of life. This artistic expression and social action is called by some Indigenous people in the Region, especially those in Vanuatu, 'cultural action', a term now being used throughout the Oceania Australasia East Asia Region (CIDA 2002; Queensland Community Arts Network 2002). Neville adapted this 'cultural action' into 'cultural healing action' (Yeomans and Spencer 1993). Neville described (December, 1993) Cultural Healing Action to me as combining and embracing the healing artistry of music making, percussion, singing, chanting, dancing, reading poetry, storytelling, artistry, sculpting, puppetry, model making and the like - and using any and all of these for increasing wellbeing. Neville was adept at using and enabling Cultural Healing Action and he enabled me to gain competences in using it as well.

Before, during and after Fraser House, Neville had an increasing realization of the resonance between Keyline, Cultural Keyline and Indigenous Self-Earth Mother unity, and unity between and within all human and non-human life forms. All of this experience was melded into the way Neville and his father used in evolving their farms. As well, Neville's experience with Indigenous people had helped in the forming of his way-of-being-in-the-world (Wolff 1976, p. 20) and social action in Fraser House and beyond. Neville constantly engaged his way towards evolving diverse social life worlds while enacting values that were based upon mutual caring, loving respect between the sexes and the generations, peacefulness, economic equity, social and political dignity and ecological balance (Yeomans 1974; Plumwood 1993; Plumwood 2002).

Neville had firsthand experience of the destructive social fragmentation occurring in Aboriginal and Torres Strait Islander Communities; the aggression, the abuse of women and children, alcoholism, destructive eating habits, high mortality rates, criminal and psychiatric incarceration and the like. And yet for all this, Neville saw in their traditional life-ways, processes that may have the potency to have Indigenous peoples transform *themselves* towards being well, and in addition, for this to be a model for fostering transition towards a humane caring Global Epoch.

TIKOPIA - CELEBRATING DIFFERENCE TO MAINTAIN UNITY AND WELLBEING

Inspired by the community feel of small village life (Tönnies and Loomis 1963), Neville searched the anthropological and social psychological literature for models of 'community' that were constituting and sustaining a way of life (culture) based on social cohesion and well-being. He found that the Tikopians were exemplars. It was the healing feel of the communal village life on Tikopia depicted by Firth and its resonance with Neville's notions of Cultural Keyline and his own childhood experiences of Indigenous healing ways that so attracted Neville to use Tikopia as a model for setting up Fraser House like a small Tikopia Village. None of staff and residents I interviewed knew of this Tikopia connection except Margaret Cockett; however, Neville's younger brother Ken's first wife Stephanie Yeomans confirmed to me personally in 2001 in Cairns that Neville regularly spoke to her about his evolving Fraser House based on Tikopia lifeways. Stephanie was a psychiatric nurse at Ryde Psychiatric Hospital. Like the Australian Aboriginal and Torres Strait Islanders, Tikopians have socio-healing and social wellbeing woven into the fabric of everyday lifeways. Approximately three miles long, Tikopia's dominant feature is the remnants of a volcano surrounding a fresh water lake. Two large rocky pyramids rise up from the shoreline, left when the balance of the volcano blew away.



Drawing 1 Drawing by L. Spencer of the Island of Tikopia

Tikopia Island has an intricate system of reciprocal exchange spread as a network over the whole community of communities. Firth stated that this reciprocity was continually 'binding people of different villages and both sides of the island (the two major regions) in close alliance' (1957, p. 88). The Tikopia celebrated difference to maintain unity. Firth speaks of *unifying* processes among the Tikopia that recognize, acknowledge, play with, respect and celebrate *cleavages* (difference/diversity) - that is, 'unifying cleavage'. The word 'cleave' means to hold fast or cling to, and 'cleavage' means the act of cleaving or dividing (Heinemann Australian Dictionary 1976).

Firth wrote that Tikopian community processes repeatedly involved 'unifying-cleavage'. For example, they would engage in ceremonial distributions of property, where the principle was that as far as possible, goods go to the villages on the opposite side of the island - to those most different. There would be periodic friendly inter-generational competitive assemblies among those from differing villages, clans, and valleys. At these periodic friendly competitive gatherings and assemblies among those differing from them, the Tikopians would engage in competitive dancing, games and dart matches, as well as share food and friendly fireside banter - what we have referred to as 'cultural action'. An orchard of one clan group would be within the territory of another clan group, bringing regular contact in day-to-day life. There were multiple unifying links between valleys and across ridges.

According to Firth (1957, p. 88):

Still further are the cohesive factors of everyday operation, the use of a common language, and the sharing of a common culture...

The men from the East could only marry the women of the West. The opposite applied to the men of the West. That is, people could only marry those *most* different. The new brides would live with their husband's family. As all land was passed from mother to daughter, the couple would set up gardens on land belonging to the wife's mother (Matrilineal) - that is, on the opposite side to where the couple were living. Each morning all the gardening couples from the East would get up at sunrise, bath and have breakfast. They would then make the climb through gaps in the volcanic ridge. They would also exchange news and banter with couples going in the opposite direction before going to their respective gardens. The process was reversed in the evening. The sun would set first for those gardening in the East. So they would climb first and again meet people going in the opposite direction. There would be more chatting, drumming and dancing in the late afternoon light. As the tropical sun set in the West, they would all return to their respective villages. There they would have exchanges of vegetables for fish with the villagers who were the seafarers - another different group to celebrate with. Often these beach exchanges were occasions for more dancing and friendly play. After dinner, the interaction would resume on the beach, or perhaps some would walk across the smaller ridges to visit villagers in the neighbouring valleys.

Firth made *no* comment throughout his book that the Tikopian communal village life and mores may be helping to constitute and sustain individual and communal psychosocial wellbeing. More importantly in the context of this thesis, Firth makes no comment about the potential of the Tikopian's way of life as a practical working model for restoring psychosocial health and wellbeing in dysfunctional people, families and communities. This possibility was recognized by Neville.

Firth discussed cohesiveness within the exploration of clan membership as one framework for having an anthropological understanding of the Tikopians. Firth uses notions of unity and cleavage in his book, 'We the Tikopia' (1957, p. 88):

A still further complicating factor is the recognition of two social strata, chiefs and commoners, which provides a measure of *horizontal unity* in the face of *vertical cleavage* between clans and between districts. In former times there was even a feeling that marriage should take place only within the appropriate clan. Important, again are the intricate systems of reciprocal exchange spread like a network over the whole community, *binding* people of *different* villages and *both sides* of the island (*the two major regions*) in close *alliance* (my italics).

OTHER INFLUENCES

During Neville's 1963 trip around the World he had exchanges with Indigenous people about global epochal transition. Neville said that he tapped into a very advanced discourse on global futures among Indigenous people around the globe. The existence of this advanced discourse was confirmed by Zuzanka Kutena in a conversation we had in August 2001⁶. An example of this discourse in action connecting land, sustainable agriculture, water, food, and social wellbeing is the paper 'Land Moves and Behaves' (Zinck and Barrera-Bassols 2005).

During the 1970s Neville had studied spoken and written Chinese as well as Chinese painting. Neville was familiar with and drew upon Confucian and Taoist thought and way. Another resonant East Asia conceptual link for Neville was the Chinese Yin/Yang concepts

⁶ Zuzanka was a prime energiser of the Indigenous component of the Rio Earth Summit in 1992.

especially the difference/diversity and unity aspects. With humane healing nurturing being very much part of the Yin nature. Neville was always exploring the Yin energies and how they may temper Yang energies. Neville was also familiar with the Balinese notion of balance between good and evil and how this influenced their life and artistry. In the Eighties, Neville studied Chinese painting and painted in this style.

Neville told me (Dec 1993, July 1998) that he drew many understandings about society from Talcot Parson's writings and that these understanding influenced his psychosocial approach. Neville had meetings with Talcot Parsons during his 1963 world trip and Neville said that these meetings further clarified Neville's frameworks linking Fraser House and cultural/societal transition.

MELDING THE PRECURSORS

Neville, in researching epochs and epoch making, knew that an epoch was a highly significant keypoint – a turning point in human affairs. Neville (Dec, 1993) made the connexion between his fathers 'Keypoint' and epochs being keypoints. All of his father's work was seminal in Neville's epochal quest. Neville recognised that in his father's Keyline and the Indigenous wisdoms and lifeways of the Region there were ways for energising a new cultural synthesis – and Cultural Keyline could be a core process.

In evolving micro-models of epochal transition Neville blended together Tikopian community sustaining ways, Aboriginal and Islander social cohesion based socio-medicine, and the design principles of Keyline.

SUMMARY

This Chapter has traced the precursors of Neville Yeomans' way of being-in-the-world and the action research he used in his life work. It traced the evolving of Neville's way firstly, from the joint work he did with his father and brothers Allan and Ken in evolving Keyline sustainable agriculture practice, and secondly, from prior links that the Yeomans family had to Australasia Oceania Indigenous way. Neville's East Asia influences were introduced. The next chapter is the first of five chapters on Neville's evolving of Cultural Keyline in the psychosocial sphere in designing and evolving the structures and processes of Fraser House.

Chapter Six - Fraser House Milieu

ORIENTATING

This is the first of five chapters on Fraser House researching the questions, 'What change processes, innovations and social action evolved in and from Fraser House? How do these differ from other psychiatric therapeutic communities? What were the outcomes and effects of Fraser House?

This chapter gives an overview of Fraser House's milieu and Neville's processes for evolving it as a micro-model in exploring epochal transition. Neville's assuming a social basis of mental illness is discussed along with his emphasis on and strategic use of locality, layout, and mix of patients. Chapter Seven discusses the Fraser House Re-socializing Program entailing patient self-governance. Chapter Eight discusses Fraser House Big Meeting of all staff, patients, outpatients and guests, as well as Neville's group processes. Chapter Nine looks at the change processes evolved at Fraser House, and Neville's evolving of Cultural Keyline from Keyline is analysed. Chapter Ten looks critically at Fraser House, and details ethical and other issues in replicating Fraser House. Neville's actions in closing down Fraser House are outlined and the implications of locality and networks within Fraser House are discussed.

INTRODUCING FRASER HOUSE

Neville set out to evolve a very rich inferential social place (Pinkard 1995, p. 115) at Fraser House approximating the richness of the family's farms. Neville planned to gather marginalized dysfunctional people to his social place where they could sort out and re-constitute their own inferences together. Neville understood the potential of dysfunctional societal processes external to self, evoking mindbody disintegration and dysfunctional networks. Neville created a social place, space and climate whereby dysfunctional people could be energized to re-constitute themselves towards wellbeing, and to let go of dysfunctional tensions and contradictions permeating through them from prior struggles in socially toxic places.

Neville planned to take in people fractured by living in dysfunctional social contexts and places in society, whom society's response was in Neville's view (Dec 1993, July 1998) to place in even more dysfunctional anti-social contexts and places - asylum back wards and prisons. In contrast to these total institutions (Goffman 1961), Neville wanted to create a social space where people and their family and friends could 'genuinely find themselves at home in it', and be able to constitute their own inferential functional space of their own mutual making, and to reconstitute their social networks towards functionality, and take these functional networks out and create their own functional social spaces back in wider society. How Fraser House differed from other total institutions is detailed in Appendix 3).

During the years 1956 to 1959 Neville began laying the groundwork to set up Fraser House. The commencing focus-of-action was to be a very innovative and iconoclastic therapeutic community based psychiatric unit. Neville set up the unit as Fraser House in 1959 within North Ryde Psychiatric Hospital in Sydney, NSW. As well as being a therapeutic community, Neville spoke (Dec 1993) of his intention in forming Fraser House:

That the Unit would engage in prolonged continual action research into epochal transition⁷ through re-constituting both people and people-in-community as they were evolving together shared everyday realities that fostered wellbeing.

Neville followed through on this intention - later describing Fraser House as, 'the most significant psycho-social research institute in this State' (Yeomans, N. 1965a, Vol. 4, p. 24).

Neville was familiar with Marx's sociological writings about the interplay between concurrently re-constituting people and society – that societies are socially constituted realities, and that these realities concurrently fold back, as it were, to constitute people as varied constitutions of these realities. Comminel (1987, p.135) quotes Marx (1844) who wrote:

Thus the *social* character is the general character of the whole movement: just as society itself produces *man as man*, so is society *produced* by him.

Marx writes immediately after the above quote of the interplay of activity, enjoyment and nature:

Activity and enjoyment, both in their content and their mode of existence, are social: social activity and social enjoyment. The human aspect of nature exists only for social man: for only then does nature exist for him as a bond with man... Thus society is the complete unity of man with nature – the true resurrection of nature – the accomplished naturalism of man and the accomplished humanism of nature.

Neville was extending natural thrival processes in nature to exploring human nature emerging from communal bonding: the above interplay of action and enjoyment discussed by Marx.

Neville included the following diagram in his 1971 paper, 'Mental Health and Social Change' (1971c; 1971b) in succinctly specifying his view of epochal transition process.

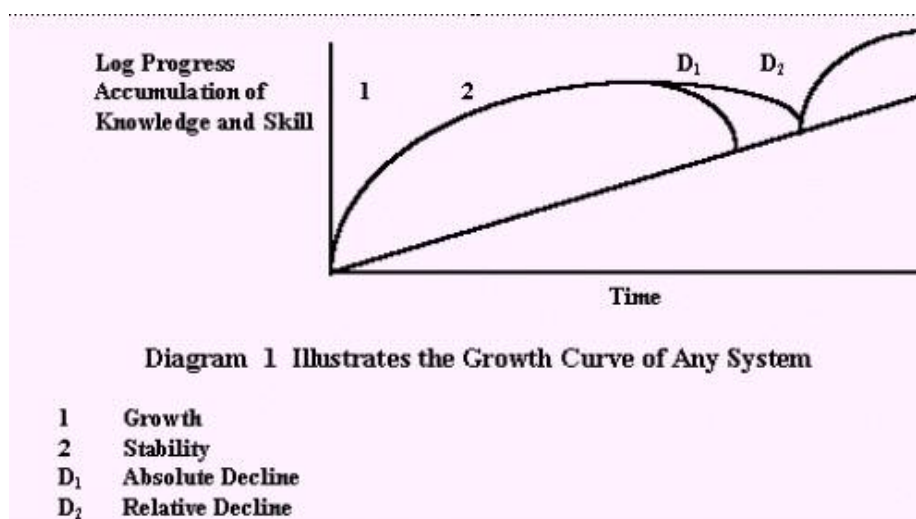


Diagram 6. Neville's Diagram

⁷ At the time I did not make sense of this talk of epochal change and did not take it seriously.

In describing the form of the shift Neville wrote:

The take off point for the next cultural synthesis, (point D1 in the above diagram) typically occurs in a marginal culture (1971, p. 1).

In my understanding in Cultural Keyline terms, Neville timed and positioned Fraser House at D1. In 'Keyline form', Fraser House was just below the steep fall off the main ridge (mainstream asylums in crisis) at a Keypoint in a 'primary valley' on the margins of the decline of the old cultural synthesis and the first beginnings of a new cultural synthesis.

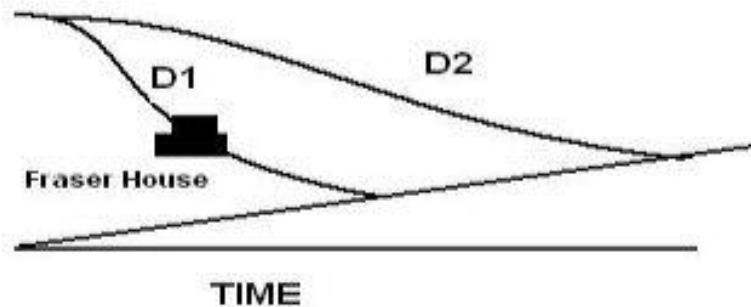


Diagram 7 Neville's Diagram recast in Keyline terms

Neville chose to populate the Fraser House enclave from the 'marginal culture' of the mad and bad from the dysfunctional fringe of the old cultural synthesis in Sydney. Continuing Neville's 'Mental Health' paper about the old cultural synthesis:

It develops a relatively anarchical value orientation system (1971b, p. 1).

This aptly describes Fraser House; values oriented the unit. While the values were deemed anarchy by some in the health hierarchy, this was relative to their top down control of the disempowered. Neville evolved a patient self governance based value system energising patient empowerment. Neville then writes in his 'Mental Health' paper about the old cultural synthesis in decline becoming dedifferentiated (uniform and undifferentiated) with little innovation:

Its social institutions dedifferentiate and power slips away from them. This power moves into lower level, newer, smaller and more radical systems within the society. Uncertainty increases and with it rumour (1971b, p. 1).

Neville spoke (Dec 1993) of Fraser House being placed as one of the 'lower level, newer, smaller and more radical systems within the society' that he wrote about in his 'Mental Health' paper (1971c; 1971b). Also referencing the same paper, Neville ensured that 'uncertainty and with it rumour' abounded about how Fraser House mismatched the psychiatry of the old cultural synthesis. Another quote from Neville's 'Mental Health' paper (1971c; 1971b):

Also an epidemic of experimental organizations develop. Many die away but those most functionally attuned to future trends survive and grow (1971b, p. 1).

Fraser House was just such an 'experimental organization'. In terms of the old cultural system, these 'experimental organisations' are like an epidemic – spreading viral like; the Sixties and Seventies saw the emergence of all manner of interest in alternative living.

Neville was constantly engaged in action research into how well Fraser House was 'functionally attuned to future trends' so it could 'survive and grow.'

To protect Fraser House from attack, very few people knew of Neville's epochal-transition agenda. This agenda and Neville's adapting of Keyline and Indigenous way were never mentioned in any of Neville's writings of the period. The only people I interviewed who knew of this agenda were Ken and Stephanie Yeomans, and his Fraser House personal assistant Margaret Cockett. Neville did have the support of people at the top of the Health Department who, I understand, also did not know of Neville's wider agenda. It was commonly known that Fraser House would be an experimental unit and a therapeutic community. Initially only Neville knew how iconoclastic he intended it to become.

Window of Opportunity

Neville had completed degrees in zoology, medicine and further studies to become a psychiatrist in the mid Fifties. In 1956, three years prior to setting up Fraser House, Neville initiated the first group psychotherapy program for schizophrenics in Gladesville Hospital (Yeomans, N. 1965a, Vol .12, p. 66 - 69). Similar to the mood change in psychiatry in England after the Second World War (discussed in Chapter Three), Neville recognized that, with considerable upheaval and questioning in the area of mental health in New South Wales, and a Royal Commission being mooted into past practices - there was a small window of opportunity for innovation in the mental health area. The New South Wales Health Department built the Fraser House residential unit especially for Neville. Neville was aged thirty-one when he obtained the go-ahead from the New South Wales Health Department to take in patients at Fraser House.



Photo 20 Neville and nurse at Fraser House in 1960 (Yeomans 1965a).

Fraser House was located in the grounds of North Ryde Hospital in Sydney, New South Wales - now called the Gladesville Macquarie Hospital. The Fraser House men's ward was opened in September 1959 and the women's ward in October 1960. Fraser House was a 78 bed and 8 cot short-term government hospital for voluntary severe psychiatric people; psychotics, schizophrenics, psycho-neurotics, and people with personality disorders. This Unit was established from outset as a therapeutic community with Dr. Neville Yeomans as founding director and psychiatrist.

LAYOUT, LOCALITY, AND CULTURAL LOCALITY

Fraser House was a set of buildings over a quarter of a kilometre long. The buildings were set in a long wiggly pattern along the contour line – refer Diagram 8 below.

From my reckoning, the building is along a Keyline, and Neville's office was at the Keypoint. (I had already noted this when in 2001 Jack Wells, who is familiar with Keyline and worked at Fraser House in the early 1970's after Neville had left, also spotted the Keyline connection in the Unit's layout and told me about this. I met Wells through a conference festival that Neville helped evolve called ConFest - discussed in Chapter Eleven.



Photo 21 Jack Wells at ConFest – From DTE Archives

The buildings were linked by enclosed walkways. While Fraser House was specially built for Neville, he had no say in aspects of the design layout. The Health Department 'system' required complete separation of males and females in different wards. A single story administration building was in the middle. At one end of the central administration section was a meeting room (approximately eight metres by sixteen metres) where the big meetings were held.



Photo 22 A photo I took in June 1999 of Fraser House through the trees along Keyline

The diagram below shows Gladesville Macquarie Hospital (formerly North Ryde Hospital) showing Fraser House, made up of Wards 8 & 9, now called the Lachlan Centre.

At either end of the administration block there was a double story 39 bed ward, and there was a dining room at each end. There was a separate staff office in each ward. Most rooms were 4 bed dormitories. There were a few single rooms in each ward.

In Fraser House, the State system's intention to have a division of sexes in separated wards would have been 'shattering' any chance of what Neville called 'total community', 'transitional community' and 'balanced community'. Neville viewed the original planned (by the system) use of space as 'schizoid' - completely divisive, split - creating 'them and us' and 'no go' areas for both patients and staff. Neville saw this separation of the sexes (with administration as a 'wall' between them) as isomorphic with dysfunctional community. Warwick Bruen was a psychologist at Fraser House in the early 1960's. In a 1998 interview, Bruen described the initial separation of sexes into different wards required by the health department as, 'an extension of the medical infection model'.

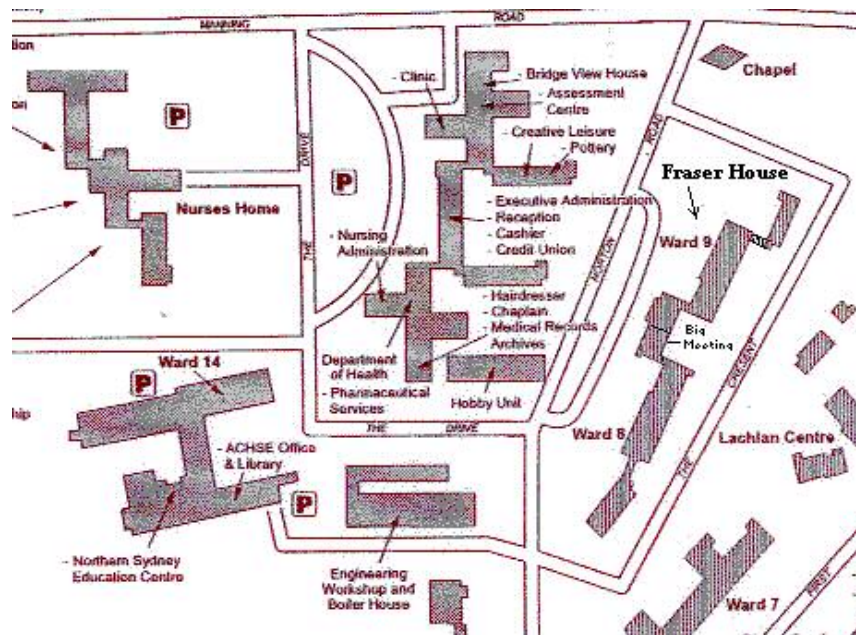


Diagram 8. Map of section of Gladesville Macquarie Hospital

The female ward opened in October 1960. Neville rearranged room allocation so there were *no* separate wards for males and females, although bedrooms remained same sex. This required some negotiating between Neville and the male staff and unions as there was resistance to this change.



Photo 23 Photo I took in June 1999 of one wing of the Fraser House Dorms

After the Unit was running for a time, eight downstairs rooms were set aside for families-in-residence. The eight cots were also in these rooms. School-age child patients at Fraser House attended local schools.

Neville arranged for the dining room at one end to be used by all patients. The other dining room was turned into a TV, games and recreation room. This created the necessity for patients and staff alike to walk more than quarter of a kilometre wending through each building and along covered walkways between buildings to go to these popular places. The dining room, the lounge room and the long corridor between them were all public spaces

conducive to meeting and talking. Fraser House was a replication of the community space of the Tikopia Villages and trails.

ASSUMING A SOCIAL BASIS OF MENTAL ILLNESS

Neville evolved Fraser House assuming a social basis of mental illness. This has links to the important role social cohesion plays in preventing mind-body-spirit sickness in Australian Aboriginal culture (Cawte 1974; Cawte 2001).

Regardless of conventional diagnosis, in Fraser House it was assumed that dysfunctional patients would have a dysfunctional inter-personal family friendship network. This networked dysfunctionality was the focus of change.

Consistent with this, the Fraser House treatment was sociologically oriented. It was based upon a social model of mental dis-ease and a social model of change to ease and wellbeing. Neville said (July 1998) that he and all involved in Fraser House worked with the notion that the patients' life difficulties were in the main, from 'cracks' in society, not them. Neville took this social basis of mental illness not out of an ignorance of diagnosis. Neville was a government advisor on psychiatric diagnosis as a member of the Committee of Classification of Psychiatric Patterns of the National Health and Medical Research Council of Australia.

Neville was familiar with twin sociological notions that people are social products and at the same time people together constitute their social reality (Marx 1844; Berger and Luckmann 1967). Neville said (June 1998), that he took as a starting framework that people's internal and external experience, along with their interpersonal linking with family, friends, and wider society, are all interconnected and interdependent. Given this, Neville held to the view that pathological aspects of society and community, and dysfunctional social networks give rise to criminality and mental dis-ease in the individual. As well, his view was that 'mad' and 'bad' behaviours emerge from dysfunctionality in family and friendship networks. This was compounded by people feeling like they did not belong - being displaced from place (dislocated). Problematic behaviours may be experienced as feeling bad or feeling mad, or feeling mad and bad.

While Neville recognized massively interconnected causal process were at work, he also recognized and emphasized this macro to micro direction of complex interwoven causal processes within the psychosocial dimension. Working with the above framework, Neville set out to use a Keyline principle, 'do the opposite' to interrupt and reverse dysfunctional psychosocial and psychobiological processes (biopsychosocial). That is, he would design social and community processes that would inevitably lead to Fraser House Residents re-constituting their lives towards living well together.

Neville told me (Sept, 1998) a number of times that the aim and outcome of Fraser House therapeutic processes was 'balancing emotional expression' towards being a 'balanced friendly person' who could easy live firstly, within the Fraser House community, and then in their new, expanded, and functional network in the wider community. The Fraser House process didn't require or need 'intellectual' therapy. Neville's view (Dec, 1993, June-August, 1998) was that the intellect is the 'servant of emotions' and 'servant of reproductive and survival instincts'. Neville said (Sept, 1998) that many Fraser House patients returned to functionality with little by way of insight about what had happened to them. Neville said (Dec, 1993) that what they were researching at the Unit was whether sharing everyday Fraser House milieu would lead to emotional corrective experience and a move to functional living in the wider society.

Neville wanted to create a special place where people could evolve their own way of life (their own culture) together; where they could evolve themselves as they evolved their

shared reality. While all manner of things were awry with patients – cognitively, mentally, physically, emotionally, and socially – within the Fraser house milieu, all structure and process framed and actuated the ‘community’ as the inevitable central transforming process in the therapeutic community, *regardless* of a patient’s presenting condition and conventional diagnosis.

LOCALITY AS CONNEXION TO PLACE

Resonant with Tikopia, Neville created opportunities for Fraser House residents to respect and celebrate their diversity in creating social unity and cohesion as the Fraser House Community. While Fraser House was *located* in the grounds of the North Ryde Hospital, Neville was creating locality in the sense of ‘connexion to place’. He structured interaction such that the close communal living and the mores they evolved together helped constitute and sustain individual and communal psychosocial wellbeing among the residents. Neville also structured interaction during Fraser House events, and outdoor picnics and excursions (Fraser House Follow-up Committee of Patients 1963). Just as in Tikopia, Neville structured social exchange such that psychosocial wellbeing processes were woven completely into every aspect of their lives together.

Neville created Tönnies’ small village community (Tönnies and Loomis 1963). Like in Tikopia, with all of the constant social exchange, any strife soon became common knowledge and following the Fraser House slogan ‘no madness and badness here’, typically, it was interrupted before it could start. Patients had little or no such spaces and places outside of Fraser House that allowed for, and fostered people engaging in conversing and community building with friends, relatives and strangers. The shared community life in Fraser House ‘public space’ meant that people continually talked to and about each other, and hence, like on Tikopia, social news was continually circulating. In Fraser House, this circulating of social news was encouraged by the slogan, ‘bring it up in a group’. At certain times of each day there was a mingling flow of females and males from one end of Fraser House to the other along a winding long passageway that mirrored the mountain trails between both sides of Tikopia Island. In Fraser House everyone was ‘contained’ within inferential community space constantly framed and valued as transformative space. Everybody was in every one else’s gaze and audience to each other’s change work. Chilmaid made the observation in April 1999 that there was literally no place to hide in Fraser House; one swoop through the place would find someone if they were there.

All involved in Fraser House experienced inter-related cohesive factors of everyday operation, the use of a common understanding and experience of Fraser house routines and shared values, and the sharing of a common culture; the sharing of Community (with a capital ‘C’); to paraphrase Firth - all that is implied by all involved in the Unit when they would speak of themselves as ‘being at Fraser House’, just as the Tikopians said ‘tatou na Tikopia,’ ‘We the Tikopia’ (Firth 1957).

Within Fraser House, simple and profound changes occurred in people’s lives during, and as a function of mundane everyday life contexts – as people went about sharing food, getting dressed, engaging in idle chats and the like. Neville called this, ‘Everyday Life Milieu Therapy’ (Dec, 1993; July, 1994; Aug, 1998). For this, Neville drew upon his understandings and personal experiencing of Indigenous socio-healing, as well as from his reading the work of, and conversations with his colleague, psychiatrist Dr. John Cawte about Australian Aboriginal Sociomedicine (Cawte 1974; Cawte 2001).

Neville said (Dec, 1993; July, 1998) that a central component of Fraser House change was the freeing up of the emotional and gut feelings of all involved - while sharing in community as they went about mundane aspects of everyday life. While drawing on the above ways, Neville also applied from Taoism (June 1999) the idea that for all at Fraser house, healing

came from 'letting life act through them' as they went about their shared life together in the daily routines of getting up, getting dressed, showering, and the like. Within Fraser House and the subsequent small therapeutic houses that Neville established, a change component was this persistent sorting out of how mad and bad people could live well with each other.

The Unit's evolving common stock of practical wisdom about what works was so readily passed on, that this wisdom was widely held in the Fraser House community. Patients, outpatients and staff who had been in Fraser House for a time knew 'what worked' in different contexts. Social exchange that 'worked' constituted an integral part of the patients, outpatients and staff's evolving good life together. Typically, it was trivial 'everyday stuff' about how to live well together.

By Neville's modelling and by osmosis all aspects of Fraser House's social forces naturally constituted interdependent, inter-related, interwoven, inter-connected, and interlinked experience and action. While I can write about this, to fully sense Fraser House we would have had to have been there; words are not up to the task – as I mentioned in my methods chapter, it's like attempting to convey with words the lived experience of listening to Bach's Mass in B Minor.

CULTURAL LOCALITY

Neville (Dec, 1993) used the word 'culture' as meaning 'way of life together'. Neville recognized that linking people together, and simultaneously linking them to a specific place, has potency. Zuzanka Kutena introduced me to the term 'Cultural Locality' in connexion with Indigenous sensitivities, wisdom and way (2002). 'Locality' is used as meaning 'connexion to place'. 'Cultural locality' then means, 'a way of life together connected to place'. Zuzanka - upon hearing about everything at Fraser House being densely interconnected, inter-related and interdependent - used the term 'livingness', as in 'the whole of it' (2002). In the same context, when Margaret Mead visited Fraser House (discussed in Chapter Nine) she used the term 'total' to convey the same thing.

In Fraser House, all patients and outpatients were involved in self governance as an aspect of constituting a way of life together connected to place. While Neville used the term 'locality' to mean 'connexion to place', I cannot recall him using the expression 'cultural locality', although I sense he would have had resonance with this expression. All people involved in the Unit belonged to, and were together evolving and embodying the Fraser House cultural locality.

By arranging for all in Fraser House (all staff and patients) to attend Big Group meetings, Neville was creating concentrated cultural locality. The vibrant cultural locality of Fraser House was vastly different to the dis-placed, anomic, dis-located norm-less, alienated, unconnected, meaning-less, overwhelming, aggravating, isolated lives they had been leading.

SOURCING PATIENTS

Back Wards and Prisons

Neville set up Fraser House to be a micro-model of a dysfunctional world and more specifically, a micro-model of the alienated dysfunctional fringe of a dysfunctional world. This was the major first step in Neville's exploring epochal transition. This was where Neville felt it was the *best* possible place to start – at the dysfunctional fringe. What's more, it was Neville's view that together, this fringe has massive inherent potential to thrive. This was isomorphic with nature's tenacity to thrive at the margins - what the Yeoman's were

exploring on their farms. Neville's aim was to work with and tap this potency, just as he and his father worked with the emergent potential of their farmland. Neville's relation to the land and to the alienated dysfunctional fringe that he brought into Fraser House was one of love, care, respect and awe at their potential. To approximate this alienated fringe, Neville arranged to populate Fraser House with a balanced group of 'mad' and 'bad' people – his terms (Dec 1993, June 1998). Neville was not just setting himself a big challenge in starting with the mad and bad of Sydney, he did so because he firmly believed that these, along with dysfunctional Aborigines and Islanders, were the *best* people to work with in evolving a new caring epoch.

Fraser House accepted long-term chronic mental patients and other severely mentally ill people balanced with an equal number of criminals, alcoholics, delinquents, addicts, and according to the sexual mores of the Sixties, homosexuals, prostitutes and other sexual deviants (Yeomans 1961a; Yeomans 1961b; Clark and Yeomans 1969). There was a spread across the various diagnostic categories. The intake aim was to have a spread of categories present in the Unit. Appendix 5 shows the various categories of patients in Fraser House as at 30 June 1962. Note that there were an equal number of males and females. This was typical.

From the outset Neville negotiated with the Office of Corrections for Fraser House to take twenty male and twenty female prisoners released from prison on license to Fraser House at any one time. People were transferred straight from jail to Fraser House and signed on as voluntary patients. None of the wards at Fraser House were locked. Few absconded. If they did, they knew that Neville would send the police after them. Upon their return to Fraser House they would face the possibility of not being able to stay and therefore the aversive possibility of being transferred to another hospital, or for ex-prisoners, being transferred back to jail with further charges against them. The prisoners selected to go to Fraser House typically had considerable psychosocial dysfunction that had been in no way addressed by incarceration. They were typically in the last months of their prison term.

Fraser House patients were adults, teenagers and children of both sexes, mainly from middle and working-class backgrounds. Typically, around two thirds of Fraser House patients were referred from public agencies, especially state psychiatric services; other institutional referrals came from courts, probation and parole services, and the narcotics and vice squads. Some admitted were referred by private individuals, doctors, patients and staff (Clark 1969, p.58-59). Some staff admitted themselves as voluntary patients.

Neville was reported as saying that he believed that Fraser House was the only clinic in the World where alcoholics and neurotics mingle 50% and 50% (Sunday Telegraph Newspaper 1960). The Unit was referred to as the Alcoholics and Neurotics Unit. The male Unit had both single and married men. Married men who were alcoholics could have their wives stay with them regardless of whether the wife was an alcoholic or not. The couple was the focus of change. This was the start of eight family suites. Whole families with two and three generations, from babes in arms to the elderly were involved in the suites. Neville pioneered family therapy and inter-generational therapy in Australia.

In 1961, referrals were accepted from patients, and family and friends were admitted. In 1963 whole families were admitted. Desegregation of family units and single patients occurred in 1964 (Yeomans, N. 1965a, Vol. 4, p. 2 - 4).

ABORIGINAL AND ISLANDER PATIENTS

In keeping with Neville's interest, one of the early things he did was to invite Mental Hospitals throughout NSW to send to Fraser House any Australian Aboriginal and Torres Strait Islander patients that they had incarcerated (Yeomans, N. 1965a). The 9 April 1962

Daily Mirror newspaper ran an article with the heading, 'NSW Lifts the Aboriginal Status - Freedom in Ryde Clinic' (1962) wherein Neville is quoted as saying, 'We have a plan to transfer to the Centre over a period of time all fifty Aborigines who are now patients in NSW mental hospitals.' Around fifty Australian Aboriginal and Torres Strait Islander patients were sent to Fraser House, emptying all the other Mental Hospitals of patients with these backgrounds.

Apart from a few that needed full time care because of associated medical conditions, all of these Aboriginal and Islander people passed through Fraser House and were returned to their respective communities. Both Bruen and Chilmaid, as well as media reports (Yeomans, N. 1965a) confirmed that these patients blended into and participated in every aspect of the Fraser House healing milieu. The 9 April 1962 Daily Mirror article mentioned above quotes Neville as saying:

Aborigines mix freely with white patients in a special unit at the North Ryde Psychiatric Clinic. It is the first time in NSW that Aborigines have been accepted with equality in a psychiatric unit. They share the same wards and have the same privileges as white patients.

One Aboriginal patient at a mental hospital for 20 years had been completely rehabilitated after a few months at the Centre (ed. Fraser House). He is now at home with his family' (Daily Mirror 1962).

Margaret Cockett, Neville's personal assistant would continually ask around the prison/court system for any Aboriginal and Islander people who could be transferred to Fraser House. Typically, the people involved in the prisons were pleased to let Aboriginal and Islander people transfer.

A Case Study of the outcome of a back ward micro-encephalic Aboriginal person transferred to Fraser House is included as Appendix 6.

FAMILY- FRIENDS-WORKMATE NETWORK AS FOCUS OF CHANGE

The focus of change at Fraser House for both the mad and the bad was 'the patient in their family-friendship-workmate network'. Patients typically arrived at Fraser House being part of a small (2-6 people) dysfunctional family/friendship/workmate network. Neville said that the assumption and the experience of Fraser House people were that the individual patient was fundamentally a part of this dysfunctional social context.

In keeping with this, another condition of entry was that members of the prospective patient's family friend workmate network were required to first sign in as outpatients and attend Big and Small Groups with the prospective patient on a regular basis for twelve visits. This rule ensured that prospective patients and their families and friends knew that regular attendance by them all was a requirement. Additionally, this rule had the effect of having people absorbed into the Fraser House community *before* becoming residents or outpatients - with all the advantages flowing from this close fit. Attendance of a patient's family, friends and workmates as outpatients at the Unit's Big Group and Small Groups was called Family-Friends-Workmate Therapy.

In Neville's paper, 'The Psychiatrist's Responsibility for the Criminal, the Delinquent, the Psychopath and the Alcoholic' (1965a, Vol. 12, p. 50) he wrote:

The community is allowed easiest into the hospital which treats the whole family and friendship group of the patient.

According to all of my interviewees, including a former patient and outpatient, the Fraser House experience was that:

1. Among patient's networks, inter-generational dysfunction was common.
2. That people within 'pathological families' were often being rewarded for deviance.
3. Patient pathology was inter-related, inter-connected and inter-woven with the pathology of the social (family/friendship) network in which the patient was enmeshed.
4. People's behaviours in these dysfunctional networks were typically transformed to functionality by their involvement in Fraser House.

The focus of change being the patients and their family-friends-workmates as outpatients made sense from the Fraser House experience.

This focus on the patient's network was called 'Family-Friends' Therapy, 'Primary-Group' Therapy and 'Household' Therapy. Given that the patient and his family-friend-workmate network was the focus of change, Primary-Group Therapy was fundamental.

According to Chilmaid (Aug, 1999) there was not so much a 'treatment program', more that everyone knew who had what problems and 'treatment' tended to be context driven and informal rather than formal and planned. Notwithstanding this frame, both the Admissions Committee and the Progress Committee (made up of patients – refer Chapter Seven) did identify the 'big' and 'small' things that needed resolving and these were made known to the community-as-therapist.

In Neville's paper, 'Sociotherapeutic Attitudes to Institutions', and consistent with creating 'cultural locality', he wrote that mental health professionals:

...must aim at allowing the outside culture into the institution (Yeomans, N. 1965a, Vol. 12, p. 46, 60-61).

One of Neville's monograph's reports that, 'relatives routinely attended groups in 1961; it also mentioned that relatives friends and workmates attended the Unit (1965a, Vol. 4, p. 2 - 4).

BALANCING COMMUNITY

Resonant with Tikopia and as part of Fraser House's unity through diversity, Neville arranged for Fraser House to be a 'balanced community'. Neville endeavoured to have equal numbers in each of a number of categories consistent with evolving a complex balanced, though diverse social system. Neville sought and obtained balance within the Unit population on the following characteristics:

- inpatients and outpatients
- mad and bad
- males and females
- married and single
- young and old
- under-active and over-active
- under-anxious and over-anxious
- under-controlled and over-controlled

Neville in his paper 'Socio-therapeutic Attitudes to Institutions' refers to the potency of community process in the 'balanced community' he had created. He speaks of a special kind of *community* as a therapeutic technique, where:

.... therapeutic techniques must aim at giving patients autonomy and responsibilities, and to encourage contrast with (the wider) community, the 'balanced community' aims for a mixture of patient types so that the strain is towards normality rather than the strain toward the mode of abnormal behaviour of a particular section of the institution (1965a, Vol. 12, p. 49).

The above quote is another example of the way transformative change was designed and structured into the Fraser House process. Mirroring Neville's farm experience, the emergent properties of social and community forces were recognized and harnessed.

In his monograph, 'Social Categories in a Therapeutic Community' (1965a, Vol. 2, p. 1) Neville describes a number of processes used to allocate beds : age grading, marital status and social categories. Room allocation was *never* based on diagnosis; people would have been mirroring and modelling each other. While there were same sex dorms (except in the family units) Neville ensured that the *opposites* (resonant with Tikopia) were placed together in dorms, therapy groups, activities and patient-based committee work. An example of structured use of cleavage/unity processes in Fraser House was allocating bedrooms such that two under-controlled hyper-actives (e.g. sociopaths) were placed in with two over-controlled under-actives (e.g. neurotic depressives). This became the main basis for room allocation.

Many interweaving processes, to be discussed later, ensured patient safety. Having opposites sharing the same dorm was based on the principle that the presence of opposites creates a metaphorical normal position in the middle. Neville said (Dec 1993, Sept 1998) that Fraser house research showed that there was a tendency towards the mean, with the under-controlled becoming more controlled, and less active; the over-controlled becoming less controlled and more active.

Recognizing the inter-generational nature of dysfunction, Fraser house had three generations of some families staying in the family units or attending as outpatients.

There were three types of inpatient categories – firstly, inpatients who attended each day from 9 AM to 9 PM; secondly, residential inpatients who went out to work full-time or part-time; and thirdly, full-time residential inpatients.

For all of the unifying talk within Fraser House of, 'we are all co-therapists' - staff and patients alike - when a member of staff required treatment it was given in groups containing only staff members, or the treatment was given separately from the day-to-day functioning of the unit, or the staff member gave up the staff position and signed in as a patient. Some staff did do this.

BEING VOLUNTARY

While many of Fraser House patients were people who had been committed to other asylums and required approval of the system to leave, a condition of entry to Fraser House was that patients *voluntarily* accept the transfer to Fraser House with some appreciation of what the Unit was like. Having *all* patients 'voluntary' was part of the self-help frame Neville set up at Fraser House. This 'voluntary' component was a crucial aspect of patient empowerment. Neville saw the Health Department stopping this voluntary requirement in the

late Sixties as the single most important imposed change that ended Fraser House as self organizing Cultural Keyline in action. This is discussed further later.

Neville asked around Mental Asylums for people they had in their back wards. These wards were typically where 'long term stays' were kept who the system had given up on ever restoring to society. Eleven certified patients from Gladesville Hospital's back wards were asked, and Neville described them (Dec 1993, July 1998) as more in the 'resigned to coming' category. They were given 'Special Care Leave' from their home hospital and signed on as patients at Fraser House. Neville said (Dec 1993, July 1998) that apart for a couple who had serious medical problems who needed constant care, the rest of these moved through Fraser House and back to functional living in Society.

RE-CASTING THE SYSTEM

Neville (Aug 1999) spoke about there being present in society a caste system that says, 'normal people have to behave normally, criminals behave criminally and mad people are anticipated to behave madly'. A psychiatric nurse whom I met on my visit (August 1999) to the Lachlan Centre (formerly Fraser House) with experience in Asylums (other than Fraser House) said that in her experience, both the patients and the staff of asylums will tolerate madness in other patients, 'because the patients are ill'. However, they typically will not tolerate the slightest bit of inappropriate behaviour in staff. This again reflects the caste system. When I mentioned her comments to Neville his view (Aug 1999) was that while this 'tolerance' towards patients in other institutions in one sense is 'showing consideration', at the same time this tolerance helps maintain the madness. In Fraser House there was relentless subversion of both madness and criminality, and rather than displaying a tolerance that maintained the status quo, fellow patients took the lead in this subverting. Some people in some categories of mental disorders were inept in picking pathology. Other patients and outpatients became very skilled at picking pathology or were already skilled at this, and took the lead in pointing out the Fraser House slogan that 'madness and badness are not tolerated here'.

In Big Group and in other Fraser House contexts, people would be engaging in all the 'natural' dysfunctional roles of 'helpless', 'hopeless', 'blamer', 'judger', 'condemner', 'distracter', 'demander' and the like.⁸ Typically, some of the patients using these behaviours would be withdrawn isolates. Anyone using any of these behaviours in Fraser House would have had it pointed out to them and typically, they were interrupted. If they persisted in the behaviour this would be reported to Big Group and Small Groups.

This is another example of Neville's use of his father's idea of using 'opposites' and 'reversals to mainstream protocols. When madness or badness *is* subverted, people may become very aroused. Fraser House had the processes to work with the corrective emotional outpourings and experience, and the support for people through this experience towards functionality.

FRASER HOUSE AS THERAPEUTIC COMMUNITY

The socio-psychological environment in Fraser House was central to the change process; it took me a long time to realize that the expression, 'Therapeutic Community' was not just a

⁸ For a discussion of these terms refer Virginia Satir's books Satir, V. (1967). *Conjoint Family Therapy; A Guide to Theory and Technique*. Palo Alto, Calif, Science and Behavior Books, Satir, V. (1972). *Peoplemaking*. Palo Alto, Calif., Science and Behavior Books, Bandler, R., J. Grinder, et al. (1976). *Changing With Families : A Book About Further Education for Being Human*. Palo Alto, Calif., Science and Behavior Books, Satir, V. (1983). *Conjoint Family Therapy*. Palo Alto, Calif, Science and Behavior Books, Satir, V. (1988). *The New Peoplemaking*. Mountain View, Calif., Science and Behavior Books..

title. It was not just a unit where everyone did their best to make it therapeutic. In the Unit, the community as 'community' functioned as therapy. Fraser House was a therapeutic community - pervasively. Therapy was the function; Community was the process. The word 'therapy' was not used in the conventional sense of something done to someone by a psychotherapist, but in the sense of self-organizing self and mutual co-reconstituting of wellbeing.

Neville quotes from WHO Technical Report Series No. 208. 9th Report of the Expert Committee on Mental Health 1961, p.15 in his paper, 'Sociotherapeutic Attitudes to Institutions' (Yeomans, N. 1965a):

In the opinion of the Committee, the importance of adequate training in medical sociology can't be over estimated, particularly in connection with the teaching of mental health promotion.

Neville wrote of that:

World Health Organization Report that enlarged upon the growing view that the recovery of mental patients depends less upon the specific therapeutic techniques than on the socio-psychological environment of the patients in the hospital (Yeomans, N. 1965a, Vol. 12, p. 46, 60-61).

Neville set up Fraser House as a transitional community. At Fraser House, new dysfunctional people were regularly arriving into a community of dysfunctional people in various stages of shifting towards being able to live well with others and returning functionally to the wider community.

In Fraser House thousands of people were coming and going with between 10,000 and 13,000 outpatient visits annually. There was the therapeutic perpetual passing on by staff and patient alike of the common stock of knowledge of how things work around here - individual quirks, where things were, who sits in that chair at that time, the little routines - all the little bits that make living comfortably with others possible.

Both psychosocial structure and processes were entangled in Fraser House. This is similar to the whirlpool's structure only existing as water in process in a vortex. Similarly, Fraser House's tenuous ever changing, ever evolving psychosocial structure in transition was constituted, reconstituted and sustained as self-organising human energy - as processes in action. In Fraser House everything was continually up for review. Therapeutic Community was a new concept in Australia and Neville was constantly changing what the concept meant. He kept it as a loose tentative bundle of ideas rather than a named and specified entity (refer de Bono (1976, p. 46) on 'bundled and named Ideas').

All the members of the Fraser House therapeutic community – staff, patients and outpatients - as community, shared their lives with each other. In Fraser House, the norm was created that there was never any blaming of any one. Anyone blaming himself or herself or anyone else would be immediately interrupted. If anything happened it was deemed to be a shortcoming of the *total* community. Neville said that *every* aspect of Fraser House was structured as a community system that overrode everything limiting change, even a doctor's power of veto. Only Neville as director had the power of veto, and he said (July 1998) he was always driven by context, and within that, the ecological part of the context; so he too fitted in with the fitting. Any doctor breaking this veto rule would have his or her attention drawn to it by patients and staff, including the cleaners, and the matter would be a priority agenda item during the next Big Group.

Neville said (30 June 1999):

Doctors working in Fraser House would have had their maximal sense of professional powerlessness in their careers. 'Doctors being authoritarian' was not permitted. Most administrative things that doctors would decide as a matter of course in other medical contexts *had* to be brought to meetings where patients had a voice and were in the majority. When a life-threatening situation occurred where a doctor or other 'professional' felt the need to intervene, they were not to take unilateral action, rather a special committee of as many patients and staff as possible would be quickly convened.

These temporary special committees would be typically reviewed at the next Big Group.

STAFF RELATING

Neville said (July 1998) that the nurses and doctors within mainstream *never* fraternized in each other's tea-room; they did in Fraser House. The mainstream way at the time was that a nurse would always stand if a doctor entered a room. Nurses new to Fraser House would be tugged back down on to their chairs when they stood when a doctor entered the room; 'none of that necessary here!' It took a time for this big change to settle in. In Fraser House, the shared norm was that 'the voice of the newest nurse was just as equal as any one else'. At Fraser House, nurses worked as a team (Yeomans, N. 1965a, Vol. 4, p. 17). One of the nurse roles was that of educator (Yeomans, N. 1965a, Vol. 4 p. 20-23). A paper (Appendix 7) about the role of the psychiatric nurse in Fraser House emphasized the need for teamwork. Neville's view was that the power – the healing wisdom, psychosocial and emotional energy, emergent potential and creativity of the Fraser House community - was infinitely greater than *anyone*, including himself.

According to Neville (August 1999):

Fraser House staff members were astonishingly loyal, and acted with inspired devotion. They were totally devoted to patients' healing, and patients experienced this emotionally on a daily basis.

Neville gave all concerned almost absolute freedom except in times of major crisis. As an aspect of Cultural Keyline, Neville would leave almost total freedom to the community so that it could evolve itself (emergent and self organizing process).

As an example of giving freedom the Staff Handbook includes the following comment about the nurse role at Fraser House:

Nurses working in community and social psychiatry 'steal' many of the roles of psychiatrists, psychologists, medical officers, sociologists and social workers. This gives the nurse much more power to initiate and decide and also the accompanying responsibility (Yeomans, N. 1965a, Vol. 4).

As a by-product, staff fostered their new profession and won a new award rate in creating a new role for themselves as nurse therapists. Neville said (Dec 1993) Fraser House psychiatric nurses were the first ones to achieve a professional award salary in Australia. Neville told me (December 1993, July 1998) that the staff had such passion and commitment that he would often have to order them to go home.

FOR AND AGAINST

While Fraser House had the support and backing of Dr. Barclay, head of the North Ryde Hospital as well as the Head of the Health Department, other senior people at North Ryde Hospital and the top layers of the Health Department were bitterly opposed to every aspect of Fraser House as it challenged their beliefs about psychiatry, psychiatric nursing, nursing, as well as about hospital governance, structure, administration and practice.

While operating 'within' a 'government service delivery' frame, Neville set up another frame, namely, 'folk self-organizing self-help and mutual help action in community'. Mainstream health's, 'we do it for you because we know' 'expert service delivery' people had little or no sense of this. It was all new to the Health Department, though very ancient from Indigenous perspectives.

THE USE OF SLOGANS

Neville and staff made extensive use of simple slogans to pass on to newcomers how the place worked. To have staff, patients, and outpatients embody the values, ideology and practices of the Unit, simple slogans were restated over and over. For example, the Unit's social basis of mental illness perspective was expressed by the slogan, 'Relatives and friends cause mental illness'. The idea of potential for change and using one's existing internal resources for change was supported by the slogan, 'No one is sick all through'. The best advice that could be given a patient was, 'Bring it up in a Group'. In the early days of Fraser House, permissiveness within the staff-patient relation was embodied in the slogan, 'We are all patients here together'. The self and mutual help focus was supported by the slogan, 'We are all co-therapists'. However, recall that boundaries *were* maintained between staff and patient, in that any staff needing psychosocial support would either receive this within an all-staff support group, or if the situation warranted it, the staff member would enter Fraser House as a voluntary patient. The requirement that patients and outpatients get on with self and mutual healing and interrupt any mad or bad behaviour in self and others was reinforced with the mantra, 'No mad or bad behaviour to take place at Fraser House'. The expectation of change was conveyed by, 'You can only stay three months, so get on with your change.' Community self-governance was conveyed by the slogan 'patients together decide the rules'. The egalitarian ethos was conveyed by, 'Here everyone has an equal voice'.

Rules/slogans for use by the staff were mentioned in a document called, 'How to administrate in Fraser House' (Yeomans, N. 1965a, Vol. 4, p. 24). Some examples:

Know what to leave undone in an emergency
Frequent rounds are a necessity
Combine the weak with the strong

All of the above slogans and rules became a simple shared language and set of beliefs that were easily taught to new arrivals.

All of my Fraser House interviewees confirmed that Fraser House staff, patients, and outpatients became co-therapists. They would engage in 'everyday life' therapy as they engaged in social interaction with each other. Some adopted Neville's conversational change processes by absorbing them into their mode of being - typically without noticing that they were doing this. 'Therapy' wasn't a mantle that people put on - it was not a 'chore' - it was there as a hardly noticed aspect of being.

Clark and Yeomans' book contains a segment of a young male patient's diary (1969, p. 230). The earlier section has entries where the patient writes of his confusion and tentativeness

about his life and Fraser House; his dysfunction is implicit in his writing. As his diary entries proceed, he records things indicating that he is shifting to functioning well without giving any indication that he even notices that he is changing. Here is an excerpt from early in this patient's personal account:

I am sitting beside Jane in the male group room, holding her bandaged hand. She is very tense. 'Please help me', she says. 'What is the matter with me?' 'I feel frustrated. I don't know what to do. I tell her that there must be a reason for her tension and that she should talk about what bothers her to me or in the groups. But she says that she never knows what to say (1969, p. 230).

He is out of his depth, though he reiterates the Fraser House mantra, 'Bring it up in a group.' A little later:

I catch John on the veranda and when I have told him about what bothers me he asks me: 'Have you talked to Jane about it?' 'No I have not.' 'Why don't you?' he says then. 'She has been leaning on you for so long now, why not turn the tables for a change and let her help you?' I haven't thought of it, but it sounds logical enough (1969, p. 231).

This is an example of self-help through mutual-help. While these exchanges seem trivial, Neville and the other interviewees said that time and again the Fraser House experience was that trivial exchange could be potent.

At the end of this patient's diary he has been assessed as ready to leave Fraser House and return to the wider world. Nowhere does he give *any* indication that he has *any* insight into the process whereby change to wellbeing and functional living is occurring in his life, or that such change is even occurring. He was not engaging in any intellectual sabotage of his change-work – behaviours like faultfinding, judging, blaming, and condemning. Clark and Yeomans had not commented on the above features of the young man's diary.

FRASER HOUSE WELLNESS NORMS

From inception Neville had constituted Fraser House as a 'short term stay' facility. For Neville, Fraser House was not an interim 'holding place' while a long term place could be found in other institutions. From the outset Neville had confidence that his ideas would work in getting people living functionally in the wider community. A rule was set up that patients could only stay at Fraser House for six months. This was later reduced to three months. After three months patients had to leave; this was regardless of whether they had improved or not. This rule was to provide motivation to 'get on with their healing'. The clear message of the rule in the vernacular was, 'Don't procrastinate. Get on with it.' At one time the typical stay was six weeks (Yeomans, N. 1965a, Vol. 4, p. 2-4).

Another general rule on admittance was that patients could return to Fraser House three times by arrangement. These limits reinforced the, 'you will return to the wider community' framing that was pervasive at Fraser House. The break between returning was flexible. Neville told me (Aug 1999) that one patient said that he wanted a transfer to Gladesville Hospital. This patient was told that on leaving Gladesville he could not return to Fraser House for six months. He did go to Gladesville for a short time and then settled down and got on with his healing at home. This was reported to Neville by patients doing follow-up domiciliary work – (from conversation with Neville during Aug, 1999). After leaving Fraser House people could stay in 'contact' with the Fraser House milieu because they had this sustained in their reconstructed family-friend network.

There were instances of violence and insubordination shortly after Fraser House started though these were reduced after normative processes were established and staff acclimatised to new ways (Clark and Yeomans 1969, p.41-42). The total Fraser House process tended towards curtailing physical violence. Any newcomers were assigned a buddy for some time. This buddy tagged them so they were *never* alone. A 'contract' was made that everyone in Fraser House, staff, patients and outpatients alike, were to watch out for violent situations and to restrain and interrupt people, preferably before problematic situations even got under way. None of my informants had any knowledge of any staff member ever been seriously hurt. Fraser House was a relatively big place - around 250 metres long. Outside of Big and Small Groups and the intervening tea break, people were always spread throughout the buildings or on the move. Some fights did break out between patients and were typically interrupted quickly. Any unusual noise would immediately attract a crowd. The energy and ethos of the Unit was always to respond immediately to disturbance and interrupt, rather than to encourage fighting, as may happen in wider society. Typically, if something happened say, late at night, any patient or staff member spotting it would immediately get everyone who was up and about to form a group (often a fair size group - as many as they could get) to go to the 'disturbance'.

Other mitigating factors were the continual presence of an audience, the presence of females and children, and knowing that violence, or threats of violence would be brought up in Big Group, with around 180 mad and bad people present to focus on the perpetrator(s) of violence. Violence and other unacceptable behaviour would also be invariably discussed in small groups.

Typically, there was commitment to healing in patients and outpatients. All knew that the very strong expectation within the Unit's milieu was that, 'here people change and return to the wider society well'. There was also a continually reinforced mantra, 'no mad or bad behaviour to take place at Fraser House'. New arrivals would have a settling in period where their mad and bad behaviour would be pointed out to them. Increasingly, mad and bad behaviour would be interrupted.

HANDBOOKS ON FRASER HOUSE STRUCTURE AND PROCESS

Neville gave patients and outpatients the task of becoming so familiar with Fraser House structures and processes, including the processes Neville and others used in enabling Big and Small groups, that the *patients* and *outpatients* could and did write extremely well written and succinct handbooks for use by new staff, patients, outpatients and guests.

Neville wrote the introduction section of a handbook called, 'Fraser House Therapeutic Community'. This was one of a number of handbooks prepared at different times specifying the Unit's continually transforming structure/process. Two other statements about Fraser House structure and process was the February 1965, 'Introducing a Therapeutic Community for New Members by the Staff of Fraser House' (Yeomans, N. 1965a). A 1966 draft of the Second Edition of the above document was a complementary document to the document, 'Staff Patient Organization in Fraser House'. This was largely written by patients (Yeomans, N. 1965a, Vol. 4).

The patients rich sense and appreciation of the nurse role at Fraser House is evidenced by the introduction to a section on the Fraser House Nurse Role in the Fraser House Staff Handbook: written by a of group patients:

So you have decided to take up a job as a nurse at Fraser House. Great career move (Yeomans, N. 1965a).

An Example of the section on the Nurse Role from a Staff Handbook is in Appendix 7.

In March 2003, Phil Chilmaid wrote to me saying that there were handbooks (roneoed typed sheets) both for patients and relatives. The staff handbook was for longer-term staff.

I did not get one in my first stay of 3 months in 1962, but did get one (borrowed by someone else and not returned) in 1966 when I spent a full year there. Patients did not get access to the staff handbook.

FAMILY THERAPY

Family units were set up early in Fraser House's history. As far as I could ascertain, Fraser House was the first psychiatric unit in Australia to use family therapy, family-friends therapy and full family residential therapeutic community. Recall that there were eight family units that included cots for young children.

Fraser House experience was that independent of genetic bio-psychosocial pathology (inheritance), aspects of the patterns of daily interaction (heritage) were helping to constitute and sustain pathology, often among three and more generations. This evidence was consistent with Neville's requirement of having a patient's multiple-generation family-friendship network attend the Unit as outpatients.

DRUG USE

As for Neville's view on drug based therapy, licit Drugs were used, but as a 'last option'. In Fraser House there was no drug-induced oblivion for containment as occurred in the back wards of other institutions. The head charge nurse/sister was authorized by Neville to sedate patients, and was quite prepared to do so if patents or outpatients were a definite danger to themselves and/or others, and the timing and circumstances warranted it, rather than using other more preferred interrupt strategies.

Stephanie Yeomans (July, 2002) said that in her experience there was no culture of illicit drugs use in Fraser House and this would not have been permitted by Neville.

SUMMARY

This chapter has introduced Neville's setting up of Fraser House as a micro-model exploring epochal transition. It has detailed Neville's assuming of a social basis of mental illness and has given an overview of the Unit's milieu. The next chapter introduces the Fraser House Re-socializing Program entailing patient self-governance as another aspect of Neville's exploring of epochal transition.

Chapter Seven - Governance and Other Reconstituting Processes

THE RESOCIALIZING PROGRAM – USING GOVERNANCE THERAPY

This chapter discusses the Fraser House Re-socializing Program entailing all embracing patient self-governance and law/rule making via patient-based committees.

Neville pioneered patient committees in the mental health context within Australia. Neville set up a process whereby patients and their family-friendship networks, as outpatients, were massively involved in meetings and committee work. Patients and Outpatients effectively became responsible for the total administration of Fraser House. Members of patients' family friendship networks were required to sign on as Fraser House outpatients and to attend big and small groups, as well as to offer themselves for election to serve on committees.

Fraser House patients and outpatients progressively took on responsibility for their own democratic self-government. This is fully consistent with Neville's exploring of epochal transition. Neville referred to patient-based rule-making as creating 'a community system of law' (Yeomans, N. 1965a, Vol. 4). Law evolved out of evolving Fraser House lore. The Fraser House vehicle for evolving democratic self-governance initially was a committee that decided the ground-rules for ward life called appropriately the Ward Committee. Eventually many committees were established that mirrored the roles of every section of the Unit's administration. On every Fraser House committee, each committee member had one vote. Patients outnumbered staff on all committees. This meant that patients could *always* out-vote staff. This often happened. Neville set the committee ground rules such that he always had a power of veto. Dissenting people who felt strongly enough about a decision could take it before Neville and the decision would be held over till he attended the particular committee where people would present their views.

Neville said (Aug 1998) that he rarely overturned a decision made by patients where staff dissented, as by Neville's reckoning after due consideration, the patients generally held the better stance. In Neville's paper, 'Sociotherapeutic Attitudes to Institutions' and consistent with creating 'cultural locality' he wrote, 'Patient committees formalize the social structure of the patients' sub-community change' (Yeomans, N. 1965a, Vol. 12, p. 46, 60-61). Neville being 'dictator' satisfied the Health Department's requirements for top-down control. However, Neville said (July 1998) that he was a 'benevolent dictator' and the patients and outpatients effectively ran the place – and by all accounts, they ran it effectively.

The structures and process of the committees were being continually fine-tuned. Chapters Eight and Nine of Clark and Yeomans book (1969) contain a detailed description of the patient committees at one point in time. Diagram 9 below adapts the top-down traditional organization chart in Clark and Yeoman's book (1969, p. 66). Neville had suggested the following diagram back in December 1993 and reaffirmed it in Sept 1998; it shows 'patient controlled' committees and the staff devolving their traditional roles to become healers. Neville (Dec 1993) said that his book with Clark had not made this total devolving of duties clear enough to readers. The respective roles that were devolved to the committees were psychiatrist, charge nurse, nurse, occupational therapist, social worker, and administrator; these are depicted by the darker boxes. The various committees that took on aspects of the foregoing roles are shown in the lighter boxes. Governance processes in Fraser House were pervasively relationally formed and reformed through relational conversation (Gergen 2005).

All of the committees shown in Diagram Nine below were isomorphic with mainstream administrative cleaving; even following the Federal Government's Parliamentary Review Committee (the Fraser House Pilot Committee) and using the term 'Parliamentary Committee'.

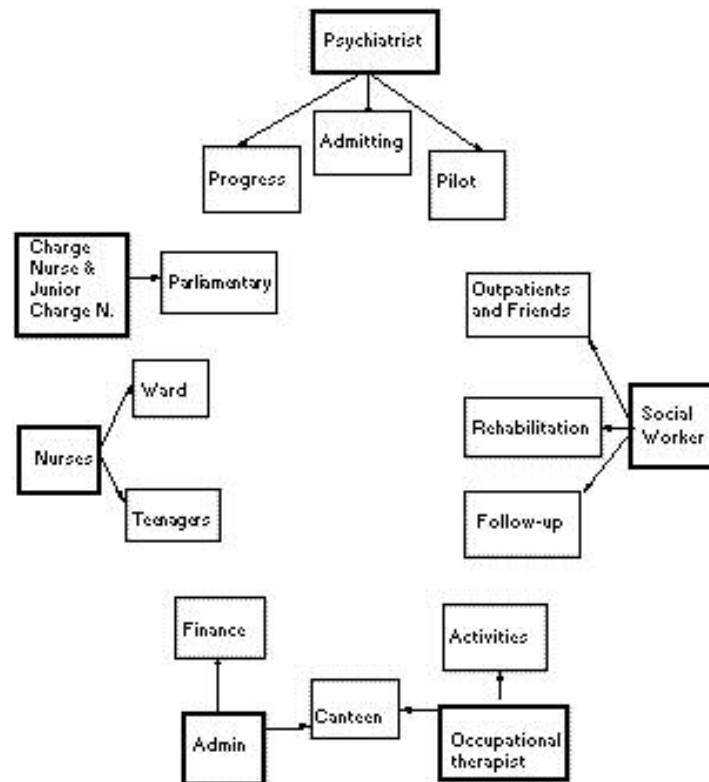


Diagram 9. Patient committees and the staff devolving their traditional roles to become healers

This total self governance of the total administration is fully consistent with, and understandable in terms of an epochal transition model. Neville spoke (Dec 1993, Aug 1999) of three levels of governance at Fraser House – local, regional, and global. Each patient with their family-friendship network was engaged in their own local self-governance. The committee for locality-based transport – the Outpatients, Relatives and Friends Committee (discussed later in this chapter) - was engaged in 'regional' self-governance. The parliamentary-pilot committees, in association with the other sub-committees of the parliamentary committee were engaged in 'global' self-governance of the Fraser House 'global commons'. This is a micro-model of the 'local regional global self governance' model that Neville detailed in his 'On Global Reform' paper (1974). This three-fold governance model involved *everybody* in a cross linking network of governance. Everyone was involved at their local level. Everyone was involved at their regional level. And they were all linked into global governance level process as a serving committee person, or being engaged by, and by interfacing with the global governance (by for example being assessed by the patient-based patient assessment committee). The committee structure was essentially bottom up with committees reporting to the parliamentary committee to keep this wider committee of committees informed.

Recall that patients were very dysfunctional fringe people. In going onto committees they could be moving in and out of their dysfunction(s) (psychosis or episodes of schizophrenia and the like). Patients did what they could, depending on the state of their being-in-the-world

on the day. Neville often said (1993, 1998, 1999) that patients and outpatients were not mad and bad 'all the way through'.

Imagine psychiatric patients returning to everyday life with finely honed practical skills in administering a complex organization having for example, over 3,000 groups a year (Yeomans, N. 1965a, Vol. 4, 50-54) (with staff groups to discuss each group) and 13,000 outpatient visits a year. This is what happened. Neville said (June 1998) that when they were back in their community and learning to interact with people at say, the counter in their local Child Endowment office, the patients typically had some understanding about how bureaucracies work (and in many ways work poorly) through personal experience of working through the challenges at Fraser House.

Committees and Balancing Governance

The Ward Committee was the first of many committees. Patients were voted on to the Ward committee by their peers and typically, readily participated. The Ward Committee membership was typically isomorphic with the ward's mix relating to the merging of opposites. Neville said (July 1998) that typically, diabolically autocratic people served along side people who displayed extreme tolerance and passivity. Criminals often with a tough 'no mercy' attitude would serve with the anxious over-controlled. This was another social context for working out how to work together, and working this through created potential for all involved to catch glimpses of a metaphoric normal person somewhere in the middle.

In maintaining balance, the aim was to have equal numbers of females and males on each committee. Endeavour was made to maintain an inter-generational mix. Endeavour was also made firstly, to maintain a balance on committees between under-controlled/over-active people and over-controlled/under-active people, and secondly, to include outpatients within the various committees. At one stage there were eight patients and four outpatients on committees, that is, twice as many patients (Yeomans, N. 1965a, Vol. 2, p. 12). Also, patients were encouraged to have balance between committee work and self-healing.

Isolates were learning to re-socialize and form relationships with other patients and outpatients. The Committee work required acquiring and using a wide range of personal and interpersonal communicating skills. Participants were encouraged to recognize and respect their own needs and those of others. This is a reason why the committee work was called the 'Re-socializing Program'.

Any person 'hiding' from their own change-work by being too busy in committee work soon had other patients pointing this out to them. If patients put themselves forward for elections too earlier in their stay, patients and staff alike would be suspicious of them being on a power trip or avoiding personal change work and would challenge them about this, or raise the issue in Big or Small Groups. The same thing would apply to a person seeking to serve on many committees.

Patient Administration

The other early committee was a Parliamentary Committee that grew to be a committee that governed the work of all other committees. Every member in every other committee was automatically a member of the Parliamentary Committee. The Pilot Committee was a 'Committee of Review' of the Parliamentary Committee. Within a very short time, a number of patient-run committees and work groups were set up that involved the patients themselves being actively involved in making decisions and taking actions on every aspect that normally would be the role of Fraser House administration people. Neville evolved the Fraser House committee process so that eventually the committees were taking on aspects of all of the roles normally undertaken by staff.

The New Role for all Staff

In this devolving, staff took on the enabling/mentoring roles in respect of the patients taking over the staff's administrative duties. This freed up all the staff including the cleaners to be also enablers and supporters of self-healing and mutual-healing by the patients and outpatients. The patients did the cleaning, with cleaners in mentoring roles. Because the cleaners were constantly present in the community during day work hours, they saw most of what was going on. Aided by this and by common agreement of patients and staff, the cleaners were the most insightful community therapists after the patients (refer the case study on an insightful cleaner in Appendix 9). This skilled therapeutic role of the patients and cleaning staff was reported in the research, writing, and other material in Neville's collected papers (Yeomans, N. 1965a), and collaborated by interviewees.

Neville and all of the staff were entering into new territory at Fraser House. There was a climate of continual experimentation. No one outside of Fraser House had experience in the processes they were evolving either.

Flexible Rigidity

Paradoxically, through the patient and outpatient Governance Programme the Unit became increasingly flexible, although simultaneously, there was the making of tightly detailed microscopic rules. In a conversation with Neville, (13 July 1999) he stated that rules kept changing by refinement as necessary, although often a set of rules would be collectively dumped if they turned out to be non-functional. This paradoxical 'increasing flexibility within tightly detailed microscopic rules' mirrored Neville's 'non-interventionist/interventionist and uninvolved-passive/ totally involved' leader stance. Action was a function of context. This mirrors Aboriginal way. When things flowed, the people involved engaged in the flow. When there were upsets or strife, rules would be swiftly invoked. As on the Yeomans' farms, all action was context driven, and what aspect, of what were often polar opposites came into play, was a function of the unfolding moment. Detailed rules were there constantly as a guide to action.

Patient Treatment and Training

In a Fraser House staff handbook it was reported that patients were engaged in doing the following work:

Perhaps the most immediate observation made by a nurse coming to work in this therapeutic community for the first time, is that the patients themselves have had a great deal of authority delegated to them. Indeed, in some matters they are virtually the sole authority. At first glance it will seem fantastic that patients assess and admit new patients; review progress and institute treatment procedures; make new rules and alter old ones; mete out discipline, etc. (Yeomans, N. 1965a, Vol.4, p. 17).

Committees of patients prescribed community non-drug based treatment. At first this may sound a bizarre and dangerous notion. And yet all the reports in archival material and from interviews with the psychiatrist, psychologists and a senior charge nurse said the same thing - the patients quickly emerged as *the most skilful* in community therapy. Collectively they were way ahead of the professionally trained psychiatrist, the trainee psychiatrists, the psychologists, and ahead of the nurse therapists. According Neville, Bruen and Chilmaid *none* of the professional training of these groups had in *any* way prepared them for community therapy enabling; Fraser House became the centre for training psychiatrists in community psychiatry, with the patients as the primary source of training (Yeomans, 1989, 1992, 1993, 1997, 1998; Bruen, April 1999; Chilmaid, April 1999).

The archival material, especially the Fraser House Handbook written by patients to train new staff (Yeomans, N. 1965a, Vol. 4, p. 17-20, 50-54), and the research interviews all support the view that patients became highly skilled in carrying out their committee and other work. I have access to embargoed Fraser House records that include some of the reports of the Initial Assessment Committee. I read restricted material including case records and the patient-run Assessment Committee's initial assessment on the same patients. It was apparent that the insights in the initial assessment were congruent with the dynamics that unfolded for particular patients. The assessments by patients read like they were written by an extremely skilled, insightful and psychosocially-emotionally wise and discerning community psychiatrist. This is consistent with the expression, 'It takes one to know one'.

Fraser House Training

Such was Fraser House's growing reputation in the new field of 'community psychiatry' that Fraser House became the place providing community mental health training in community psychiatry for students preparing to become members of the Royal Australian and New Zealand College of Psychiatry. Students were allocated to Fraser House for six-month periods. Social worker students from both the University of Sydney and the University of NSW were also trained (Yeomans, N. 1965a, Vol. 12, p. 73). Dr William (Bill) McLeod, head of Royal Park Psychiatric Centre in Parkville, Victoria for many years told me in 2002 that in the early Eighties he used Neville as an examiner for the Royal Australian and New Zealand College of Psychiatry.

Neville and Margaret Cockett both confirmed that they and Harry Oxley prepared a course introducing psychiatrists and also medical students to the sociology of medicine, socio-medicine and anthropology. They then began lecturing in this course through Callan House in the Leichhardt municipality. This was the first course of this type. I have been unable to track down any records of this course.

The Canteen and the Little Red Van

The idea of having a patient run canteen was first discussed by the Ward Welfare Committee in July 1960. This was reported in a Unit File Note now contained in Neville's Collected papers (Yeomans, N. 1965a, Vol. 5, p. 30). The possibility of a canteen was raised because of the news that the Female Ward was about to open. This meant that extra funds would be needed to meet the expanding welfare needs of patients. As well, the canteen could provide snacks for the breaks between Big Groups and Small Groups.

The canteen was fully owned and controlled by the patients and the profits could be used at their discretion and by their deciding. Patients involved in running and administering the canteen learned valuable life and social skills and response abilities/responsibilities. It provided a number of opportunities for 'work as therapy'. It meant that patients learned responsible financial and other management skills. None of the administration money of the hospital was used. The canteen was totally set up and funded by the patients. Appendix 10 is a Case Study relating to the Canteen as work therapy.

Profits of the canteen funded the purchase of a little red van and money for related fuel and maintenance. With between 10,000 and 13,000 outpatient visits and many hundreds of guests a year, the canteen had a steady stream of customers. The van was used by the patients in their suicide and crisis call-out actions. Additionally, the patients used this van to go on domiciliary visits to ex-patients and outpatients.

In the devolving of administration to the patients in Fraser House, Neville used the patients' involvement in administering and organizing the Unit (and all the work that this entailed) as an opportunity for them to learn by living and surviving. Fraser House 'Administration

Therapy' as the name implies used 'learning how to administer a major hospital' as a therapeutic process. Patients and outpatients also had opportunity to learn that fault, if it be called that, was not theirs, but a part of a 'disorganized' and 'conflicted' Fraser House system. For example, the canteen was 'delegated' - through voting by patient and staff, and by common understanding - to those who were *least* able to do it (a standard Fraser House practice), though capable of learning - so everyone could support them until they *could* learn to do it. The canteen was a continual source of claims and counter-claims about theft and mismanagement. The mess was therapeutically valuable and this was commonly understood by all involved in Fraser House – the functional value of 'dysfunction'. It is another example of Neville following his father's use of opposites and reversals.

The Domiciliary Care Committee and Domiciliary Care

Fraser House pioneered home visits and domiciliary care by psychiatric nurses and patients. A Fraser House monograph reports that follow-up groups to homes became routine in 1962 (Yeomans, N. 1965a, Vol. 4, p. 2-4). Patients, who had substantially changed to being psychosocially functional, and had been assessed as being proficient as co-therapists, and were anticipating leaving the hospital themselves, would call on ex-patients and their families and friends to assist and resolve difficulties (Yeomans, N. 1965a, Vol. 5, p. 63). Members of the Domiciliary Care Committee started to do domiciliary visits on ex-patients and outpatients, and to go on suicide crisis calls into the community often late at night (Clark 1969, p. 69-70).

Neville wrote that these patients involved in domiciliary care work and crisis support were very skilled and helped 'to destroy the lunatic image that often some of these disturbed relatives have of the hospital and other patients in it' (Yeomans, N. 1965a, Vol. 5, p. 106). Participating in Domiciliary Care was not time based - 'so many months prior to leaving' - rather 'psychosocial health and competency' based. Fraser House, patients were helping ex-patients settle back into the community *before* they became ex-patients themselves.

The little red van was also used for this domiciliary care with fuel costs again born by the canteen. A group of patients would often go, without staff, on these domiciliary visits. The Follow-up Committee would also be continually requesting the visitors, relatives and friends for patients to be able to use their cars and petrol to conduct domiciliary visits (Yeomans, N. 1965a, Vol. 5, p. 63). After a time it was decided to keep activity records and during the first nine weeks of activity recording (1 July 1963 to 6 Sept 1963) there were 71 group activities to homes. The average was just under 8 visits per week with a range of 5 to 12 per week.

Appendix 11 contains a copy of a letter drafted by resident members of the Parliamentary Committee as an aid to increasing involvement in Fraser House by family and friends. Neville placed a copy of this letter in his collected papers in the Mitchell Library (Yeomans, N. 1965a, Vol. 2, p. 11). The letter was sent by the patient who was the president of the peak committee. The inclusiveness of community therapy is conveyed in the fifth paragraph. It states that support was readily available, 'by a group of patients'. They would come and visit friends and relatives in their own red van.

Aspects of this domiciliary care have been adopted into mental health practice with staff doing the visits. An early example modelled on Fraser House was the Domiciliary Care Program at Kenmore Mental Hospital in Goulburn (Mitchell 1964).

Crisis Support

The domiciliary care outreach was resonant with and an extension of the Fraser House practice of providing suicide and other crisis support. From the outset of Fraser House, a

Suicide Clinic was set up as an aspect of the Unit. This may have been an Australian first. Neville obtained a lot of media attention about the role of this Clinic (refer Appendix 12).

In evolving support for suicidal people Fraser House adopted the process of having patients and staff constantly around potential suiciders as a support and crisis intervention group so that suicidal people were *never* left alone. Patients would be co-opted as therapeutic enablers and patients could and did take on the role of being caring support for other patients, especially those in danger of self-harm. Any person who was in a heightened emotional state, disturbed or suicidal would be immediately 'specialied'. Processes were set up such that a cooperating team of *patients*, with or without staff, would take on the responsibility of providing twenty-four hour support to other patients at risk of suiciding, and in the process this support team would gain response ability. This meant that two patients, or a patient and a staff member, would continually stay awake with that person around the clock (and be replaced by another shift if necessary) until, on the say of a group, the 'specialied' status was removed.

This idea of setting up support processes for suicidals was subsequently used elsewhere in the wider society and has since become a standard practice in mental health services. However, outside of Fraser House, I understand only staff are used in the support process. In Fraser House 'Special Groups' could be called at any time whenever a crisis occurred. These groups would last as long as required to 'do the job'.

Fraser House became known in Sydney as the place to call for suicide support. Requests for help with potential suiciders came from all over Sydney. Fraser House may well have been the primary source of Australia's suicide telephone help lines. Neville had started to give a constant stream of talks to churches and other agencies as part of his linking of Fraser House into the community and ensuring the Unit's survival. Typically, five patients would support each other in making visits to potential suiciders on a twenty-four hour call-out basis. They would travel in the little red van.

Often Fraser House would receive a call from residents near The Gap – a place often used by Sydney's suiciders who would jump off cliffs on to rocks far below. Once these residents knew of Fraser House Suicide Outreach, they would phone Fraser House for assistance whenever they spotted or heard a potential suicider. Patients alone or with nurses would go from North Ryde over to the Gap at all hours of the day and night to talk suicidals into come off the edge. A potential suicider would suddenly be approached by five mental patients who were very skilled in therapeutic social intercourse. The Gap has very high cliffs looking out on the Pacific. This makes rescue and crisis counselling all the more precarious and potentially life threatening for the counsellor(s). Even if a person decided to return to safety, they could be so distressed, the climb back may be dangerous, especially in rainy and windy weather.

Fraser House patients had an excellent track record in getting potential suiciders to come back with them to Fraser House. This having patients seeing their Fraser House therapeutic community having wider community relevance, and seeing their own healing ways and their peers as significant to themselves and others, was yet another element of the Fraser House healing process.



Photo 24 Sheer Cliffs at the Gap – (Lloyd 2005)

Neville used locality strategically. Photo 24 reveals Watsons Bay's topography. The Watsons Bay Festival was in the park (The green area in the centre right of the photo). The park is located in a primary valley below the main ridge and between two primary ridges. The festival focal point was at a Keypoint in the primary valley. The festival's Keypoint theme was 'celebrating life'. Neville intentionally placed this celebration of life sixty metres below where Sydneysiders go to suicide at The Gap. The bus in the photo is parked where the Fraser House little red bus used to park two years earlier when the Fraser House patients made crisis calls to stop suiciders.

Neville began speaking at Ted Noff's Wayside Chapel at Kings Cross in Sydney and at other places. Neville told Noff that Fraser House could not continue carrying the travel costs related to suicide support. Neville invited the churches and other agencies to take over the suicide help line. This is consistent with taking Fraser House into wider society. The Wayside Chapel started a helpline. The telephone emergency service 'Lifeline' was set up by the Methodist Central Mission in Sydney in 1963 (Bootes 1978); this evolving of telephone emergency services was confirmed by Neville and Bruen in April 1999.

The Outpatients, Relatives and Friends Committee

As a core aspect of regional governance, shared travel was fostered by a committee called the 'Outpatients, Relatives and Friends Committee', one of the patient-run committees under the Fraser House Governance Therapy/Re-socialising Program. This Committee would arrange the matching up of outpatient attendees at Big and Small Groups to maximize car-pooling and people travelling together for making of friendship bonds. Often people with very small family friendship networks and poor social skills would be voted on to the Outpatients, Relatives and Friends Committee to provide experience in social interaction. This was a major process for extending functional family-friend networks for patients prior to their leaving Fraser House.

Neville said (Oct 1998) that as a consequence, these visitors and their associated Fraser House patient(s) tended to obtain through their involvement in Fraser House, a completely revised and extended *functional* suburban friendship/support network composed typically, of up to *seventy* people who they met through Fraser House. Recall that typically, patients arrived at Fraser house having from two to six *dysfunctional* members of their family and 'friends' in their lives. Some who had jobs had a workmate or two that they had some social contact with.

Constituting Rules and Constitutions

In involving patients and outpatients in self governance, Neville had them devise their own document entitled, 'Patient's Rules for Committees' (Yeomans, N. 1965a, Vol. 2, p. 6-12). Neville sent a letter of congratulations to patients and outpatients on 17 Jan 1963 when they produced this document, giving them '100% for effort' (Yeomans, N. 1965a, Vol. 2, p. 13). I found Neville was superb in giving recognition. A monograph prepared by patients and outpatients was, 'The Constitution of the Fraser House Relatives and Friends Group' (Yeomans, N. 1965a, Vol. 2, p. 50-60). Patients and outpatients in other committees devised their own constitution. All of this was, for Neville, part of the community's creating a social system of law for the Unit from within the lore of their own constituting. This is another glimpse of Neville modelling epochal shift through social re-constituting.

Appendix 13 outlines all the various patient committees at a particular point in time, and provides a sense of the comprehensive breadth of committee action. Committees were constantly being reviewed and/or changed, including which staff function was devolved to which committee, the roles of each committee, the membership of each committee, including membership criteria, the split between in-patient and outpatient membership, and the staff present at each committee meeting.

SUMMARY

This Chapter has discussed the Unit's milieu as a therapeutic community. Patient self-governance and law/rule making via patient committees were outlined. In the Fraser House Governance Therapy, Neville was evolving praxis towards folk community reconstituting their local lore and law as a model of this vital aspect of reconstituting collapsed societies and evolving folk based transitions towards a caring new epoch (Yeomans, N. 1971c; Yeomans 1974; Yeomans and Spencer 1999). The next chapter explores Neville's evolving and use of whole community Big Meetings.

Chapter Eight – Fraser House Big Meeting

BIG GROUP - USING COLLECTIVE SOCIAL FORCES

This Chapter outlines Big Meeting processes and Neville's leader roles. A summary of Big Meeting process written by patients (Appendix 8) may serve as introductory reading.

Fraser House was a substantial endeavour. Once under way it was having around 13,000 outpatient visits a year. While other therapeutic communities in the UK and USA had periodic whole ward meetings with up to 80 patients and thirty staff, in Fraser House, total community big groups (staff, patients and outpatients attending) were held twice a day on all weekdays, with up to 180 in attendance five days a week, year round.

Each of the following terms were used to refer to the whole community meeting – 'Big Group', 'Big Meeting', 'Community Meeting', 'Large Group Psychosocial Therapy', 'Collective Therapy', and 'Big Group Therapy'.

Morning Big Group was held from 9:30 AM to 10:30 AM. Evening Big Group was from 6:30 PM till 7:30 PM. Big Groups were followed by a 30-minute tea break; then everyone reconvened and separated into small groups.

In Neville's paper, 'Collective Therapy – Audience and Crowd' (1966; Yeomans, N. 1971c), Neville wrote, 'the skilled use of collective forces is one of the paramount functions of the socio-therapist and such skills are defined by the team as 'Collective Therapy'. In his paper, 'Sociotherapeutic Attitudes to Institutions' Neville wrote, 'Collective therapy, both audience and crowd, utilizes social forces in the patients' primary group (Yeomans, N. 1965a, Vol. 12, p. 46, 60-61).' Neville engaged all involved in Fraser House in recognizing, understanding and utilizing these social forces. The Fraser House Handbook (excerpts in Appendices 7 and 8) also refers to audience and crowd behaviour, especially contagion, being a central aspect of Big Group (Yeomans, N. 1965a, Vol. 4, p. 18-20, 50-54).

For a time, Big Group involved around 100 people and then it grew to around 180 people. According to Chilmaid (April 1999), it peaked at 300 on one occasion. All these people would be crammed shoulder-to-shoulder into a rather small room – in Neville's terms, 'a mixture of the very mad and the very bad patients', along with their typically dysfunctional friends, workmates and relatives as outpatients. All the staff on duty at the time would also attend. Often there were visitors and invited guests also attending Big Group. People who attended the Fraser House Psychiatric Research Study Group (discussed later) also attended Big Group, along with people from religious, business and government organisations interested in learning group skills. Fraser House became a major centre for learning group skills, with people from many government, academic and non-government organizations attending. Neville said that much of the training was done by patients (August, 1998). Neville would also invite people from the media, students, as well as people Neville connected with through his extensive outreach talk schedule. Others who made requests to attend would also be allowed in. Margaret Cockett (who became Neville's personal assistant) was in this category of visitor on her first visit. Members of Alfred Clark's External Study Team would also attend. On one occasion a TV crew from the ABC came and filmed a section of Big Group. (I was not able to track down this film in the ABC archives.)

Some patients had jobs that they would go to during the day. They would attend evening Big Group. According to Chilmaid in an email (Mar, 2003):

Evening Big Group was mandatory for all in-patients unless excused by the Ward Committee (employed relatives living in, parental duties, children, etc). Not all staff attended evening group.

In another email Phil Chilmaid (April, 2003) wrote,

Children did attend Big Groups, but this wasn't de rigueur. High school children usually did attend when not at school. Primary school children had separate play time during evening group with the psychologist Porritt when he was there; a lot depended on the numbers and ages of kids at any particular time.

Porritt and a senior nurse spent time in observation and play therapy with the children at the same time as Evening Big Group. Also, a couple of nurses remained on rounds (and made tea for the report session) Chilmaid 2003). Evening groups catered for friends and relatives who found it difficult to come during the day, and for inpatients that worked during the day. Very occasionally the evening Big Group became a Special Group and mandatory for all. Mostly evening Big Groups were well attended, probably 80% of morning Big Group. In an email Bruen (Mar, 2003) wrote:

As I recall, the evening groups were compulsory for inpatients but not for outpatients. However, family members of inpatients were strongly encouraged to come in the evening, and there was a strong emphasis on family dynamics for attendance by those families whose relatives could only come in the evening.

Once Big Group started, the ground rule was that *no one* left before it was finished. A toilet was available within the room behind a screen. Two staff were assigned to be recorders, one for content, and one for process. Big Group process records were kept in a very large hard covered red book. This assignment was rotated to improve staff's process observing and attending skills. This record was referred to during staff discussion in the tea break following Big Group. I have been unable to trace this red book. It seems that no records exist of any aspect of Fraser House in Government records. Neville and Margaret Cockett both confirmed (Oct 1999) that there were powerful forces very determined to see all trace of Fraser House eliminated. I could find *no* health department archives relating to Fraser House.

The Big Group meeting room was the lower building behind the white car in the photo below.

One of the Fraser House Handbooks (Yeomans, N. 1965a, Vol. 4, p. 1-54) confirms that during the staff discussion in the tea break following Big Group, the two official observers for the meeting used the Red Book to give their report to staff, followed by comments by all staff members present, including the Group Leader/Therapist.

The points assessed were: mood, theme, value and interaction, therapist's role and techniques employed. From these 'post-mortems' comes much of the knowledge needed.

These four aspects - mood, theme, value and interaction were the essence of what Neville was personally constantly scanning for. These guided his interacting with the group. In having these as the 'discussion framers' along with Neville's role and process, Neville was fast-tracking all staff into his way. Note that while these review sessions were very involving, they were condensed by being limited to 30 minutes. They happened twice a day so the 'unfinished' may be taken up later if deemed a potent theme.

The aim must be always to look at the community in the 'BIG' – as a whole and this certainly is no easy matter (Yeomans, N. 1965a, Vol. 4, p. 51)



Photo 25 A photo I took in October 1998 of the room at Fraser House where Big Group was held

Neville also scanned the 'BIG' – the-whole-of-it - like his family did on the farm. The handbook notes that this was 'no easy matter'. Simultaneously Neville was scanning for minute subtle nuances. Neville had 'attending' as a highly developed resource state.

Some of the ways in which an emergent theme may be linked to sections of the total community are indicated in the following quote from notes on how to run Big Group (Appendix 8):

Usually the therapist then allows the group to enter into spontaneous 'free floating' discussion until a general interconnecting theme is apparent. This may then be pursued with promptings towards interaction between different generations or social classes or psychiatric opposites – or perhaps to tie in together for mutual support those with similar difficulties, personally or because of family or life-crisis situation (Yeomans, N. 1965a, Vol. 4, 50-54).

On staff review of groups, an email Bruen (Mar, 2003) stated:

The staff meetings to discuss the group were for staff only. The summary was recorded but not made available to patients or families. These summaries were used mainly as a training exercise in what to look for in a group and to update staff at change of shifts - dynamics often changed very quickly at Fraser House and staff needed to be up with the latest.

Also in an email Chilmaid (Mar, 1999) wrote:

While the feedback/report by the observers was given at a half hour staff meeting (with a cup of tea and sandwiches) it was not unknown to query the observers about content earlier in the Big Group during the meeting.

Neville always led Big Group when Fraser House was first set up. He was both evolving processes and modelling these for staff. After a time, others began to get a feel for how to do

it. Big Group was then also taken by medical staff. Later on, some nurse leaders also lead Big Group. As mentioned, three of the people I interviewed for this research, Cockett, Bruen, and Chilmaid all ran Big Group many times. After Neville left Fraser House in 1968 some Big Groups were even run *by skilled patients*. This was reported by Warwick Bruen (Interview April, 1999).

Thursday morning Big Group was 'administrative only'. Administrative matters were discussed and patient committee elections were held under the auspices of the Parliamentary Committee. Reports were also received from the other committees.

During an interview/conversation with Neville (April, 1999) he stated that any attempt to bring up an administrative matter in a therapy group was deemed to be 'flight' and was interrupted with compassionate ruthlessness. Any attempt to bring up a therapy matter during an administrative group was deemed to be 'obstruction' and deferred.

The distinction in function between the Administrative Big Group and the other Big Groups is detailed in the following quote from the Staff Handbook (Appendix 8):

Morning community groups have two main therapeutic functions; personality change is the aim of four meetings, while social control is the focus of the Thursday morning administrative group (Yeomans, N. 1965a, Vol. 4, 50-54).

It was not 'administration' to sort out staff administration; rather, it was 'administration' for furthering the mutual-help based social control of the total community by the total community.

During Big Group *everyone* - including staff, outpatients and guests - were 'in therapy'. Visiting Family, workmates and friends would 'sign on' as outpatients. In an April 1999 conversation with Warrick Bruen he said that while it was not 'spelt out' to staff that they too were 'in therapy', a person could not be in Big Group and *not* be 'in therapy'; it was just so 'dense' that people had to have psychosocial and emotional shifts occurring. This view was confirmed by Neville, Margaret Cockett and Phil Chilmaid (April, 1999). This is resonant with Maxwell Jones' comment that anyone in Fraser House *had* to change (Clark and Yeomans 1969, Preface).

Preventing Session Creep

Neville told me (June, 1999) that all therapy sessions at Fraser House were set strictly at a length of one hour. Timing of the following tea break and the one-hour small group was also strictly adhered to. When the Big and Small Group hour was up they stopped, even if it was in mid sentence. Neville said (30 June 1999) this strict adherence to time was specified by him after reading articles that therapy sessions get progressively longer once over forty-five minutes. What tends to happen is that people leave opening up and sharing to the last five minutes, and when they do open up there is some pressure there to work through something, and the session is extended. Next time nothing much happens till the last five minutes of the longer period, and so the session extends even further. To stop this 'session creep', Neville set sixty minutes as the non-negotiable length.

Big Group Layout

So that everyone could see everyone at Big Group, moveable wooden tiers were set up along each of the long sides of the Big Group room. Staff, patients and outpatients were all mixed together in a self-organising process. A raised podium was set up at the far end for the two recorders who kept a transcript of the proceedings.

The Big Group room was rather small for the numbers that crammed into it - around 8 metres by 16 metres. Neville, Bruen and Chilmaid (April 1999) confirmed that typically, the attendees sat in two rows along both of the long sides. Attendees were all jammed in shoulder to shoulder. When the numbers exceeded 180, there would be three rows along one or both of these long sides.

The Sixties were a time when women were generally quiet in men's presence and would be quiet if men were talking. In other hospital environments this reticence to talk in the presence of men tended to apply to both female staff and female patients. An observation made by Phil Chilmaid (August 1999) was that at Fraser House, females were often passionate contributors in groups and would often catch the group's focus and hold the floor.

Outside of Big and Small Groups, all involved in Fraser House were dispersed throughout the quarter of a kilometre long complex. In squeezing the total community and visitors into Big Group, Neville was creating concentrated cultural locality. Everyone was part of the shoulder-to-shoulder crowd; everyone was audience and spectator. And everyone knew they could become the centre of the crowd's focus and that this could happen *at any time*. Being the focus of Big Group was a very potent extraordinary socio-emotional experience. Neville was very adept at creating the unexpected sudden shift in group focus. That anyone could become the focus of group attention at any moment served to create and maintain tension in the group.

A Mood That Attunes

Mood was one of the four aspects of Big Group that was discussed at the following thirty minute staff review. A key part of the Big Group reality was maintaining a 'healing environment' that was a 'natural growth force'. The German word '*stimmung*' is apropos. 'Stimmung' has, as one of its meanings, 'a mood that attunes people together' (Pelz 1974, p.89-90). Within Big Group, Neville set up processes whereby the collective *stimmung* that was maintained for the time together was tuned to healing (Pelz 1974, p. 89-90). However this did not necessarily mean gentle caring and kindness. Healing often entailed what Neville called, 'ruthless compassion'. Healing was at times rugged and relentless. It was at times exhilarating and at other times it was emotionally draining. In separate discussions with Neville, Warwick Bruen and Phil Chilmaid (April 1999), they all confirmed that Big Group was very tightly structured and that no one liked it - staff and clients alike. At the same time it was widely acknowledged among both patients and staff that Big Group was very important - a crucial aspect of the Fraser House change-work.

Neville's exploring of *stimmung* was resonant with the following remarks (about a group of people attuned to each other) by Jaworski's (from his conversation with theoretical physicist Dr. David Bohm mentioned in part in Chapter Four):

It's activating a single intelligence that works with people who are moving in relationship with each other. Cues that pass from one to the other are soon picked up with the same awareness just as we pick up cues in riding bicycles or skiing. Therefore these people are really one. The separation between them is not blocking. They are all pulling together. If you had a number of people who really pulled together and worked together in his way it would be remarkable. They would stand out so much that everyone would know they were different (1998).

People did recognise that Big Group was very special. That's why religious leaders, academics, bureaucrats, businessmen, media people, people from all walks of life came to experience it and co-learn.

Big Group was run like a meeting (Yeomans, N. 1965a, Vol. 4, p. 18, 50-54). In writing about group process the handbook states (refer Appendix 8):

'The first essential in taking a group is to see it as a meeting and like all meetings, there is a need for a chairman to conduct affairs and keep issues to the point. 'The function of the therapist is to see that the group functions as a group. Be directive. The group could function well if the chairman adopts a completely passive and wordless role (Yeomans, N. 1965a, Vol. 4, p. 17-20, 50-54).

Bruen commented (interview April, 1999) that Big Group was 'exhausting for all present' and that the leader had to be 'really on the ball' and 'aware of everything'. Within Fraser House *any* destructive behaviour was interrupted, and dysfunctional behaviour was regularly occurring because of the nature of the patient/outpatient population. This dysfunctional behaviour was often interrupted with what Neville described as 'ruthless compassion'.

One of the Fraser House Handbooks includes the following comment on Big Group process: When both the staff and patients are working well together in the Unit, a peak of enthusiasm is reached at times when everyone sees almost any move at all as being gainful. New enterprises are embarked upon with an eagerness that is almost inspired and success is a certainty.

Again, when as a whole the big group is swayed by frustration, contagious aggression and excitement result - just as contagious as the feelings of fear and panic experienced due to shared threat anywhere (Yeomans, N. 1965a, Vol. 4, p. 51).

The Handbook notes that theories of behaviour of crowds and audiences apply to Big Group.

My interviewees all confirmed the following:

1. Creating a collective mood tuned to healing that colours the collective reality as healing, is itself therapeutic.
2. Within Fraser House, the realized (in the two-fold sense of 'made real' and 'understood') reality/context, the shared meanings about 'what we are here for', and the collective mood, were all healing.
3. All participants (apart from newcomers) shared memories of previous Big Groups where healing had occurred in the shared cultural locality of the Unit's Big Group Room. The very space in the room had become healing space. Healing memories were anchored (Hanlon 1987) to that space.

Given the prevalence of pathology, Big Group as 'healing stimmung' was still riddled with people doing their best with pathological repertoires, including dysfunctional beliefs about the world and each other, as well as problematic values, attitudes and habits and pervasive self-doubt. All of these were being constantly held up to community scrutiny and challenged. Neville had highly refined competences to ensure functional interaction in this dysfunctional seething.

A lot of Big Group was like theatre with vocal people sometimes being rather passionate and rowdy. This was attested to by Neville, Chilmaid and Bruen (interviews April, 99). Big Group meetings were sometimes extremely frightening and challenging. Despite this, the context was framed as healing and very tightly controlled. People were learning to be able to make value and moral based discriminations in discoursing about everyday life issues rather than just using utility as a criterion, or being unable to express themselves at all.

ON NEVILLE'S ROLE AS LEADER AND HIS GROUP PROCESSES

On the Side of Constructive Striving

Every person I interviewed connected to Fraser House said that Neville's group process skills were way ahead of everybody. In the following section I endeavour to unpack some of his processes.

To repeat, Neville was continually scanning everyone (including various factions and isolates) to sense mood, theme, value and interaction (Bruen in April 1999). Neville discussed his own process in a monograph entitled, 'The problem of Taking Sides' (Yeomans, N. 1965a, Vol. 5, p. 46-47). Neville's process for working with destructive non-ecological behaviour was as follows (Yeomans, N. 1965a, Vol. 5, p. 66). Whenever Neville was with more than one person, he was always on what Neville called 'the side of the constructive striving' of everyone present - their ecological bits (defined by Neville as 'what was functional in the context') – what Neville called, 'the free energy'. This is isomorphic with the Keyline principle, 'make use of the free energy in the system' (Yeomans, N. 1965a, Vol. 5, p. 66). The essence of this process was that Neville never took sides verbally or non-verbally. When carrying out therapy with family and friends within Big Group, Neville did not take the side of any one person. Rather, Neville took the side of, or supported what he called 'the healthy component of a role in the relationship between the individuals concerned in that unfolding context' (Yeomans, N. 1965a, Vol. 5, p. 66).

The following quotes are taken from Neville's 'The problem of Taking Sides' monograph (Yeomans, N. 1965a, Vol. 5, p. 46-47) . When working within the intra-psychic structure of any one person in the family group, Neville wrote that he supported:

certain role behaviours of the particular individual and not other role behaviours.

More specifically, he supported:

the normal component of certain roles undertaken by the person in the particular context.

Neville did not take sides between the two or more individuals, even though typically they may be attempting to make him do this. Neville was constantly supporting what he termed:

the *positive* component in role relationships, and in any one individual in the role relationship - that person's positive role behaviour component.

Using this process, it was surprising easy for Neville to flow very comfortably through the most potentially disturbing of family quarrels and conflicts. Within the unfolding context, Neville was supporting what he termed:

the normal component of their role relationships, and consequently the normal component of the intra-psychic role structures

Neville was, intra-psychically speaking:

supporting the normal sub-total of roles in the individual and the group

At the same time, Neville was not supporting and condoning:

the abnormal role part functions of any in the group

Looked at from the perspective of a person's total personality, Neville was:

personally supporting each member of the group as a person, while fundamentally not supporting or condoning anyone's abnormal behaviour. Each member of the group was accepted. Everyone's abnormal behaviour was rejected. The tension in each individual within the family/friendship sub-group was thus supported towards the normal.

What Neville was actually doing in the unfolding context was continually changing his position as a function of the particular roles that were being attempted by one or other of the partners in the exchange. Neville was always supporting the context specific healthy role functions. A colleague David Cruise pointed out the resonance of the words of the Henry Mercer song (Mercer 2000):

Accentuate the positive
Eliminate the negative
Latch on to the affirmative
Don't mess with Mister In-Between

In this context, Neville was a 'positive Mr. In-between' and according to all of my interviewees, he was so far ahead of everyone else in his strategic ruthless compassionate caring, that it was best not to 'mess' with him.

The following outline of Neville's behaviours in Big Group was confirmed by interviewees and is consistent with Neville's paper, 'The Problem of Taking Sides' discussed above.

In Big Group, if anyone was destructively attacking another person present, Neville said (June 1998) he engaged the attacker and momentarily gave then his attention. He then immediately interrupted the attacker, and suddenly withdrew attention. Neville would switch his full attention to the person being attacked and ignored the attacker, and possibly the ongoing attacking. This sudden withdrawal of attention from the attacker was all the more potent because Neville's prior engagement was so strong. At the same time he would continue to monitor the attacker as part of continual meta-scanning of the whole group and group process. He may provide support and comfort, and respond to any constructive striving of the victim. This behaviour 'rewarded' the victim and was 'punishing' the attacker. Sometimes he may isolate out and focus on the constructive and functionally appropriate-in-context aspects of the attacker's behaviour and use this to interrupt the destructive aspects. Neville was very adept at this rapid pattern interrupt to non-functional-in-context behaviour. Neville said that aspects of the interrupt process may include the sudden removal of gaze, the rapid turning of eyes, head and body away from the attacker, the cessation of Neville's attention (as perceived by the attacker), perhaps the hand up, 'stop now' hand gesture of the traffic policeman, the non-acknowledgment of the attacker's words and being-in-the-room, and the engagement of the 'victim' as Neville's (and the Groups) new centre of attention.

Typically, the victim became the new centre of the group-as-audience's attention and the attacker was for the time, 'excluded' by the Group process. This was an example of Neville's use of social forces. This sudden withdrawal of being the centre of the Group's attention, the taking away of the supports to the attacker's 'taken-for-granted what's happening'- this 'denial of the attacker's reality' - typically creates an internal 'interrupt' to their state and functioning. Often they go into momentary confusion (Hanlon 1987). Often the 'state' of the suddenly interrupted person may collapse. For example, 'anger' may collapse through 'confusion' to 'frustration' to 'brooding' till the dramatic theatre unfolding around them 'captures' their attention and they shift to being profoundly engaged as part of the audience to other's change-work. Bruen and Chilmaid confirmed Neville's use of the above behaviours (Oct 1998, April 1999). Neville termed the functional behaviour in context 'the ecological

bits'. Neville would, in his terms, 'support the ecological bits of all concerned'. He would support 'the functional behaviour in context and ignore the dysfunctional behaviour in context'. Neville (June, 1998) called this 'ecology therapy' (Yeomans, N. 1965a, Vol. 5, p. 46-47).

Neville was particularly interested in processes for crowd synchrony and contagion and how to use this for enabling caring and wellbeing. Neville's models for his own Big Group leader behaviour were Churchill, Hitler, Billy Graham and Jesus - that is, people who could create crowd synchrony and contagion; people who could inspire, manipulate, emotionally move and control a crowd. He did not use them as content models (except Jesus' love). Neville (July 1998) said that he often mentioned to staff and clients that he used these charismatic people as process models.

Neville's abiding metaframe was love surrounded by humane caring, psychosocial ecology, and safety. Aspects of this metaframe emerge through this research. In a 30 June 1999 telephone conversation Neville said that one appeal of charismatic leaders is that:

....for many followers, the paradox of existence requires the intervention of the miraculous. Many believe that such leaders can deliver miracles.

When I asked 'and there were miracles at Fraser House?' he said with flourish:

Of course it was miraculous. We were the best in the planet, and we all believed this, so we would acknowledge our failings, as we *were* streets ahead of everyone else. I was accused of being an impossible optimist. I sense I was more of a fatalistic optimist. I was context driven - if I go to 'creative context' then 'everything is creative' - it worked like that. As for the miraculous - well that was a calm night.....peaceful.... remember we were filled with the very bad and the very mad - the under controlled and the over controlled.

Neville's Sensory Functioning

According to Bruen and Chilmaid (April, 1999), Neville had an amazing ability to perceive inside and outside of the person(s) he was attending to, as well as every person in the group (up to 300), and to do all this instantly, and be ten or more steps ahead of everybody in a very strategic way. Neville had the capacity to recall virtually verbatim everything everyone said and even the subtlest non-verbals and actions over at least the whole of a one-hour Big Group (around 180 people) or small therapy group at Fraser House. Often he would refer a person back to what they had said 20 or 40 minutes ago and be able to repeat verbatim what they said back to them.

It seems that in sensory terms, when Neville was tuned into social interaction, he typically stayed attending to external contexts as opposed to internal recalling or imagining seeing and hearing things. Neville told me (June, 1992; June, 1998) that he would receive thoughts as guides to action as 'bolts out of the blue' – out of internal silence – with these, and their link to unfolding action, linked to his immediate (fast) emotional and kinaesthetic responses as a check on ecology and 'fit'. He could attend to specifics and scan the context concurrently, always looking for the free energy in the social milieu. For Neville, 'free energy' was what he termed 'the context specific and resonant functional bits of behaviour' and the 'psychosocial resources' in each person present.

Place was fundamental for Neville. Initially I had not realized that when he and I were talking about another place (or events in another place) to the place we were situated, Neville would mentally place himself in this other place as an aid to discussion and functioning. Similarly, Neville always checked out his and others' context and meta-context (the context of the

context) in social exchange, so that he could get a *feel* for the interconnections in everyone present (Goffman 1974). None of this detail ever bogged him down or cluttered the conversation. Neville was a man of few words – for him, the less said the better.

THE FAR-FROM-EQUILIBRIUM LEARNING ORGANIZATION

The Fraser House milieu was like the soil on the Yeomans' farm. It was complex, interwoven and maintained in a thriving state because of very strategic redesign features that Neville set up and sustained - fully consistent with thrival aspects within individuals as living system, and between individuals as the Fraser House living system.

Fraser House was what Senge called thirty three years later a 'learning organization' (1992). The Unit had a culture of continual review, innovation and openness to try new ways, leading to sustained negentropy (the opposite of entropy). Neville was implementing what Deming termed 'a culture of continual improvement' (2005).

Living systems that are adaptive and thriving well, while being provoked and challenged by the surrounding ecosystem, are usually in far from equilibrium states (Capra 1997, p. 85-94, 102, 110, 175-178, 187). In complexity terms, every aspect of Fraser House was structured by Neville and others to maintain the Unit in a far from equilibrium state. When situations within Fraser House became stuck, Neville would intentionally perturb it, and then use the evoked heightened emotional contagion as emotional corrective experience.

Gain, Loss, Threat and Frustration

Neville spoke (discussion Dec, 1993 and July 1998) of four major themes stirring emotions being gain, loss, threat and frustration. Neville would expressly make strategic use of incidents with a high probability of heightening emotional arousal associated with these four themes within Big Group.

Among the appendices are three cases studies providing revealing glimpses of Neville's processes and the Fraser House community in action:

Appendix 14 is a Case Study about how Neville intentionally heightened the group's emotional arousal during a Big Group meeting using the themes gain, loss, threat and frustration.

Appendix 15 contains two cases. The first is about Neville mobilising the Fraser House community to be at its very best in supporting a 12 year old girl and her foster parents in a Big Group meeting expecting the arrival of girl's mother who has just served twelve years in prison for murdering her other children. The mother arrives obsessed with killing the 12 year old.

The second case is Neville's strategic intervention where a patient in his upstairs dorm is threatening to stab his wife.

SUMMARY

This chapter has outlined the use of collective social forces in Big Group meetings, and the collective therapy processes evolved at Fraser House for working with attendees as both audience and crowd. The difference between Therapy Big Group and Administrative Big Group was described. Post Big Group staff reviews of mood, theme, value and interaction along with discussion on the therapist's role and techniques were outlined along with Neville's leader roles and group process. The next chapter looks at change processes evolved at Fraser House. Neville's evolving of Cultural Keyline from Keyline is analysed

Chapter Nine – Fraser House Transitional Processes

INTRODUCTION

This chapter looks at Fraser House small group process and the many other change processes evolved at Fraser House. Margaret Mead's visit is discussed and Neville's adaptation of Keyline to Cultural Keyline is analysed.

SOCIAL CATEGORY BASED SMALL GROUP THERAPY

Just like Big Group, Small Groups were run like meetings. Typically, one staff person ran the Small Group and another staff person was a process observer, on-sider and trainee. Small Groups were mainly conducted by the nurses, with some groups being lead by medical officers, the social worker, and the chaplain. The chaplain ran some spiritual groups at Fraser House. The Fraser House Handbook specifies the nurse therapist role in Small Groups (refer Appendices 7 & 8):

The role of the Small Group therapist and observer has always been the province of the nurse in Fraser House, and represents part of the rise in therapeutic status. Nurses have become therapists in their own right.

The first essential in taking a group is to see it as a meeting, and like all meetings, there is a need for a chairman to conduct affairs and keep issues to the point.

The initial function of the therapist is to see that the group functions as a group (Yeomans, N. 1965a, Vol. 4, p. 18).

The Handbook then gives detailed specifying of group process. Sections of the Handbook on the Nurses Roles and Big Group process are shown in Appendices 7 and 8.

Small groups were held from 11 AM to 12 Noon after a half hour refreshment break following big group. They were preceded by the staff discussion over morning tea. After evening Big Group and a similar thirty-minute staff discussion period, Small Groups were run from 8 PM to 9 PM. During the staff discussion, patients and visitors had an informal morning tea together separate from the staff. All groups and the refreshment break ran strictly to time. Another staff discussion meeting took place after Small Groups to ensure all staff was well briefed on unfolding contexts.

In an April 2003 email Phil Chilmaid wrote:

There were several ways to follow up progress and issues: inter-staff verbal exchange at shift change, ward report books, patients' progress notes, and at various times, small group report books, and a large sheet of butchers paper ruled up with boxes for all the weeks programs and events so staff could come in after a gap or next shift and follow themes and developments.

Generally, nearly all the outpatients (typically, friends, workmates and relatives of patients) attending Big Group stayed and were allocated to the various Small Groups in both the morning and evening sessions. It was expected that outpatients attend both Big and Small Groups. There were ten or more concurrent Small Groups typically made up of between 8 to 12 people, or more per group.



Drawing 2 A Sketch of a Fraser House Small Group by Harry Campbell

The above illustration by "Sun" artist Harry Campbell of patients at Fraser House was published in The Sun Newspaper, 17 July 1963, p.28 [Also included in Neville's News clippings (Various Newspaper Journalists 1959-1974, p. 33-34)].

Recall that upon Tikopia there was constant linking within and between people of differing generations, gender, clan, village, locality, status (chief/non-chief families) and occupation, that is, between differing sociological categories. Similarly, Neville cleaved Fraser House family-friendship networks and inter-patient factions by sociological category.

Neville's aim was to create self-organizing communal living, which may impact upon and create shifts away from isolation and destructive cleavage, or make functional cleavage in entangled pathological networks.

In supporting mad and bad people with their dysfunctional family-friendship networks live well with each other, Neville's view was that one of the primary healing processes that was both structured into and continually and pervasively at work within Fraser House, was the day-to-day lived-life dynamic healing interplay of social cleaving and unifying processes – the same processes that have been discussed in talking about Tikopia. Neville would set up scope for micro-experiences creating very strong forces cleaving pathological entanglements, as well as forces forging functional bonds within and between people. Typically, patients arrived with a very small family-friendship network.

Both the sociological category and the composition of small groups varied daily. All the small groups at any one time were based on the same category.

The social categories were:

- (i) age
- (ii) married/single status
- (iii) locality
- (iv) kinship
- (v) social order (manual, clerical, or semi-professional/professional) and
- (vi) age and sex.

Friday's Small Groups were made up according to both age and sex for both staff and patients. This was the one exception to the non-segregation policy. Often inter-generational issues, including sexual abuse issues, were the focus of these Friday groups.

People in pathological social networks would be all together with everyone else in Big Group. However, because of the continual changing composition in small groups, the

members of these pathological networks were regularly split up (cleavered) for the small group sessions. Age grading was deemed very important, as it is one of the basic divisions in society. Neville told me (July 1998) that the thinking was that age grading sets a context for the production of personality changes to prepare the client for life outside Fraser House. Age grading also allowed space for sorting out inter-generation pathology that was very prevalent. For example, Appendix 13 contains a note that at one time the Canteen was staffed only by people under twenty years of age. This would have created scope for sustained inter-generational relating with suppliers and customers.

Because of the number of categories, any visitor coming regularly on certain days of the week would find that they would be attending groups based on differing categories. For the small groups based on locality, Sydney was divided into a number of regions. In most cases, groups of people came regularly on the same trains, buses and each other's cars so they all got to know each other. Patients and Outpatients would attend the small groups allocated by locality for their region of normal domicile. The Unit's aim was to increase the patients' role-taking functionality and psychological comfort towards their returning to functional life in their local community with an *extended* and *functional* family/friendship/ workmate network, typically of around *seventy* people. This meant that people who may have previously had a social network that was smaller than typical in society, ended up having one that was typically larger in terms of the number of people in the 'closely known and regularly interacting' part of their social network.

After a time at Fraser House these individual patient family/friendship networks would expand to have members with cross-links to other patient's networks, and with a continual changing Unit population with overlap in stays, these nested patient-networks became very extensive. As well, all these people had Fraser House experience in common, and a common set of mutual support skills. The critical role of locality and Neville's use of locality in this increase in the size and functionality of patient's social networks is entirely resonant with Indigenous links to place, and the significance of place and placeform in Keyline.

CHILD-PARENT PLAYGROUPS

Webb and Bruen (1968) wrote up research relating to the first 13 weeks of Multiple Child-Parent Therapy in Fraser House – called by some, 'the mad hour'. Median attendance was 15 parents and sixteen children (aged 14 and under). This therapy was held in the same room as Big Group. All chairs were removed and 'free play' items were provided - including saucepans, games, balls, clothes as well as chalk and a blackboard. Attendance for parents and their children under 14 was compulsory and doors were locked to prevent people leaving; although parents with unproblematic relations with young infants were not required to bring them. Outpatients visiting Fraser House with children under 14 also attended the parent-child groups. As with other groups at Fraser House, there was a spread of diagnostic categories⁹ among the people attending, as well as a spread of under-actives/over-actives and the under-controlled/over-controlled (Bruen Dec, 2005).

The first half hour was a free period. Parents asked what they were supposed to do. The only instruction was 'parents are free to play with or discipline their children as they see fit'. Staff were told that during the free period they were to observe but not intervene unless physical damage seemed imminent. Staff could move around and talk to parents or play with children; however, staff were not to organize anything.

⁹ Schizophrenia 2, Personality Disorder 6, Personality Disorder with Alcohol and Drug Addiction 4, and Neuroses 3.

In the first few weeks these groups were extremely noisy, rowdy and stressful for parents, staff and children alike, especially the free period where staff were almost as overwhelmed as the parents.

The second half hour was usually structured with finger painting or routine group therapy. The third half hour was a reporting session. After that session the attendees were divided into three groups run by staff - parents (one hour session), children 8-14 (one hour session) and younger children (half hour session). The half hour with the younger children was described as 'utter chaos'. There was then a final reporting session for staff for a half hour.

Initially, nearly all parents expressed considerable hostility towards the group and towards the staff who set up the group. During subsequent groups, parents grudgingly acknowledged that children enjoyed it. In an email exchange Bruen stated (December 2005) that:

Even having parents become hostile towards us succeeded in bringing them closer to their children.

The free period was originally an arena for staff to watch interactions that emerged. Initially parents were unable and unwilling to go near or engage with their children – they were emotional strangers. 'Getting together' as a family was a rare event in these people's lives.

For six weeks the group was a provoking agent. After six weeks parents grudgingly admitted that the children enjoyed the sessions (Webb & Bruen, 1968, p. 52). After 9 weeks, successful whole family discussions were starting. Parents began playing with each other and play was being organised by parents with and between whole family groups. Whole families began to get together and enjoy each other's company. A major therapeutic role of the groups was having parents showing pleasure and amazement in having for the first time their children approaching them to play with them, and if parents did this, that it would not have disastrous consequences.

During the thirteen weeks covered in the Web-Bruen research, the attendees were also attending Big and Small Groups, and discussion about the Child-Parent Groups was often raised in both of those forums.

Terry O'Neill used to facilitate this upstairs child-play segment as a volunteer psychologist after Warrick Bruen left. (I received my counselling skills training from Terry in the late Seventies.) Terry told me (Oct 1998) that on his first evening alone with the children (8-14), so much emotional energy had been generated during the first segment, 'playing' with their parents, that the nature of the frenzied play upstairs was scary. Some of the older children were kicking a soccer ball round like a deadly missile. Everyone had to be super alert not to get his or her head knocked off. Terry said (Oct 1998) that having a number of disturbed children in play therapy in these evening sessions stretched his skills to their limit.

The substantial change towards good parent-child relations during free play in these child-parent groups is another example of 'provoking' or 'pertubing' the families and tapping into functional self organizing aspects in the context of all of the other Fraser House changework.

INDIVIDUAL THERAPY

When deemed appropriate, face-to-face therapy between two patients, a patient and a nurse, or a patient and a doctor was held. Even in this individual therapy, the central focus was inter-patient relationships. Encouragement was continually given to 'bring it up in the group'.

While it was recognized that during some crisis times a patient may need support by a doctor or nurse, most face-to-face therapy was informally between patient and patient as they went about everyday life, with the wider community always a background.

RESEARCH AS THERAPY

Neville commenced his postgraduate diploma in sociology shortly after Fraser House started and completed it in 1963. Neville spoke (July 1998) of Fraser House being an informal Post Graduate Research Institute, and of the Unit being the most advanced Social Research Institute in Australia.

Neville had pointed out to me that Franz Alexander had observed the potential for healing of the caring relationship between Freudian analysts and patients (Alexander 1961). Similarly, Elton Mayo (Trahair 1984) had found in the Hawthorne experiments amongst workers in the early part of this century, that the change component was not so much the various 'treatments' of the research - rather that it was that the researchers were acknowledging the workers' dignity and worth and showing an interest in them. Change was linked to the emotional experience of being research subjects. Similarly to Mayo's work, Fraser House patients and staff were the focus of continual research by Fraser House researchers and the outside research team headed up by Alfred Clark. Patients were being continually asked to reflect on themselves, other patients, other staff, Big Groups, Small Groups and on every aspect of Fraser House and aspects of wider society. Through all of the research, patients learned about the difference between quantitative and qualitative research as well as about the notions 'validity', 'reliability testing' and 'trustworthiness', and how these are very useful notions as part of living in a modern community, especially one with extensive pathology. Patients also became involved in both qualitative and quantitative research data gathering as well as discussing the results and implications of the research.

During 1963-1966, research by nurses in Fraser House was supervised by Neville (Yeomans, N. 1965a, Vol. 12, p. 69). Neville gave preliminary training to nurses in research methods and also trained the social worker in research methods. At one time Neville arranged a Fraser House Research workshop with 25 associated projects (Yeomans, N. 1965a, Vol. 12, p. 86-99). As an example, Fraser House residents were involved in rating patient participation and improvement (refer Appendix 16). In answering, patients were not only being encouraged to notice healing micro-experiences (experience of little bits of behaviour that may contribute to healing), they were receiving the strong positive emotional experience that what they thought and felt about things mattered and was of value. Having come from conflicted family environments where contradictory communication (Laing and Esterson 1964) was the norm, doing reality testing and checking the practical usefulness, validity and relevance of their observations was valuable. Patients and outpatients would start discussing a very diverse range of topics and in the processes evolve their capacities in forming, expressing and evaluating opinions and making insightful and useful observations about human interaction.

VALUES RESEARCH

Another example of treating patients with respect, dignity and worth was asking them to explore and give answers to questions about their value systems. Neville carried out extensive values research (1965a) based on the concepts of Florence Kluckhohn (1953, p. 342-357). A list of the questions that were asked in Neville's Values Research is in Appendix 17. This Fraser House values research was followed up by questionnaires being completed by over 2,000 people in Sydney, Melbourne and Brisbane - the three largest cities in Australia. Neville had placed a Survey called, 'The Survey of the Youth of Victoria' in his Collected Papers Archive (1965a, Vol. 13). This survey (using Neville's values questions as one part of the survey) was conducted by the Good Neighbour Council and the

Commonwealth Department of Immigration Survey Section, Canberra during 1967. There were 1035 informants and 1017 used in final analysis.

In Neville's view (Dec 1993), substantially shifting core values amounts to shifting culture. Neville also stated that at the time, this values research was, in all probability, the most extensive research on values that had been done anywhere (Clark and Yeomans 1969, p. 20-26).

Appendix 18 and 19 lists inventories developed and used at Fraser House (Yeomans, N. 1965a, Vol. 4, p. 43, Vol. 11). These inventories enabled the putting together of a holistic psycho-social emotional mindbody portrait of each patient and outpatient's whole life, covering presenting matters, recent past, post-school period, childhood, as well as work history and recreational activity. This is consistent with the holistic socio-emotional focus of change at Fraser House. Reflecting these stories back to patients engaged in reconstituting their unfolding story had functional value.

Despite being extremely busy with every aspect of Fraser House and its links into the community, Neville was very active in research and writing up papers. He was an active presenter at conferences and other professional meetings. Appendix 20 contains three Tables (A, B, and C) listing fifty seven of the extensive body of Neville's research papers and monographs mentioned in his collected papers in the Mitchell Library. Many are undated though come from the 1959-1965 period.

Group and crowd behaviour during big groups was a constant research theme. For example, in a file note called 'Colindivism' (1965a) Neville describes the interactive nature of collective and individual behaviour in Fraser House.

Patients knew that all manner of data was being collected about them relating to demographic and socio-economic data, length of stay, participation by their friends and relatives and the like. Research outcomes were discussed with patients.

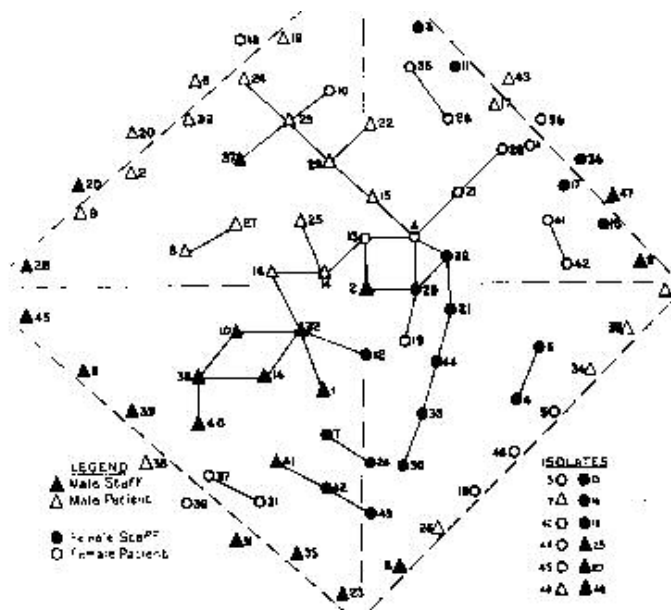
Within a connexity based Cultural Keyline frame it made absolute sense to connect patients to the interconnection and inter-dependence of aspects of society at large. Psychiatric patients and ex-prisoners were asked their attitudes towards overseas trade with SE Asia, or about landscape planning and urban renewal in Sydney, NSW, and their thoughts and attitudes about crime and substance abuse (refer Appendix 18). If they had no thoughts, beliefs or attitudes they formed them in community discussion. This is consistent with the Mayo's Hawthorne effect (Trahair 1984). It engaged them as people of worth and encouraged them to see their place in their local place linked to the Region. Neville told me (Aug 1998) that patients did respond well to this research and that this contributed to many of them becoming active in a wide range of grassroots community action.

Neville told me (Dec 1993, July 1998) that a process he used to protect Fraser House was that a number of research workers from Sydney Universities carried out research at Fraser House towards obtaining higher degrees. To close Fraser House would have meant closing many students' research. Alfred Clark had his PhD on Fraser House under way. Margaret Cockett was doing her Masters research in Anthropology when the keeper of Unit's records discarded all of her material and they were burnt, therefore aborting that degree (Yeomans, N. 1965a, Vol. 12, p. 68). Margaret (April 1999) suspects this destruction was deliberate, because of a sustained and pervasive dislike of Fraser house by elements within the wider North Ryde Hospital. Margaret later obtained her masters based on different research. I have found no records of Fraser House in Health Department Records. It is as if the Unit never existed. It seems that Neville's Mitchell Library Archive (including the closed section in that I have been given access to) is the only Fraser House records available. A photocopy set of these archives are held in the James Cook University Library.

Bruen told me (Aug, 1999) that Margaret Cockett made sociograms of networks within Fraser House using the concepts of 'power', 'opinion leaders', 'leaders' and 'influence'. The conducting of this research was later confirmed by Margaret Cockett (April 1999). Regrettably, this research was among the materials discarded by North Ryde Hospital. Like all of the other research, the results were discussed with staff and patients, within groups and the progress committee (separate discussions with Neville, Bruen and Chilmaid April, 1999).

Sociogram based research in Fraser House recognised that P.A.'s three primary landforms (main ridge, primary ridge and primary valley) embody horizontal unity in the context of vertical cleavage though no reference to Keyline is made. Neville and other researchers at Fraser House used the above notions of *horizontal unity* in the face of *vertical cleavage* in doing sociogram research into the friendship patterns among staff and patients in Fraser house (Clark and Yeomans 1969, p. 131). A 'glimpse' of Neville's use of Tikopia's cleaved unities is in Clark and Yeomans' book, 'Fraser House' under the subheading 'Cleavages' relating to the sociogram research (Clark and Yeomans 1969, p. 131). Not surprising, this sociogram based research showed that Neville was only staff member:

with a link, by means of a mutual tie, into the genotypical informal social structure.... (Clark and Yeomans 1969, p. 131).



Sociogram 1 Sociogram Showing the Friend Network in Fraser House.

This finding is fully in keeping with Neville's notion of devolving responsibility and reversing the status quo. It was also in keeping with Neville's hands-off though being profoundly and sensitively linked that he was enabler on the edge of the informal social structure.

Apart from research as therapy, Fraser House research served at least two other functions. Firstly, the results were fed back in to modify the structure, process and action research in the Unit. For example, the critical and destructive role of extremely dysfunctional families and friends in holding back patient improvement became clearer to staff and patients alike from both experience and research over the first three years. Greater efforts were then made to involve these networks. Secondly, the research was used to protect the Unit and ensure its survival, at least for a time.

PSYCHIATRIC RESEARCH STUDY GROUP

Neville set up the Psychiatric Research Study Group on the grounds of the North Ryde Hospital adjacent the Unit. The Group was a forum for the discussion and exploration of innovative healing ideas. Neville and the study group networked for, and attracted very talented people. Students of psychiatry, medicine, psychology, sociology, social work, criminology and education attended from the University of NSW and University of Sydney and other places. The Psychiatric Research Study Group became a vibrant therapeutic community in its own right with a connexity relation with Fraser House. Prison officers and parole officers with whom Neville had been working within the prison and corrective system attended the Study Group. A 1963-65 Research Report states that, 'Tony Vinson and his team of Social Work 11 students from the University of NSW, with the Fraser House research Team, for a time acting in an advisory capacity regarding research design and field work methods, carried out a study to assess the effectiveness of the Lane Cove Community Aid Service and the Fraser House Community Psychiatric Programme' (Yeomans, N. 1965a, Vol. 12, p. 45-90)¹⁰.

The Study Group provided a space where ideas were enthusiastically received and discussed. Some participants had been finding it hard to get an audience for their novel ideas within the climate of the universities of the day. The Study Group was another cultural locality. Anything raised in the Study Group that seemed to fit the milieu in Fraser House was immediately tested by Neville in Fraser House. In trying something to see if it worked, Neville spoke (July 1998) of 'the survival of the fitting'.

At one time there were 180 members on the Psychiatric Research Study Group mailing list. Neville wrote that the Study Group:

...represents every field of the social and behavioural sciences and is the most significant psycho-social research institute in this State.

The Psychiatric Research Study Group maintains a central file of research projects underway throughout NSW and acts in an advisory and critical capacity to anyone planning a research project' (Yeomans, N. 1965a, vol. 4, p. 24).

Meetings were held monthly at first at Fraser House and then elsewhere.

WORK AS THERAPY

The canteen provided one context for using work as therapy. Another example was the patients winning a contract to build a bowling green against 'outside' contractors. This involved the tendering against outside builders, winning the tender and carrying out of a construction/landscaping contract to build a bowling green for Fraser House. The patients controlled every aspect of the tendering and work (refer photo below). In 1964 patients won a contract to pack light globes (Yeomans, N. 1965a, Vol. 4). These are examples of the therapeutic use of an actual economy.

¹⁰ Tony Vinson also attended the study group. He is now Emeritus Professor at the School of Social Work at the University of New South Wales. Neville spoke of Tony Vinson doing sociology studies in the early Sixties, obtaining his PhD in 1972 and becoming the Foundation Professor of Behavioural Science in Medicine at the University of Newcastle in 1976, and Chairman, of the NSW Corrective Services Commission in 1979.



Willing people give their time to help the centre . . . it will soon have its own bowling green.

Photo 26 Patients building the Fraser House bowling green in the Sixties - a photo from the Sydney Morning Herald (11 April 1962).

The above photo accompanied an article entitled 'The Suicide Clinic'.



Photo 27 I took this photo in June 1999 showing brick retaining wall and bowling green behind the wire-mesh fence

The above photo shows the bowling green area behind the fence that was levelled out by patients with hand tools. The retaining wall was also built by the patients and it has stood the test of time - still vertical. To reaffirm, a very important type of work that some of the patients became very adept at was being therapists and co-therapists in group and everyday contexts. All my Fraser House interviewees confirmed (Aug, 1998 and April, 1999) that often the most insightful therapy in everyday life and groups within the community was by patients.

Patient based therapy was offered though the letter from the President of the Parliamentary Committee (the letter is included as Appendix 11) (Yeomans, N. 1965a, Vol. 2, p. 11).

MARGARET MEAD VISITS FRASER HOUSE

The Anthropologist Margaret Mead visited Fraser House as the Co-Founder (1948) and ex-President (1956/7) of the World Federation for Mental Health (Brody 2002). Separate discussions with Margaret Cockett and Neville (Aug, 1999) cross-confirmed the following material about Mead's visit. Margaret Cockett informed me that Margaret Mead was introduced to Fraser House by an anthropologist friend of Margaret Cockett in the NSW Housing Department who had told Mead about Fraser House when Mead came to visit her. Cockett told me that initially Margaret Mead could not believe what she was hearing and came to Fraser House to check it out for herself. Mead was escorted throughout the day by Margaret Cockett, the Fraser House anthropologist psychologist. Margaret Cockett recalled Margaret Mead saying that she was very taken with the concept of therapeutic community and had visited many such communities in different places.

Mead very ably conducted the morning Big Group and ran a small group when she visited Fraser House (discussion with Neville, April 1999 and Margaret Cockett April 1999). Margaret Cockett described Mead as being 'absolutely on the ball' in the role of leader of both Big Group and one of the Small Groups. Margaret Mead also took the regular half hour staff group meeting that followed the Big Group.

A number of senior people from the health department joined Margaret Mead for lunch where according to Margaret Cockett, Margaret Mead held court and demonstrated that she was clearly ahead of every one of them in their respective specialist areas. Margaret Cockett suspects that it was Margaret Mead's glowing report to these people in the NSW health establishment hierarchy that made things just a little easier for Fraser House for a while. Neville said (April 1999) that at that time Mead visited Fraser House, the medical and psychiatric profession saw no relevance whatsoever for anthropology in their professions. Margaret Mead gave the 'big thumbs up' to Fraser House to these Department Heads, 'heaping praise' on every aspect of the Fraser House therapeutic community.

Margaret Mead also chaired the Psychiatric Research Study Group when she visited Fraser House (Yeomans, N. 1965a, Vol. 12, p. 68).

Dr. Margaret Mead, world famous anthropologist who visited Australia last year attended a meeting of the Psychiatric Research Study Group and also stated that she considered Fraser House the most advanced unit she had visited anywhere in the world (Yeomans, N. 1965a, Vol. 12, p. 69).

All of my informants spoke of the dense holistic inter-related 'total' nature of Fraser House. Neville (Aug 1999) told me that Mead also stated that Fraser House was the only therapeutic community she had visited that was totally a therapeutic community in every sense. Cockett, in talking about Mead's feel for Fraser House's totality and completeness said that Mead spoke of Fraser House as the most total therapeutic community she had ever been to. (Note that the above sense of 'total' differs from Goffman's use of 'total' as a term describing entities like monasteries, prisons, asylums, and warships that bracket people off from everyday life. While a 'total institution' in Goffman's terms (1961), Neville said that Mead was particularly taken with the fact that important others were required to regularly visit patients in Fraser House, and that one patient, having a horse as the only 'important other' in her life, was allowed to have the horse tethered grazing on the lawns of the hospital just outside Fraser House. A few other patients had a cat or a dog as their 'important other'. I took the photo below in August 2000. It shows Fraser House through the trees and the grounds outside Fraser House where the horse grazed.



Photo 28 A photo I took in June 1999 of the place where the horse grazed at Fraser House

Reading the Fraser House Committee Structure (Appendix 13) may give a further feel for the totality and completeness that Margaret Mead, spoke of when describing Fraser House as the most *Total* therapeutic community she had ever been to.

Margaret Cockett (Aug, 1999) and Neville (Dec 1993 and August 1999) confirmed that Mead also stated that Fraser House was the *only* therapeutic community that was *totally* a therapeutic community in *every* sense. Similarly, in the forward of Clark and Yeomans' book about Fraser House, Maxwell Jones, the pioneer of therapeutic communities in the United Kingdom wrote:

Throughout the book is the constant awareness that, given such a carefully worked-out structure, evolution is an inevitable consequence
(Clark and Yeomans 1969, Forward, p. vi).

It is this 'total' aspect of Fraser House (and Callan Park and Kenmore Therapeutic communities where Neville worked closely in their set-up and design) that most sets it aside from other therapeutic communities. So many complementary processes were densely interwoven and mutual supporting in such a sustained way, just like the self-organising web of life richness on the Yeomans farms. Neville so set up Fraser House in 1959 to be self-organising, that in 1963 he could go overseas for nine months and it worked the same in his absence. Just as the Yeomans designed their farms so that evolution was an inevitable process, 'inevitable change' was woven into all aspects of Fraser House action.

Recall that Maxwell Jones had said of therapeutic community in the UK:

It does not amount to a treatment methodology in its own right but complements other recognized psychotherapeutic and pharmacological treatment procedures (Jones 1969, p. 86).

Neville had created a total therapeutic community where *every* aspect was transformative.

To continue the theme of setting up inevitable change in self-organising systems, I will now detail my findings about Cultural Keyline.

CULTURAL KEYLINE

Margaret Cockett (Sept 2004) told me that Neville and everyone connected at Fraser House where constantly trying out new things. Everything was extremely fluid. Someone would come up with an idea and it would be immediately woven in. In Margaret's view Neville tended to make connections between some new thing they were trying out and what they did on the farm. It seems that Neville's sensing of what Keyline adapted to the psychosocial may be, emerged out of Fraser House's dynamic eclectic process rather than being an intellectual exercise imposed on Fraser House. Theory emerged from theorein (pretheoretical theorising) (Pelz 1974) and process.

Neville first mentioned the term 'Cultural Keyline' to me when I was staying with him in Yungaburra in December 1991 and when I asked Neville to expand on what he meant by the term, Neville changed the topic saying that I already knew all about it. I was puzzled by this. I again asked in December 1993 and he told me to read all of his father's Keyline writings and then I may discover Cultural Keyline in my own actions. After his death in May 2000 I realised that Neville was aware that through his subtle modelling of his behaviour in my presence, I had absorbed aspects of his way and regularly used Cultural Keyline in my action research in his presence, even though I did not know my actions were consistent with Cultural Keyline. I sense that Neville's view was that head knowing alone will limit understanding of Cultural Keyline – understanding has to emerge through the embodiment of values-based relevant experience.

My sense of 'Cultural Keyline' is that it is of a matching form to the enabling interaction the Yeomans family had with all of the myriad interlinking aspects of the soil, air, water, nutrient, and warmth on their farms. Every aspect of the design and redesign of the Yeomans' action on their farms was pervasively integrated. It was, to use Neville's phrase again, the 'survival of the fitting'. Neville and his father knew that it was virtually impossible to control a living system. Neville and his father keenly attended to how the natural systems 'worked' on the farm and designed their interventions to maximally fit with nature and allow nature's emergent properties to do what they do so well. P.A. and sons Neville and Allan (and later, Neville's younger brother Ken) would give the soil subtle enabling interventions and perturbations, and then they would let the system self-organize towards thriving. Living systems have self-organization as an inherent property (for example, the 'informal organization' and the 'grapevine' in bureaucracies).

Neville knew (June 1998) that living systems can reach a point, called in complexity theory (Capra 1997, p. 167), a bifurcation point, where there can be a sudden system negentropy (the opposite of entropy) leading to the potential and emergence of sudden whole system transcending transition to higher and more unpredictable complexity and improved performance. The Yeomans had first-hand experience of how perturbation and bifurcation work in nature in producing sudden whole system shift to a new order of higher complexity (Capra 1997, p.28). The massive increase in detritivores in their soil was one example. In the Fraser House context two examples of a bifurcation point was firstly, when Neville went berserk in Big Group such that the Unit survived well in his absence (Appendix 14), and secondly was when Neville geared up the Fraser House community to support the 12 year old girl (Appendix 15). In both cases Neville created a rich context where the Fraser House social system jumped to a far richer mode of interacting. In each of these cases Neville's action was consistent with Pascale, Millemann and Gioja's (2000) behavioural pattern in their book 'Surfing the Edge of Chaos':

Amplify survival threats and foster disequilibrium to evoke fresh ideas and innovative responses (2000, p. 28.)

Creating contexts rich with potential for self-organising negentropy is very different to laissez faire management where there is a hands-off approach.

Neville applied these Keyline understandings in evolving Fraser House. In mirroring Indigenous way, Fraser House was about fostering respectful co-existence and meaningfully surviving well together. Everything Neville did in Fraser House was designed to fit with everything else - naturally. Everything complemented and supported other aspects. Things that did not work were fine-tuned or discarded. Issues that arose in one context were resolved, or passed on to other contexts. In Fraser House, what worked (as well as problematic aspects) was discussed with everyone in Big Group. Issues not resolved in Big Group were passed on to Small Groups and vice versa. Issues within Committees were resolved, or passed on to Parliamentary Committee. Issues within the Parliamentary Committee were reviewed by the Pilot Committee. This pervasive inter-connected weaving of everything with everything is why Margaret Mead said it was the *most complete* therapeutic community she had ever seen, and why Maxwell Jones said that participants in Fraser House *had* to change.

Subsequent to Neville's death in May 2000, I identified four non-linear interconnected inter-related aspects of Cultural Keyline:

1. Attending and sensing self organising, emergence, and Keypoints conducive to coherence within social contexts
2. Forming cultural locality (people connecting together connecting to place)
3. Strategic design and context-guided perturbing of the social topography
4. Sensing and attending to the natural social system self-organising in response to the perturbing and monitoring outcomes

Keyline is a model of sustainable agriculture. Cultural Keyline is model for sustaining wellbeing based human inter-acting and inter-relating. As Keyline fosters emergent farm potential, Cultural Keyline is a rich way of fostering emergent and thriving potential in social systems. A short summary of my findings relating to Neville's Cultural Keyline process in action follows. The following process is non-linear with connexity between all of the following aspects. Some repetition reflects fractal aspects, for example between sensing and designing.

Attending and Sensing

- Attending very closely to the features of the 'social landscape' in unfolding social contexts
- Being open, surrendering and receiving all aspects of the social topography - sensing the information, meanings and the issues in the forms, and not laying on it any of our own projections
- Sensing each person, family, network and community as a self-organizing living system
- Sensing the connexity (interconnected interdependence) in the psycho-social topography
- Sensing the free energy and context role-specific functional behaviours in everyone involved
- Sensing the information distributed throughout the system and recognising how this information is concentrated and merges at the Keypoint – information about mood, theme, value, interaction and unfolding outcomes - sensing their inter-connectedness within the whole of what is happening.
- Sensing the fractal Cultural Keypoint(s) in the unfolding context - where these energies and information (mood, theme, value and interaction) meet and

concentrate (just like the fractal quality of discrete information distributed in each of the three land forms all meeting at the Keypoint), and have emergent potential for social cohesion – and sensing the connecting theme(s) that merge(s) from the concentrate – the theme(s) that has/have potent significance for all in the unfolding context (whether participants realise it or not).

Forming Cultural Locality

- Interacting with the surrounding locality as a living system
- Offering to support people as a resource
- Enabling cultural locality – first the gathering, then the nexus towards community and placemaking
- Enabling and fostering self-help and mutual-help
- Enabling others to tap into personal and interpersonal psychosocial and other resources

Strategic Design and Context-guided Perturbing of the Social Topography

- Unfolding contexts telling us what to do next
- Enabling contexts where resonant people self organize in mutual help
- Fostering and enabling resonant grassroots networking in the region
- In the unfolding context, sensing the inter-connectedness of mood, theme, value and interaction; sensing the Keypoint where these meet and concentrate – and sensing the connecting theme that merges from the distributed information
- Engaging in context appropriate perturbing at the Keypoint – from gentle to full on perturbing - to evoke Keylines of interaction on the theme and associated mood, values and interactions
- Taking the time and ensuring the sustaining of the Keypoint theme along the Keyline till the turning point (potentially towards a new Keypoint theme), and then recognizing and shifting to that Keypoint theme. If no Keypoint theme emerges, then working with the free energy, or
- Using the Keylines of interaction as a guide to further engaging in action

Leaving Nature to do the Work

- Sensing and attending to the natural social system self-organising in response to the perturbing
- Honouring, respecting, holding and leaving free the space and place for individual, family-friendship networks and community re-constituting to happen
- Having faith in the thriving of living systems and knowing when to leave it to self-organize and naturally do what it knows best - towards constituting/re-constituting wellness

A case study of Neville using Cultural Keyline is Appendix 14 (Going Beserk).

Neville and his father were never into laissez faire management – having a non-involved hands-off approach. When Neville travelled overseas he left in place a system operating on the above four Cultural Keyline aspects. A group of people had taken on his enabling role that entailed context specific tight control and freedom and pervasive attending and sensing.

Neville turned himself into a Keypoint. Metaphorically Neville placed himself in society at the junction of three forms of social topography – the psychiatric bureaucracy, the media, and the marginal fringe from the backwards of asylums and no-parole prisoners. Within three

years, Fraser House marginal residents were training trainee psychiatrists in the new area of community psychiatry. Neville became a zoologist, doctor, psychiatrist, sociologist, psychologist, and barrister. Placing all this academic reflection within himself he placed himself as head of the psychiatric study group associated with Fraser House. He positioned the Study Group linked to Fraser House as the premier social research facility in Australia at the time. People from all of the social sciences attended the Study Group and Fraser House. Neville as a personal meta-Keypoint could then scan the unfolding social topography in his life for the Keypoints and the free energy.

My understanding of the links between the farms and Fraser House are set out below:

No one I interviewed for this research knew anything about Cultural Keyline; Neville had never mentioned the term to them. While Neville never specifically mentioned Cultural Keyline in any of his writings, the concept is implicit in many of them; as an example, refer Appendix 4 – Neville's forward to his father's book 'City Forest'.

Cultural Keyline themes implicit in Neville's Forward:

- Change in values
- Bio-social survival depends upon harmonious working with nature
- Australia's strategic locality
- Landscape must be husbanded with loving care
- The beauty and freedom of personal space depends upon caring for the integrity of all our environment

Yeomans' Farms

- Keyline
- P. A. Yeomans and Sons
- Host: P.A's wife Rita
- Topography
- Three Landforms
- Keypoint
- Keylines
- Making functional use of Connexity
- Transitional organic community
- Organic turn-over
- Design guided by bio-geo nature
- Warmth of the Sun
- Chisel ploughing of compacted soil
- System self organising
- System self-governance
- Fostering emergent properties
- Increase air flow in compacted soil
- Water storage and flow
- Using the free energy functionally
- Using perturbation
- Supporting bifurcation
- Guests and visitors
- System thriving

Fraser House

- Cultural Keyline
- Neville and Staff
- Host: Longer term patients
- Social topography
- Social topography forms
- Keypoint themes, mood, values and interaction
- Key lines of discussion on themes
- Making functional use of Connexity
- Transitional organic community
- Nurturing relational exchange in transitional community
- Design guided by bio-psychosocial nature in geo context
- Humane caring warmth
- Cleaving of dysfunctional networks
- System self organising
- System self-governance
- Fostering emergent properties
- Clearing Air - breathing well together
- Emotional potential and flow
- Using the free energy functionally
- Using perturbation
- Supporting bifurcation
- Guests and visitors
- System thriving

CULTURAL KEYLINE IN GROUPS

In socio-morphological terms, a key role of the group facilitator was to constantly scan for the 'lay of the land' in the group. This section extends the above material on the use of themes as Keylines of discussion in Big Group. A group of Fraser House patients wrote about how interest in themes was used in groups – one version of this text included as Appendices 7 and 8 (Yeomans, N. 1965a, Vol. 4, p. 17-20). Big Group and Small Group themes emerged from the unfolding social topography in the group. Themes were not concocted by group leaders and imposed. Themes are where key issues for all in the group coalesce. Themes, as social coherence amidst chaos, would arise from the context and often be self starting, or only needing the slightest nudge to get underway. Once started on a coherence theme, all participants tended to be hooked into *their* links to the theme. Neville would place a metaphorical dam just below the Keypoint that would hold the energy on the theme, and let the interaction move, as appropriate to context, along the Keylines of discussion (metaphorically just downhill of the contour as in Keyline ploughing) so that it moves with assistance of group momentum (gravity).

Once a theme was energised in Fraser House groups, and the theme was considered to be not too superficial or inappropriate, the group may pay some attention to it, and the suggested or emergent theme may be selected as 'the Big Group theme' for an ensuing period during that hour. This theme would then not be changed to another without good reason (Appendix 8). Interest in a theme may be viewed as an attractor that determined the 'flow' of attention from 'all directions' near the 'ridges of high potential energy' to the 'Keypoint'. Within Fraser House Big and Small Groups, both interest and theme were emergent phenomena. Interest (from the Latin: *'to enter into the essence or God energy'*) in the theme becomes the Keypoint (literally and sociomorphically) for a time in the Big Group social topography. The theme becomes the Keyline of discussion for a time, and thematic psychosocial emotional energy in flow may be transferred through the Big Group topography via 'individual channels parallel to the Keyline' through the people topography. The word 'theme' is from the Greek 'thema' meaning 'motif; recurrent idea; topic of discussion or representation'.

The following notes on interest in the theme is from the Fraser House Staff Handbook (Appendix 7):

If most of the group is involved in interaction, it goes without saying that they are also interested. However, interest can be very high even though there is not much interaction. Look at their faces, their feet, their hands, their respiration, the way they sit, and it will be known if they are interested or not (Yeomans, N. 1965a, Vol. 4, p. 17-20).

The Staff Handbook (Appendix 7) also notes the interaction between the facilitator's process and the theme, mood, interest, tension and the unfolding interaction.

Resonance between all attendees and the theme flowed from the theme having the inherent property of being conducive to social coherence. To put this into context – this was with a group of people who were the very mad and the very bad. The group was filled with polarity – the under active and the over active, the under controlled and the over controlled, as well as the under anxious and the over anxious. There were colluding factions and unreachable isolates. In this dysfunctional tangle there continually emerged themes that held everyone's interest – that everyone resonated with – that is, themes 'conducive to coherence'. Attendee resonance was supported by the theme-based connexity in the cultural locality topography.

Group facilitators would specifically watch for attempts to change the theme. In the patient's write-up about the use of interest in themes in Fraser House they wrote that attempts at changing the theme:

.....may be done deliberately by a patient for a fairly obvious reason (such as a personality clash with someone involved in the current theme), or a less obvious reason such as an unconscious identification and a consequent wish to avoid the theme. It may also be done through plain insensitivity on the part of the person making the attempt at the change. There are many reasons for these moves, and it is the therapist's role to decide on the dynamics of the situations and then to make use of them by feeding them straight back into the group at the time, and if necessary, to make an interpretation of the dynamics operating in the events and occurrences' (Appendix 7).

As more than one Keyline theme may be either jostling for attention or potentially latent in the ebb and flow of Big Group energy, Neville's skill was to identify the most potent one in the unfolding context – perhaps the one that subsumes a number of the other presenting Keypoint themes that then may become sub-themes as Keylines of engagement. Neville passed on this skill to other Big Group facilitators and to me and others who worked with him in action research.

Recall that there is only one Keypoint per primary valley. Diagram 2 shows that Keypoint in different primary valleys are often on different contours with different potential energies in the respective valley systems. The Keyline only goes along the contour through the keypoint till the change of curve (refer diagram 2 in Chapter Five). Isomorphic with Keyline, the next Cultural Keypoint theme may be at the same, or a higher or lower contour and associated level of potential energy - so the group facilitator would note this information in the social milieu in shifting themes and work with the new energy. There were all manner of competences and nuances associated with the shift of thematic keypoint in Fraser House groups and how to work with the change in energy.

Peopling the Topography – Sensing Cultural Keyline at the Keypoint

In 2006, I spoke with Terry Widders about visiting Watsons Bay to sense Cultural Keyline at a Keypoint. Terry spoke of 'peopling the topography' and exploring the 'contours of peoples' minds'. Taking up Terry's suggestion I went to Watson's Bay with my son Jamie. Recall Neville's strategic use of locality mentioned in Chapter Seven. Photo 24 reveals Watsons Bay's topography. The Watsons Bay Festival was in the park (The green area in the centre right of the photo). The park is located in a primary valley below the main ridge and between two primary ridges. The festival focal point was at a Keypoint in the primary valley. The festival's Keypoint theme was 'celebrating life'. Neville intentionally placed this celebration of life sixty metres below where Sydneysiders go to suicide at The Gap. The bus in the photo is parked where the Fraser House little red bus used to park two years earlier when the Fraser House patients made crisis calls to stop suiciders.

Jamie and I came to Watsons Bay Park by ferry and walked up to the Keypoint which is to the right of the path walking up. Following Terry Widders suggestion, we decided to people the topography by role-playing potent scenarios from our lives together. We did this while standing at the Keypoint. In this we were modelling the position Neville took when he was for instance leading Fraser House Big Group. Jamie and I separately found where the different players in these re-enactments were located in the Watsons Bay topography. When we compared where we sensed people were, we found that we had complete agreement. For both us, our clarity about people's placement was inexplicable. Where we sensed them was definitely where they were; people were definitely not in any other place in the surrounding topography. Some were in the middle of the bottom of the valley. A few were above us on

the main ridge. Some were on one or other of the primary ridges. Most were some distance from the Keypoint.

We sensed the themes that were conducive to coherence in these people. We sensed the located people's differing energy, emotion and interest, and how these were linked to the Keypoint theme in the scenarios. We sensed the nature of the interaction, mood and value mix that may sustain interest and cohesion.

We also sensed the compaction in the social topography, and how this compaction was sustaining fixed patterns of dysfunction. We sensed the possible role-outs from perturbing the compaction, from chisel ploughing the social terrain. We sensed the effect of this on 'water' flow as energy exchange. We sensed how this may flow gently through the social system without eroding rush from the main ridge, and gently flow out towards the primary ridges and be received throughout the system. We sensed the effect of this dynamic on the unfolding of theme-based interaction. We noticed how some people changed their positions as the scenarios unfolded, and the effects of this change on the person and his/her interactions with self and others. We then moved to the high point on the ridge (where photo 24 was taken) to get another perspective. Neville would also do this to get the big picture. We returned to the Keypoint and walked and sensed the Keyline. Then we descended along one of the primary ridges to the bottom of the valley, sensing the scenarios from the different locations, and as we placed ourselves on others' places.

I understand the above process has resonance with Indigenous way. The richness of this embodied sensing of located interactions only comes from doing it at a Keypoint and in and around the topography.

SUMMARY

This chapter has explored the many change processes evolved at Fraser House. Neville's adapting of Keyline to Cultural Keyline has been detailed. The next chapter introduces criticisms of Fraser House and Neville, and includes a response to these. The processes Neville used to spread Fraser House way into the wider community and to phase out Fraser House are described. The chapter concludes with a brief discussion of ethical issues in replicating Fraser House.

Chapter Ten – Critiquing and Replicating

ORIENTATING

This Chapter discusses criticisms made in the Sixties about Neville and Fraser House and provides some responses. Neville's processes for extending Fraser House into the local community are detailed. The Australian society's processes and sanctions for placing boundaries upon behaviour and for accommodating diversity are detailed and these are contrasted with Fraser Houses and Neville's use of therapeutic community to fulfil the same functions. Neville's setting up of transitions to community self-caring is detailed, as well as Neville's intentional actions contributing to the phasing out of Fraser House. Research on Fraser house evaluation is briefly outlined. The Chapter concludes with ethical issues in replicating Fraser House and some conclusions about the research questions.

CRITIQUE OF FRASER HOUSE IN THE SIXTIES

As leader, two of the roles Neville used were 'enabler' and 'orchestrator' of self organizing action by others. For this, Neville was accused of being irresponsible and not doing his job of leading - loosely defined as, 'telling everyone what to do'. Being the Director and Psychiatrist in charge of the Unit, he was expected to do just that. In his profound love of all involved, Neville said (Dec 1993, July 1998) he was accused of being, 'too emotionally close'. In his tight, tough, humane, meticulously specific, and precise interventions in crisis contexts he was accused of being a megalomaniac. Accusations would depend on which moment a critic happened to be observing. The seeming conflicting roles of non-interventionist/ interventionist and uninvolved passive/totally involved tyrannical megalomaniac are fully consistent with use of opposites and cleaved unities. Neville's behaviour was consistent with his behaviour being appropriate to each passing moment and context.

There is another sense in which Neville used control and abandon in his own functioning. It is resonant with what Castaneda (1974) wrote about the Yaqui Indian, Don Juan's way. Don Juan spoke of walking the path between control and abandon and how to combine both of these in peak performing - to control oneself and at the same time abandon oneself – to calculate everything strategically - that's control, then once this is done, to act, to let go; that's abandon.

Neville could seamlessly slip between control and abandon or use both simultaneously at differing levels of functioning. This letting go and abandoning is resonant with Wolff's writings in his book, 'Surrender and Catch' (1976). Even in surrendering/abandoning there is keen sensing of what others may not sense.

The above accounts for seeming contradictions in Neville's behaviour. As for the efficacy and appropriateness of Neville's actual behaviours in context, that is outside the scope of this research.

Clark and Yeomans wrote that during the early months of Fraser House Neville exercised tight control in supporting his staff against the anxieties in the change-over from 'old and trusted methods of managing patients to new and unfamiliar techniques' (1969, p.41-42). They mention that this function was critical in the early days when situations occurred like patients being arrested at a local hotel, violent quarrels breaking out between patients, cases of window smashing, insubordination and outbreaks of panic. Clark and Yeomans go on to

say 'however, as confidence was created in the new methods, staff learned to meet and handle emergencies without the continual presence of the director. As staff felt more confident, patients became more secure and the frequency of emergencies decreased (1969, p.41-42).

The response to Fraser House ranged from recommendation to condemnation. In their book about Fraser House Clark and Yeomans report (1969, p.54):

Many professional workers, psychiatrists, psychiatric workers, psychiatric nurses and clinical psychologists, have expressed antagonism towards the practices of the Unit. They have claimed, among other things, that the confidences and the dignity of patients are not respected in the traditional way, and that the treatment is crude and administered by unskilled personnel. They describe instances in which relatives of a patient have been denied information about the progress of treatment, or had pressure exerted upon them to attend group therapy meetings against their own wishes.

At a more personal level, charges of flamboyance and irresponsibility have been made against the director of the unit (that is Dr. Neville Yeomans). Some practitioners have refused to refer patients to Fraser House because of their feelings of disquiet about its personnel and practices.

A RESPONSE

I will respond to the above criticisms; firstly, the report that 'relatives/friends of a patient had pressure exerted upon them to attend group therapy meetings against their own wishes'. I have discussed that 'family and friends attending Big Group' was a condition for patient entry to the Unit. I have included a letter sent to friends and relatives encouraging them to attend (refer Appendix 11). That letter said that if requested, a group of patients could call on friends and relatives to explain things, and answer questions. In respect of the claim that pressure was being exerted against people's wishes, Neville stated that this certainly occurred fairly regularly as particular circumstances arose.

Some families went out of their way to not cooperate with efforts to treat family members. Neville wrote:

Family inconsistency and conflict, distrust of the hospital, etc is most commonly and in fact almost solely found amongst the relatives of the most severely ill of all patients. It characteristically arises with the relatives of severely schizophrenic and major narcotic addicts, murderers, and violent patients; far more than in any other group which is perhaps a reflection of the extreme tension and distortion under which these families live, making them suspicious of any efforts to help them (Yeomans, N. 1965a, Vol. 5, p. 44-45).

Appendix 21 contains a relevant case involving a tangled inter-generational inter-family dysfunctional group of six where considerable pressure was put on a dysfunctional person not involved in Fraser House at the time though linked to a dysfunctional network. Readers can draw their own conclusions about the efficacy of the pressure to attend Fraser House in this case.

As for the claims that the treatment was crude and administered by unskilled personnel, the reports of those I interviewed was that patients and staff alike became extremely competent in a whole range of processes outside of conventional mental health practice. The Unit became the centre for teaching new psychiatrists 'community psychiatry'. Fraser House patients played the major role in training these new psychiatrists.

In respect of the criticism that confidences and the dignity of patients were not respected in the traditional way, we have discussed the often tough and provocative nature of Fraser House community process. Neville described his way as being ruthlessly compassionate in intervening, interrupting and sabotaging people who were adept at maintaining and sustaining their own and/or others' dysfunction.

In Fraser House people changed where nothing else had worked in the other places they had been. Relatives and friends of a patient *were* often denied information about the progress of treatment. It was regularly found that many relatives and friends were very prepared to use information about a patient's progress to destructively sabotage that process.

It is to be expected that what Neville was doing would create 'peer disquiet' about Fraser House personnel and practices. Anything that turns a profession on its head and strips away virtually every aspect of members of that profession's traditional power and authority as both individuals and as a profession would create vehement opposition.

Each of my Fraser House interviewees agreed that *many* newcomers to Big Group would have had the following experience (Clark and Yeomans 1969, p. 54):

Some patients and their relatives and friends have shown extreme fear of, and hostility towards, the practices of the Unit. They describe vividly their feelings of horror and helplessness when first exposed to the interrogation or verbal attack of a group of grossly disturbed people. Frantically, they look towards the staff for protection, but support is not forthcoming. The inescapable conclusion is reached: staff and patients are united in their efforts to uncover innermost secrets and to probe sensitive emotional areas without remorse.

Every Fraser House interviewee said that Big Group was an extremely intense experience and in all of this, there was profound framing compassion and a relentless drive for all involved to be moving to being able to live well in the wider community. As for being flamboyant, Neville was a chameleon who constantly changed to fit context. In keeping Fraser House before the public of Sydney, Neville was very prepared to be a flamboyant celebrity. Later, when he was quietly evolving networks among Indigenous people and wanting to minimize interference from dominant elements, he went out of his way to be invisible.

REPLICATING FRASER HOUSE IN STATE RUN ENCLAVES - KENMORE HOSPITAL'S THERAPEUTIC COMMUNITY

Dr. N. M. Mitchell from Kenmore Psychiatric Hospital in Goulburn was interested in setting up a 300 patient therapeutic community (based on Fraser House) within Kenmore, a psychiatric hospital with over 1,800 patients (Mitchell 1964). A file note by an unnamed author in Neville's collected papers states:

Dr. Mitchell was sent to Fraser House for a week of intensive training and received copies of Fraser House's rules, administration structure and committee organization. Neville had visits to Kenmore and visited Goulburn Base Hospital and developed liaison between Goulburn Base Hospital and Kenmore. Neville engaged in four days of continual supervision at Kenmore during one phase when he ran small and large groups in *every* ward of the hospital and delivered talks to *all* members of both staff and patients throughout the entire hospital' (over 1800 people). He also supplied Kenmore with a research instrument to act as case history records.

While their therapeutic community had around 300 patients Neville ensured all involved in Kenmore and the local hospital knew about this new Unit (Yeomans, N. 1965a, Vol. 12, p. 66-69).

Note the thoroughness of Neville in ensuring every single patient and staff member, as well as the local base hospital, were all thoroughly briefed on the new therapeutic community unit at Kenmore.

Neville's work with Dr. N. Mitchell and Dr. J. Russell at Kenmore was featured in a newspaper article on 19 June 1963 called, 'Kenmore's Group Therapy Plan – Leading Psychiatrist Visits Kenmore' (Evening Post 1963) (Photo 29 below). Dr. Mitchell is quoted in the article as saying, 'A large-scale community living or group therapy used at Kenmore since late last year has proved an unparalleled success'. Kenmore modelled their Committee structure/process on the one then in use within Fraser House (Mitchell 1964). I interviewed Dr J Russell as well as her son Ian who had lived on the Kenmore Hospital grounds with his mother (Feb 2002) who both confirmed the above.

FRASER HOUSE AND TRANSITIONS TO COMMUNITY SELF CARING

This segment looks at Neville's contextual frames for positioning Fraser House praxis in fostering a transition to a humane caring epoch. Neville spoke (July-Aug, 1998) of Western society having four levels of functioning relating to regulating of conduct - namely, values, norm, rules, and obligations.

Figure 1 below shows Neville's framework that he outlined to me (Dec 1993) based on these four levels. It also shows the normal and deviant behaviours associated with each of the four, and also the typical societal 'correcting' agencies associated with each level. The criminally insane are typically deviant on all four levels. Criminal people and the socially dysfunctional may deviate at any level. Australian society's correcting agencies provide a 'service' role for the community at large. In large part, level two and three service is provided by some level of government - the public sector. Some private sector contracting-out occurs; for example, private prisons. Private commercial practitioners (service providers) may be supported by government funding arrangements; for example psychiatrists and physicians in level four. Voluntary service providers also assist; for example, church based social and counselling services and youth-outreach services in level one and aspects of level four. Outside the massive service provider arrangements is now an extensive network of self-help groups.

KENMORE'S GROUP THERAPY PLAN



Leading Psychiatrist Visiting Kenmore

One of Australia's more prominent psychiatrists, Dr. N. T. Yeoman, a leader in the field of group therapy for mental patients has been at Kenmore Hospital for the past two days.

Dr. Yeoman, Psychiatric Supervisor at Fraser House, North Ryde, Sydney, is in Goulburn, helping to supervise the large scale implementation of the group therapy scheme at the Kenmore Hospital.

Large scale community living or group therapy used at Kenmore since late last year has proved an unparalleled success.

It is believed that group therapy has not been used on such a large scale anywhere in New South Wales, and even Australia before.

Dr. Yeoman, a strong advocate of group therapy, said that the method of treatment by community living was proving a boon in the cure of patients suffering from mental illnesses.

He said that the new therapeutic scheme had almost obliterated the need for the use of drugs in the treatment of mentally disturbed persons.

It had been found that the cure effected by group therapeutic treatment, seemed more lasting than the temporary tranquillising affect of drugs.

Kenmore Mental Hospital, he said, was advancing towards the stage when some forms of treatment could be carried out on an out-patient basis.

The community living treatment could also be used in preparing friends and family for the discharge of the patient.

This could, he added, alleviate some of the hostility which discharged patients faced on entering the outside world.

Goulburn residents, over a period of time would become more involved with the

● Pictured from left: Dr. Yeoman, Dr. J. Russell (Kenmore) and Dr. N. Mitchell (Kenmore).

Self-help blossomed in Australia in the Seventies and Eighties in large part because of the enabling impetus of Neville in the Sixties and early Seventies, discussed in Chapter 11.

The social-pathology support framework of Fraser House and the Laceweb assumes that resident behaviour is a function of pathological social networks - a failure at the community level, and also assumes it is in part a function of pathology within the wider society. While Fraser House was a service provided by the NSW Health Department, life within Fraser House was pervasively self help.

Within Fraser House there was no *service* based correcting *agent* - where 'agent' means someone who does something *for* you – rather, within Fraser House the correcting, remedial and generative processes operating at all of the four levels of functioning depicted above in Figure 1 becomes the therapeutic community, which by its nature, is bracketed off, though embedded in local community.

LEVEL	NORMALITY	DEVIANCY	CORRECTING PROCESS	FRASER HOUSE AND LACEWEB CORRECTING PROCESS
1 Values	Moral Ethical	Immoral Unethical	Priests Moral leaders	Therapeutic Community
2 Norms (Legality)	Legal Law- observance	Illegal Criminal	Judiciary Police	Therapeutic Community
3 Rules (Efficacy)	Loyal	Disloyal	Administrato rs	Therapeutic Community
4 Obligations (Capacity)				
a) Role Performan ce	Role responsibility (Competence)	Mental Illness	Psychiatrist	Therapeutic Community
b) Task Performan ce	Ability	Physical Illness (Disability)	Physician	Therapeutic Community

Figure 1 Maintaining Conduct and the Correcting Processes

In Neville's framework, the notion of 'service delivery' by 'expert' 'corrective agencies' is replaced by self-help, and mutual or community help by the therapeutic community. This is resonant with Indigenous community sociomedicine for social cohesion. The therapeutic community is supported by nurturing enablers as 'resource people'. The paper 'Government and the Facilitating of Grassroots Wellbeing Action' (Yeomans, Widders et al. 1993a; Yeomans, Widders et al. 1993b) suggests ways that self-help, and mutual or community Grassroots wellbeing action may complement top-down service delivery.

In Fraser House, residents explored, clarified, and developed their values and reciprocal obligations together. They developed their own community lore, law, rules, norms and obligations. They were living within Fraser House's more functional value, rule, and norm systems that they were evolving and continually reviewing together as a caring community. This co-reconstituting of the rules and norms they lived by was embedded within every aspect of communal life in Fraser House. The values, lore, law, rules and norms embodied humane caring self-help and mutual-help. These aspects were never reified – as if they were immutable and coming from God. As Kuhn pointed out in his writings about the potency of paradigms (1962; 1996), the processes constituting and sustaining societal paradigms are reified and rarely if ever noticed or questioned. Neville created a context where the social constituting of the Fraser House shared reality was made explicit and kept under continual

review by the Fraser House community. Goffman had written about various types of total institutions. Neville fitted these total institutions into the above framework of values, norms, rules, and obligations as depicted in Figure 2. ('Comparison of Goffman's, 'Total Institutions' and Fraser House' is Appendix 2)

Neville described Fraser House as a 'transitional community' as it was continually adapting to meet changing contexts and challenges. There was a culture of continual improvement in being well – wellbeing. Neville described all this as 'micro-processes' that may be used in returning a way of being and living together to wider society in Australia – a culture that Neville described (Dec 1993) as been subject to the cultural stripping by the Rum Corps at the very start of European settlement in Australia - where in Neville's terms, 'Irish and other settlers and local Aborigines alike all had their culture stripped systematically from them and a military culture imposed'.

LEVEL	CAPABILITY AND NATURE	INSTITUTION	CONFORMING PROCESS
1 Values	Capable and in retreat	Abbeys, Monasteries, Convents	Priests Moral leaders
2 Norms (Legality)	Capable and deliberate threat to society	Jails, Penitentiaries, POW Camps,	Judiciary Police Guards
3 Rules (Efficiency)	Capable and there for instrumental purpose	Army Barracks, Ships	Administrators
4 Obligations (Capacity)			
a) Role Performance	Incapable and unintended threat to society	TB Sanatorium, Mental Hospital	Physician, Psychiatrist
b) Task Performance	Incapable and harmless	Blind, Orphaned, Aged, Indigent	Physician, Carer

Figure 2 Neville's Four Levels and Total Institutions

Neville embedded the framework depicted in the above table into the evolving Lacweb. The distinction between mainstream 'service delivery' approaches and the self-help Lacweb model is discussed in Chapters Twelve and Thirteen.

Figure 3 below is Neville's extension of Figure 1 and depicts the way society accommodates diversity between people, socio-economic groups, ethnic groups and cultures. Societies have varying degrees to which they will allow protest and dissent. The columns are lists (rather than a table) of correcting processes for resolving deviancy from within or from outside the society. The right-hand column gives the Fraser House/Lacweb healing processes for healing deviancy in all its forms towards having cleavered unities that respect and celebrate diversity.

A FOLLOW-UP SERVICE AND LIAISON WITH OUTSIDE ORGANIZATIONS.

Fraser House offered primary patient care by skilled psychiatric nurses to many surrounding organizations. A Fraser House social worker was based in the Hunters Hill Council Chamber's Administrative Office providing a service to the public half a day a week. Neville was continually giving talks to church groups and other organizations about Fraser House and its processes. Neville set up what was called the Sydney Therapeutic Club on the veranda of Ward One at Sydney Hospital (Yeomans, N. 1965a, Vol. 5, p. 104). Neville

worked closely with eight social workers at Sydney Hospital. Some of the social workers were trained in group therapy and the Consultative Mental Health Programme was established. Six of the social workers attended Fraser House groups. Sociotherapy groups were held regularly at Sydney Hospital for three years (Yeomans, N. 1965a, Vol. 12, p. 70). Fraser House patients and ex-patients attended these Sydney Hospital Groups. Neville announced the start of these Sydney Hospital sociotherapy group meetings during a Fraser House Big Group that was very tense, as a catalyst for change in that Big Group's mood.

Level	Normality	Deviancy	Correcting Process	Fraser House/ Laceweb Correcting Process
Cleavage Diversity	<p>Current way:</p> <p>Oppressor/ Oppressed</p> <p>Advantaged / Disadvantaged</p> <p>Subjugating Exploiting</p> <p>Possible way: Harmonious Unity</p>	<p>Protest Disobedience Conflict Sabotage Insurrection War Terrorism</p>	<p>Venting energy Fines Compelling compliance Coercion & sanctions Imprisonment Warrior system - yang Political Mediators Negotiation Police/Military Para-military Militias Torture & Trauma Shaming & Maiming</p> <p>(Towards status quo in current way)</p>	<p>Cultural Keyline Healing nurturing – Yin Therapeutic Community Mediation Therapy Peacehealing Healing/Wellbeing networks Festive, and celebratory gatherings Everyday life wellbeing processes</p> <p>(Towards possible way of harmonious cleaved unity)</p>

Figure 3 Neville's Figure Depicting the Way Society and Fraser House/Laceweb Accommodate Diversity Among People, Socio-Economic Groups, Ethnic Groups and Cultures

As an example of linking Fraser House to the wider community and vice versa, during 1965, assistance was given on an individual or workshop basis by members of the Fraser House Research Group to thirteen organizations listed in Appendix 22 (Yeomans, N. 1965a, Vol. 12, p. 94). Seventeen people from the Parramatta Psychiatric Centre met monthly under Neville's chairmanship on eight occasions (Yeomans, N. 1965a, Vol. 12, p. 85). Members of the Salvation Army undertook training in group leadership at Fraser House. Brief and extended training courses also included clergymen from all Christian denominations. Also involved were family welfare agency counsellors, parole officers, and nurses and administrators from private hospitals. Neville also advised the Salvation Army on the development of hostels (Yeomans, N. 1965a, Vol. 12, p. 72). Neville was the Honorary Consulting Psychiatrist at Langton Clinic for Alcoholics. He also guided that hospital on therapy, policy and research (Yeomans, N. 1965h, Vol. 12, p.70).

In the above action Neville was providing support to each of the mainstream institutions outlined in Figures 1, 2 and 3 who were providing mainstream service delivery based correcting processes for people deviating from society's values, norms, rules and obligations. Neville also linked with senior people in the criminal justice prison system through the Fraser House Psychiatric Research Study Group. This linking is another example of how Neville explored interfacing his ways with mainstream ways.

Neville also gave many talks and interviews about Fraser House that were broadcast on TV and radio. This was confirmed by Neville, Chilmaid, and Bruen (April 1998). Neville was the Guest of Honour at the All Nations Club on 30 August 1963 (All Nations Club 1963). A draft of a speech on social problems to the Ionian Club Sydney entitled, 'Introduction on the Origins of the Ionians' is included in Neville's archived papers (Yeomans 1968a). On one occasion a TV crew from the ABC came and filmed a section of Big Group. One of the intentions of these interviews was to have the public know so much about what was happening at Fraser House, that it would raise a hue and cry if there were any moves to close the Unit.

One of the things Neville was exploring when he was away overseas for nine months in 1963 was the state of the art in community based healing approaches in the United States and the United Kingdom. In Neville's view (Dec, 1993; July, 1998) Afro-American community child care centres and community welfare centres in the USA were state of the art (Yeomans, N. 1965a, Vol. 1, p. 70-80); they were looking after their own. Neville conveyed this in a letter to a Fraser House colleague (1965a, Vol. 1, p. 70-80).

Upon his return Neville wrote a report (1965a, Vol. 1, p. 70-80) recommending that community mental health centres be attached to schools, because school counsellors meet the families. Neville's report recommendations were shelved. Neville energized the Paddington Children's' Community Centre based in part on the Afro-American New Haven Community School he visited in America (1965a, Vol. 1, p. 70-80). This linking of support to schools has some resonance with what happened in the NSW town of Bourke as a result of two Aboriginal members of that Community attending a Human Relations Gathering enabled by Neville in Armidale, NSW in 1971. This is discussed in Chapter Eleven.

CATCHMENT AREAS

Fraser House was the first mental institution in Australia to identify surrounding suburbs as an area of 'special interest'. Church and other community groups in the area were approached and told about the programs and processes used at Fraser House. Neville was a frequent speaker at these groups. People from the groups were invited to attend Fraser House as guests at Big and Small Groups. Fraser House research people gathered data relating to the mental health in the surrounding area. This area came to be known as Fraser House's 'catchment area' (Yeomans, N. 1965a, Vol. 4, p. 2-4). Neville had supported the

setting up by Dr Mitchell of a therapeutic community in Kenmore Hospital in Goulburn, and Kenmore was one of the first hospitals to follow Fraser House in using catchment areas (Mitchell 1964). This notion of catchment areas has spread through mental health services. This was an innovation that contributed to the demise of Fraser House as a total and voluntary therapeutic community. In 1968, the areas around Lane Cove were designated the 'Admissions Catchment Area' for Fraser House, and from then on *involuntary* patients (people being committed) were admitted to Fraser House. This fundamentally distorted and collapsed the Fraser House voluntary self-help process.

NEVILLE'S ACTIONS TO PHASE OUT FRASER HOUSE

Neville delivered a paper at the Pan Pacific Rehabilitation Conference in 1968 called 'The Therapeutic Community in Rehabilitation of Drug Dependence' wherein he wrote about steps he was taking towards evolving community mental health.

Since September 1965, Fraser House has been innovating a community psychiatry service for approximately 300,000 population. This programme aims at intense contact with government public servants, community aid services and all other relevant community leaders including police, ministers of religion and all those depended upon by large groups (Yeomans, N. 1965a, Vol. 1, p. 267-289).

In a document marked 'confidential' called, 'A Community Developers Thoughts on the Fraser house Crisis' (1965a, Vol. 2, p. 46-48), Neville writes of actions that would lead to the phasing out of Fraser House.

Over the last couple of years the Unit Director and developer (Dr. Yeomans) has been increasingly involved in strengthening the organizational preparedness of the outside community, aimed at the relative devolution of Fraser House and the development of an external therapeutic (welfare) community.

Neville does not expressly state what the 'crisis' was that was implied in the title of the article. In terms of attack from psychiatrists and other health professionals opposed to Fraser House process, the Unit had been 'in crisis' from inception.

A shift to a 'community mental health' focus and a further widening of focus to embrace 'community health' via 'strengthening the organizational preparedness of the outside community' was hinted at in the forward to the second edition of 'Introducing a Therapeutic Community for New Members' (Yeomans, N. 1965a, Vol. 4).

The major changes in the programs of the Fraser House Therapeutic Community in the past 20 months (1965/1966) have been the development of an intense Community Psychiatry Programme, first in Lane Cove municipality in September 1965, and more recently in the Ryde Municipality. The major Therapeutic function of Fraser House will now be as the centre for an intense Regionalized Community Psychiatric Programme. This programme is aimed at reducing the rates of mental and social illness in this part of Sydney as a pilot programme and involves a vast increase in the outward orientation and responsibility of the Unit. Groups of nurses were allocated localities in the suburbs surrounding Fraser House and supported patients and outpatients from their areas.

The Fraser House handbook for new staff has a segment on the Nurses Role:

Nurses are assigned in teams to regional areas at the moment; Lane Cove, Ryde, the rest of North Shore, and other areas. Each regional team is expected to be responsible for knowing its area, its problems and helping agencies etc. Moreover,

nurses in each team are expected to come to know all in-patients and out-patients of that area; to be specially involved in the appropriate regional small groups, both in the community and in the Unit; to record progress notes on their regional patients; to be part of both medical officer and follow-up committee planning for the patients of their region (Yeomans, N. 1965a, Vol. 2, p. 18).

In September 1965 the Lane Cove Community Psychiatry Programme began. In June 1966 a similar programme began in Ryde (Yeomans, N. 1965a, Vol. 4, p. 2-4).

In discussion with Neville (Nov 1998) about Figures 1 and 3 above he said that while Fraser House had been a seminal step, it was *still a State run enclave*. Kenmore Therapeutic Community was another State run enclave. Ex-staff member Dr. Madew was replicating Fraser House at Callan Park where the therapeutic community was called Bayview House.

Neville wanted his ideas spreading outside of State control. His next step was to move Fraser House way out into the community and slowly move community-centred action away from service delivery and towards grassroots self-help and mutual-help. Neville spoke (Dec, 1998) of this as, 'returning wellbeing processes back to grassroots folk'.

In 1993, Neville engaged me in writing with him and Terry Widders about the gulf that exists between Grassroots self-help and Government (1993a; 1993b). In that paper Neville describes the fulfilment of his aspirations in the Sixties when he was shutting down Fraser House as a Government Institution embedded within an expert service delivery tradition.

Across Northern Australia influences are being generated that are placing the impetus for nurturing cultural action for wellbeing back at the place it breaks down - with local people as they go about their lives. It is a lateral and bottom-up action. Small groups engage in action and keep using practices that work for them. Others become involved and initiatives, starting 'at the bottom', work their way 'out' and 'up' to include more of the wider community.

To have Fraser House process start to move out into civil society and then into grassroots self-help networks Neville sensed it was best to let Fraser House be re-absorbed by mainstream and disappear. He did not want Fraser House remaining as a government administered service delivery entity that was a mere shadow of how it was when he was there, and for this 'atrophied anomaly' to be presented as 'Dr. Neville Yeomans' Therapeutic Community'.

THE DECLINE OF THERAPEUTIC COMMUNITIES

Neville told me (Dec 1993, June-July 1998) that he had predicted in the 1960's that therapeutic communities in psychiatric hospitals in Australia would cease to be. Neville had predicted the locus of power shifting within state controlled psychiatry from patient self-help and self-governance back to 'power-over the disempowered patient by professional experts'. Neville also predicted the reasons for this. They were identical to David Clark's description of the causes of the closure of Therapeutic Communities in the UK Hospital systems outlined in Chapter Three. Neville's predictions proved correct. I have not been able to find a hospital-based therapeutic community left in Australia. Therapeutic Communities do operate as smaller typically non-government bodies and are more active in supporting people with drug related issues.

Neville said (Dec 1993, July 1998) that within Fraser House, psychiatrists experienced their maximum career disempowerment. Neville held the forces that wanted to annihilate all trace of Fraser House at bay for nine years.

Neville had intentionally positioned Fraser House in the 'declining old cultural system at the margins' to research both the internal and external process of setting up an organisation deemed 'radical' and 'anarchic' by the old cultural synthesis.

Neville in 1967 and 1968 arranged for opponents of Fraser to get their way after he had achieved everything he wanted at Fraser House. He then wanted to move the Units processes into civil society in Sydney and then into remote areas away from external interface with the power centres of Australia – especially Canberra and the State capital cities.

FRASER HOUSE EVALUATION

A cost-benefit analysis designed by Neville revealed the Unit to be the cheapest and most effective compared to a traditional and to a very new 'eclectic' unit (Yeomans 1980a; Yeomans 1980b).

Chilmaid (Sept 2004) said:

Fraser House costs matched the two admission units but had many more outpatient numbers, both attendees & assertive outreach (follow-up visits) and groups, so cost per patient day must have been lower; due to length of stay, patient throughput was also lower.

Treatment results were followed for up to five years and this research showed that improvement results were maintained (Clark and Yeomans 1969).

Madew, Singer & MacIndoe (1966) conducted controlled research in Sydney at Bayview House Therapeutic Community¹¹ within Callan House. They found that the therapeutic community was significantly better at returning patients to the community. The therapeutic community costs were also significantly lower than the control group.

In 1993, Alfred Clark published his book, 'Understanding and Managing Social Conflict'. In this book Clark specified the 1959-66 'Fraser House' model as being still 'state of the art' as a process for intervening and resolving social conflict within *any* context around the Globe (1993).

FRASER HOUSE A MODEL FOR AMERICAN RESEARCH

Neville was delighted to discover that Fraser House was one of the models used in comparative research by Paul and Lentz in their 1968 research based in Illinois, USA (1977, p. 432). Paul and Lentz used Fraser House as one of their models in developing their milieu therapy program. However, many of the unique features of Fraser House were not used by the American researchers. The researchers had also used a 'poor cousin' of Fraser House model in their social-learning program as well. The American researchers used a token economy. Neville set up a small *actual* economy within Fraser House (for example, the canteen, the bowling green and packing light globes).

The American research strongly supported the efficacy of the Fraser House model. Over the four and a half years of the American research and the next 18 months follow-up, the psychosocial change programs were significantly ahead of the hospital group on all measures, with social learning emerging as the treatment of choice.

¹¹ Bayview House was modelled on Fraser House.

While Paul and Lentz's clients had been chronic mental patients who had had long-term hospitalisation, with the social-learning group fewer than 3% failed in achieving 'significant release', defined as being longer than 90 days in outside extended-care facilities. 10.7% of the original social-learning group and 7.1% of the milieu group were released to *independent* functioning, without re-institutionalisation. None of the original hospital group had been released to independent functioning.

A cross comparison between structures, processes, actions and underlying theory within Fraser House and Paul and Lentz's psychosocial programs shows that Fraser House contained the aspects that constituted the effectiveness of *both* their milieu and social learning programs. Some of the features of the American models were present within Fraser House in a more advanced form. Fraser House also had a large number of features that were not present or referred to by the American researchers. To demonstrate the 'total' nature of Fraser House, the Unit's features that were neither present in the Paul and Lentz's American research (1977) nor referred to by the American researchers are listed in Appendix 23. Consistent with opposition to Fraser House, Paul and Lentz's treatment unit was closed by authorities shortly after they published, notwithstanding their excellent results.

ETHICAL ISSUES IN REPLICATING FRASER HOUSE

It is possible that psychosocial change may be implemented in incompetent, inappropriate and unethical ways. Attempts to set up psychosocial change programs may go seriously astray to the point where people may be harmed or killed. We have seen that the Fraser House therapeutic community psychosocial programs were, at various levels, both simple and complex in their structure and processes. Both highly specific and very non-specific change actions were used. Many of the structures and processes were not obvious. Many were very subtle. Incompetent people with the best intentions in the world may seek to establish psychosocial change programs. They may operate under a belief in the 'magical' quality of the approaches used - that you set a unit up and 'let the magic happen'.

The consistent feedback from all my Fraser House interviewees was that Fraser House was a 'massive amount of very tight and difficult work'. As mentioned, in Fraser House detailed attention was focused on being extremely flexible within extremely tight psychosocially ecological boundaries. One of these frames was safety at all levels - physical, emotional, psychosocial, ethical, moral and spiritual. Meticulous and constant attention was also focused on staff teamwork with team building, team-maintenance and teamwork under continual review. The staff were so dedicated and committed to each other and the community, Neville had to constantly insist that they go home after their shifts ended instead of staying on to do things to support. Recall that the groundwork laid down by Neville allowed him to be away overseas for nine months in 1993 with Fraser House thriving in his absence.

Neville was adamant that for any cloning of Fraser House to be ecological, it would have to grow naturally and be context and local place dependent; this included how it was embedded within the local suburbs to ensure the natural evolving of strong functional local patient networks. An important issue in replicating Fraser House was that Neville was a very skilled and very charismatic person and there are few 'Neville's around (given his Keyline and Indigenous precursors). As an example of his total completeness Neville spoke to all 1800 (plus) staff and patients at Kenmore in setting up their therapeutic community. As well, as detailed in this thesis, many of Neville's ways were not obvious.

Dr. Mitchell's Kenmore Therapeutic Community and Dr. Madew's Callan Park were successful examples of cloning Fraser House. Dr. Madew was on staff at Fraser House prior to heading up Callan Park. As mentioned, Neville worked closely with Dr. Mitchell in setting up Kenmore Therapeutic Community.

One attempt at setting up a therapeutic community was the Ward 10B unit set up by Dr. John Lindsay at the Townsville General Hospital Psychiatric Unit (1992). Some years before, Dr. Lindsay had requested permission to be, and had been an observer at Fraser House for three weeks. Neville told me in 1992 in Yungaburra that Lindsay believed that he 'slavishly' copied aspects of Fraser House in establishing and running Ward 10B. In doing this, Neville said that, 'Lindsay did not allow for the structure of the city of Townsville'. Neville said that in Ward 10B there was 'no evidence of locality or evolving a way of life together connected to place' (localised networking) - what Kutena (2002) called 'cultural locality'.

Neville told me (Dec 1993) that after Neville visited Ward 10B he completely dissociated himself from having anything to do with it. Neville said (Dec 1993) that this was because he sensed that Dr. Lindsay had 'too faithfully followed Fraser House in a different State, political and metropolitan context'. As well, there was evidence that the Ward 10B staff were far from being an effective team. Ward 10B was in no way encapsulating the Fraser House processes.

(In contrast, Fraser House staff rapport process was described in the following terms:

The emotional comfort and satisfaction of the Unit staff is one of the most significant features of the (Fraser House) therapeutic program. The numerous staff meetings aim to foster this. Specifically their role is to prevent the development of covert, hidden conflict between staff members about patients. Such conflicts are proven to result in overt patient disturbance. The staff remains the most powerful members of a therapeutic community and their welfare and comfort are of paramount importance (Yeomans, N. 1965a, Vol. 4, 50-54).

Following many complaints, Ward 10B was closed and became the subject of a Commission of Inquiry that reported in 1991. This inquiry sought to find out if negligent, unsafe, unethical or unlawful acts had taken place. The conclusions of the report (Queensland Commission of Inquiry 1991, p. 461) were in part:

Clause 20.4 The primary lesson to be learned from the findings of the Commission of Inquiry is that what happened in Ward 10B between March 1975 and May 1987 must never be allowed to be repeated in this or any other psychiatric unit in any hospital in the State.

Clause 20.5 The mentally ill population deserves expert care, compassion and solicitude, not abuse and rude confrontation, and above all they deserve to be spared from the excess of those who would wish to impose upon them eccentric and idiosyncratic treatment philosophies. Even more so, they deserve to be treated with all of the skill and learning which the caring professions can offer them.

Dr. Lindsay gave his version of events at the Townsville Unit in his book, Ward 10B - The Deadly Witch-Hunt (1992).

I sense that Ward 10B can stand as a warning to anyone who may want to implement ideas culled from this thesis without allowing for the interwoven richness of Neville's way and value underpinnings.

It would be useful research to compare differences between Fraser House and Ward Ten, especially between:

- the roles of the respective directors
- the respective director's relationship with the respective staffs, and

- the respective treatment philosophies

INMA AND FRASER HOUSE

Neville's poem 'INMA' (included at the start of this thesis) is about social networking in Far North Queensland and the Darwin Top End in what Neville Termed an INMA or Intercultural Normative Model Area. As I stated in *Chapter Two*, it was some time before I started to see the fractal quality in everything Neville was doing and how all the diverse bits were parts of the whole. It was not until May 2004 that I suddenly realized that Fraser House process was isomorphic with the INMA poem.

Extracts from the poem:

It believes in the coming-together, the inflow of alternative human energy, from all over the world (2000a).

Neville first created the coming-together of 'alternative energy' – people he termed 'the mad and bad of Sydney' (Dec, 1993).

It believes in an ingathering and a nexus of human persons' values, feelings, ideas and actions (2000a).

As for an 'ingathering and an nexus', Neville first created the *ingathering* into Fraser House from the NSW psychiatric hospital back wards and prisons. The Fraser House community created the *nexus* and it was a nexus of 'human persons' values, feelings, ideas and actions. This links with Neville having the staff meetings to review themes, mood, values and interaction during big and small groups.

Inma believes in the creativity of this gathering together and this connexion of persons and values (2000a).

The Fraser House ethos and experience was that the creativity and wisdom was in the community coming together and consequent nexus of persons and values.

It believes that these values are spiritual, moral and ethical, as well as humane, beautiful, loving and happy (2000a).

The Fraser House evolved value system shared all of the above values.

Inma believes that persons may come and go as they wish, but also it believes that the values will stay and fertilize its area, and it believes the nexus will cover the globe (2000a).

Fraser House patients could come and go as they wish and the values of Fraser House did stay and were spread into the wider Sydney area and beyond.

NETWORKING

Bloom (1997) quotes Abroms who describes milieu therapy (community therapy) as a 'treatment context rather than a specific technique...a metatherapy.' Neville's process created a very special context whereby every aspect of social interaction was re-constituting people. Neville demonstrated that dysfunctional people *can* provide mutual help in evolving a reconstituting, self-governing, functional, transitional community that could continually take in

dysfunctional people and their networks, and constantly generate and disperse them within a three month or less time frame as “functional family-friendship seeding networks’ into wider society.

Patients typically finally left Fraser House with a network of around seventy people. Upon leaving, these networks would be made up of current and former patients and outpatients. Within a few weeks of leaving, network members would be primarily ex-attendees of Fraser House. Upon first leaving, patients could return and stay as patients three times with the members of their growing family friendship network. These return visits were opportunities to increase functionality and importantly, to strengthen the experience base within their networks. As some of these returning outpatients may be members of a number of Fraser House connected networks - with members in, or returning to Fraser House - ongoing links back to Fraser House could be sustained for some time. Most of these networks were integrated networks (discussed in Chapter Thirteen), with nodal people as links to other integrated or network fragments and dispersed networks (also discussed in Chapter Thirteen). Nodal people would have links into other Fraser House integrated and dispersed networks. Within these networks were subsets of people who were closely known and regularly connecting. Others were linked with less frequently, though available as resource and support people. This all has implications. One is that after Fraser House had a number of months of regular outpatient attendances, Fraser House Big Groups began to be comprised of a substantial and influential number of ‘seeding’ patients among those about to leave, along with visiting outpatient members of their expanding functional network. These people all had experience in working at the edge in Big Group, as well as experience in training new psychiatrists in community psychiatry, engaging in Domiciliary care and Committee work, and being a member of a functional network supporting self and others. Having this core of people in Big Group (and disbursed through small groups) supported by Neville and the other staff, increased the capability of the whole group as crowd and audience to hold interest and stay at threshold. There was critical catalytic mass.

During the early to mid Sixties Fraser House was continually evolving functional networks of up to seventy people and having them separate off from Fraser House into wider society - somewhat like meiosis in human cells splitting to multiply. Wider society would have little knowledge of this seeding process for community change. Neville, staff and patients in domiciliary care roles remained potential and actual nodal persons into these networks.

After Neville and Margaret left Fraser House they both re-linked with some of the members of these networks in the late sixties and seventies. Neville and Margaret worked with ex-Fraser House patients and outpatients on community health initiatives when they found these people active in community innovation, change and enrichment, discussed in the next chapter.

The next segment explores the role of ex Fraser House patients in energizing local self help action.

EX FRASER HOUSE PATIENTS AND LOCAL SELF HELP ACTION

Neville said (Aug 1998) that patients would typically leave Fraser House with a large family friendship network, as well as experience in helping administer a substantial organization. They would also have experienced the practical application of psychosocial research and have competencies in community therapy process.

It was little wonder that shortly after leaving Fraser House in 1968, Margaret Cockett was finding ex-patients around Sydney engaged in local self-help action. Typically, she found that ex-patients were *very* effective in group process and action as they had had excellent experience and grounding during their Fraser House stay. When the going got turgid and

emotions heated up in these action meetings it was nothing that these ex-Fraser House residents and outpatients had not already experienced in Fraser House.

Margaret recalled one Fraser House ex-patient as been a very angry person at Fraser House. When this person was leaving Fraser House, Margaret thought that he had a 'long way to go' in being 'functional'. She met and talked to him at a social action meeting. Margaret told him that she was surprised to find him there and said she thought he would be 'railing against the government' rather than being involved in this self-help action. Margaret said he replied words to the effect, 'You have it all wrong. Change is happening at the *everyday life* level. It is useless trying to change the Government and the large power processes.' This response was in fact resonating fully with Margaret and Neville's view and draws attention to the profound difference between service delivery by experts (who do things for people) and self-help/mutual-help in modulating social relations. Neville wrote about this difference and how his way may be interfaced with mainstream way (Yeomans, N. 1971c; Yeomans, Widders et al. 1993a; Yeomans and Spencer 1999).

FINDINGS

Elshtain asked the question (1995, p.91):

If one cherishes and champions individuality and community, diversity and commonalities, what resources are available in our contemporary civic repertoire that push in this complex direction?

Neville was evolving psychosocial resources cherishing and championing individuality and community, diversity and commonalities in the NSW civic repertoire.

I have been exploring the research questions, 'What change processes, innovations and social action evolved in and from Fraser House? How do these differ from other psychiatric therapeutic communities? What were the outcomes and effects?

The above four chapters have document how Fraser House entailed structures and processes that far exceeded other therapeutic communities outlined in Chapter Three, hence Margaret Mead's 'total' descriptor. Neville introduced behaviour to community psychiatry that involved:

- thinking and acting as a personal eco-system
- being a conscious extension of the eco-social system we are imbedded in
- engaging in interacting with wider eco-social systems

Neville evolved processes for being a social catalyst for self-organising personal, family and community transition. He evolved the following as Fraser House change structures and processes:

- Cultural Keyline
- Total therapeutic community
- Comprehensive community governance
- Full family networking
- Family-friendship networking
- Intergenerational networking
- Local and phone-based crisis and suicide support
- Domiciliary care
- Catchment areas
- Big Group crowd and audience processes

- Social category based small groups
- Work as therapy
- Psychosocial research as therapy
- Values and moral vocabulary and dialogue
- Values guided everyday life interacting
- The weaving together of all of the above

Neville evolved a substantial body of biopsychosocial praxis that may be used by both professionals in service delivery and lay people in self-help in everyday life. The praxis also includes processes for useful interfacing between professional and lay people in supporting people towards increasing wellbeing. As such, Neville's work is fundamental for the likes of Workcover in Victoria seeking a return to a biopsychosocial paradigm in professional care.

A POWERFUL INFLUENCE

Neville suggested (Dec 1993, July 1998) that Fraser House became a powerful influence in closing mental asylums within Australia. He also suggested that Fraser House and Community Mental Health (which Neville pioneered) played a large part in no asylums been built in Australia since he left Fraser House.

SUMMARY

This chapter commenced with criticisms made of Fraser House in the Sixties and some responses to these. Replicating Fraser House in Kenmore and Callan Park Hospitals was discussed. Material was provided contrasting the difference between Fraser House and wider society in containing behaviour. The steps taken by Neville to set up transitions to community self-caring was set out as well as Neville's actions contributing to the phasing out Fraser House. Research on Fraser house evaluation was briefly outlined along with a discussion of American research using Fraser house as a model. Ethical issues in replicating Fraser House were also discussed. The chapter concluded with comments about the relation of INMA and Fraser House, a summary of my findings and the implications of Fraser House networking.

This concludes the set of chapters on Fraser House. The following chapter documents the various outreaches from Fraser House that Neville set up and enabled, and discusses how these fit into Neville's frameworks for evolving a social movement fostering humane epochal transition.

Chapter Eleven - Fraser House Outreach

ORIENTATING

This chapter details the various ways Neville extended Fraser House into wider society, and discusses how these varied social actions were consistent with Cultural Keyline and fitted into Neville's evolving frameworks for fostering humane caring transitions in the global-local social-life folk world. The term 'Functional Matrices' is defined, and Neville's evolving of them towards creating the Laceweb is discussed.

EXTENDING FRASER HOUSE WAY INTO THE PRIVATE SECTOR

Neville's intention and outreach after leaving Fraser House is neatly stated in his 1980 letter to the Therapeutic Community Journal:

The Therapeutic Community model has been extended into humanitarian mutual help for social change' (1980b)

Recall that Maxwell Jones had written:

The psychiatric hospital can be seen as a microcosm of society outside, and its social structure and culture can be changed with relative ease, compared to the outside. For this reason 'therapeutic communities' to date have been largely confined to psychiatric institutions. They represent a useful pilot run preliminary to the much more difficult task of trying to establish a therapeutic community for psychiatric purposes in society at large (1968, p. 86).

Having had his Fraser House experience, Neville was commencing to do just what Jones had been intimating – establishing therapeutic communities for psychiatric purposes in society at large. Neville began applying Cultural Keyline with the same pervasively interwoven and 'total' pattern of action of Fraser House process in many varied action research projects in the private sector. Neville created many contexts where people were sharing experience and responsibility in helping each other in evolving and sustaining social action research. In each context, the social reconstituting potency of the ongoing action research was as important, or more important than the outcomes. As in Fraser House, Neville's intention was to explore Cultural Keyline in action - community processes for people embodying how to move towards being well together. The different outreach actions were interconnected with each other, as well as with Fraser House way. In each action Neville used all of the aspects of Cultural Keyline mentioned above - in broad terms:

1. Attending and sensing and supporting self-organising, emergence, and Keypoints conducive to coherence within social contexts – monitoring theme, mood, values and interaction
2. Forming cultural locality (people connecting together connecting to place)
3. Strategic, design and emergent context-guided theme-based perturbing of the social topography
4. Sensing and attending to the natural social system self-organising in response to the perturbing, and monitoring outcomes

A framing theme in all of the action research outreach was:

'Exploring what works in community-based reconstituting of society through humane caring community mutual-help action - towards epochal change'.

Neville's aims were:

1. to explore re-constituting process among people on the margins within the old cultural synthesis, and then
2. to move as far away as he could to evolve a new cultural synthesis - first Sydney, and then the Australia Top-End.

The ways in which Neville extended Fraser House processes into the wider community include:

- 1) Taking on advisory roles with peak bodies in health and other areas – for legitimating and protecting action
- 2) Taking Fraser House ways into the community by being Australia's first Coordinator of Community Mental Health Services and setting up Community Mental Health Centres; Neville widening his scope of action to include community health using a biopsychosocial frame-work
- 3) Extending intercultural action research towards global change by evolving links with many Asian and African community groups in Sydney
- 4) Evolving (with others) festivals, gatherings and other happenings:
 - i) Watsons Bay Festival
 - ii) The Paddington Festival, and from this, the evolving of Paddington Bazaar (a community market) for 'villaging' his first mental health centre (in Paddington)
 - iii) Centennial Park Festival
 - iv) Other community events
 - v) Campbelltown Festival
 - vi) Aquarius Festival
 - vii) ConFest (Conference Festival)
 - viii) Cooktown Arts Festival
- 5) Forming the Keyline Trust to spread the word on Keyline
- 6) Contributing suggestions which were adopted in divorce law reform, and spreading the use of mediation
- 7) Writing newspaper columns called 'Keylines' and 'Yeomans Omens'
- 8) Introducing Cultural Keyline implicitly to business and other organisations
- 9) Forming and evolving self-help groups
- 10) Becoming an election candidate

ADVISORY ROLES

During the Sixties and early Seventies, Neville was very active in many advisory roles in mainstream organisations, including peak state and national bodies advising government. Neville said (Aug 1999) that he was intentionally very active on advisory bodies at this stage of his life in order to have, and sustain a very high public and professional profile, and to legitimate, protect, and support Fraser House and Fraser House outreach. This was the same reason he went out of his way to be featured in a constant stream of newspaper and magazine articles (1965a; 1965b). These links helped ensure Fraser House's survival for as long as it did (discussions Neville, June-Oct, 1998; interview Cockett, April 1999).

Neville advised a number of health organisations as well as organisations focusing on softening drug and alcohol abuse, as well as Aboriginal Affairs and criminology. Neville was the chairperson and founding director of a number of them. For Example, Neville was a Member of the NSW State Clinicians Conference, a founding director of the NSW

Foundation for the Research and Treatment of Alcoholism and Drug Dependency and a founding director of the national body of the above organization, a member of the Committee of Classification of Psychiatric Patterns of the National Health and Medical Research Council of Australia and an advisor to the Research Committee of the New South Wales College of General Practitioners (Yeomans, N. 1965a, Vol. 12, p. 96). Neville hinted to me (Aug 1998) that he had more than the twenty five advisory roles listed in Appendix 24.

The extent of Neville's advisory work evidences firstly, the breadth of Neville's acceptance in many spheres, secondly, his acceptance at the highest level in these peak advisory bodies, and thirdly, the breadth and inter-relatedness of his praxis.

COORDINATOR OF COMMUNITY MENTAL HEALTH SERVICES

Despite extensive enquiry, the best I could determine was that Neville finally left Fraser House some time in 1968/9. He began extending the model of the Lane Cove and Ryde Community Psychiatry Programs that he had energized prior to leaving Fraser House. Neville focused his energies on extending the healing ways evolved at Fraser House into ways of individual and communal self-help healing. He and his personal assistant Margaret Cockett were extending the therapeutic community option (as shown in Figures 1 and 3 in Chapter Ten) into the wider community as dispersed (not all living together) urban therapeutic communities. This was the precursor to the Laceweb as networked dispersed remote area therapeutic communities and networks.

Prior to leaving Fraser House, Neville had spoken continually of the need to create a new section within the NSW Public Health System called Community Mental Health. While still at Fraser House, Neville wrote a detailed monograph entitled, 'The Role of a Director of Community Mental Health' (Yeomans, N. 1965x). This was a proposal, a 'job description' and a 'CV' all rolled into one. His suggestion was adopted and upon leaving Fraser House he became the coordinator of the New South Wales Community Mental Health Services. Margaret Cockett characterizes Neville's leaving Fraser House as his being 'promoted upstairs' - because he was becoming too well known, and also a threat to parts of the Health Department hierarchy.

Neville made 'Margaret Cockett going with him as his personal assistant' a condition of his taking the position of the first head of Community Mental Health; this was accepted. As an indication of the lack of support for this new section within the Health Department, Neville and Margaret were provided with an unfurnished room a couple of blocks down from the main Health Department building. According to Margaret Cockett (August 1999), some evenings in the few weeks after Neville got this new position, passers-by would have seen the two of them 'spiriting' 'unwanted' desks, filing cabinets, chairs and other little needs to make their section a little more functional. Neville and Margaret were finding it hard to get departmental cooperation. Neville said (July, 1998) that his Fraser House detractors in the health department were making things difficult for him in setting up Community Mental Health.

Neville set up Australia's first Community Mental Health Clinic in 1969 in the vestry at the back of the Methodist Church in Oxford Street in Paddington. It was the first of such centres in Australia. Mangold, in his photographic record of the history of the Paddington Bazaar writes of Dr. Yeomans being the primary inspiration for realizing Reverend Peter Holden's dream of 'villaging the church' in Paddington (Mangold 1993, p. 4). The following two photos were taken by M. Mangold.



Photo 30. 'Villaging' the Church in Paddington – photo by M.Mangold - reproduced with permission

Neville's suggestion was to surround the Paddington Community Mental Health Centre and the Church with a Saturday community bazaar. This was fully consistent with the Fraser House model of imbedding the Unit within the local community, as well as inviting the community into Fraser House.

In Photo 31 the Vestry where Neville had his first Community Mental Health Centre is the brick building on the left. The Church is on the right. Between and around both buildings is where the Paddington Bazaar is held each Saturday morning. Adjacent the Vestry was a hall Neville used for community meetings. This is where Neville and his friends planned a series of Festivals (Mangold 1993, p. 4-11). Neville wanted to create the public space of a small friendly village market reminiscent of Tikopia, where everybody knows everybody and meets each other regularly. Neville wanted to replicate the healing and integrative aspects of 'small village life' (Tönnies and Loomis 1963) of Fraser House around the vestry in Paddington. The community mental health centre has long gone, though Paddington Market survives to this day as a Sydney icon. Every Saturday morning crowds mingle and meet at the Bazaar. Buskers entertain. The place is vibrant and alive. It still serves as a public community place for enriching community life.



Photo 31 Mangold's photo of where Neville's Community Mental Health Centre was surrounded with community - reproduced with permission

The next section details Neville's intercultural outreach.

Community Health

In 1968/69 there were moves to merge the Hospital's Commission that ran the NSW State Hospitals and the Health Department that administered the hospital staff. According to Cockett (Sept 2004), this merger meant that many of the top people who had been opposed to Neville became focused on vying for who would get the top posts in the merged administration. Margaret Cockett said that during this time when there was some let up in the constant opposition, Neville took the opportunity to widen his thinking and action from Community Mental Health to Community Health.

Neville and Margaret began linking with as many people as they could that were initiating innovative action in the community towards health in the widest sense. Margaret said (Sept 2004) that when Neville and Margaret went looking for those broadening the views of community about 'community', very prevalent among the community innovators were Fraser House ex-patients and members of the Psychiatric Research Study Group. The late Sixties and early Seventies were times when there was a great spirit of change in the community and Neville and Margaret through their Fraser House action and momentum were well placed to be catalysts energising and linking possibilities. One aspect of this outreach by Neville and Margaret was forging links with the Asian and African community in Sydney discussed in the next section.

EVOLVING ASIAN LINKS

Neville's interest in action towards epochal transition within intercultural contexts is further evidenced by his extensive involvement in cultural bodies during the late Sixties. He involved himself in the bodies listed below in the following roles (Aug, 1998):

Senior Vice President Japan - Australia Friendship Association
 Councillor Japan - Australia Society
 Council member Australia - Indonesia Association
 Member:

Africa - Australia Association
Thailand - Australia Association
Pakistan - Australia Association
India League
Australian Institute of Internal Affairs

As head of Community Mental Health, Neville and Margaret Cockett started community based psychosocial groups. After sustained networking action by both of them, they had a number of university students studying in Sydney under the Colombo plan join their psychosocial groups. These students were having trouble adjusting to living and studying in Australia. Colombo Plan Students in Sydney Universities had set up their own social groups. Margaret and Neville divided these student groups between the two of them. Margaret said (Sept 2004) that Neville took the Asian groups and Margaret took the African ones. They approached and introduced themselves to the respective groups and became active in these associations.

This involvement enabled Neville and Margaret to attend these organizations' joint and several activities and help them in forming/extending mutual support networks among participants. Neville said he used this interaction to refine what he called 'intercultural enabler' competencies and sensitivities. Joining the Asia based clubs provided an opportunity for Neville to explore community mutual help, this time with an *intercultural* wellness theme. Intercultural cooperating was an important aspect of his epochal transition action research.

It was through the Asia Club that Neville met and married his second wife Lien, a Vietnamese exchange student (Yeomans and Yeomans 2001). The photo below was taken from Lien's book, 'The Green Papaya' with permission (Yeomans and Yeomans 2001).



Photo 32 Neville and Lien on their wedding day on 27 November 1972 – photo taken with permission from Lien's book, 'The Green Papaya' (Yeomans and Yeomans 2001)

SIDNEY OPERA HOUSE SUPPORT

Neville was a founding member of the Sydney Opera House Society formed in 1968 that worked to have the Danish designer Jorn Utson complete the building. It was through this

society that Neville met Elias Duek-Cohen a town planner who would be involved in endeavouring to further Nevilles father's City Forest (Yeomans, P. A. 1971b) processes in the Nineties.

Duek-Cohen explored the implementation of P.A. Yeomans' 'City Forest' ideas and had energised the potential of research by Landcom (founded as the Land Commission of New South Wales in 1975.) Consistent with the response to P.A.'s ideas in the Sixties and Seventies, LandCom found that some people they approached about doing the research were very keen and others were very opposed. LandCom did not proceed with the research (phone discussion with Duek-Cohen Sept 2004).

As an indication of the 'positioning' of the Sydney Opera House Society, as well as Neville other committee people included:

Mr Gordon Samuels – QC, later Judge, Chancellor of University of NSW, and Governor of NSW

Michael Baume - Top Diplomatic post in Washington

Peter Coleman - Premier of NSW

(From a copy of membership application form posted to me by Elias Duek-Cohen)

WELLBEING ACTION USING FESTIVALS, GATHERINGS AND OTHER HAPPENINGS

The Watsons Bay Festival

The following section uses the Watson's Bay Festival as an example of Neville's use of Festivals towards new cultural syntheses. In the Sixties, Neville joined with Margaret Cockett and others in forming, and becoming the president of the Total Care Foundation, a registered charity. This entity was one of many formed by Neville to replicate Fraser House community mutual help. This Total Care foundation was used to evolve and hold the Watson's Bay Festival in 1968 on Sydney's South Head. Watson's Bay Festival was the first of seven festival energized/influenced by Neville.

The process of exploring how people change as they work together to change aspects of society was as important to Neville as evolving and holding some event. Neville used the process of organizing festivals and events in order to evolve networks and community. In the process of coming together to put on the Watsons Bay Festival the participants were forming cultural locality (people connecting together connecting to place. During Festival-based preparatory interacting Neville was using Cultural Keyline - constantly attending and sensing and supporting self-organising, emergence, and Keypoints conducive to coherence within the festival generating contexts – monitoring theme, mood, values and interaction. He would strategically perturb to foster emergence.

The Watsons Bay gathering was another opportunity for Neville to explore community mutual help, this time with the combined themes of 'intercultural cooperation' and 'all forms of artistry for wellness'. With the 1968 Watson's Bay Festival, Neville fostered multiculturalism in Australia. The Watson's Bay Festival in Watson's Park was more than multicultural, it was intercultural in that it fostered sharing links among strangers from differing cultures – a precursor of later Lacweb intercultural healing action. The Watson's Bay gathering demonstrated an early Lacweb resonance with what Neville called 'cultural healing action', where social action combines music making, percussion, singing, chanting,

dancing, reading poetry, storytelling, artistry, and sculpting – all within intercultural festive and celebratory contexts.

A planning letter from Neville's Total Care Foundation (Appendix 26) to the Sydney Town hall details that the Watsons Bay Festival would be held Sunday 13 October 1968 from 11:30 AM to 4:30 PM at Robertson Park and Watson Bay Park, and that it would be completely open to public with no fees. Preplanning for the Paddington Festival is also mentioned. The Watsons Bay Festival would feature an international display of music, dancing and national costumes. Artefacts would be displayed at the Watsons Bay Branch library, including a display by artists John Olsen and Brian Cummins. Clickers would be given out so the crowd could 'Clickerlong' with the Bands in the evening. Neville's blending together of all forms of artistry is a repeated theme in all of the events he energised throughout his life and parallels use of all forms of artistry in Indigenous life.

Another letter to the Town Hall in Sydney (Yeomans, N. 1965a, Vol. 12, p. 13) speaks of the Women's' Social Group, called the Care Free Committee of the Total Care Foundation, helping with the evolving of the Watson's Bay Festival. This social group was another process for bonding people together. Neville always gave some care to his naming of groups and collectives. "Care Free" has multiple meanings; 'care-free' as in 'joyous', 'care provided free' and 'being free of care'. Having a women's group was consistent with cleaving into sub-groups at Fraser House. The letter states that during the Festival there was an art exhibition at the Masonic Hall. One Gallery alone lent \$14,000 of paintings.

Neville timed the Watson's Bay Festival to coincide with the Sydney All Nations Waratah Festival during 6-13 October 1968. This timing to coincide with a large festival is a precursor to Neville's evolving micro-gatherings as pre or post gatherings to large global conferences in the Nineties, discussed later.

In keeping with Neville's intercultural synthesis focus, the Watson's Bay Festival featured the cultural artistry from twenty-three different countries (Appendix 25).

This is resonant with lines from Neville's poem about Inma (meaning Intercultural **N**ormative **M**odel **A**reas):

It believes in the coming-together, the inflow of alternative human energy, from all over the world.

The Second Festival – The Paddington Festival

To launch Paddington Bazaar to surround his Paddington Community Mental Health Centre, Neville worked with the local community in evolving the Paddington Festival. Creating a community public place (cultural locality) – the Paddington Bazaar was one of Neville's themes in exploring community mutual help in energising the Paddington Festival. It was held over the weekend of 21 - 22 June 1969. On the Saturday there was a market bazaar in the main Paddington Town Hall. The Paddington Mid Year Festival was held the next day. The Paddington Bazaar evolved out of the community energy of this festival. The Bazaar, also called Paddington market, thrives to this day as a community market. This model of embedding self-help wellbeing-focused action within everyday community contexts, and at times helping to constitute these contexts, is a central concept within the Lacweb. It is resonant with Tikopia way.

Festival Three - Centennial Park Festival

The next Festival Neville and others evolved was the Centennial Park Festival, a few kilometres from the Sydney Central Business District. The Festival covered 540 acres in the North Eastern Valley. This was Australia's first hippie festival. Neville placed a number of Centennial Park Festival photos in his Mitchell Library Collected Papers (Yeomans, N. 1965b) – refer Photo 33 below.

Neville was also a founding member of the Sydney Arts Foundation. This Foundation was the organizer of the Centennial Park Festival (Yeomans, N. 1965a, Vol. 12, p. 36). Again, for Neville, the shared experience of foundation members working out how to get things happening together was a central focus. The key aim of the Sydney Arts Foundation was to establish an arts centre in Sydney (Yeomans, N. 1965a, Vol. 12, p. 36). The Centennial Park Festival was supported by many Embassies, Consuls, civic groups, arts groups, national and international societies and clubs and schools. Neville's inviting the support of many foreign embassies continued his 'intercultural cooperating' theme in events. He was also exploring the strengthening of civil society based artistry. The range of events at the Centennial Park festival is detailed in Appendix 27.

Festival Four - Campbelltown Festival

Neville, Lien, his younger brother Ken, and Ken's wife Stephanie were the key organizers of a small, though very important Festival in 1971. It was held at another country property Neville's father had acquired off Wedderburn Road five kilometres from Campbelltown, which in turn is around 50 kilometres down the main highway from Sydney towards Melbourne. According to Bill Elliott (Sept, 2004) (a long term ConFest attendee – ConFest is described shortly), as well as Ken and Stephanie Yeomans (Sept 2004), the Campbelltown Festival was small, with around 150 attending.

Many of the cast and crew of the hit musical 'Hair' attended and added to the passion and artistry. Neville, Ken, and Stephanie have all attested to the fact that there was a real fervour among the attendees to mount a very large festival that would celebrate and engender possibilities for a New Age – to quote the 'Hair' hit tune, a festival for the 'Dawning of the Age of Aquarius'.

After the attendees had packed up the Campbelltown Festival they held a meeting in an old shed near the Yeomans' farmhouse where it was resolved to put on a festival and call it the Aquarius Festival. They had a target figure of 15,000 people attending.

In their preliminary discussion at Campbelltown about the proposed Aquarius Festival, they decided that they wanted to work cooperatively with local people around the proposed Festival site, have local people having a say in the Festival and sharing in any profits, and preferably using the farm lands of more than one farmer. They also wanted the whole process for evolving the Festival to be organic and natural – to be self-organizing.

It is possible to see Neville's Cultural Keyline design principles being introduced by Neville as a theme and having an influence on the decisions of this planning group. Note the implicit Cultural Keyline principles:

1. Enable and design contexts where resonant people self organize in mutual help
2. Have outside enablers work and network with the local people in the region
3. The local people have the say in meeting their own needs

4. Support the local people in networking – (Festival on a number of farms)
5. Local people get flow-on (share in profits)
6. The local action is self-organizing

Monday, October 13, 1969

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BIKIES, BABIES AND HAPPY HIPPIES IN THE PARK



Two of the many who turned up to greet the spring yesterday.

Tough-looking bikies mingled with innocent old ladies and mothers pushed babies in strollers between crowds of sprawling hippies.

The scene was Centennial Park—and they were all there to greet the spring.

An area of the park was given over yesterday to the Spring Festival, sponsored by the newly formed Sydney Arts Foundation (a group which wants the Queen Victoria Building made into an arts centre) and organised by a Valence psychiatrist, Dr Neville Yeomans.

"What we need in this country is a human revolution," said Dr Yeomans, who is a candidate for Wentworth in the Federal elections.

He envisages a new era of creativity and enjoyment in Australia—a mingling of East and West in a mighty movement taking off in the parks.

There was no revolution yesterday—but the Spring Festival was notable for the many people from varied walks of life

A salute to the spring

who turned up to see—or take part in—the fun.

There was television's Sue Becker keeping fit and dozens of schoolgirls in black leotards dancing in the area of the park set aside for the festival. Rock music thumped and the Australian Dance Theatre and a couple of Africans pranced nearby.

WRAP-UP

The University of N.S.W. wizard, Ian Channell (another parliamentary candidate), stood on a stone pedestal in the centre of the cacophony expounding upon pancakes.

Under a spreading tree the Living Theatre, dressed in their best mediaeval gear, offered a reading of the "Everyman" morality play.

They sang "The Ash Grove" and when "God"

— sitting in white robes in the tree — said "Lechery" they writhed in a big bundle on the grass.

Children rode an antique fire truck for 20 cents or painted a 200ft sheet of brown paper. Junior Christos wrapped a tree in plastic and architecture students blew up a giant yellow tent.

The events began before midday and finished with films, more rock music and coloured lights, at 9.30 p.m.

The original plan had been to use the whole of Centennial Park, but the Minister for Agriculture, Mr G. R. Crawford, restricted the activities to the north-eastern valley.

"I do not believe that what you have in mind is in keeping with the general taste of the community," he wrote in a letter to the organisers.

At the Campbelltown Festival meeting Ken Yeomans used his knowledge of Keyline to search maps of New South Wales to find a good place for the Festival. He suggested the Nimbin region in the hills at the back of Byron Bay. It was a beautiful green area of undulating forest and farm country, though stagnating economically. Two people were empowered by the Campbelltown meeting to set off in search of sites and the result became the Aquarius Festival. Again, the process of setting up such a large event provided a scope for Neville to action research how people may reconstitute themselves towards a more rich wellbeing through community mutual help. The process is in many ways more important than the outcome.

Festival Five – The Aquarius Festival

The Aquarius Festival did take place in Nimbin and 15,000 people did attend. It became the first of the large alternative festivals in Australia.

The Festival did make a profit and the local community decided that their share of the profits be used to create a municipal swimming pool. This was agreed to, and Ken Yeomans designed it using Keyline principles. The pool still functions well to this day. It is round and has a sand base over concrete. It very gently slopes in from the edges to become deep in the centre. The water flows up from below in the centre, and flows out at the edges. The sand stays in place. The young children enjoy the shallows. The Tunttable Falls Commune was started from some of the Festival proceeds, and was designed on Keyline principles. That commune continues to this day.

Festival Six – ConFest

When Jim Cairns, Australia's Deputy Prime Minister under Gough Whitlam, his personal assistant Junie Morosi, David Ditchburn and others in the mid Seventies began preparing the first ConFest - short for 'conference-festival', Jim Cairns and his group chose to meet in the Church Hall next door to Neville's Community Mental Health Centre in Paddington (Mangold 1993).



Photo 34 Ken Yeomans – Photo from Ken Yeomans' Web Site (Yeomans, K. 2005)

Neville and others had energized a small urban commune focused around the Paddington Community Mental Health Centre and the Bazaar. The Hall next to the Vestry had become a regular Sydney meeting place for people who had been the energizers of the Aquarius Festival.



Photo 35 Photo by Michael Mangold - Used with permission. The Hall (next to the Vestry) where the ConFest planning meetings were held

Neville attended the ConFest planning meetings next door and contributed to the planning of the first ConFest - Cotter River, 1976. Ken Yeomans used Keyline principles to set up the water system at the Bredbo ConFest, Mt. Oak in 1977. Ideas from his father's book, 'The City Forest' book (Yeomans, N. 1965a, Vol. 12, p. 44; Yeomans, P. A. 1971b) were used to lay out ConFest roads along ridgelines.

Walking workshop/conferences were held on Keyline. ConFests have been held since the Seventies. The Australian Down to Earth Network (ADTEN) was formed as an administrative body and ADTEN subgroups formed throughout Australia holding a number of ConFest inspired gatherings. Since the early Nineties five/six day events have been held over both the New Year and Easter periods. They are typically on the Murray River, or one of its tributaries in the Victorian–New South Wales border region.



Photo 36 Deputy Prime Minister Jim Cairns speaking at ConFest - photo from DTE Archives

Following encouragement by Neville to become involved in ConFest, I am one of around ten people who select ConFest sites and energize the initial site layout and set up; a few days before ConFest, site volunteer numbers swell to around 100. I have surveyed 36 potential sites. Since 1992, I have regularly attended ConFest and have been the one providing enabling support to the workshop process since 1994.

Between 150 and 300 workshops and events are held each ConFest on a very wide range of topics relating to all aspects of the web of life consistent with Cultural Keyline. Also consistent with Cultural Keyline, the ConFest workshop process is totally self-organizing.



Photo 37 Photo I took of ConFest Workshop Notice Boards all prepared for ConFestors to arrive - December 2002



Photo 38 Villages at ConFest (photo from DTE archive)

With Neville's subtle orchestrating during the initial planning of the first ConFest, the site set-up process for this Conference-Festival after twenty seven years is still based upon the enabled self-organizing community and implicitly uses Keyline and Cultural Keyline features. Nature guides design and layout. A few volunteers with the way walk the site till it becomes familiar to them. The land 'tells' the set-up crew where things can be well placed. Natural barriers such as creek banks may mark the self-organizing edge of the car free camping area.

The ConFest site is 'organically' set up. It is set up by voluntary action. No one is 'in charge' though there are a few designated coordinators. Knowledge of what needs to be done and ways to do the things are distributed among the volunteers. It is self-organizing. It works. It is designed - roads are made, beaches created on creek or river, showers and taps installed. There are hot tubs and steamrooms. Everyone attending is asked to volunteer two hours during the ConFest. Site pack up takes around two weeks and we hardly leave a trace that we have been there at all.

Consistent with Fraser House and other action research contexts energised by Neville, only four people linked to ConFest and the Down To Earth Cooperative that puts on ConFest have any knowledge of Cultural Keyline, even though the site set up and pull down people as well as ConFest itself generally follows Cultural Keyline way – some people have embodied the way and can pass this on to others as lived experience. The core group and the thousands who attend have embodied the Cultural Keyline process without any understanding. Like Fraser House, ConFest is a 'transitional community'; there are always enough people who already know the ConFest way to induct first-timers into the ConFest Community experience. ConFest does continually attract some mainstream people who want to manage, direct, and control and these typically give up and leave, or adapt to the self organising organic unfolding way.

Some feel for the potency and mood of the first ConFest (at Cotter River in December 1976) may be obtained by reading the manifesto written by attendees included as Appendix 28 in this thesis. That they have embodied non-expressible knowingness is implied by the words, 'No words can say what we are.'



Photo 39 ConFest sites are always chosen with special places – photo from DTE's archive

Festival Seven – The Cooktown Arts Festival

Shortly after the Aquarius Festival and the first ConFest in the Seventies, Jaciamo Caffarelli a musician and painter (who was a Fraser House outpatient in 1961 who gave me permission to use his name) along with his wife Pamela were key energizers of the Cooktown Arts Festival in Cooktown on Cape York, Far North Queensland. Jaciamo had stayed in touch with Neville after Jaciamo ceased being an outpatient. Coincidentally, Jaciamo

was living directly opposite Neville in Yungaburra when Neville bought his house there in the Nineties. I spoke extensively with Jaciamo and Pamela about the Cooktown Arts Festival and his memories of Fraser House and Neville while I stayed with them at their place in Yungaburra for a week and travelled with them to the Laura Aboriginal Festival in June 2001.

At the time of the Cooktown Arts Festival, Cooktown was an extremely remote outpost of about 350 people on Cape York Peninsula in Far North Queensland. It was approachable from Cairns by a day's drive over a torturous road. Given the remoteness and difficulty getting there, it was extraordinary that over a 2,500 people attended from all over Australia, with people coming from overseas. Jaciamo modelled the Cooktown Art Festival on Neville's Watson's Bay Festival, the Aquarius Festival and ConFest.



Photo 40 Photo I took of Jacaimo at Laura Festival

Given the remoteness, the festival was very rich. Jaciamo told me (July 2001) that the events included three three-act plays - complete with stage, scenery, costumes, orchestra and lighting. One was a Chekhov play – The Cherry Orchard. A puppeteer put on regular shows. As well, the Cairns Youth orchestra played along with a number of swing and trad jazz bands, pop groups and a xylophone/percussion group. Spontaneous acoustic music jamming sessions abounded. Neville Yeomans, Jim Cairns (Deputy Prime Minister), and Bill Mollison, one of the founders of permaculture, were speaker/workshop presenters. There was a very active workshop scene on all aspects of wellbeing.

The next six sections detail other outreach by Neville.

THE KEYLINE TRUST

As part of Neville's adapting of Keyline to Cultural Keyline and merging the two of them in his action research, Neville set up the Keyline Trust with support from Ken and Stephanie Yeomans as well as Margaret Cockett and others (Yeomans, N. 1965a, Vol. 12, p. 44).

The Objects of the Trust were:

- a) To produce and distribute documents, papers, photos, stickers, films and other communications, cultural and artistic materials and productions
- b) Such materials and productions to be Australian in origin and dominantly for the purposes of enhancing community cooperation and mutual support, locality, self respect, friendliness, creativity, culturally appropriate peaceful nationalism and multinational regional cooperation
- c) To assist other bodies with similar aims

The middle object of the Trust, clause (b), is a succinct statement of Lacweb action. Notice (i) the use of the term 'locality' in that clause - meaning connexion to place and (ii) the implied 'cultural locality' at the local, regional and global levels. In using the word 'dominantly' in the context of the gentle purposes of the Trust, Neville is using the juxtapositioning of the incongruous for provocative effect. The Trust gatherings were another opportunity for Neville to explore community mutual help, this time with a Keyline and implicit Cultural Keyline theme.

Neville always took great care in wording documents. Neville was very interested in the derivation and meaning of words. Often we would look up word meanings together. Neville took the time to very carefully draft letters and other documents. We often engaged in hundreds of hours on some documents. Examples are firstly the 'Extegrity Document' (Yeomans and Spencer 1999) discussed in Chapter Thirteen; we worked jointly on that for ten months. A second example is the paper, 'Governments and the Facilitating of Grass Roots Action' (Appendix 31) (Yeomans, Widders et al. 1993a). That paper was only six pages in length and three of us worked on it for nine weeks.

DIVORCE LAW REFORM

Neville studied law at the University of NSW to become a barrister registered in NSW and with the High Court. Neville had international humanitarian law as a major interest.

Neville was a key enabler in the development of the Divorce Law Reform Society of NSW. Branches of the Society spread to other states. In the early Seventies Neville prepared a series of submissions for the Divorce Law Reform Society, particularly the desirability of setting up family and individual counselling and family mediating processes. Neville told me (Aug 1998) that his writings along with submissions from other members became a basis for submissions by the Divorce Law Reform Society of NSW to Justices Evatt and Mitchell. These submissions played a substantial part in the formation of the new Family Law legislation.

Neville with John Carlson wrote a monograph that researched the use of mediation in China and other places as part of their law degree at the University of NSW (Carlson and Yeomans 1975). Mediation in the context of what Neville called 'mediation therapy' is discussed in Chapters Twelve and Thirteen. From these beginnings, the use of mediation has been growing in Australian society. Neville told me (Dec 1993, Dec 1998) that Australia is currently a World leader in the use of mediation.

WRITING NEWSPAPER COLUMNS

Neville edited a regular weekly suburban newspaper column called Keylines. He used this to keep before the Sydney readership, Keyline, Fraser House Way and the various outreaches that he was energizing (Yeomans and Yeomans 1969) – refer photo 41 below.

The columns always had themes consistent with Neville's interwoven action and included information about his father's work being applied to creating city forests (Yeomans, P. A. 1971b), mediation and events Neville was organising.

IMPLICITLY APPLYING CULTURAL KEYLINE IN BUSINESS AND OTHER ORGANISATIONAL ENVIRONMENTS

Neville's quest extended to fostering caring and being humane in every aspect of life including work-life. During 1969 and the early Seventies Neville held a regular small group in Sydney for young businessmen who were 'on their way up'. Neville and Margaret Cockett both told me (Aug 1999) about setting up a discussion group with business people to explore the inter-cultural conflict they were having in establishing and sustaining trade within SE Asia. In keeping with Clause (b) of the Keyline Trust, a theme running through these discussion groups was how to sustain 'culturally appropriate multinational regional business cooperation'. Neville explored the application of the 'Social Problems Record' developed in Fraser House (Yeomans, N. 1965a, Vol. 11) to study personnel in business and other organizations (Yeomans, N. 1965a, Vol. 11, p. 277). In keeping with Neville's way, a key aspect of these regular groups for business people was the evolving of a mutual support network and the exploring of the theme 'wellness in intercultural business cooperation'.

In the late Eighties when I was consulting in organizational change I was approached by the Federal Government's Department of Administrative Services about creating paradigm shift as well as cultural change among their senior executive in Canberra. Neville and I wrote on one page what he described as a global-local realplay as a resource for senior executive change. When the Department decided to use American consultants the department was not shown the Hypothetical Realplay. The Realplay is included as Appendix 29. Consistent with Neville's 'On Global Reform' paper (1974) discussed in Chapters One and Thirteen, Neville set the hypothetical realplay in an indefinite future time where there has been a shift in World Order to regional governance, with local governance of local matters.

Neville had me prepare both 'The Realplay' (Appendix 29) and the 'Rapid Creek Project' (Appendix 37) potentially for politicians in federal, state and local government, as well as senior executive service people. Neville intentionally structured these documents so they were both strange and novel, in order to act as a filter in determining who we may be able to usefully engage with. In Neville's view, only those open and curious would engage. Deputy Prime Minister Brian Howe in the Keating Government requested his head of the Federal Department of Local Government to see me about the Rapid Creek Project (discussed in Chapter Twelve) as that department was having difficulty in getting inter-sector cooperation. I spoke with the Departmental Head in November 1993 who invited me (and Neville) to link with people in their department and the Northern Territory Government and Local Governments in that Territory for possible consulting work. At the time Neville and I were very busy and we did not take up this invitation.

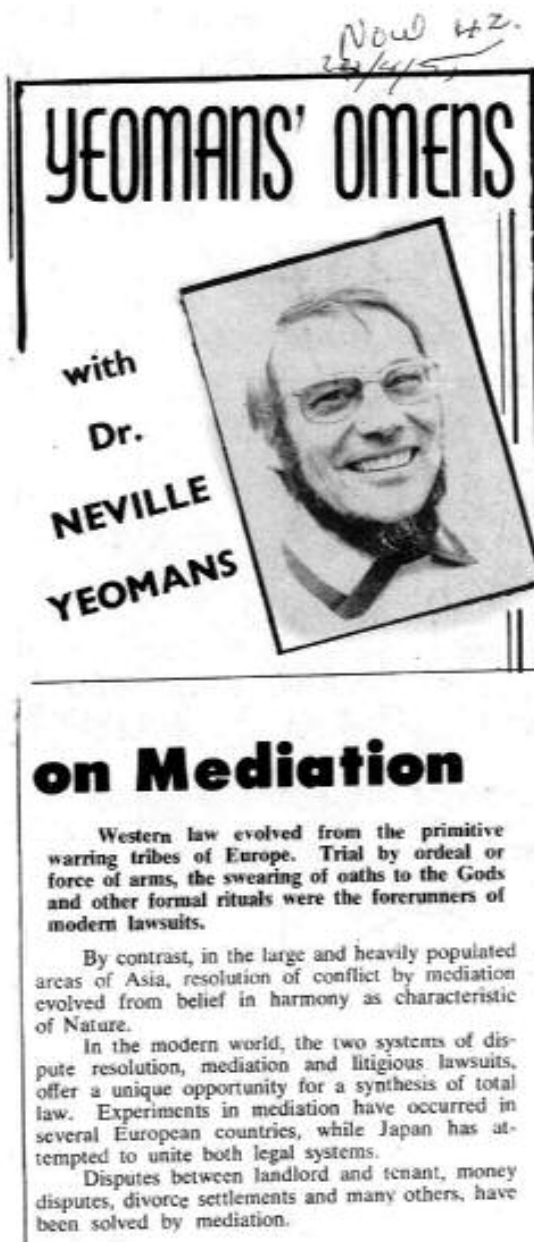


Photo 41 One of Neville's columns – Now Newspaper 24 April 1971

EVOLVING FUNCTIONAL MATRICES

In talking about the connexity based energy-in-action in his various outreaches Neville used the term 'functional matrix'. Neville said (Nov, 1993) that he used this term to refer to the 'generative and formative developing and shaping of functions and fields or foci of Lacweb action'.

Neville had sustained Fraser House during 1959-1968 as tentative and transitional. He resisted having anything he did being categorised and put into little boxes. Creating all of his functional matrices allowed him to talk and act without being pinned down to definitive specifics, which would in his view, limit and distort.

The list of Laceweb self-help and mutual-help functional matrices in Appendix 30, most of them dating back to the late Sixties and early Seventies, is not exhaustive and there is overlap between categories. Neville spoke of 'matrix' being from the Greek word having the meanings listed below:

- the womb
- place of nurturing
- a place where anything is generated or developed
- the formative part from which a structure is produced
- intercellular substance
- a mould
- type or die in which anything is cast or shaped
- a multidimensional network

Neville was using the word 'matrix' in all of the above senses. The word 'functional' was used to convey that both the name of the entity and the social action involved had related functions. Describing organizations as functional matrices was also implying that Neville was not talking about top-down bureaucratic structures. Neville said that he was talking about flat local-lateral networks by reference to what they do rather than what they are. Neville used the terms 'local-lateral' and 'loca-lateral' in describing networks to denote that rather than being bottom up or top down, local people were *laterally* networking with other grassroots people. This networking may however have bottom up influences. Like in the festivals, in each of these functional matrices, the reconstituting potency of process was just as important or more important than outcome. This mirrored the processes Neville used in all of his Fraser House outreach.

Neville told me (Dec 1993) that in talking about the Laceweb, people may refer to, for example, the 'Inma Nelps Lacewebs'. When they used the term 'Inma Nelps Lacewebs' no specific organization in the usual sense was being referred to. Rather, it was the function, field or focus of the action. Neville then drafted out for me the names of many of the Laceweb Functional Matrices that he and others had evolved since the late Sixties and what he termed their 'function, fields and foci' of action (Appendix 30).

While typically functional matrices were not formally organised, in 1969, Nexus Groups was registered in NSW as a not-for-profit charity engaged in setting up self-help groups for people with psychosocial stress. An abbreviated version of Nexus Groups' constitution is attached as Appendix 32. The Total Care Foundation was another registered charity evolved by Neville and others.

Nexus Groups changed its name to 'Connexion' in the early Seventies and as one of its foci of action became the publishing of the 'Aboriginal Human Relations' Magazine (AHR) started by Dr. Ned Iceton in Armidale NSW (Aboriginal Human Relations Newsletter Working Group 1971b). This Aboriginal Human Relations Magazine reported on community healing action among Aborigines throughout Australia. Another functional matrix called Inma Nexus took over publishing the magazine for a number of months. Rick Johnstone worked with Neville on the Inma Nexus publishing of the magazine. Rick was a key enabler for getting the Maralinga Royal Commission started on the aftermath of nuclear testing on traditional Aboriginal land in South Australia. Involving a number of functional matrices in linked action was typical. I met Rick with Neville in the late 1980s.

Neville spoke (Dec 1993, July 1998) of a person providing a chaplaincy role in Fraser House who formed the self-help group that evolved into the organisation called Grow which is now an international self help group assisting people recover from mental dysfunction (Grow 2005).

Mingles was another of Neville's functional matrices dating back to the 1960's. Mingles' function was making it easier to form friendships. It was one of a number of mutual wellbeing, support and self-help/mutual-help networks/groups that emerged from Fraser House.

During September 1985 till late 1986 Neville, Chris Collingwood, Neville's son David (and others linked to that first workshop in Balmain during August 1985 where I first met Neville) held regular experiential wellbeing sharing gatherings on the first floor at 245 Broadway in Sydney which I attended. Neville described these gatherings as having the Mingles functional matrix functions foci and fields (Appendix 30), namely:

- Celebrating and re-creating
- Community wellbeing
- Social networking
- Wellness
- Enriching families

Many of these gatherings would also move for a time across the road into adjacent parklands where we would engage in all manner of theme based sensory micro-experiences to increase mind-body flexibility and choice – self and group trust and all-round wellbeing.



Photo 42 A photo I took in July 2001 of 245 Broadway in Sydney where the healing sharing gatherings occurred in the late Eighties.

Neville and this same Mingles network energized a monthly event called Healing Sundays in Bondi Junction in Sydney during 1987-88. It was no cost and bring food to share. I participated in all of these. During these gatherings a caring sharing network of over 150 people was evolved over an eighteen-month period. It initially comprised this core group of around twenty people who had a range of healing skills. The day could be on a broad range of wellbeing themes or it could have a theme for the Sunday, for example 'love'.

It was experiential, that is, simple healing ways that others have found to work were tried out. No prior experience was necessary. Attendees could experience and learn many healing ways. It was also a day for extending social and nurturing networks. Some attendees were open to sharing their healing ways with the gathering. Anyone who wanted to could link

in with the enablers for the day and arrange/enable a small segment - sharing with the group some healing ways.

Neville was the key person in evolving and sustaining Healing Sundays. Neville stated emphatically that he did not need to do this to discover process, as he had done it a number of times before. He did it to give the core group of twenty (and other attendees) the experience.

Notice again the use of Cultural Keyline in the Healing Sunday:

1. The process encouraged every one to engage in attending and sensing and supporting self-organising, emergence, and Keypoints conducive to coherence within social contexts – sharing micro experiences while monitoring theme, mood, values and interaction
2. Forming cultural locality (people connecting together connecting to place at Neville's home in Bondi Junction)
3. Using the emergent micro experiences for strategic design and context-guided theme-based perturbing of the social topography
4. Fostering everyone's sensing and attending to the natural social system self-organising in response to the perturbing, and monitoring outcomes

Like creating a village to surround Paddington Community Mental Health Centre, Neville would use Healing Sunday to work with his psychiatric clients in a group context (by inviting one to three to attend). One Healing Sunday attendee had been a patient of Fraser House in the mid 1960's. Neville would engage in strategic subtle and not so subtle interventions during the Sundays (like unexpectedly telling me to work with a patient of his in the group context when I alone knew she was furious with Neville, and Neville had provoked the fury to prevent her suiciding earlier that morning).

ON BECOMING AN ELECTION CANDIDATE

Neville and Ken Yeomans both entered as independent candidates for the NSW electorates of Wentworth and Phillip respectively in the 1969 Federal election (Yeomans and Yeomans 1969). Both were against sitting members and knew they had no chance. Neville, Ken and Ken's wife Stephanie all said that they were very active campaigners and used this as an opportunity to raise the profile of all of the various themes that were dear to their hearts – use of water, sustainable agriculture, community mental health, pollution, intercultural harmony and the like.



Photo 43 Photos of Neville and Ken Used in Their Election Campaign from Neville's Archives (Yeomans, N. 1965b)

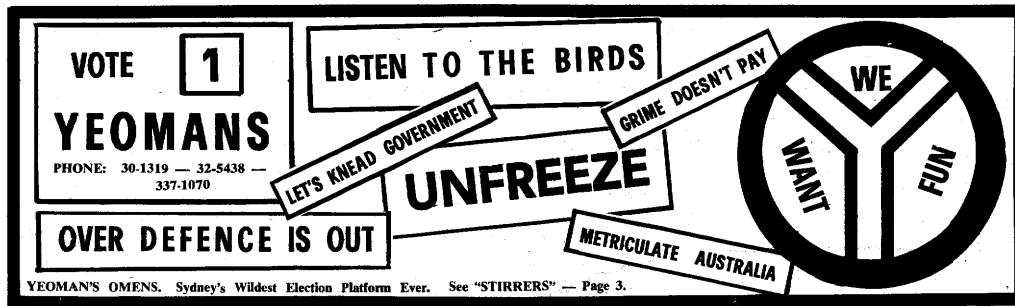


Photo 44 Advertisement in the Now Newspaper where Neville wrote a regular column (Yeomans, N. 1965b)

As part of their election campaign, Neville and Ken and Stephanie created an extensive set of humorous and creative bumper stickers using a variety of fluorescent colours. These were called Licka Stickas. Some are shown below.

INFLUENCING OTHER STATES

A casual conversation (July 2002) with a woman giving me a lift to the airport in Hobart, Tasmania after some Lacweb gatherings there revealed that she and many of her friends in Tasmania, especially in Hobart in the late Sixties and early Seventies, closely followed Neville and Fraser House developments. They used these as inspiration to push for all manner of changes in that State's Community and Family Affairs departments. She said that they had many successes and that they evolved very effective wellbeing networks throughout Tasmania.

FINDINGS

Neville's outreach was consistent with Cultural Keyline and demonstrated how ways evolved in Fraser House, within a government funded professional service delivery model could be interfaced with lay (non professional) self-help/mutual-help networking that in turn could be self organising and self sustaining. This further extends Neville's biopsychosocial model and provides processes that may be used in extending societal psychosocial resources as well as by the likes of the Victoria Workcover Clinical Frame work. Neville's outreach has demonstrated ways in which new cultural syntheses may be fostered, and ways collapsed societies may be reconstituted (in contrast to power-over pathologising (Pupavac 2005)). This is discussed further in Chapter 13.



Photo 45 Sample of Bumper Stickers from the collection in Neville's archives in the Mitchell library (Yeomans, N. 1965b).

SUMMARY

This chapter has documented Neville's outreach from Fraser House and detailed the links between Fraser House process and Fraser House outreach. In all of the various outreaches from Fraser House, Neville blended seemingly disparate things into his action research. He linked Asia networking, people in charitable action, various self-help groups, a community mental health clinic, a church, a bazaar, festivals, and various cultural activities. In every context Neville was using all forms of artistry toward fostering community wellbeing. This was a process Neville was exploring for extending societal psychosocial resources as well as ways for re-appropriating society and peoples' lives from the State. This interlinked, inter-connected, inter-dependant, wellbeing-theme and value-based action research is totally consistent with Cultural Keyline and Neville's evolving model for the Laceweb towards epochal transition. The next chapter explores Neville's move North in evolving the Laceweb

Chapter Twelve - Evolving the Laceweb

ORIENTING

This chapter researches the questions:

1. What is the Laceweb?
 - a. What are the Laceweb's structure and processes
 - b. How are they being evolved and sustained?
 - c. Is Cultural Keyline an aspect of Laceweb action?
 - d. What is INMA?
2. What patterns and integration are there linking aspects of Fraser House, Fraser House outreach and Laceweb? Is Cultural Keyline an integrating theme and a model of engagement?
3. Are the Laceweb and Inma linked to epochal transition?

This chapter looks at specific action by Neville in Far North Queensland and the Darwin Top End evolving and supporting the Laceweb Social Movement networks amongst Indigenous and other Unique People in the Oceania SE Asia Australasia Region. Neville used the term 'Unique People' to include Indigenous people and oppressed small minorities in the Region. The seminal role of Neville's enabling of Aboriginal Human Relations Gatherings in 1971, 1972 and 1973 in evolving the Movement is discussed. Neville's evolving of a number of small therapeutic community houses, local-lateral networks and gatherings are detailed. His involvement in the North Queensland 'New State' Movement is discussed along with his evolving of an International Normative Model Area (INMA) in Far North Queensland and the Darwin Top End.

EVOLVING THE LACEWEB

Aboriginal Human Relations Gatherings

In the view of Neville (July 1999) and Terry Widders (Aug 1999), the annual Human Relations Gatherings Neville and other people enabled in the years 1971-1973 at Armidale and Grafton in North East New South Wales were a seminal energy in the evolving of the Laceweb network. Consistent with Fraser House being a 'balanced community', these gatherings were attended by equal numbers of:

- Aboriginal and non-Aboriginal people
- Males and females
- Under controlled and over-controlled people

The gatherings were teed up by Dr. Ned Iceton, a former Doctor with the Royal Australian Flying Doctor Service and a lecturer at the University of New England Extension Service. Iceton held the first gathering in 1970 with only Aboriginal males attending (as in Iceton's view, the colonial experience had been more destructive to the Aboriginal men). Neville attended the 1971, 1972, and 1973 gatherings. Consistent with Neville's earlier action research and Cultural Keyline, the 1971-1973 gatherings were theme based – using the theme 'Surviving Well in Relating to the Dominant Culture'.

During an interview I had with Iceton in Armidale (July, 1999) he described local Aboriginal youth Terry Widders' role as being quite crucial in these gatherings. Widders knew the cultural nuances supporting the Aborigines' opening up during the first of these Human Relations Gatherings - a milieu that was strange and potentially very threatening for Aboriginal and Islander attendees at the outset. Terry started talking about the difficulties he had faced in surviving well and about his plans for his future. On hearing one of their own speaking in this forum, other Aboriginal people followed. Neville knew that while the social topography was diverse, this theme about 'surviving well' was a Keypoint touching the lives of all attendees - Aboriginal and non-aboriginal alike. Soon attendees were following keylines of discussion. Neville, Widders and Iceton all confirmed Neville's pivotal enabling role behind the scenes.

Sociologist Margaret-Ann Franklin (1995, p. 59) makes particular reference to Terry Widders' contributions to these Gatherings and their consequent ripple-through effects in the local Aboriginal community. She quotes Terry commenting on the Human Relations Gatherings:

They were good for different people in different ways. It intensifies communication, that's what it does. It focuses you. You get down to the specifics of social and cultural communication rather than just, 'how's the weather?'

Terry's comments aptly describe Big Group at Fraser House - relational exchange (1995, p. 59) is both social and intercultural. Additionally, all involved are personally affected in differing ways.

Franklin quotes Iceton's summary of outcomes:

.....purposeful local group activity, and in which an evolving underpinning is to be provided by an updated and appropriate set of commonly accepted ideas (worked out together) about what are the right ideas and right kinds of behaviour towards each other and the world outside, and the right way to help each other stick to them after they are worked out.

This quote is resonant with Fraser House way and Aboriginal traditional sociomedicine for social cohesion (Cawte 1974; Cawte 2001).

Resonant with Fraser House, at times, the Human Relations Gathering operated at very intense though *ecologically tight* levels. As in Fraser House, Neville ensured that the context-specific functional aspects of behaviour were supported and that the context-specific non-functional bits were not supported. Both Neville (July, 1999) and Iceton (July, 1999) confirmed this. In sorting through big issues and the minutia like the Big Groups did at Fraser House, each Human Relations Gathering at end was deemed to be a great success.

A young Aboriginal woman sent Ned a copy of the diary she kept during the second Armidale Workshop. This diary was published with her permission in the next issue of the Human Relations Magazine - excerpts from her diary:

I feel very mixed up, uneasy, frightened and I try to get myself out of this by staying in my room while the meeting is on, but I feel that it will only work in two ways, either (1) I will close up altogether, and go back to my old ways of joking my way through, or, (2) go and sit in and listen to the discussion and see how I feel when I have finished there. I decide to go back and sit down and listen to the rest speak.

The final comment in her diary:

It was a good week for everyone I talked to, and the next one will be even better.

Further excerpts have been included in Appendix 33. Her diary is resonant with the diary of the Fraser House resident included in the back of the Clark and Yeomans' book on Fraser House (1969). There is the same emotional turmoil and confusion. She could make little sense of what was happening within her during that Gathering, though there is a strong sense as the diary proceeds that she is integrating many aspects of her being - corrective emotional experience rather than insight.

The Self Organising Rollout for Bourke

Three people from the Aboriginal communities around Bourke attended the Human Relations gatherings in Armidale in 1971 with Professor Max Kamien a psychiatrist. In Kamien's book, 'The Dark People of Bourke - A study of Planned Social Change', (1978, p. 48, 49, 55, 57, 69-70, 77-78, 297, 324) he refers to these Armidale and Grafton gatherings as 'a milestone' in renewal among the Aboriginal people from around Bourke, a remote town in New South Wales' (Kamien and Australian Institute of Aboriginal Studies 1978, p. 48, 49).

While returning to Bourke, one of the three had extensive conversations with members of different Aboriginal communities visited on the way. Upon returning to their own remote community out in Bourke, and on their own initiative, the three commenced in their own community similar human relations gatherings to what they had experienced in Armidale. The Aboriginal person who had carried out the conversations in the communities on the way back to Bourke was the key enabler for the local Bourke action (Kamien and Australian Institute of Aboriginal Studies 1978, p. 48, 49). This is one example of the presence of nurturers in oppressed communities. It was also in part, an indicator of Neville's ability to pass on community healing ways such that others who have been traumatized may be ready, willing and able to enable gatherings and have the follow-through to organize and actually hold gatherings with local members of their community on an ongoing basis.

Local non-aboriginal teachers in Bourke had their *first* contact with adult Aboriginals (the parents of their students) when they attended these Bourke human relations groups (Kamien and Australian Institute of Aboriginal Studies 1978, p. 48, 49).

Further Rollout for Armidale

As a follow-on gathering, Terry Widders enabled two human relations workshops for Aboriginal youth in Armidale on the weekends 26-27 June 1970 and 10-11 July, 1971 – another example of a local nurturer self starting action. He reported on these in Issue No.1, July 1971 of the Newsletter (Aboriginal Human Relations Newsletter Working Group 1971a). (An almost complete set of the Newsletter is held at the National Library in Canberra (Aboriginal Human Relations Newsletter Working Group 1971b)). This newsletter contained reports of the Human Relations Gatherings as well as wellbeing related contributions from Indigenous and resonant people from all over Australia. The University of New England cut funding for the Aboriginal Human Relations Newsletter. This was when Connexion, a self-help Functional Matrix Network evolved by Neville and others around Sydney took over the editorial, printing and distributing role with Rick Johnstone playing a lead role (he was a mover in getting the Maralinga Atomic Test Royal Commission started which resulted in a major clean-up of Aboriginal traditional lands).

During 14 - 22 May 1972 a third Human Relations Gathering was held in Armidale NSW. A group of thirty-four Aborigines from around Bourke journeyed to Armidale and twenty-one actively participated in that Gathering. The three from Bourke who attended the first gathering came to the second gathering. Neville, Widders and Iceton again enabled these gatherings.

Wider Networks

Neville and Terry Widders (Aug 1999) confirmed that networks formed through these four Gatherings continue to this day. Many Aboriginal and Torres Strait Islander people who attended the Human Relations Workshops are now playing key enabler roles within Aboriginal and Islander communities and have gone on to become key people in Aboriginal and Torres Strait Islander affairs. Eddie Mabo's attendance at the 1973 Grafton Gathering is noted in Ned Iceton's file notes in his archives, and in the Human Relations Newsletters. Eddie Mabo was the Torres Strait Islander who energized the legal challenges relating to the invalidity of the notion Terra Nullis that led to the Mabo Decision granting Indigenous land rights in Australia. Eddie Mabo wrote a letter dated 2 March 1974 published in the March 1974 Newsletter about his attempts to get funding for an Aboriginal run school in Townsville before current funding ran out.

After the Grafton Workshop in 1973, Neville and Terry enabled Human Relations Gatherings of Aborigines in Alice Springs and Katherine in the Northern Territory. Neville said that the Indigenous Networks that were evolved through the Armidale, Grafton, Alice Springs and Katherine Human Relations Gatherings and the associated Aboriginal Human Relations Newsletter were seminal in the evolving of the Laceweb (Dec 1993, Dec 1994, July 1998). These networks continue to evolve.

As one example of follow-on from the Human Relations Gatherings, Terry Widders continues to network through being on the UN Indigenous Working Group. Neville said (Dec 1993) that Terry Widders and himself were two of a very few people who had been granted observer status at meetings of the Unrepresented Nations and People Organization (UNPO) based in The Hague.

Neville himself had returned to full time study at the University of NSW between 1972 to 1975 working on his law degree, and when this was completed he shifted north. This is discussed in the next section. Terry went on a study tour of China in the 1970's and later obtained a Masters degree on Chinese and Japanese minorities and had teaching fellowships in both countries. In the late 1980's Terry and Neville went to China and had a meeting with three members of the Central government on Chinese minorities.

Evolving Small Therapeutic Community Houses In Far North Queensland

In Neville's second wife Lien Yeoman's book, 'The Green Papaya – New Fruit From Old Seeds' Lien wrote in part about her life with Neville. Lien writes about heading north with Neville in 1972:

At this time there was a push for a New State of Far North Queensland. Neville saw this as a good opportunity to test out his ideas (Yeomans and Yeomans 2001, p. 104).

In preparing a global order transition model, Neville had been exploring a micro-model of three-level governance at Fraser House – local, regional and global. Neville saw the Queensland New State Movement as an energy he could tap into in exploring new forms of regional governance away from the existing Brisbane based State Government, and far away from Federal Government in Canberra.

In 1975, to explore possibilities, Neville, Lien and baby son Quan travelled up to Cape York in a Kombi Van and they travelled back down to Mackay, Queensland as there was no psychiatrist in Mackay in those days (Yeomans 1980a; Yeomans 1980b; Yeomans and Yeomans 2001).

Neville bought a house in Townsville, set it up as a Wellness Centre and attracted many Aboriginal and Islander clients. Neville ran many groups from this Centre and evolved a functional matrix called UN-Inma (Yeomans 1980a; Yeomans 1980b). This was the time he was planning the possibility of an international refugee therapeutic community cum alternative to criminal/psychiatric incarceration on Palm Island off the coast of Townsville (Yeomans 1980a; Yeomans 1980b). While it did not proceed, Neville said that organising for the possibility of this facility on Palm Island enabled him to have useful networking with at-risk Aborigines – resonant with community strengthen via preparing festivals mentioned earlier.

Neville set up an Aboriginal and Islander Therapeutic Community house modelled on Fraser House in Mackay. Neville was the key enabler for the Mackay house. The Mackay Therapeutic House was far from being a typical boarding house. Neville told me (July 1998) that he had incorporated Fraser House way (as adapted for context) in that small Mackay therapeutic community house.

Dr. Paul Wilson, a well known criminologist and former Acting Director of the Australian Institute of Criminology in Canberra (1986-91), and current Chair of Criminology at Bond University in Queensland (Bond University 2005) devotes Chapter Six of his book, 'A life of Crime' (Wilson 1990, p.79-80), to his personal healing experiences living within Neville's Mackay Therapeutic Community house. The quote below from Wilson describes the changes that occurred within him. Following Fraser House's self-organising processes, by the time Wilson started living in the Mackay Therapeutic Community, it too was self-organizing and Neville only called in occasionally.

Paul Wilson (Wilson 1990) writes of this learning how to 'live well with others' in describing his experience of living in Neville's therapeutic community. Wilson was having psycho-emotional difficulties in his life at the time and used his stay in this therapeutic community house to sort out his life.

Wilson writes:

Neville Yeomans created a community free of doctrinaire principles. The Mackay setting successfully created a sense of belonging. Most people who have experienced deep personal distress have lacked, in my opinion, any sense of residing in a group or clan. They, like I, have lived their lives constructing walls around themselves, to protect themselves from other people. In the process, they have lacked the knowledge and experience of living in a community. There was nothing magical in the process of achieving this sense of belongingness..... Our day-to-day activities were almost mundane. I would wake up in the morning and help whoever was up to get breakfast ready. Then as people came in to the kitchen, we would talk about all sorts of things people talk about over breakfasts. Marion would ask one of us to collect some groceries, or to cut the lawn, or help with the laundry.

Most importantly, there were always people around you who you felt cared for you as a human being. This interconnectedness of person with person was the thread that bound the community together and gave us a sense of 'family' - a unit that many of us had ignored or not had before.

This passage resonates with the Fraser House milieu, highlighting the point that everyday-life contexts can provide opportunities for learning about how to live together. This links to what Neville (Aug 1998) called, 'caring and sharing the Aboriginal way' – 'home, street and rural mediation therapy'. It also links to the relating process Neville termed 'mediation therapy' (and 'mediation counselling') a form of therapy where 'mediation' was a descriptor

(adjective) of process. Neville referred me (Dec 1993) to Amelia Renouf's (1992) essay about the uneasy sixth step in mediating - that of a form of mediating that is inherently reconstituting and healing relating. Almost invariably, conventional mediators are *not* equipped to engage in this type of process and do not attempt to do so. Neville's mediation-therapy requires a fundamentally different set of healing and therapeutic processes, competencies and abilities compared to those typically used for mainstream mediation. Neville's ways have some resonance with Gergen's 'relational communicating' (Gergen 2005).

Neville also used what he called 'context healing, street mediation and group story performance'. These draw on Indigenous healing process, cultural action and cultural healing action (Yeomans and Spencer 1993; Queensland Community Arts Network 2002). They also draw upon dance, movement and other forms of artistry. This action also uses natural and evolving contexts as mediums with healing possibilities.

Neville and Lien travelled North to Cairns, bought a house and stayed for a decade. Neville set up a psychiatric practice; as well, Neville set up a small therapeutic community house that he called 'Inma' in the Cairns suburb of Edgecliff.



Photo 46. Photo of Neville's Therapeutic Community House INMA in Cairns (R. Buschken's Archive)

This involved two adjoining flats above a drug support and referral agency (Neville, Dec 1993; Rob Buschkens, Oct 2003). The Agency continually referred clients to Neville. Three or four people could stay at Inma. Neville held small therapy groups all the time at Inma with around 12 people attending. Aboriginal and Islander people attended. Robert Buschken from the drug referral centre also regularly sat in on the sessions. Rob was one of my interviewees. Rob said that he gained considerable skill from modelling Neville's behaviour. Rob's description (Oct, 2003) of Neville's group skills was identical to the comments made by my Fraser House interviewees – that nothing seemed to miss Neville's attention – that he would pick up on something that seemed trivial and produce a major change in a person or group – and that he was so strategic; he was way ahead of everybody. Rob, who has mixed European and Indonesian parentage, was one of the humane caring intercultural nurturer types Neville was always on the look out for. Rob began taking the small groups after Neville left Cairns.



Photo 47 Rob Buschken – Photo from Buschkens' family archives

During Neville's stays in Mackay, Townsville and Cairns he was continually looking for Indigenous and intercultural nurturers. Neville established links with Australian South Sea Islanders, Bougainvillians and other PNG people with links to West Papuans and other minorities living in the Cairns Atherton Tablelands Region. Once Neville found a nurturer he would create contexts where he could casually link them up with other local nurturers in everyday life. He would for example, offer a nurturer a lift into town and then invite her to come in to the home of another nurturer he 'had to see'. He described it as a very slow painstaking process.

Neville engaged me in this linking every time I went up to stay with him. For him this linking was a daily endeavour.

Further Travels

Both Neville and Lien described the decade in the Far North from 1972 as the hedonistic period of their lives, though on all accounts they had great parties in Sydney. Lien describes their time in Cairns as one continuous party where she and Neville 'entertained artists for fun, and social reformers and medical practitioners for favour' (Yeomans and Yeomans 2001, p. 108). I understand that Lien is a superb cook. Her book the Green Papaya is largely a cooking book on Vietnamese cooking with her personal life as a secondary thread. (Lien now runs the widely acclaimed Green Papaya Vietnamese Restaurant in Brisbane (Yeomans 2003).

In 1982, Neville moved back to Sydney and set up another psychiatric practice. At this time Neville made a number of trips overseas attending NLP workshops. It was during this stay by Neville in Sydney that I first met him (August 1985); he had just returned from an NLP workshop in the United States.

Around 1988, Neville went north again and bought the house at Yungaburra. In extending his networks among Aboriginal nurturer women, Neville made a trip to Weipa and Aurakun and across through remote Aboriginal communities in Arnhem Land. He also had linking trips into the Kimberleys. Through these trips and another trip through Arnhem Land in 1993, Neville had so linked into networks in these remote regions that he was raising the possibility of evolving an international gathering in either of these remote regions in 1993. Neville engaged me in jointly preparing pamphlets. Note Neville's playing with the notion of time by the term 'Healfest Predate 1994'. He was talking up the possibility of something happening in 1996 and the pamphlet predated the possibility. Neville again uses 'locality' and 'theme' as central organising concepts. These pamphlets also reveal how Neville would weave possibilities with tenuous links into large international events and agendas.

The following flier (and other similar ones) was sent to UNHRC and other global and national governance agencies and to Aboriginal and Islander Women's' groups throughout remote areas of Australia. It was also sent to many Indigenous nurturers in Laceweb networks throughout the East Asia Oceania Australasia Region. Neville and I, with many others, worked consistently to have these (potential) 1995 and 1996 Gatherings happen

No events emerged from these predate fliers, though evolving of nurturers, enablers and networks were aided by the energy these fliers and the proposed gatherings created. The possibility of these 1996 gatherings was discussed by Aboriginal women from remote regions at the 1994 Small Island Gathering which I attended.

Healfest Predate May 1994

Indo Asia Pacific Gathering Celebration In Northern Australia – Sheltering Humane Sociocultural Development

Probable Timing: One Week Between May & August 1995.

Possible Place: The Kimberleys, Northern Territory or Atherton Tablelands.

Hosts: Australian women who are Aboriginal, South Sea Islanders, Torres Strait Islanders and other small Indo Pacific minorities.

Themes:

Nurturing the Human Family – Healing Households

Cultural Healing Wellbeing Alternatives to Correctional and Psychiatric Detention

The Biennial Asia Pacific Festival of Indigenous Arts and Life Sciences proposed by the Federal Government – Benefits To Indian Ocean and Asia Pacific Minority People.

Purpose:

- To initiate one small practical follow-on to the United Nations first World Summit for Social Development – Copenhagen, March 1995.
- To explore and embrace humanitarian aspects for the artistic development of psychosocial equity well-being and educational needs.
- To explore the healing arts dance music performance therapies – enchanting with Neuro-Linguistic-Poetics (Programming NLP) therapeutic communities and community cultural action play.
- To provide environments for sheltering grassroots localateral cultural healing, particularly by women, minority youth and people with disabilities; homing into Habitat 11 – Istanbul, June 1996 – 'Settling the Future'.
- To celebrate the 50th Anniversary of the United Nations, with the beauty of spreading basic prosperity, productive well-being livelihoods and accepting socio-global harmony. (UN Charter Article 55.)
- In celebration of sustaining humane development and after the 'Year of the Family', towards the World Women's Conference – Beijing, September 1995.

Photo 48. 1995 Flier referring to potential healing gatherings from my records

Neville also handed out to the Aboriginal and Islander attendees at the June 1994 Small Island Gathering a pamphlet he had me prepare listing details of six international conferences on wellbeing related themes occurring in the region in the following two years. He encouraged them to seek funding to attend. I was not able to trace any who did follow through with this.

Australia South Sea Islanders and Other Networking

In the 1980's, Neville provided support and energised possibilities throughout the Australian South Sea Islander communities in Queensland and NSW. He provided support to the Australian South Sea Islanders United Council (ASSIUC) and to Nasuven Enares, the then President of the Council, as well as to other Australian South Sea Islander community based organizations and networks. Neville attended national conferences of the Australian South Sea Islanders United Council as well as participated in meetings and gatherings. Neville was fostering networking and passing on healing ways and the group process skills that were developed at Fraser House and during Fraser House outreach. When Neville moved to Darwin in 1994 he linked me with Enares and I supported action research by the Islanders and attended two ASSIUC national conferences and was in Canberra for the Official Recognition of Australian South Sea Islanders on 25 Aug 1994 (Australian South Sea Islander Recognition 2005).

Speaking on the Indigenous Platform at the UN NGO Rio Earth Summit

In June 1992, Neville attended the UN NGO Rio 'Earth Summit' in Brazil. Neville told me (July 1992) he was asked to be a main speaker on Lacweb Healing at the Summit's Indigenous Platform, and that he was the only non-Indigenous person to speak at that platform. This was confirmed by Zuzanka Kutena (July, 2002), the enabler of the Indigenous NGO component of the Earth Summit.

Following Rio, Neville and others from the Lacweb Functional Matrix 'Entreaties' (note the name reflecting function) engaged in the drafting and disseminating to his links around the World, wordings of possible treaties that may be used as resources by adults, adolescents and youth among Indigenous and Unique People. These were the Unique Healing Treaty (Yeomans 1992a) and the Young Persons Healing Learning Code (Yeomans 1992b) included in this thesis as Appendices 38 and 39. Aboriginal youth and elders signed the Treaty and Code during the 1992 Gathering at Petford Aboriginal Training Farm (Petford Working Group 1992). This is discussed in the following segment. Aboriginal nurturer Mareja Bin Juda told me (July 2002) that Aboriginal youth from the Akame Functional Matrix ('Akame' is Islander for 'grandmother and me') linked to Neville's rainforest property on Black Mountain Road in Kuranda also signed both documents during July 1992. Mareja took groups of at-risk Aboriginal and Islander youth for outdoor experiential change work at the Black Mountain property till it was sold as part of Neville's estate in 2004.

Geoff and Norma Guest's Aboriginal Youth Training Farm

Neville linked with Geoff and Norma Guest at their Aboriginal Youth Training Farm in Petford, 180 kilometres inland from Cairns in Far North Queensland in 1988. Neville told me that when he first met Geoff and Norma they were superbly mirroring the therapeutic community model of Fraser House even though they had never heard of that Unit. Neville made many visits to Petford learning from Norma and Geoff and passing on his processes to them from 1988 till Neville's death in 2000.

Over 2500 youth have passed through Petford. According to Dr. White of Gordon Vale (June 2003), before the widening of the Community Development Employment Program (CDEP) work-for-the-dole scheme in 1986/7, and the further expansion in 1991/2, Geoff had around

seventy five out of every hundred boys leaving after a stay at Petford going into employment on cattle stations. Geoff has been awarded the Order of Australian Medal, The Paul Harris International Rotary Medal, and the Australian Centennial Medal for his youth work. Geoff, like Neville has strong detractors in the government. Community Services and Family Services have engaged in concerted action to close Geoff down citing the same kinds of issues used against Neville in Fraser House. Geoff is deemed to be 'unprofessional'. Boys are said to be not supervised properly, and the place is not 'organised properly' (Refer Daffern Report Critique (Friends of Petford 2002)).

Geoff affirmed to me many times during 1992 to 2005 that he learned many things from Neville and that it was Neville that influenced him to become skilled in EEG neurofeedback.



Photo 49 Photo I took in July 2002 - Geoff Guest giving recognition for good riding to Grand Niece



Photo 50 Photo I took in July 2002 - Geoff helps with balanced life

Developing Aboriginal and Torres Strait Islander Drug and Substance Abuse Therapeutic Communities Gathering

Through my enabling action, the 'Developing Aboriginal and Torres Strait Islander Drug Abuse Therapeutic Communities Gathering' was funded \$67,224 by the National Campaign Against drug Abuse (Canberra). It was held at Geoff and Norma Guest's Aboriginal Youth Training Farm in Petford, 180 kilometres inland from Cairns in Far North Queensland in July 1992. The Gathering evolved to be hosted by three local Aboriginal and Torres Strait Islander Communities and was held just after Neville returned from the Rio Earth Summit.

Over Seventy Aboriginal and Islander healers from Northern Australia, including the offshore Darnley Island in the Torres Strait and Elcho Island off the Darwin Top End attended. Both Neville and his son Quan attended the Petford Gathering (Petford Working Group 1992).

The Keypoint theme for the Gathering was 'Exploring Therapeutic Community, Keyline and Permaculture as Processes for Softening Drug Use'. The Gathering had an open agenda (devised by Neville) with three themes:

1. Exploring Keyline and Permaculture working with Mother Earth as a context for creating work-based change in at-risk youth
2. Experiencing Geoff and Norma Guest's skills in running a therapeutic community for 25 (at any one time) at-risk Aboriginal, Islander and other youth (Petford Working Group 1998).
3. Exploring therapeutic community processes and socio-healing ways.

Consistent with themes in Cultural Keyline, this threefold theme-based open agenda links with Keyline, Cultural Keyline and Fraser House.

During the Gathering many of the troubled youth at Petford assisted in completing a Keyline survey of Petford by Neville's younger brother Ken. A summary of the Petford Keyline Survey is Appendix 35. Linked to Keyline Neville had me search, find and invite two

Aboriginal Permaculture practitioners (a female and a male for gender balance) and a non-aboriginal women permaculture practitioner (for weighting in favour of aborigines and females) to attend and engage participants in Permaculture. I did this. The meticulous weighting was typically of Neville in setting up group dynamics.

Aborigines and Islanders later expressed that key insights into 'surviving in the dominant culture' came from seeing the way some white attendees used 'scapegoating', 'stampeding' and other group process in a futile attempt to impose fixed time-bound white agendas on a gathering set up with an open agenda with the three themes mentioned previously (Petford Working Group 1992). The gathering did continue using a themes-based open agenda and a Cultural Keyline framework in the face of white attendee pressure towards imposing top-down processes. Federal funding was only given (at very short notice and outside the department's funding criteria) because the gathering was being organised consistent with Aboriginal traditional way.

Lake Tinaroo Mediation Gathering

Neville also organized local Aboriginal and Islander women around Atherton to host the Lake Tinaroo Mediation Gathering in November 1993, at Lake Tinaroo near Atherton on the Atherton Tablelands. A number of Aboriginal nurturer women came across from Yirrakala and other remote communities in the Top End and participated in co-learning at this Gathering. Mediation Therapy was a key theme. The following photo was taken at the Gathering.

Small Island Coastal and Estuarine People Gathering

Neville was continually scanning the World for relevant Conferences that he could use by creating the possibility of having a local small gathering as a preparatory, parallel, or follow-on conference.



Photo 51 Neville with the Yirrakala Women and Children – From M. Roberts' Archives – used with permission

In 1992, Neville had noticed that the UN was holding a Small Island Development Conference in the Caribbean in June 1994. Neville and I talked about *presuming* that there was local Aboriginal and Islander energy to host a follow-on gathering to the NGO (non-government organization) section of that Caribbean Conference. Neville and I wrote a letter using vague trance-like terms:

Ideas are evolving for the gathering of Small Island Coastal and Estuarine peoples for the coming together as a follow-on Gathering Celebration to the NGO section of the UN Small Island Development Conference in the Caribbean and

This letter was sent to many national governments and global governance bodies. Note that this is resonant with how Neville positioned the Watson's Bay Festival as a community based organization (CBO) festival running parallel to the Sydney All Nations Festival and in preparation for The Captain Cook Celebrations (refer Appendix 26).

A sub-section within a section of the United Nations Human Rights Commission administering the 'UN International Year of Indigenous People' recognized the grassroots self-organizing nature of the organic action energizing the proposed 'Small Island' Gathering, as well as the open agenda format. Our letter read like a trance induction and only contained one long sentence. Neville said that our letter's wording was resonant with Jesus' use of parables; only those of right heart would comprehend, appreciate, resonate and respond. This small sub-section of the UN Human Rights Commission agreed to fund the Gathering thirteen thousand Australian dollars, and all they asked for was some photos, a report of what happened and the bank details on where to send the money they wanted to fund.

In November 1993, Neville arranged for me to get the approval from the Down To Earth Cooperative (Victoria) (DTE) - the group that puts on ConFest - to fund the travel and accommodation expenses of three of their members experienced in the selection, design and set-up of ConFest Festival sites to come and stay with Neville in Yungaburra for 10 days over 1993/4 Christmas and the New Year. On Neville's suggestion, during 1992 and 1993 I had briefed myself on DTE's site selection and site set-up process. I also had been involved a number of times in ConFest site selection and set-up myself. DTE funded the travel of Kim Cosmos and Ron Fletcher and partially funded John Gibbins travel costs. Between them, these three had knowledge about site selection and set-up. I funded my own way. Neville arranged these three and me to accompany him in looking at fifteen sites in the Atherton Tablelands region, most of them owned by local aboriginal communities. These three and I had no idea at the time that Neville played such a large part in getting ConFest started and Neville made no mention of his seminal role in evolving ConFest to them.



Photo 52 Photo I took in July 2002 - Neville's backroom in Yungaburra where we planned site visits

Neville, these three visitors and I had meetings with members of Aboriginal communities at Atherton, Black Mountain, Kuranda, Malanda, Mareeba, Ravenshoe, Pettford and Yungaburra. Neville introduced the three visitors to Narelle McRobbie, a local Idindji Aboriginal woman from Yungaburra. Narelle had many hours sitting in on Neville's individual and group psychotherapy sessions. She was a member of an Aboriginal community who were the traditional small rainforest people of the local region. This woman is a successful writer of children's stories. (In 2000 this woman travelled to speak at Neville's funeral.) Neville also introduced the DTE visitors to Marjorie Roberts, another Aboriginal person who had sat in on Neville's therapy sessions for over 150 hours (Yeomans 1990). Neville said he learnt a massive amount about Aboriginal socio-medicine from both of these nurturer women. Both were already highly skilled nurturers when Neville met them. Both had their difficulties through past trauma from the dominant world. Marjorie had assisted in having the three DTE visitors visit Atherton Tablelands sites and communities to meet Elders. Neville had mentioned the offer of funding from the UN to Marjorie directly after we received word from Geneva.

Following Neville's suggestion, I obtained DTE funding for Marjorie to attend the Easter 1994 ConFest at Tocumwal in NSW - so that she may have a sense of how others put on festivals, and so that if she did decide to become involved in hosting the Atherton Tablelands-based Small Island Gathering (made possible by the UN offer of funding), she may borrow or adapt from Tocumwal ConFest what she felt appropriate to that potential Atherton Tablelands Gathering. Marjorie and a PNG nurturer, Cecilia Davern attended that Easter ConFest.

The UNHRC funded Small Island gathering did occur in June 1994 and was hosted by Marjorie and other local Aboriginal and Islander people with around 500 attendees. DTE provided seed funding when the UNHRC funding was late in arriving. The gathering site at the Barrabadeen Scout Camp on Lake Tinaroo in the Atherton Tablelands was one of the sites visited by the DTE visitors. The Gathering Celebration ran for ten days. Neville and Lien's son Quan was also at the Gathering Celebration. Many Aboriginal women attended from remote communities – for example, from Darnley Island, a remote island in the Torres Strait, from One Arm Point a community over 200 kilometres North of Broome on the West Coast, and from Ceduna, a community out near the Nullarbor Plain in South Australia. Eddie

Mabo's son also attended; recall that Eddie Mabo was instrumental in having the doctrine of 'Terra Nullus' overturned leading to Aboriginal and Islander land claims. Eddie had attended the 1973 Grafton Human Relations Gathering. That Small Island, Coastal and Estuarine Indigenous people did attend symbolically linked the Gathering to the United Nations Small Island Gathering in the Caribbean.

Recall that Neville and his brother Ken and others had energized the Aquarius Festival around Nimbin, in N.E. NSW. The region around Nimbin had subsequently become a haven for 'alternative' people (creating locality for evolving cultural locality). Neville was keen to use cultural healing action at the Small Island Gathering and at his suggestion, I stayed around the artistic communities around Nimbin in the hills behind Byron Bay for six weeks in April and May 1994 inviting circus jugglers, musicians, drummers and fire stick twirlers to travel North over 1,800 kilometres to attend the Small Island Gathering. I thought I could get funding and told them so. When this fell through, 90 people from the Nimbin/Byron Bay region surprised me by arriving at the Gathering after paying their own way or hitchhiking. These ninety joined with Aboriginal and Islander Women from remote areas of Australia (Roberts and Widders 1994). This mass journey north further linked the Nimbin alternative people to the alternative people in the Atherton Tablelands and in remote rainforest coastal regions north of Cape Tribulation on Cape York, especially in remote Venus Bay.



Photo 53 Indigenous Participants in a Discussion Circle at the Small Island Gathering in 1994 - photo from M. Roberts' archives – used with permission



Photo 54 Some of the Aboriginal and Islander attendees with ConFest people at the Small Island Gathering - photo from M. Roberts' archives – used with permission

A report on the Small Island Gathering was sent to UNHRC (Roberts and Widders 1994).

Appendix 36 details one fortnight's Laceweb action in the Atherton Tablelands over the 1993-1994 New Year period. This was the fortnight when the three DTE visitors and myself were staying with Neville. The Fortnight started with site visits interspersed with virtually all of the children of Yungaburra (over 40) including Aboriginal, Islander and small minority children engaging in preparing atmospherics for a New Year Party at Neville's large bungalow heritage property in Yungaburra.



Photo 55 A photo I took of Neville's house in June 2001

The New Years Eve party was held underneath Neville's House. The mango tree is on the left of the photo.

Neville made what other people called 'miracles' happen regularly. Similar to Fraser House and Fraser House outreach, notice that in the above Laceweb action Neville set up a series of inter-connected, inter-related resonant actions and scenarios laden with possibilities and potential energy that enabled *many* things to unfold.

Some examples:

- All the previous festivals he had energized including the Aquarius Festival and ConFest
- Finding and linking nurturers in the Atherton Tablelands
- Having Marjorie and Narelle sit in on his psychotherapy
- Linking with them in linking with other local nurturers
- Monitoring global conferences and gatherings
- Seeding possibilities of preparatory and/or follow-on gatherings to global conferences
- Having me writing letters
- Not seeking funds from international and global governance agencies, though creating possibilities that they may offer it
- Positioning this possible gathering as a follow-on gathering to a UN Conference
- Encouraging me to be involved in ConFest site set-up
- Getting DTE people skilled in site set-up to visit local sites and Aboriginal communities (one of the sites we visited was used for the UN funded gathering)
- Linking with other nurturers in the region as potential support in hosting
- Grooming me and encouraging me to ask DTE for the two lots of funding
- Having me obtain funding at short notice and having a Laceweb person travel and link with grassroots people at the Caribbean Small Island Conference
- Having me link with Nimbin artists and invite them to attend the Small Island Gathering
- Sending the Aboriginal and PNG women to ConFest

Notice how Neville's way in linking diverse actions may set up and enrich possibilities for other things to happen in the future. For example, being a member of many Cultural Associations in the Sixties, Neville was able to draw on these connections in evolving the intercultural flavour of the Watson's Bay Festival held in 1968. This is a constantly recurring pattern in Neville's and Laceweb action. Neville was always setting up contexts he described as, 'filled with possibilities'. If one in a hundred of these 'possibilities' generated one or two things of substance, it was for Neville, 'a miracle'.

During the 1991-94 period I assisted Neville in drafting and sending off many letters to the Australian Federal Government, Indigenous Women's Groups and United Nations and other Global governance bodies. In a series of letters to each entity Neville would always address the letter as been 'from' a different functional matrix according to the function of action being described. We would refer to our previous correspondence from one or more functional matrices. In this way, Neville would 'build' the Laceweb within the recipients filing system just as he linked functional matrices in publishing the Human Relations Newsletter in the Seventies, and then let Aboriginal Women's groups receive information about this network of functional matrices.

The Darwin Top End

In February 1993 Neville shifted to live in Darwin so that he could evolve the Laceweb more in the Darwin Top End and link into East Timorese people and other Indo Asian Pacific Indigenous and Oppressed People. In 1997, Neville told me to ring an East Timorese woman in Darwin. She described Laceweb action exquisitely. She said that East Timorese networked healers living in the Darwin were contacting East Timorese refugees arriving from East Timor and letting them know of their existence as a grassroots voluntary and informal trauma support resource. While receiving enabling support from Neville, the East Timorese network was self-energising and self organising.

The women said that typically, the East Timorese refugees do not at first seek support. However many did seek support after they found aspects of their life overwhelming. Neville and others enabled Laceweb action in Darwin and surrounding regions with links to East Timor, the Timorese Sea Gypsies and others in the Region.

As an example of Neville sensing connexity and potential for emergence, I had a very excited phone call from Neville from Rapid Creek in Darwin in July 1993.

In one long sentence he said he had found:

1. a fully intact, though polluted, urban creek with an urban catchment area
2. there was already a Friends of Rapid Creek action group energizing action to restore the heavily polluted creek
3. the creek was right next to a run-down shopping centre with many empty shops with unexpired leases
4. the shopping centre was the home of one of Darwin's oldest street markets of a Sunday
5. an Aboriginal self help group met just across the street from the shopping centre

Neville finished with, 'I have been looking for this for ages. Isn't it perfect?' My confused replied was, 'Perfect for what?' Neville then went on to say how all of these elements were fully resonant with Laceweb ways of having local people healing every aspect of their wellbeing, including environmental wellbeing. He was working with the leaseholders of the empty shops to see if permission would be granted for local self-help groups to be able to use the rooms free of charge. Neville had been talking to every self-help group he could find in Darwin about the idea. Having the street market already there of a Sunday meant that it had similar form to surrounding Australia's first Community Mental Health Centre in Paddington with Paddington Market.

Neville called the linking of all of these diverse elements the 'Rapid Creek Project'. An extract from Neville's one page write up of the Rapid Creek Project follows:

Many parallel projects are coming together. They include practical rehabilitation of flora and fauna by the Friends of Rapid Creek and active planning by the Darwin City Council and Greening Australia. The more human nurturing family oriented activities are focused around the Rapid Creek Water Gardens and nearby Village shopping centre.

This is where the oldest market in Darwin is held. The market has a strong intercultural tradition with colourful stalls being run by people from many ethnic/cultural backgrounds including aborigines and people from Papua New Guinea and other Asian Pacific and European countries. A number of grassroots nurturing well-being groups are being attracted to operate from this centre. All of the above action is developing a strong sense of community. It is villaging within the city.

The complete flier on the Rapid Creek Project is in Appendix 37.

This flier was sent to various sections of the United Nations, to various Aboriginal community Women's Groups and to many others that Neville referred me to.

I visited Neville in Darwin in 1993 and with him visited a number of Laceweb links and actions, particularly the long grass Larakia Project and the Rapid Creek Project. The long grass Larakia Project was ideally meeting the needs of Aboriginal and Islander street people who live in the long grass around Darwin. This voluntary project provided a night truck-based taxi service back to each person's patch of long grass. It ideally met the locals' needs.

UNPO and Other Global Action

Aboriginal and Islander Laceweb people attended the Unrepresented Nations and People Organization (UNPO) gatherings and participated in UNPO and UN Indigenous Human Rights working groups. As another example of Neville's networking, around 1991 Neville arranged for me to meet Helen Corbett, an Aboriginal woman who went on to be assistant to the person heading up UNPO. Helen went on to head that organization. Zuzanka Kutena, who provided enabling support towards having over 2000 Indigenous groups attending the Rio Earth Summit, also supported Helen Corbett at UNPO.

Nasuvén Enares, an Australian South Sea Islander (whom Neville and I both supported) addressed UNPO and the UN Indigenous Rights Working Group on the plight of Australian South Sea Islanders. I understand from Neville that many links among nurturer types throughout the SE Asia Oceania Australasia Region have evolved through travelling and working together in UNPO and UN Indigenous Rights Working Groups.

In 1994, Cecilia Davern the PNG woman who had been funded to attend the Tocumwal ConFest, with other people hosted the 'Spirit of the Oceans Gathering Celebration' in Townsville. This Gathering was attended by Aborigines and Islanders as well as Pacific Islander students attending the James Cook University. Participants lived in a number of theme-based Villages, as is the way at ConFest.

In 1993, Neville invited me to start writing up a timeline of things that had happened in his work. This evolved into the paper, 'Community Ways For Healing the World' (Yeomans and Spencer 1997). On Neville's suggestion the Laceweb working group was set up and obtained the Laceweb web site in 1997 (Laceweb Working Group 1997). The protocol was that all of Neville's writings would be placed on the Website along with other documents and material, as long as no person or the Laceweb functional matrices were compromised.

The North American First Nation Organization, 'Aboriginal Healing Foundation' (Aboriginal Healing Foundation 2000; Spencer 2000) has used material from the Laceweb Homepage on their Website and in their quarterly journal called 'Healing Words' distributed around all their communities and placed on the Internet.

New State Movement Update

While the New State Movement has not resulted in a New State, Inma is continuing to evolve in Far North Queensland with links across the Top of Australia - with links from these networks to the SE Asia Oceania Region.

Indigenous People Linked to ConFest

During October 1997, at Neville's suggestion, a flier about Lacweb gatherings as well as an invitation was sent to 120 Aboriginal Women's groups throughout Australia to attend the New Years ConFest at Gum Lodge on the Murray at Tocomwal on the NSW Victoria border over the 1998/98 New Year. Eight elderly Aboriginal women visited ConFest on their way through to visit their Family and Friends further West at Dareton. In 1998 three Bougainvillians were partially funded by DTE to participate in ConFest including Michael Laimo, a member of the PNG government representing Bougainville. In 2002, Aboriginal Geoff Guest was funded by DTE to participate ConFest.

Cultural Healing Action

Neville was very aware that using all forms of artistry to specifically address cultural dysfunction emerged from Vanuatu and other Pacific Cultures as well as the Philippines (Ernie Cloma - School of People's Theatre - Integrated Theatre Arts) and Australian Aboriginal people. Neville adapted this wellbeing use of all forms of artistry into what he called 'Cultural Healing Action' (Yeomans and Spencer 1993). Neville told me in June 1994 that he had worked with Ernie Cloma from the Philippines in Cultural Healing Action workshops with Aboriginal Groups in Darwin earlier that year. I interviewed Ernie Cloma in the Philippines in August 2003, August 2005 and October 2005. Cloma confirmed firstly working with Neville in 1994 and secondly, the processes described by Neville. Ernie told me that Neville helped link him into holding workshops with Aboriginal people in Alice Springs and Brisbane after leaving Darwin.

Neville told me (May 1992) that his longer-term vision for Cultural Healing Action was as a process fostering the development of Quick Response Healing Teams to resolve local community and international conflict (Yeomans and Spencer 1993). This action is currently unfolding in the Region through UN Inma and other functional matrices evolved by Neville (Yeomans 1980b). In 2002, I was invited to become part of a SE Asia Psychosocial Emergency Response Network (Psychnet) (as a person associated with the UN-Inma functional matrix- refer Appendix 30) evolving Quick Response Psychosocial Healing Teams and became consultant to that Network (Psychnet 2005b; Psychnet 2005a; Psychnet 2005c). This Psychnet action research is discussed in Chapter Thirteen.

In describing Cultural Healing Action, both Neville and Ernie spoke of contexts being set up where people may use every aspect of their artistic traditions in exploring their own wellbeing together with others - towards enriching wellbeing in family and community life. I observed Ernie engaging 43 people in artistry for wellbeing for five days at Tagaytay in the Philippines during a Psychnet Gathering in August 2005. Examples of Cultural Healing Action activities are listed in Appendix 34. Neville told me (Dec 1993, June 1994) that throughout remote areas of Northern Australia and the East Asia Oceania region, Indigenous, oppressed small minority, and intercultural people in the Lacweb have a history of using Cultural Healing Action towards fostering and maintaining all aspects of their wellbeing. For example, the Small Island, Coastal and Estuarine People Gathering Celebration in June 1994, was based on Cultural Healing Action (Yeomans and Spencer 1993). Neville drew on his experience of this Cultural Healing Action tradition.

Neville described (December, 1993) the way he was adopting and adapting Cultural Healing Action.

Cultural Healing Action involves actively fostering and sustaining cultural wellbeing (where 'culture' means 'way of living'). It fosters people extending their own culture as a balance to other cultures that may be dominant, elitist and oppressive. As well, it is a movement for intercultural reconciliation and wellbeing.

Cultural Healing Action provides scope for people to actively explore, engender and promote themes, values, mood, language, practices, modes of action, arts and other aspects of a way of life (culture).

Cultural healing action may run for less than an hour to several days (or weeks). Neville saw the potential for these new values and behaviours in turn facilitating social emancipation, intercultural healing, and cultural justice - as well as social and environmental wellbeing.

Using Ideas from the Laceweb Homepage

Emails are being received from resonant people round the world giving news of the results they obtained in using ideas from the Laceweb Homepage. As an example, an email was received from a teacher at a special needs primary school in England. She had energised the total student-staff-parent community to move into Cultural Healing Action for one week based on information contained on the Cultural Healing Action Laceweb Site (Yeomans and Spencer 1993). Teachers had invited all the parents and friends of the students to come on the Friday afternoon to be part of a revealing of the drama, music, art, sculpture, dancing, singing extravaganza that *the children had created* during the week with the theme, 'The evolving of life in the Universe'. The writer of the email said 'everyone was emotionally swept by, and in awe of the children's artistry – the extraordinary output of people described in the official records as 'special needs children' (Yeomans and Spencer 1993). They were indeed very special children.

SUMMARY

All of the varied outreach by Neville discussed in this chapter has again been resonant with Neville's poem INMA:

It believes in an ingathering and a nexus of human persons'
values, feelings, ideas and actions.

Inma believes in the creativity of this gathering together and this
connexion of persons and values.

This chapter has introduced the Laceweb and some of its structure and process and detailed some of the ways Neville used to evolve and sustain it. Some of the parallels with Fraser House and Fraser House outreach have been discussed along with the seminal role of the Aboriginal Human Relations Gatherings in 1971, 1972, and 1973, and follow-on Human Relations Gatherings in Alice Springs and Katherine in evolving Indigenous Nurturer networks. Neville's interest in the New State Movement in Far North Queensland was discussed. Neville's setting up of a number of Small Therapeutic Community Houses and associated Aboriginal and Islander networking were also discussed. Cultural Healing Action and a number of gatherings were described. The Rapid Creek Project in Darwin was given as one example of Neville's enabling Laceweb action in the Darwin Top End. My action research with Psychnet was introduced.

Chapter Thirteen – Evolving the Laceweb Social Movement

ORIENTING

This chapter continues research on the Laceweb and its role in Neville's exploring of epochal transition. It commences with a sociogram-based discussion on actions among natural nurturers for evolving, enabling, and supporting Laceweb networks, and the passing on of nurturing ways. Neville's own writings about his macro-framework for the next 250 plus years are discussed and analysed. The chapter concludes with evolving action and future possibilities for the Laceweb Social Movement.

EVOLVING THE LACEWEB AS A SOCIAL MOVEMENT

Turner and Killian define a social movement as:

A collectivity acting with some continuity to promote or resist change in the society or group of which it is a part. As a collectivity, a movement is a group with indefinite or shifting membership and with leadership whose position is determined more by the informal response of adherents than by formal procedures for legitimating authority (1972).

Laceweb is a social movement within the terms of that definition, though within the Laceweb as I understand, nothing is resisted or confronted.

I have traced the Laceweb origins in Australia to Neville's Fraser House work in the Sixties and the Human Relations Gatherings in the early Seventies. Laceweb is spreading throughout the Asia Oceania Australasia Region. Laceweb has been spreading among healers and natural nurturers (Neville's term) within the most marginalized of people in the Asia, Oceania, Australasia region - the disadvantaged Indigenous and micro-minority people. Neville and I had a sustained deep dialogue on numerous occasions over many years (1989, 1993, 1994, 1998, and 1999) about how he was evolving the Laceweb. Neville reiterated on many occasions in my presence that in his experience, wellbeing enablers and natural nurturers are typically present among local Indigenous and small oppressed minority communities. Neville described natural enablers as people with a natural propensity and capacity to support others towards wellbeing. Put another way, 'natural nurturers' are people who are naturally superb nurturers. That they are already there *naturally* is resonant with the Yeomans using local natural resources on their farms. The way the Laceweb evolves is resonant with Cultural Keyline.

Through Psychnet (an as a person linked to UN-Inma- refer Appendix 30) I carried out a series of action research visits during July 2003 to October 2004 relating to finding and linking up natural nurturers among indigenous and grassroots people. These visits were to Cambodia, East Timor, Indonesia, Philippines, Thailand-Burma border regions, Vietnam and Aboriginal communities in the Atherton Tablelands hinterland and at Kowanyama on Cape York, Australia. During this action research I readily found natural nurturers by asking the local grassroots people who they were (Psychnet 2005a). I introduced them to Cultural Keyline and they instantly sensed it in how they do what they do. Natural nurturers appreciated receiving this term as they had no expression for it. They responded similarly when I introduced them to the term 'connexity'. This research replicated Neville's Networking in the Region.

Through the Psychnet Secretariat in Manila I attended a five day action research gathering attended by 37 of the people I had linked with in my above travels from seven countries

(East Timor, West Papua, Indonesia, Bougainville, Cambodia, Vietnam, Australia, and Western Samoa). This gathering was held in Tagaytay the countryside south of Manila in the Philippines in August 2004 (Psychnet 2005b). The presence of natural nurturers in grassroots communities was again confirmed by grassroots people from the above countries. I co-facilitated this gathering with Professor Elizabeth deCastro of the University of the Philippines Psychology Department and Ernie Cloma (the Philippino Neville worked with in Darwin in 1994) using grassroots ways of the Region (until the experiential and relational discourse facilitation process was taken over by UNICEF observers giving lectures – so that the gathering conformed to UN protocols).

The participants were given the following identifiers of natural nurturers by Elizabeth, Ernie and myself and they were asked whether such people existed in their respective cultures:

1. They support and nurture people psychosocially in everyday life contexts
2. They typically act voluntarily
3. They have no formal preparation for the role; rather they are naturally very good at it through life experience
4. They typically network with and support other natural nurturers
5. They use culturally appropriate ways to support community, family and individual wellbeing
6. The locals know who they are and seek them out at relevant times

While there were cultural differences, every grassroots person at the Gathering agreed that such people were present in their cultures. They were readily able to describe who they were, their values and typical ways they support people. Also, attendees from within the same cultures at the Gathering had consensus about characteristics, values and ways of natural nurturers in their area. Below are two photos of artistic representations of natural nurturers made by the participants from two of the regions at the Gathering:

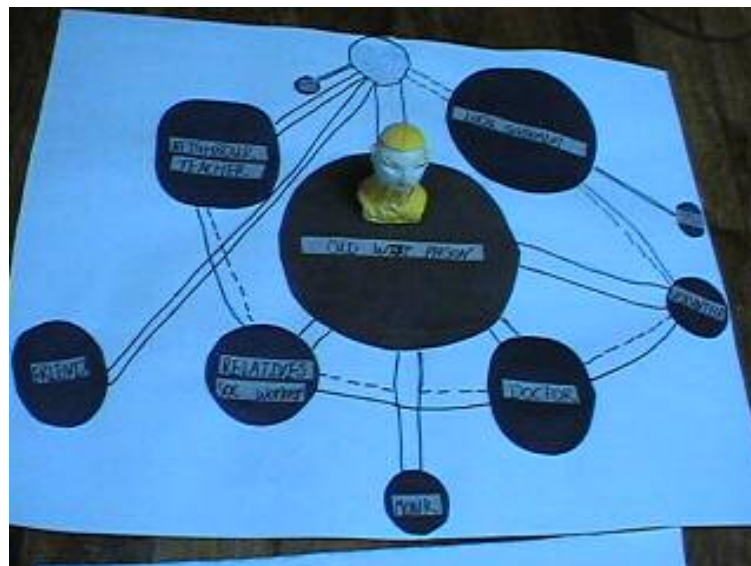


Photo 56 Photo I took at Tagaytay in Aug 2004 - the natural nurturer wise old person from China

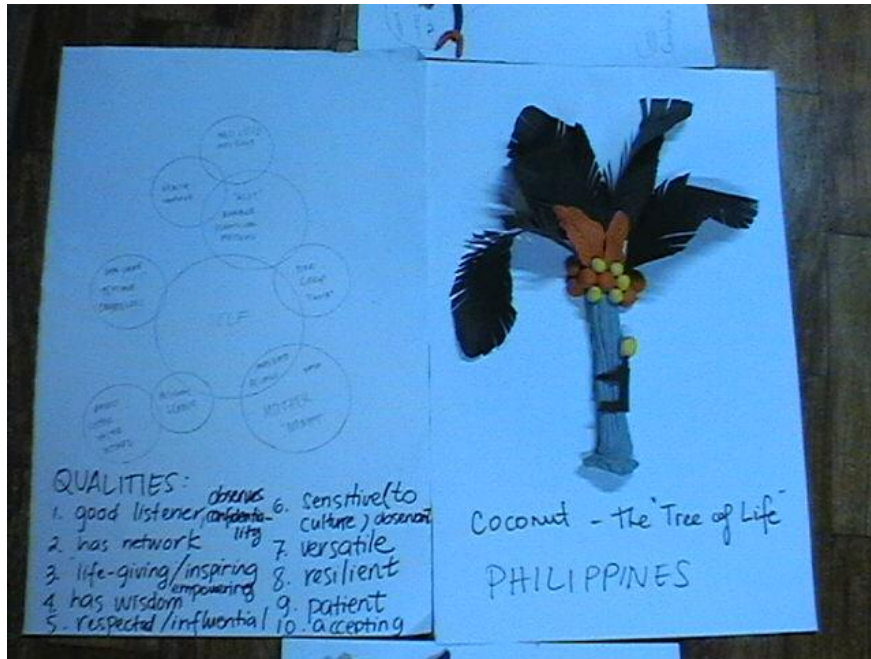


Photo 57 Photo I took at Tagaytay in Aug 2004 - natural nurturers symbolised as a coconut tree from Philippines



Photo 58 Photo I took at Tagaytay in Aug 2004 - A Cultural Healing Action based mandala

I took photo 57 showing the Cultural Healing Action based mandala we created on the final day of the Philippines Gathering. It contains clay and paper sculptures of natural nurturers from the eleven counties, flowers, the healing stones we used, as well as paper models depicting the significance of our names. These surround a clay model depicting the three landforms, Keypoints and Keyline (modelling/sculpture as aspects of Cultural Healing Action). Ceremony and ritual were regularly used throughout the Gathering.

At Tagaytay I again introduced Cultural Keyline to similar effect. The term 'connexity' (and its connotations) was greeted with great enthusiasm by the people from China and Mongolia. Within five days, this one gathering changed a dispersed network, with me as nodal person, into an integrated network between regions and cultures (refer sociograms 20 and 27 in the next section). This new network has links to other networks in the region spread throughout the region.

EVOLVING NATURAL NURTURER NETWORKS

What follows is a sociogram-based analysis of the processes Neville used in networking with natural nurturers in evolving the Laceweb. Neville repeatedly emphasized to me that in any engagement he had as an enabler *nothing* happened unless local grassroots people wanted it to happen. Locals would take what they wanted from him – again if they wanted it. This is the frame in which the following analysis is to be read. The above is why tentative language is used below.

The following sociogram material was well received in Tagaytay in October 2004 by the grassroots people. The black disk symbol (Sociogram 1) is used to depict a local Indigenous, small minority or intercultural wellbeing nurturer.



Sociogram 1

These nurturers are living among other locals depicted as in sociogram 2.



Sociogram 2

The crosshatched disk symbol (Sociogram 3) is used to depict a non-local Laceweb enabler. Enablers, as their name implies, enable others to help themselves towards wellbeing. Enablers may share micro-experiences of healing ways and ways that heal towards peace (what Neville termed 'peacehealing'). Neville defined 'micro-experiences' as personally sensing some behaviour and noticing the resultant change in our body - such that we have embodied understanding of new ways of behaving and responding and change towards wellness. Learning is typically by personally experiencing using the healing way on self and others.



Sociogram 3

The darker crosshatched disk symbol (Sociogram.4) is used to depict a local Laceweb enabler.



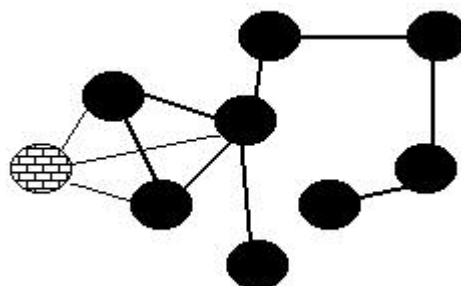
Sociogram 4

Typically, *co-learning* takes place. That is, as a person shares healing ways for others to experience and embody, the sharer *also* receives insights and understandings back from these recipients; hence, lines in the sociograms represent a *two-way flow* of healing sharings. Typically what flows between people are rumours – rumours of what works. Typically the ‘author’ of the rumour is not disclosed. It does not matter. Recall that Neville associated increases in uncertainty and rumour as a feature of cultures in decline (Yeomans, N. 1971c).



Sociogram 5

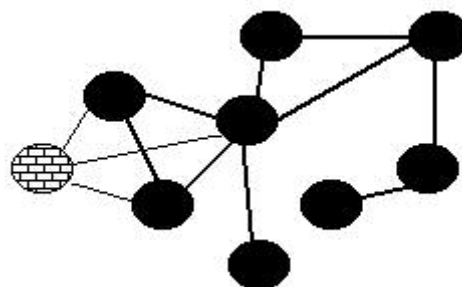
The dark line between two locals in Sociogram 5 represents a two-way flow of healing sharings and that these sharings have been adapted to local healing ways. That is, non-local enablers may share with locals many of the micro-experiences that they have received from other places and cultures. The local(s) may adapt these micro-experiences to the local healing ways. They may then pass these ‘localized’ healings on to other locals.



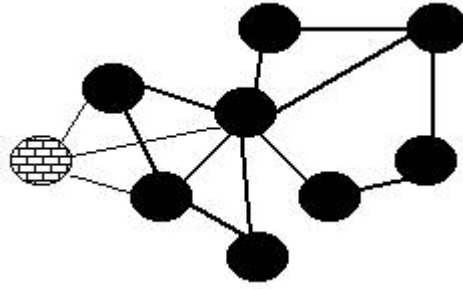
Sociogram 6

Sociogram 6 depicts an enabler interacting with three locals and one of these three has links to a chain of four, and one other link. Experiences passed from the enabler may flow through this network system.

In Sociograms 7 and 8 the local who commenced the chain makes links firstly with the second, and then the fourth person in the chain. This may have the effect of enriching the speed, flow and feedback of healing ways micro-experiences. In Sociogram 7 a link has also been made between one of the original three locals and the new local not in the chain. The healing network is beginning to expand in mutual support.

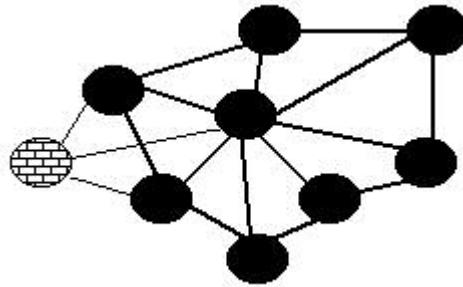


Sociogram 7

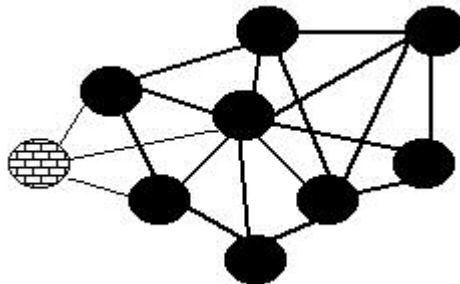


Sociogram 8

Further links have been made in Sociogram 9 so that now, the local that started the chain is directly linked to every member of the chain. The chain is also linked into the original three via the other new member. Notice that the enabler's links to the three continue with the lighter links signifying that the micro-experiences the enabler is sharing originate outside the local culture. The enabler is in a two-way co-mentoring/co-learning flow and is receiving feedback from the three locals about how the healing ways they are receiving from the enabler are being adapted locally.



Sociogram 9



Sociogram 10

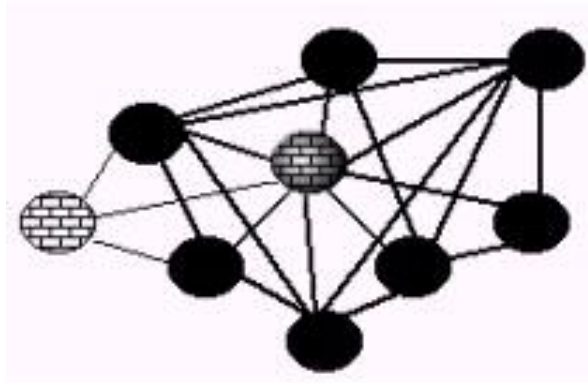
In Sociogram 10, the fourth person in the chain has linked with the first and second person in the chain.

These further links may have the potential to:

- increase and strengthen the diversity in healing ways in use as people share their differing experience
- increase the intrinsic bonding within the network
- increase the availability of potential support
- increase the store of micro-experience in the network and relational communicating about embodied experience

- increase the potential for self-organizing in the network
- increase the potential for emergence in the network
- increase the embodied unconscious use of Cultural Keyline

In Sociogram 11 the local natural nurturer who has been evolving the network is depicted as evolving into a local enabler. This enabler role emerges over time. Further linkings have been made. The expanding network has potential for both unifying experience and enrichment through diversity.



Sociogram 11

Now the 'web' like structure of the linking is emerging.

When Neville got started in each of Mackay, Townsville, Cairns, Atherton Tablelands, and around Darwin, Neville was the one initiating almost all of the linking. He said that this was a very slow process. In sociograms 6 to 11, the enabler has only made links with the original three locals. It may be that further links are made between the enabler and others in the network. It is not however necessary. In some contexts the links between locals may increase ahead of the links between locals and non-local enablers.

It will be noted that by Sociogram 11, the outside enabler may have become a relatively invisible figure. I am told by my overseas links that this is the experience in East Asia and Oceania contexts. The non-local enabler may continue to share micro-experiences with the original locals. By now most of the healing ways may be received from locals.

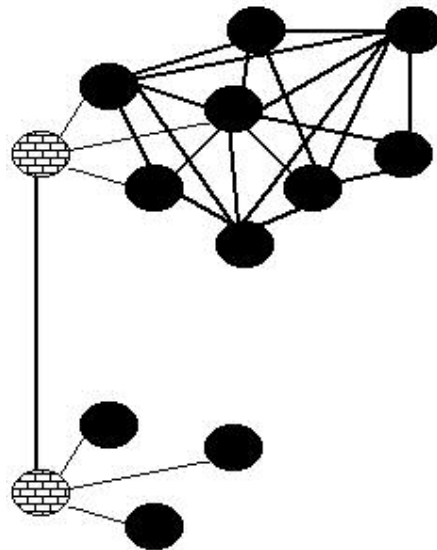
In the contexts that Neville energized in the Australian Far North, most of the natural nurturers had a close connexion to Neville.

Healing micro-experiences may be combined and adapted as appropriate to people, place and context. Over 30 years of experience has demonstrated that:

- these processes may be self-enriching
- people may be intuitively innovative
- micro-experiences may be readily and easily passed between cultures

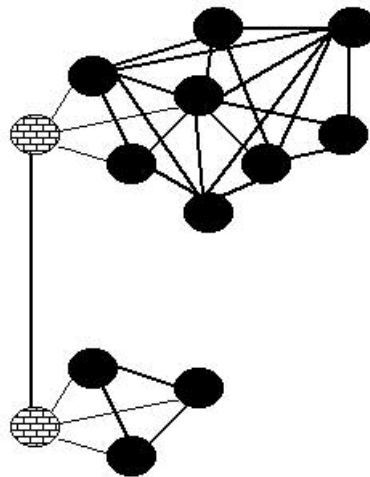
To go back in time, while the local network depicted in the preceding series of sociograms has been emerging, the enabler may have been enabling, supporting, mentoring/co-mentoring and linking with one or more other enablers who are in turn linking with other locals not known to the local network mentioned above.

Sociogram 12 depicts such a linking. While this second enabler is also linking with three locals, it may be any small number. Typically, these linkings start out small.

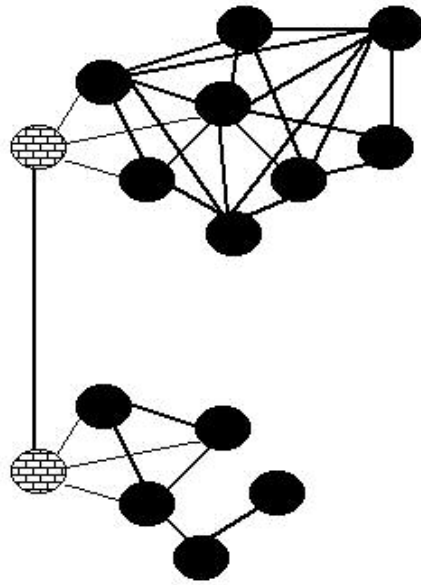


Sociogram 12

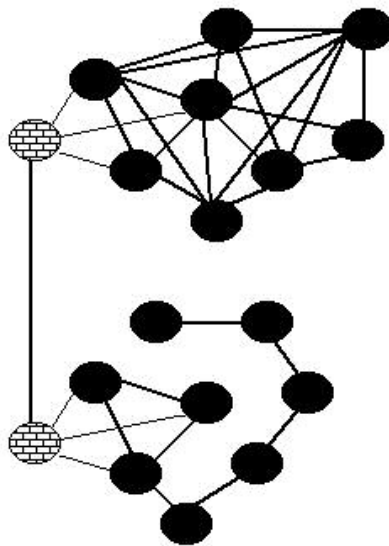
Sociograms 12 to 17 depict the evolving of this second network. The sequence may differ, though many of the characteristics of the first network emerge. Linked chains of people may emerge. Further linking strengthens the number of people available to each other for mutual sharing and support.



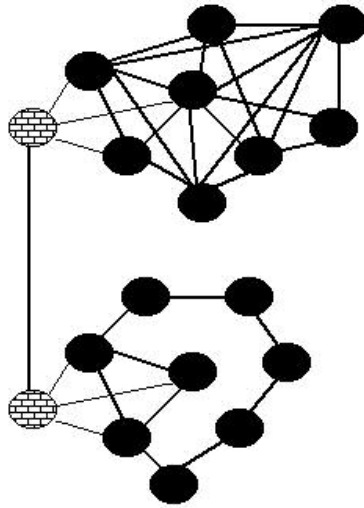
Sociogram 13



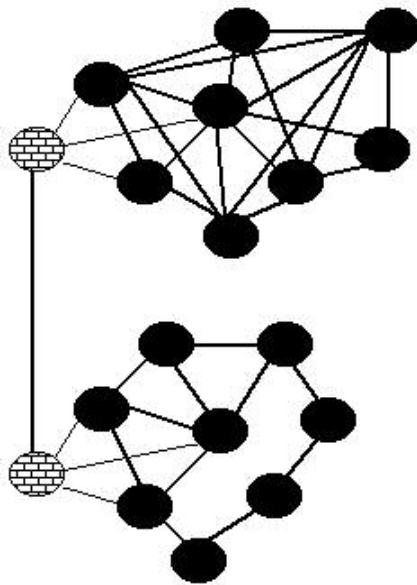
Sociogram 14



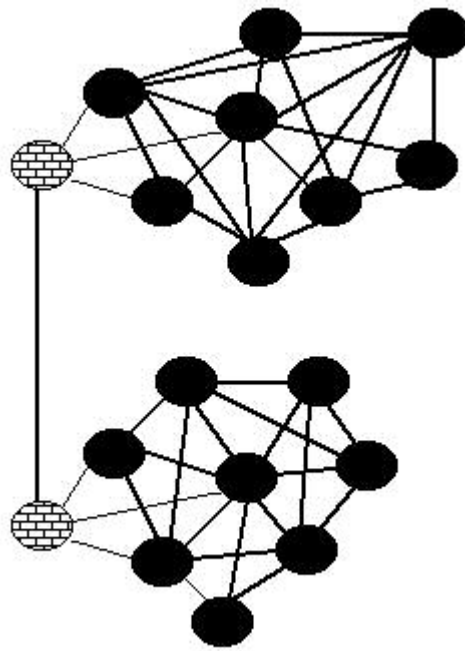
Sociogram 15



Sociogram 16

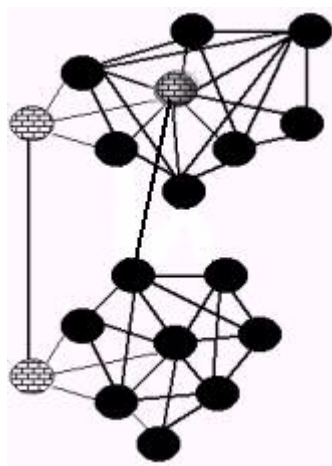


Sociogram 17



Sociogram 18

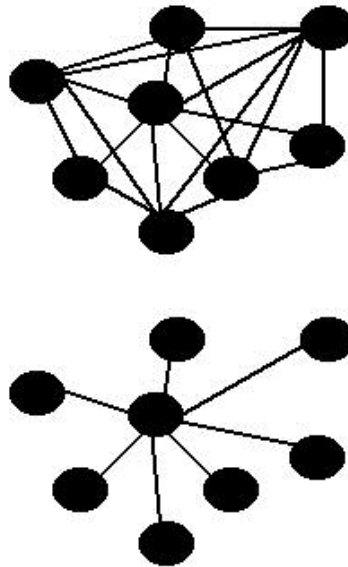
Sociogram 19 depicts later links being made between the two local networks and the local enabler in the first network links the two local networks. As these links are extended, the two networks may merge to be one expanded network.



Sociogram 19

There is always the possibility that local healers may position themselves such that they generate links to other local healers without linking the locals to each other. In this way any local doing this may become the one all the others rely on.

Sociogram 20 shows the original network of eight locals and underneath, another eight locals where seven locals only have one link and that link is with the local in the centre. There are differences in the structure and dynamic between the original network and this later form of linking - what has been described as integrated and dispersed networks (Cutler 1984, p. 253-266).



Sociogram 20 - Integrated network (above) Dispersed network (below)

This second pattern (the dispersed network with a nodal person in the middle linking rumour lines) is prevalent throughout the Laceweb in SE Asia where the safety and integrity of the natural nurturers is under threat. This is discussed later. The August 2004 gathering in the Philippines countryside shifted the network from dispersed to integrated. These integrated network members are themselves nodal people in dispersed networks.

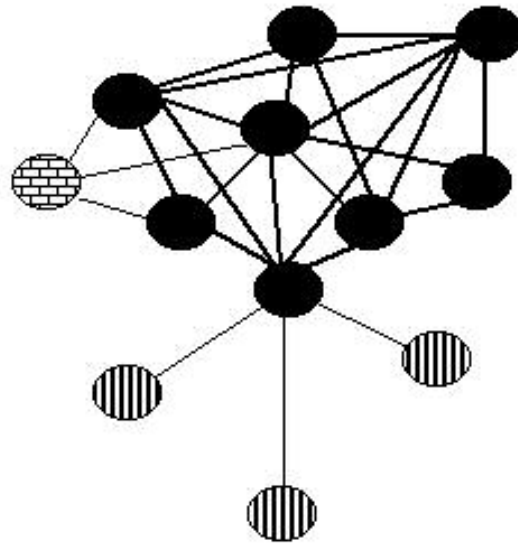
Experience has shown that the integrated network with the multiple cross linkings has many advantages such as:

- Members have multiple people to call on for support
- The flow of information tends to be fast and rich
- The diversity enriches the micro-experiences being shared
- It is possible to get cross-checks on others' outcomes

Networks in the Atherton Tablelands in the Queensland region tend to take this form.

LINKING THE NETWORK INTO THE WIDER LOCAL COMMUNITY

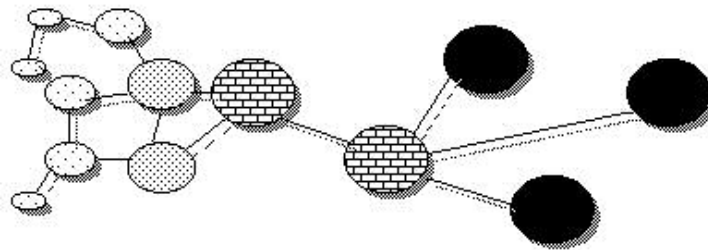
So far I have only depicted the links between enablers (non-local and local) and local healers and nurturers. Typically, these local natural nurturers are regularly being approached by local family, friends, and others for nurturing. As well, nurturers tend, as a matter of course, to reach out to support others as they go about everyday life. Sociogram 21 depicts three other locals (shown as the striated circles) that have links with one of the healers. Typically, each of the healers has a number of locals that seek out their support from time to time. As healers pass on healing ways to locals that enable them to help themselves, often these other locals emerge as healers and start to merge with the wider healing network.



Sociogram 21

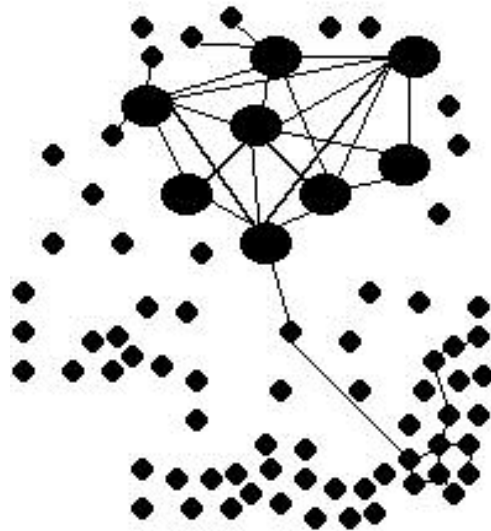
THE ENABLING NETWORK

Enablers are also part of an enabling network. Sociogram 22 depicts the original enabler's links to the Laceweb enabler network.



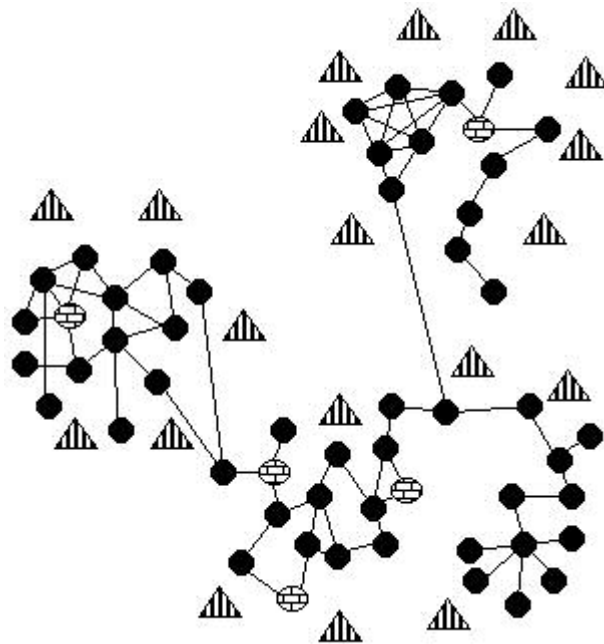
Sociogram 22

After a time, the network may start to link more widely into the wider local community and extend through a number of surrounding villages (settlements/towns) with links to more distant places. The healing network starts to enable self-healing among the local communities. More and more people discover that they can change their wellbeing as depicted in Sociogram 23. Nurturers begin to identify other nurturers living in their area with whom they have not yet established links.



Sociogram 23

After a time, whole villages (settlements/towns) may enter cultural healing action as depicted in Sociogram 24. The triangular symbol represents a dwelling and the three rings of dwellings depict three villages located in reasonable close walking distance from each other.



Sociogram 24

Note the differing patterns of transfer depicted in Sociogram 24.

At the top right:

- an integrated support network
- an isolated link
- a dispersed chain linking 5 people

At bottom right:

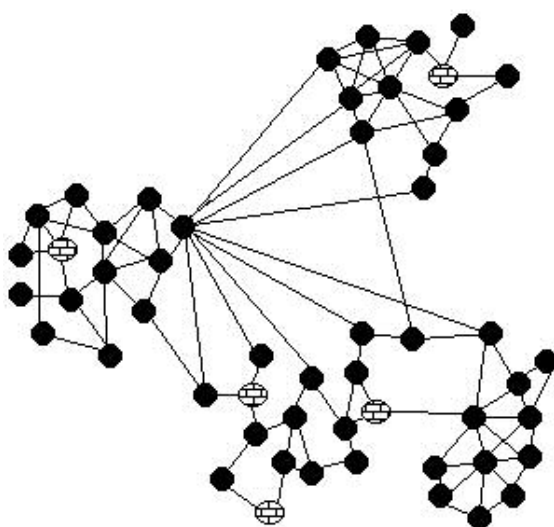
- one nodal person is a source for five separate others in a dispersed network

After a time, locals may evolve as enablers and so further assist in the spreading of cultural healing action.

At other times there may be campout festivals, celebrations, and gatherings of enablers, nurturers and other locals from a number of villages (settlements/towns). These may last for days with diverse and spontaneous cultural healing action occurring.

An example of this was the Small Island Coastal and Estuarine People Gathering Celebration on the Atherton Tablelands in Queensland Australia in June 1994 (Roberts and Widders 1994).

Sociogram 25 depicts the network shown in Sociogram 24 after they have gathered together in a healing festival (what Neville (Dec 1993) called a HealFest). Typically such gatherings create opportunities for a sudden large increase in linking. You may note that the people in the lower right of Sociogram 24 who had relied on the central person, have now met up with each other and formed into a mutually supporting net. This network has linked with the enabler to their left and into that little network. The network on the upper left has also made further linkings and one person has made many linkings throughout the other networks. All of this linking may hold forth promise for further enriching. Just as the nature of the system covalent bonding at the molecular level determines system properties such as transparency, malleability, conductance, brittleness and strength, so the nature of bonding links determine healing network characteristics (refer Neville's poetic desert web metaphor in Chapter One).



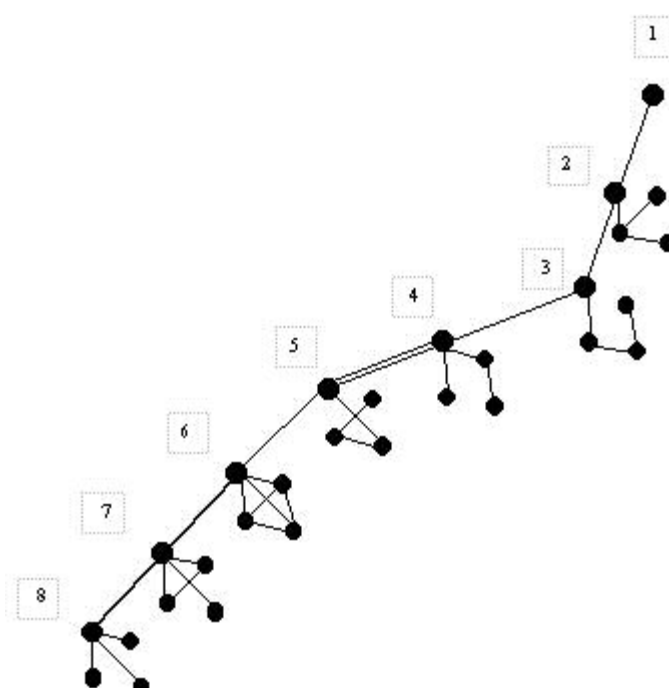
Sociogram 25

All of the foregoing depicts the forms of networks Neville was evolving in the Australia Top End.

Sometimes an intercultural enabler may set up links with healers who do not want information about themselves, their links, or their Laceweb involvement known to anyone else. Where torture is used for social control, healing the tortured is deemed by the torturers as a subversive activity. Consequently, throughout parts of the Region, Laceweb linking operates on a 'need-to-know' basis. Neville never revealed his overseas links to me as I had no need to know. Many of the people involved want to keep a very low profile. Some healers are wanted dead by dominant elements in the areas they live in; as stated, healing may be deemed by some the ultimate subversive act. Someone else revealing a Laceweb person's details to another person without that person's permission would typically mean that the link

with the betrayer would be severed permanently. This limited knowing of who is involved is not a weakness; it is a strength. It is isomorphic with neural networks where only four adjacent connections are typically activated as things fly along the neural pathways; like the brain, information may travel very quickly.

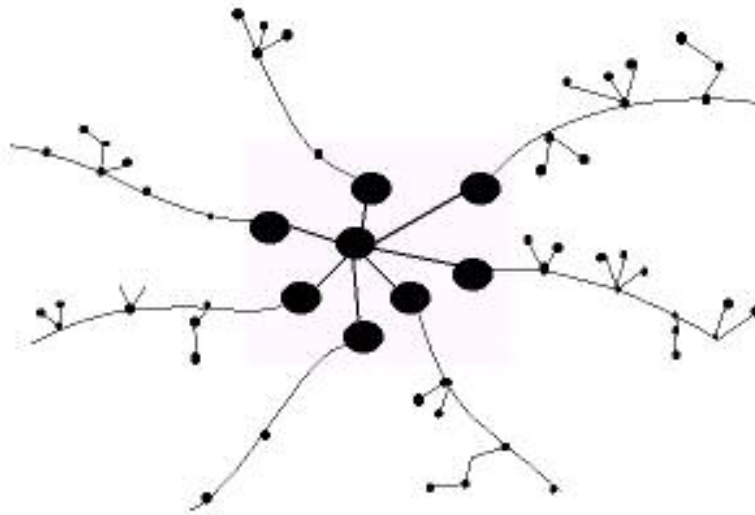
In the Laceweb there can be very long chains where healers know only between two and five people in the chain. In these dangerous contexts, no one can find out the 'member list' in order to undermine the movement. The list does not exist. No one knows more than a few of the others involved. An enabler may set up links with a number of these 'anonymous' healers. Each of these may have 'trust' links with between one or as many as four or five people along 'rumour lines'. Sociogram 26 depicts such a rumour line where each of the link-people has a small group of healers they know in their local area. Each of these sets of other local healers is not known to any of the others in the rumour line. Each segment (and the whole rumour line) is self organising.



Sociogram 26 - Rumours network linking small healing groups at different locations

Considerable portions of the Laceweb throughout the East Asia Oceania Region take this form. The larger black circles depict the healing people who pass on the healing rumours backwards and forwards to healers in other localities.

As shown in Sociogram 26 there are small groups of healers in the different locations. Number 1 is a nodal person with links to other parts of the Laceweb. Number 1 knows 2, 3, 4 and 5. Numbers 4, 5 and 6 know each other. Numbers 6, 7 and 8 know each other. Typically, no one knows more than 4 or 5 people in the chain.



Sociogram 27 - A dispersed network with a nodal link person in the middle

The healer in the middle in Sociogram 27 is a nodal person and a key energizer in passing rumours from one segment of a network into many other rumour lines linking local small networks. Often a nodal person is able to pass on the healing ways from one cultural rumour line into the rumour line of another culture. Any of the little local networks may have potential to expand in the local area by locating other natural nurturers, or by so enriching others in their self-healing, that they also become enablers and natural nurturers. The above sociogram is idealized in the linear nature of some of the lines; this was only for ease of drawing. Lines do not represent locality relationships; the links jump between different places in the region.

While these linkings are between caring enablers and natural nurturers Neville spoke of there been misunderstandings from time to time that cause people to sever links. Neville would from time to time tell me not to contact certain ones till he lets me know things have been 'cleared up'.

The Sharing of Micro-experiences Among Locals - A Summary

The following lists Cultural Keyline aspects of the above Laceweb action:

- Nothing happens unless locals want it to happen
- Enablers using all of their sensing of and attending to the local social topography outlined in Chapter Nine
- Interacting with the surrounding cultural locality as a living system
- Enabling others to tap into personal and interpersonal psychosocial and other wellness and resilience resources using the following processes:
 - Enablers sharing healing micro-experiences
 - Locals adapting micro-experiences to local nurturing ways
 - Locals passing on their new micro-experiences to each other.
- In this way locals may become a resource to each other
- No local becomes a 'font of all wisdom'
- Locals may be engaging in the enabler role or beginning to take on this role
- Enablers are not seen as the 'font of all wisdom'
- As the local healing network strengthens, the enabler may become more in the background

- Networking may respond to perturbing action by enablers
- Networking may be emergent
- Locals may take on or extend their local enabler roles
- Locals may use naturalistic inquiry and iterative action research
- Nurturing may take place as people go about their everyday life
- Nurturers may use local knowings in responding to themes conducive to coherence in the local social topography
- The sharing may be self-organizing
- No one is 'in charge', although everyone involved may have a say
- There may be shared accountability for unfolding action
- Global multidirectional social, cultural and intercultural communicating and co-learning may occur among those involved - following Terry Widder's remarks to Franklin (1995, p. 59)
- There may be the sharing of embodied micro-experiences and the healing/nurturing role
- Nurturing may be an intrinsic aspect of cultural locality
- There may be the enacting of local wisdoms about 'what works'
- What 'fits' may be repeated, shared and consensually validated
- Healing actions may be resonant with traditional Indigenous ways
- The use of organic processes - the survival of the fitting
- Knowing may include the ever tentative unfolding action
- Organic roles - orchestrating, enabling and the like
- Healing actions that work may be passed on as rumours that may be validated by action

Laceweb as a social movement, and evolving micro-models of epochal transition are discussed in the next section.

ON GLOBAL REFORM

In Neville's 'On Global Reform' paper (Yeomans 1974) (introduced in Chapter One) he wrote about his involvement in the New State Movement in Far North Queensland and its potential relevance for his ideas. At one level this 'On Global Reform' paper was written for the Australian Humanitarian Law Committee, and as a paper submitted on humanitarian law for Neville's law degree. At a more significant level, I suspect that this paper is Neville's key epochal transition document. Its precursor is Neville's 'Mental Health and Social Change' paper discussed in Chapter One (Yeomans, N. 1971c; Yeomans, N. 1971b).

Neville's wording of the forward to his fathers 'City Forest' book (Yeomans, P. A. 1971b) published in October 1971 (Appendix 4) draws on and extends Neville's ideas from his July 1971 'Mental Health and Social Change' paper (Yeomans, N. 1971c), and acts as a precursor to his 1974 'On Global Reform' paper (Yeomans 1974).

The City Forest forward is fully consistent with Cultural Keyline principles:

- i. Sensing Australia's unique marginal geo-psycho-social topography for evolving micro-model transitional communities towards human cities and humane caring continental nations
- ii. Enabling self organizing contexts where caring resonant people self organize in mutual help using values and behaviours respecting the earth and all life forms

'On Global Reform' written by Neville in 1974 specifies Neville's Epochal Quest and his big picture long-term framework for achieving epochal transition. Neville told me of this paper in 1994 and said he was unsure of where I could find a copy. I kept asking and finally found it in June 2000 a month after Neville's death in a collection of Neville's papers recovered from his Yungaburra house by Marjorie Roberts.

In this On Global Reform paper, Neville writes about one model of Global Governance being put forth by people described as 'normative realists' (Neville recognized downsides of their position):

The global transition model of the normative realists has emphasized a credible transition strategy in the move towards a more peaceful and just world. However it is necessary to make such a strategy both meaningful and feasible to persons and groups, and to underpin that world level analysis with relevant application to individual communities. An attempt will be made to do this in an Australian context by presuming the creation of an Inma in North Queensland (1974).

Neville refers to a 'credible transition strategy' - recall that Neville structured Fraser House to be a 'transitional community'. For Neville, the exploring of the nature and behaviours of transitional communities in Fraser House was evolving 'Global transitional models'. Notice Neville's linking of macro and micro in the above quote – using the principal, 'Think globally. Act locally' – using the following elements:

1. A World level analysis
2. A global transition model
3. A credible transition strategy
4. A strategy both meaningful and feasible to persons and groups
5. Underpin that World level analysis with relevant application to individual communities

Notice that Neville uses the expression, '*presuming* the creation of an Inma in North Queensland'; Neville would regularly presume that something *already* existed, and start inviting people to be a part of it. Neville would so presume Inma, that it did 'exist'; people never knew the extent of it. Neville actualised Inma from a potent articulated virtual reality, repeated passionately.

Neville continued:

It is submitted that...consciousness-raising...would occur firstly among the most disadvantaged of the area, including the Aborigines. Thus human relations groups on a live-in basis could assist both the growth of solidarity and personal freedom of expression amongst such persons.

In initial experiences along this line the release of fear and resentment against whites has led to a level of understanding and mutual trust both within the aboriginal members and between them and white members (Yeomans 1974).

In the last paragraph, the 'initial experiences' Neville was referring to was the Human Relations Workshops in Armidale and Grafton in 1971-1973 (Aboriginal Human Relations Newsletter Working Group 1971a). In saying, 'the growth of solidarity and personal freedom of expression amongst such persons', Neville was referring to the experience of participants in those workshops. Neville spoke of people regaining their voice and forging inter-community cooperating in networking. Terry Widders referred to 'social and cultural communication' (Franklin 1995, p. 59).

Notice that the above process is again using Cultural Keyline:

1. During the milieu of the Human Relations Gatherings, at the various Therapeutic communities in North Queensland and within the evolving networks:
 - a. Pervasive attending, sensing and supporting of self-organising action, emergence, and Keypoints conducive to coherence – monitoring theme, mood, values and interaction among the Indigenous and the marginal
 - b. fostering cultural locality (people connecting together connecting to place)

Neville and resonant people engaging in support towards strategic design possibilities and context-guided perturbing of the social topography towards wellbeing – where *nothing* happens unless locals want it to happen and make it happen – to paraphrase Maturana¹² (1996):

....mutual help in interactional and relational space re-constituting social relating through a flow in consensual coordinations of consensual coordinations of behaviours (process about process) and emotions towards consensuality and cooperation, rather than competition or aggressive strife – evolving *homo sapiens amans* (lover) rather than *homo sapiens aggressans* (aggressor).

2. Sensing and attending to the natural social system self-organising in response to the perturbing, and monitoring outcomes.

Neville further links the Inma framework to a tightly specified cultural locality and place with the following:

Turning to the ethics and ideology of Inma people; it is axiomatic that for a life-style and value mutation to occur in an area, such territory needs to be in a unique combined global, continental, federated state and local marginality. Globally it needs to be junctional between East and West (Parkinson 1963) at least geographically and in historical potentiality. At the same time at all levels it needs to be sufficiently distant from the centres of culture and power to be unnoticed, unimportant and autonomous.

Sensitive to the significance of place in Cultural Keyline, biogeography and social topography, Neville envisioned a four-fold locality positioning for his INMA to best explore global transition models at the margin - in the niche of Far North Queensland:

1. Global (junctional between East and West)
2. Continental (within the continent of Australia)
3. Federated State, (within a Federated State System) and
4. Local marginality (Atherton Tablelands)

The words 'unnoticed, unimportant and autonomous' are apt descriptors of the Lacweb networking in the Australia Top End. Neville told me (Aug, 1988, Dec, 1993 and July, 1998) that in 1963 when Neville travelled the World speaking to Indigenous peoples about the best place in the World to begin evolving a normative model area, the constant feedback was that Far North Australia was the most appropriate. Neville told me many times that Far North Queensland and the Darwin Top End was the most strategic place in the World to locate Inma. Initially I kept thinking he meant the best place for least interference. While 'least

¹² Neville referred me to this article (Dec 1993).

interference' was important, he meant the best place to start global transition modelling. In July 1994, Neville told me that action would be best above a line between Rockhampton on the East Coast of Australia, and Broome on the West Coast. The Australia Top End was a marginal locality adjacent the marginal edge of SE Asia Oceania – a region containing around 75% of the global Indigenous population as well as containing 75% of the World's Indigenous peoples (Widders 1993). Neville was convinced that these were the very best people on the oppressed margins of global society to explore new cultural syntheses. Zunzanka (Aug, 2004) told me of the most advanced global discourse on global futures going on in languages other than English – among the worlds oppressed Indigenous people. Neville had first action researched 'marginal locality' in Fraser House.

Neville had been reading the writings of Richard Falk of Princeton University in USA and other normative realists who were connected to the World Order Model Project, called 'WOMP' for short. Neville spoke (1993, 1997) about Inma being a place to action research *various* utopias, and where local aspiring utopias can respect and celebrate other aspiring utopias. Neville evolved practical action towards multiple utopias, where every aspect may be grounded in action research, with unfolding outcomes tested by the locals in respective local contexts. What works may be repeated by locals in local contexts and passed on as rumours that others may adapt and test if they want. Respect between utopias may be fostered by what Widders called 'cultural communication' (Franklin 1995, p. 59) and by implication from Terry's later work, 'intercultural communication'.

Neville's monograph then proceeds to outline his 200-year transition process. (Neville at varying times gave differing time periods for the transition - up to 500 years.) Neville writes of adapting one of the World Order Model Project's (WOMP) models toward what he described as a 'more problem-solving and value priority functionalism'. By comparing texts it can be seen that Neville drew upon Richard Falk's book, 'A Study of Future World's (Falk 1975), although Neville did not refer to this in his 'On Global Reform' paper. Neville also drew upon and referenced Falk's Journal article, 'Law and National Security: The Case for Normative Realism (1974)'.

Three Transition Phases

In Chapter One I introduced Neville's three transition phases in his global reform model (1974):

This design involves the conceiving of a three-stage transition process (T1-T3) (where T1, T2, and T3 signify three transition processes):

- T1 = Consciousness-raising in national Arenas
- T2 = Mobilization in Transnational Arenas
- T3 = Transformation in Global Arenas

Neville went on to describe proposed political frameworks (1974):

The political organs have tripartite representation:

1. Peoples,
2. Non-government Organizations, and
3. Governments.

Notice the bottom up ordering.

It is submitted that T1 consciousness-raising... would occur firstly among the most disadvantaged of the area, including the Aborigines (1974).

This follows Neville's starting with the marginalised in Sydney and gathering in the Indigenous people from the asylum back wards.

The next step could be focusing their activities on the Inma (1974).

Neville did this by networking among the Aboriginal and Islander nurturer women.

This would be accompanied by widespread T1 activities in the Inma, conducted largely by those trained by previous groups. Aborigines from all over Australia and overseas visitors would be involved as has begun (1974).

An example has been the Small Island Gathering in July 1994 (Roberts and Widders 1994).

Over a number of years the Indigenous population of the Inma would be increasingly involved, both black and white (Yeomans 1974).

This especially started with the Armidale and Grafton human relations gatherings (1971 to 1973).

Co-existing with later T1 activity is *a relatively brief consciousness raising program with the more reformist humanitarian members of the national community, i.e. largely based on self-selected members of the helping and caring professions plus equivalent other volunteers*. However their consciousness raising is mainly aimed at realizing the supportive and protective role they can play nationally, in guaranteeing the survival of the Inma beyond their own lifetimes, rather than trying to persuade them actually to join it by migration (1974) (my italics).

In 1986, when I first met Neville I slotted precisely into the italicised sentence. I was one of those 'more reformist humanitarian members of the national community'. In writing, 'rather than trying to persuade them actually to join it by migration', Neville actively encouraged me *not* to shift North. He said I was most valuable as a distant resource person; in supporting the Laceweb Internet homepage and doing this research perhaps I may contribute to, 'guaranteeing the survival of the Inma beyond their own lifetimes.'

In the years following 1974 when Neville wrote the 'On Global Reform' paper, he followed through with the above social action. Neville implemented his networking firstly in the Queensland Top End and in the early Nineties extended this to the Darwin Top End.

Neville's paper (1974) continues with the Second Level Transition phase (T2 level):

'T2 has two subunits:

T2 (a) commences with the mobilization of extra-Inma supporters nationally.

Neville was doing this on his return to Sydney for a couple of years in 1987 through to 1989 at the Healing Sundays in Bondi Junction in Sydney.

T2 (b) moves to the mobilization of transnationals who have completed T1 consciousness raising in their own continents. That mobilization is of two fundamentally distinct types:

T2 (b)(i) mobilization of those who will come to live in, visit, or work in the Inma.

As far as I can determine T1 consciousness raising is evolving in the Far North Queensland Inma, with links across Northern Australia and the Darwin Top End. T1 consciousness raising is also occurring among marginalized people across the East Asia Australasia Oceania Region (this is discussed later).

T2 (b)(ii) mobilization of those who will guarantee cogent normative, moral and economic support combined with national and international political protection for its survival.

By T3, the effects of T1 and T2 have largely transformed the Inma, which is now a matured multipurpose world order model. Its guidance and governance will be non-territorial in the sense that it extends from areal to global. Politically it is territorial, economically it is largely continental; in the humanitarian or integral sense it is continental for Aborigines and partly so in other fields, but it is largely global.

T3 for the Inma is then nearing completion, while its ex-members who have returned to their own continents are moving these regions towards the closure of T1, the peak of T2 and the beginning of a global T3. This is perhaps 50-100 years away. By the time of the peak of global T3 humanitarian consensus provides the integral base for development of a World nation-state of balanced integrality and polity. World phase completion could perhaps be 200 years away (1974).

To quote the Inma poem (2000a):

Inma believes that persons may come
and go as they wish, but also
it believes that the values will stay and
fertilize its area, and
it believes the nexus will cover the globe.

Small beginnings have been made in T2a and T2b(i). Laceweb is about 50 years into the 200 plus years considered by Neville.

The above 200 year global transition model is resonant with the Yeomans pervasive sensing of all of the myriad inter-connected, inter-dependent inter-related aspects of self organizing nature on the Yeomans farms and being mindful of timing and placement in design. Neville quoted Maturana (1996):

In this evolutionary process, living systems and *medium* change together in a systemic manner following the path of recurrent interactions in which their reciprocal dynamic structural congruence (adaptation) is conserved.

In Neville's 200 year model, resonant people are the *medium* for change and the uniquely appropriate placed bio-geographical context of Northern Australia is the ideal *medium* for the medium – 'reciprocal dynamic structural congruence'.

While Neville envisaged a 'World nation-state' he was not advocating a 'World Government'. He always spoke of 'global governance' with global governance of global issues, like, Global warming, the atmosphere, the seas, large river systems, and global peacekeeping. Regional issues would be covered by regional governance and local issues by local governance. Recall that Neville had pioneered this three tiered governance in Fraser House. Neville envisioned many aspects of current Government service delivery being carried out by communal self help processes.

Having set out his transition process, for completeness Neville proceeded in his monograph to give a glimpse of his macro thinking about longer-term generative action for evolving possibilities towards humane law and caring governance in the Inma.

It can be noted that in Neville's 'On Global Reform – International Normative Model Areas', he had not specified in detail the processes he envisaged taking place in any of the three transition phases. He had given an over-view and then went on to specify possible legal and governance models that may be applicable at some time way in the future. It was not until November 2002 (two years after Neville's death) that I realized that Exegrity (1999) – a set of documents that Neville and I worked on for nearly a year in 1999 (when he was in constant chronic pain) was this piece missing from his, 'On Global Reform' monograph. These Exegrity documents set out a comprehensive Laceweb process for non-compromising funding and the reconstituting of a decimated society such as East Timor or Bougainville. For Neville, the name 'Exegrity' embodied the notion, 'extensive integrity'. The documents were inspired by a European Commission document relating to social reconstruction following societal collapse through war (European Initiative for Democracy and the Protection of Human Rights 1998). Typical of First World documents, the European Commission document places government, law and people as the order of priority. True to the process Neville sets out in his 'On Global Reform' paper, he turned the European Community document on its head.

The sequence for action embodied in the Exegrity Document is as follows:

First comes enabling local self-help and mutual-help towards biopsychosocial wellbeing.

Second comes the re-connecting with local lore rather than law. Locals reconstituting their lore raises possibilities for the local-culture-sensible emergence of norms, rules, obligations and local law - during their co-reconstituting of community, while sharing in therapeutic Community Healing Action in evolving cultural locality.

Third comes local democratic governance by local communities as exemplified by the Fraser House patients' committee-based governance. From this local governance may emerge regional and global governance consistent with Neville's model mentioned above. From this may emerge law. A non-compromising non-pathologising international peace-keeping process may ensure a peaceful framework while the above three processes are evolved (1999).¹³

At each of the three levels - people's wellbeing, lore and governance – the Exegrity Document sets out social action which reframes the European Community document to being Laceweb Cultural Keyline way.¹⁴

Neville described the Exegrity Documentation as an isomorphic (of matching form) reversed, reframe of the European Community documents. (For completeness we even matched the layout, paragraphing, fonts and font sizes.)

A feature of both the European documentation and the Exegrity documentation is a preference for partnerships-in-action between previously conflicted people. It was this

¹³ Issues regarding interfacing between Exegrity grassroots mutual help wellbeing ways and First world pathology-based aid (Pupavac 2005) are explored in a paper I wrote with Andrew Cramb and Dihan Wijewickrama for Psychnet, 'Interfacing Alternative and Complementary Wellbeing Ways For Local Wellness' (Spencer, L, Cramb, A. et al 2002).

¹⁴ It also reframes the international psychosocial model mentioned in Chapter Three, where therapeutic ethos is being used for pathologising for social control by wide interests in the First World (Pupavac, 2005).

funding preference for partnerships between previously conflicted peoples and the 'completeness' of the European Community document that attracted Neville to adapt these forms (European Initiative for Democracy and the Protection of Human Rights 1998)

The Extegrity Documentation was sent to UN Secretary General Kofi Anan, to Mary Robinson, Head of UNHRC, and to various Global governance bodies. It was also circulated widely among Indigenous communities in the Region – for seeding possibilities.

The UN process in East Timor implemented the First World model of 'nation state'. It used the First World model of nation building as per the model in the above European Union Document. Resonant with Pupavac's article (2005) some commentators I spoke to who were present in the East Timor post-handover (1999 onwards period) spoke of Western psychosocial aid based on diagnosing post traumatic stress and labelling resulting in pathologising of the local population. Balancing this, I found many forms of resilience and local adaptive psychosocial mutual help present in Dili and Bacau among Indigenous East Timorese of all ages.

The next section explores the structure-process of the Laceweb.

LACEWEB AND FUNCTIONAL MATRICES

The Laceweb is not an organization in the familiar sense. Laceweb in one sense is a loosely integrated functional matrix of functional matrices (holons in holarchy), discussed previously in Chapter Eleven. It is akin to the self organising living system energy on the Yeomans' farms. Within Laceweb (similar to Fraser House) the psychosocial structure and processes are entangled - just as the *process* of spiralling water *structures* the whirlpool. Just as the whirlpool is entangled in the water process, so the Laceweb's tenuous structure is sustained as self-organising human energy in action.

As a functional matrix structure, the Laceweb has no central 'organization' that any one can 'belong to' or 're-present'. Some Indigenous and small minority people can have as much difficulty coming to terms with this aspect of the Laceweb as mainstream Western people. While typically Indigenous and small minority people spurn the idea that any one could represent (re-present) them, they sometimes expect non-local Laceweb enablers to be 'from' or be part of some organization and to re-present it. It typically takes a while to recognize and understand the amorphous nature of the Laceweb. Neville told me (Dec, 1993) that it is often a few of the women elders who recognize it first and say that 'Laceweb action is like their old ways'.

The next section looks at examples of Laceweb action.

EXAMPLES OF LACEWEB ACTION

During the month of June in the years 1998-2002 there were a series of small gathering celebrations in the Atherton Tablelands Region to celebrate the anniversaries of the 1994 UN funded Small Island Coastal Estuarine People Gathering Celebration. A pictorial summary of action at the June-July 2001 Laceweb Gathering has been posted on the Internet (Un Inma 2001).

Neville's T2 (b)(i) consciousness raising in his 200 plus Year Model (1974) has transnationals who have completed some T1 consciousness raising in their own continents, coming to live in, visit, or work in, the Inma. An example of this was the July 2001 Healing Sharing Gathering in Cairns, Queensland. This gathering was attended by survivors of torture and trauma - Bougainvillians and other Papua New Guineans, West Papuans, East Timorese, as well as interculturals from Brazil, Ireland, Finland and Australia. Women and

children were the focus. The Jessie Street Foundation (in memory of Jessie Street) has supported the July 2001 Healing Sharing Gathering, as well as follow-on action in 2002 (Laceweb-Homepage 1998; Laceweb-Homepage 2001). West Papuan and Bougainvillian attendees who were survivors of torture and trauma found body approaches very effective in producing psycho-emotional shifts towards wellbeing. The following photo shows some of the West Papuan and Bougainvillian torture and Trauma survivors enjoying spontaneous dance with a Brazilian Enabler (placed at the rear). Faces are hidden by request.



Photo 59 A photo I took in July 2001 of spontaneous dance as change process

Following the Gatherings, some attendees visited with Aboriginals Geoff Guest and his partner Norma at Petford Aboriginal Training Farm, 170 kilometres inland from Cairns.



Photo 60 A photo I took of the Bougainville attendee at the July 2001 'Small Island Gathering' Anniversary Gathering with Geoff at Salem Farm

One of the visitors from Bougainville had just completed his masters degree in community development. He was returning to Bougainville charged with the responsibility for oversight of community development in Bougainville.

Consistent with Neville's On Global Reform T2 (b)(i) transition phase (refer above), Nodal networkers linked to the Tagaytay Gathering mentioned above have come from Cambodia and the Philippines to link with Laceweb and attend ConFest in 2003/2004 (Down to Earth Cooperative 2002, Newsletter Dec, 2003 & Dec 2004).

As for Neville's T2 mobilization in Transnational areas, Terry Widders has written of wellbeing links now existing among Indigenous and Oppressed Small Minorities in the following places - Australia, Bougainville, China, East Timor, India, Japan, Laos, Malaysia, Mongolia, Myanmar, Pakistan, Sarawak, Southern Siberia, Sri Lanka, Thailand, Tibet, Vietnam, and West Papua, and on small islands dotted right along the Asian and South East Asian mainland (Widders 1993).

Inma Involvement in Urban Renewal Project

In October 2004 I funded David Cruise, a Down To Earth director (accompanied by his son Matthew who paid his own way) to visit Geoff and Norma Guest at Petford and visit Mareja Bin Juda (now deceased) and her Manoora Project in Cairns. This project like some other INMA praxis engaged in cooperative action with State and Local Government. Resonant with the Rapid Creek Project in Darwin, Mareja worked closely with the Queensland State Government, the Cairns City council as well as the local Aboriginal and Islander Community of the suburb of Manoora in Cairns in a large scale whole community urban renewal project.¹⁵



Photo 61 Mareja Bin Juda at Manoora – D. Cruise's Archives – used with permission

Mareja enabled many in the Manoora Aboriginal and Islander Community to engage in mutual help in supporting the urban renewal project. Ten years earlier Mareja had taken a 60-seater busload of women and children from Manoora for the NCADA funded gathering at Geoff and Norma Guest's Healing Farm at Petford (discussed in Chapter Twelve). Mareja was able to refer back to that Petford experience in mobilising these women in the urban renewal project. For the Project Mareja energised a group of Aboriginal and Islander women (some elderly) in doing day and night voluntary safety audits of streets, footpaths, pathways, lighting and other potential hazards. Mareja also energised Aboriginal and Islander youth to

¹⁵ During November 2005 I visited high density high-rise Public Housing and Urban Renewal projects in Hong Kong and Shenzhen in China. In that context housing followed the structural form of wealthier people's housing (that is, also high density/high-rise).

prepare a Transport Revamp Project Report that the Cairns Council stated was equal to a professional report; this report was used by the council in its deliberations,

Mareja with community and Project backing created a process whereby each family could decide how they wanted the money allotted in upgrading their public housing property; some wanted carports, others opted for covered verandas for breezeways and outdoor shade, and others wanted palms and other garden shrubs (this is resonant with Fraser House patients being asked their views on Sydney landscaping).



Photo 62 Example of House Upgrade – photo from D. Cruise's Achives

Prior to this Project, one large housing complex in Manoora was virtually without any greenery and extremely hot in the tropical summer and a place of civil disobedience. This complex was turned into a beautiful 'resort' like atmosphere with many large palms and tropical plants, shade areas and lawns with sprinkler systems. The Project supplied the trees, plants and equipment to dig holes and move earth. The local residents supplied the voluntary labour to plant and maintain the greenery. Mareja told me (July 2003) that along with the habitat, the sociocultural tone of the place was turned around completely in twelve months with the crime rates significantly lower – refer photo 63 below.



Photo 63 The Housing Complex After Supported Community Self-Help Action -
Photo from D. Cruise's Achives

The local community decided what they wanted to do about a dark park in their area that was unsafe. They decided that the tops of the trees be floodlit at night by using hidden soft green lights facing upwards. Now the whole park is like an enchanted forest at night.



Photo 64 The Floodlit Garden by Day - Photo from D. Cruise's Achives

Strife in the park has dropped markedly. In the process, disadvantaged Aboriginal and Islander people found their voice. They gained group and community competencies and strengthened family and friend support networks.

Signing Un-Inma Memorandum of Understanding and Treaties

In June 2002, a UN-Inma Memorandum of Understanding (Yeomans 1992a; Yeomans 1992b) was signed in Cairns by people of Aboriginal, Torres Strait Islander, East Timorese and Bougainvillian backgrounds acknowledging ongoing partnership and mutual support towards Laceweb action in and between their respective communities with further outreach to West Papuans. This intercultural action linking Indigenous and oppressed people in the Region is consistent with Neville's Extegrity aspirations (Yeomans and Spencer 1999). Also signed in recognizing Laceweb Way was the Unique Healing Treaty (Yeomans 1992a; Yeomans 1992b) and the Young Persons Healing Learning Code included as Appendices 40 and 41 (Psychnet 2005d). The same documents have been circulated in East Asia Networks.

East Asian Oceania Linking

During June to December 2003, through funding from the UK via East Asia, I visited grassroots people in six counties in the region – linking with 40 grassroots wellbeing self help bodies and networks, sharing with 240 people in Cambodia, East Timor (Dili and Bacau), Indonesia, (Jakarta and Bali) Philippines, Thailand-Burma border regions (Chang Mai and Mae Sot), Kowanyama Aboriginal Community on Cape York in Australia, and in Hanoi, Saigon and communities in the Mekong Delta Region in Vietnam. I heard about their healing ways and shared micro-experiences of some of the things that had worked in Laceweb networks. Amidst contexts of major man-made and natural harm, self-help and mutual help is thriving in these grassroots networks (Balanon 2004; Psychnet 2005a).

In the August 2004 gathering in the countryside in the Philippines I worked with Ernie Cloma using cultural healing action. Ernie worked with Neville in Darwin in 1994 using all forms of artistry. The Tagaytay Philippines gathering was to refine grassroots natural nurturer psychosocial response following man made and natural emergencies (Yeomans, Widders et al. 1993b). I had prepared a set of resources for that gathering and also gave a copy of the then current version of this thesis to all grassroots attendees. The gathering was attended by grassroots people very experienced in psychosocial emergency response. The thirty-seven grassroots attendees from eleven countries in the region were very experienced grassroots people that I had met in my travels mentioned above, some that I already knew from the region, along with other invitees from China and Mongolia. Networking and exchange was fast-tracked by meeting other kindred natural nurturers and sharing experience. A core theme and issue during the gathering was interfacing between First World and Grassroots way. I shared Cultural Keyline concepts with grassroots attendees who readily recognised these concepts and their fit within their own grassroots understandings of community mutual help. Consistent with sociograms 26 and 27 above, the sharing at the gathering enabled the 37 grassroots natural nurturers - most of whom had no previous contact with each other - to form a close integrated network during five days of sharing grassroots ways and bonding. All of the grassroots attendees are nodal people in respect of other networks in the region.

Following Tagaytay I accompanied Faye Balanon and Marco Puzin from UP-CIDS (host to Psychnet Secretariat), Than To from CamboKids in Phnom Penh and a small select group of others linked to Psychnet to trial our emergency response processes around Takepan, a small rice growing district near Piket in the war zone in Mindanao, Philippines. There we found and linked with natural nurturer networks and resilient people in a number of small rice growing communities made up of mutually cooperating Muslim and Christian families (Balanon, 2004).

Resonant with Neville's later T1 action, and T2 (b)(ii), during 2005 among the 'more reformist humanitarian members of the national community' - largely 'self-selected members of the helping and caring professions' (Yeomans 1974), energy has been emerging towards evolving in Melbourne, in Victoria Australia (at the Southern end of the country), 'mobilization of those who will guarantee cogent normative, moral and economic support combined with national and international political protection for its (INMA) survival (Yeomans 1974).' Ideas are evolving fund generating economic application of indigenous knowings about nature's resources for generating possibilities for non-compromising funding for future Inma action research.

Action Researching Biopsychosocial Frameworks

Neville pioneered the biopsychosocial mode of wellbeing care (Engel 1977) in Australia and carried out constant action research on the mode from 1956 to 1998. Inma action research on the biopsychosocial model continues to this day.

The biopsychosocial framing of mutual help action and experience within Lacweb and INMA may serve as a model for both health and wellbeing services, as well as a model for Victorian Workcover where the legislative thrust is to have Workcover claimants taking their own action to facilitate a return to their prior life participation and involvement.

SUMMARY

This chapter commenced with a sociogram analysis of the evolving of Lacweb followed by a summary analysis of Neville's 'On Global Reform' paper. Lacweb was discussed as a functional matrix of matrices, and examples were given of Lacweb action research in evolving Inma as a micro-model area exploring epochal transition. Chapter Fourteen contains a summary of my conclusions.

Chapter Fourteen - Whither Goeth The World – Humanity or Barbarity?

CONCLUSIONS

This research has introduced and specified Neville's Cultural Keyline as a potent new model and concept for the social and behavioural sciences. Neville derived Cultural Keyline from over 40 years of action-researched praxis. Cultural Keyline is potent, dense and multifaceted; it is concurrently a model for sustaining wellbeing based inter-relating and interacting, a concept for the psychosocial sciences, a folk concept for enriching everyday life interaction, a worldview, a mode of being, a mode of sensing, and a mode of values based personal and social interacting. In this research I have specified Cultural Keyline firstly from my use of it in action research, and secondly, as an aid to understanding and synthesis of Neville's diverse actions, and as an aspect of everyday life relating.

Cultural Keyline nestles with and co-enriches other models and concepts discussed in this research – NLP, connexity, connoisseurship, cultural locality, *dichter und denken*, emergence, free energy, Inma, *kennen*, Keyline, self organizing systems, social topography, sociomedicine, and *stimmung*. These have also been woven into the process of understanding and synthesis of Neville's diverse actions and in my action research.

Neville adapted his father's Keyline agricultural practices in evolving Cultural Keyline. Neville used Cultural Keyline in evolving a micro-model of epochal transition and in all of his life work – in Fraser House, Fraser House Outreach, and the Laceweb.

Self-organising grassroots networking action continues to be spreading in the Region. Epoch transitional action linked to Neville's action research, on all accounts, seems to be alive and thriving. We are, at time of writing, fifty-five years into Neville's 250 to 500 year timeframe. It seems we are 'on schedule'. The outreach from Neville's action research is evolving a transitional paradigm of human future.

I now give more specific conclusions.

FRAMING VALUES

Neville was evolving his transitional epochal processes grounded in humane values. These values framed connexity-based embodied knowingness, and also framed interpersonal interaction and inter-relating in the unfolding life-world. Values were not explicated and laid down in law – values were lived in connexity relating as part of their communally evolving lore. Neville's way of moving onto the socio-topographical higher ground at the Keypoints with dysfunctional people (where their disparate informs merge as energy) is to be experienced - and when experienced, explanatory and descriptive words are unnecessary and superfluous.

BEING IN THE ZONE OF GROWTH

When Neville and his father began taking nature and the unfolding context as a guide for action, they were exploring things beyond their competence. Neville evolved Cultural Keyline and associated ways of evolving exquisite relevant competences by competently acting in contexts that went beyond his competence. When in overwhelming contexts Neville would be very 'open' - in Wolf's terms (1976); he would also have his actions framed by humane caring respecting values. Neville would be open in the sense of surrendering his senses to the context, and then catching the collective richness and wisdom of the living system

context he was embedded in. Neville would catch the system telling him what to do. He received subtle cues - though sometimes obvious if you have eyes to see – as well as fully formed valued insights out of inner silence about what to do next.

I sense that Neville's peak performing became activated – he become more fully alive – when his was ecologically in a zone beyond competence while caringly using his exquisite competences. This is where and how his new competences emerged. Neville engaged in entering into this liminal (threshold) zone for a lifetime and was evolving new exquisite competences daily.

Neville began constantly placing himself, staff, and patients where they were all acting 'beyond competence' and acquiring competences to do this functionally, valuably, and ethically. He passed on his ways to people so that they also gained new competences and could be effective when confronting overwhelming contexts. Neville was modelling how people together can be functional, valuable and effective when they were out of their depth. Big Group was structured overwhelm. The mood was:

We don't know how we do this; we're the best in the world, so lets get started again (Dec 1993, July 1998).

The mood when entering this zone was articulated by Neville:

Of course it was miraculous. We were the best in the planet, and we all believed this, so we would acknowledge our failings, as we were streets ahead of everyone else (Dec 1993, July 1998).

It was also articulated by patients (Yeomans, N. 1965a, Vol. 4, p. 51):

When both the staff and patients are working well together in the Unit, a peak of enthusiasm is reached at times when everyone sees almost any move at all as being gainful. New enterprises are embarked upon with an eagerness that is almost inspired and success is a certainty.

Before Neville, the wider system's response to the dysfunctional troublemakers was confining them in asylum back wards and prisons. People who withdraw when they sense they are out of their depth have their current competence as a limit to action. Ethical codes state that one must withdraw from helping in contexts where one reaches the limits of competence. Neville complied with this protocol in drafting a code of ethics for people not competent in his way (Yeomans 1998). If Neville had used a model that relied on being competent then he too would have collapsed into incompetence, defence, withdrawal and resignation in overwhelming contexts. He would have been modelling patients back to themselves - all incompetent in overwhelm. Fraser House patients would have left the Unit incompetent in overwhelming contexts and nothing would have changed.

Having experienced and embodied Fraser House way, people leaving Fraser House would often be faced with overwhelming situations. After experiencing Neville's way they had evolved processes for moving through these functionally - with the supplemental support of their local networks. Neville evolved Cultural Keyline in part as a way to go beyond competence ethically and ecologically.

NON-EXPRESSIBLE KNOWINGNESS

As I introduced in my methods section, none of the people I interviewed who were connected to Fraser House - the staff, Alf Clark the researcher, the outpatient and the patient, and none of the other people who knew Neville well from outside of Fraser House -

could articulate Neville's way. None of the youth who I have interviewed at Geoff and Norma's farm could articulate Geoff and Norma's way. Neville never articulated his way.

Ross in his 1992 'Dancing with a Ghost' article quoted by Tim Rogers (2000) refers to what I am calling 'non-expressible knowingness' as a 'different form of reasoning'. Ross was writing of his experience of becoming able to know where the fish were feeding in an Ottawa lake (before the days of electronic detection). When Ross arrived to learn to be a guide, none of the experienced guides could tell him how they did it. After years he acquired the knack, and when he had, he could not explicate how he did it either.

Neville and the people who worked with him know enough to use this knowingness in exquisite action. They cannot put it into words. They are like me with 'Cultural Keyline in Dec 1992. It is like people who have experienced the way have a metaphoric 'fingerprint' that others can sense in their actions, and one in the way, can readily sense when some one does not have the way; that these people have special knowing, understanding and way are evidenced by their outcomes in context.

Neville left me quite a challenge in suggesting I do this PhD. I have tracked down the majority of the things he evolved and what he did. I have documented his effectiveness. I have detailed much of his processes and the processes for using his processes (metaprocesses). In this thesis I have engaged in documenting, detailing, analysing and explaining. This thesis adds in most of what Neville left out of his engaging with people, and leaves out what is most vital and important – that is firstly, the experience of being immersed in Neville's Cultural Keyline way over time in the types of contexts Neville constituted, and secondly, the embodiment that may flow from this. All of my explicating of Cultural Keyline is far removed from the experience of experiencing being immersed in the action research outlined in this thesis - and the embodied understandings that may flow from this. Neville took care not to attempt to explicate what he did. He rarely articulated his way. Attempts to articulate it miss the lived-life essence. Having a little of the way expressed in words outside of lived context typically has people drawing incorrect conclusions. The hallmark of Neville's way is to experience and embody the experience. This thesis may provide a way to enter the way. I sense that here it is salient to again let Ward 10B in Townsville Queensland stand as a warning to anyone who may want to implement ideas culled from this thesis without allowing for the interwoven richness of Neville's way and value underpinnings (Queensland Commission of Inquiry 1991).

CREATING A NEW MODEL OF HUMAN FUTURE

I have presented evidence that Neville evolved many innovations that have been adopted and adapted in Australian society. Neville evolved a viable, effective and low cost complementary biopsychosocial model and complementary alternative (1993a; 1993b) to the current expert delivery of psychiatric and somatoform drug centred treatments. Neville's alternative is supporting the dysfunctional fringe rich in potential, and enabling them to help themselves in a very particular form of total dispersed therapeutic community.

Neville also generated effective processes for softening the existing mainstream way - in enervating society at large (non government) to work in ways complementary to government/non-government based expert service delivery, to create new forms of mutual help community interaction based on growth and wellness.

CONTEXTS FOR GROWTH

Psychological defence strategies work towards having people staying the same and hopefully not getting worse. Defence, control, and stasis tend to accompany each other. Rather than defence and stasis, every aspect of Neville's work was evolving contexts for

growth towards wellbeing in all its aspects; everything was geared towards growth and holding a space for growth. There is potential for growth in far from equilibrium states. Growth is typically entangled with increases in adaptation, emergence, integration, inter-relationship and complexity. Neville worked with this connexity.

This research has established that Neville created normative model contexts where enabled communities of dysfunctional mad and bad people under extreme stress, without expert 'we do it for you' intervention, generated their own growth towards wellbeing within and between themselves. This thesis has detailed a working model of how to generate humane growth in people systems under extreme stress.

History is full of world powers that have collapsed. Today we have a complex global politico-economic system integrated like never before with the consequent threat of a collapse having global implications. As a stark reminder of how close to the edge we can be, in September 2005 New Orleans began sliding into horrendous barbarity following cyclone Katrina. The onset of global or regional collapse would stress populations and heighten the stark option between humane regrowth and collapse into barbarity. Neville's models outlined in this research embraces acts that are 'perfect for the moment, which also contain the seed of realistic generalisable policy' in times of societal collapse (Yeomans, Widders et al. 1993a).

In a world of rampant cross-cultural conflict, Neville evolved processes for intercultural peacehealing as well as processes for exploring transitions to new forms of cultures and intercultural syntheses that respect diversity – an epochal local-lateral folk-based transition process. Neville's way may be effective for addressing many of the major issues facing life on Earth. This thesis may provide fertile ground for further research (refer Appendix 40).

Neville posed the question, 'Whither Goeth the Law – Humanity or Barbarity (Carlson and Yeomans 1975). Today we face these alternative futures - Humanity or Barbarity. Neville has created a new model of human future - a way where the common-folk, as in 'folk in common on the global commons' on the margins are quietly playing a vital part together in whither goeth the World of human futures.

Appendices

Appendix 1. Obituary of Dr. Neville Yeomans Psychiatrist 1928 – 2000

Neville Yeoman's affection for and empathy with the original inhabitants of Australia began very early in his life when, at the age of 3, he was saved by an Aborigine after he had wandered off and become lost in the bush in far north Queensland. This rescue from certain death, laid the foundations for his later work with Indigenous communities as a carer, with an intense interest in the peoples and their cultures. He was a co-healer rather than a prescriber and believed in approaching the problems of mental health, alcoholism and drug addiction from a community perspective. He devoted much of his life to providing counselling and treatment to those most underprivileged and handicapped especially women, alcoholics and drug addicts. After 1975, he extended these activities to northern Australia, from the Atherton Tablelands to the Kimberleys, from Arnhem Land to Central Australia. In a sense it was a repetition of his childhood years when his family travelled like "gypsies" throughout the northern parts of Australia with his prospecting father.

Neville Yeomans was born in Sydney on 7 October 1928 to Percival Alfred ("P.A.") and Rita Yeomans. It was the depression and life was hard. His father, "P.A." Yeomans, a mining engineer (who later became famous for his contributions to agriculture including Keyline Farming, City Forest, Shakaerator plough and other agricultural developments) took the family around northern Australia trying their luck at prospecting. These were important years for Neville Yeomans when many aspects of his character were moulded.

The vagabond existence of the family meant that they were never in the one place for long. Experiences such as attending 13 schools in one 12-month period, taught him that friendships were ephemeral and superficial.

He completed his schooling at Scotts College in Sydney and then went to Sydney University from where he graduated as a Bachelor of Science (Biology) in 1948. He wanted to work with and heal people and he went on to obtain his Bachelor's degree in Medicine and Surgery in 1956. But it was people's minds that fascinated him most and he completed a Diploma in Psychological Medicine in 1959. In the same year he won an overseas scholarship that enabled him to meet with some of the World's leading psychiatrists. Neville Yeomans was a brilliant and sensitive man who understood things in their context, and he had an ability to see things from different perspectives to those commonly held.

He was appalled by the methods used at the time to treat psychiatric disease (especially shock treatment which he regarded as a crime) and on his return from overseas he established and became the Director of Fraser House at North Ryde Psychiatric Clinic, Australia's first family Therapeutic

Community with accommodation for some 86 adults and children. It was a revolutionary contextual approach that treated psychiatric disease on a family and community basis instead of treatment of just the individual. Patients were able to be rehabilitated and return to society rather than being locked away out of sight and restrained with drugs and straightjackets. Many of his peers did not understand this radical approach to treatment and Neville was frequently vilified for being out of step with the main stream of things. It is interesting to note that 40 years later, his approach to psychiatric treatment has become the norm rather than the exception.

During the period from 1959 to 1972, he ran "healing community" courses for Aboriginal and Islander peoples in Sydney, in country New South Wales and at Alice Springs in Central Australia.

He was the Co-ordinator of Community Mental Health for New South Wales Health Department from 1965 to 1970.

He published many papers on psychiatric treatment (which are now held in the Mitchell Library in Sydney) and with a colleague, wrote a book "Fraser House: Theory Practice and Evaluation of a Therapeutic Community" published by Springer, New York (Clark and Yeomans 1969).

As his interest in community work developed, he completed a Diploma in Sociology at the University of New South Wales in 1963, to better understand the social aspects of human responses. He also broadened his interests to studying other cultures and their values and, among other things, joined the Australia Eurasian Association in the late 1960's, and followed his passion for multiculturalism. He regarded Australia as a "cooking pot" rather than a "melting pot" of cultures, cooking up a new and better culture for the future! It was on a platform of multiculturalism that he stood for the seat of Philip (Liberal, Sydney) in the 1972 elections and gained sufficient votes not to lose his deposit, but failed to gain the seat.

Not content with his already numerous qualifications he went on to complete a Bachelor of Law degree from the University of New South Wales in 1975 and was admitted to the Bar. In spite of this, he was more interested in mediation than litigation and closely studied the mediation systems used in China. He studied Japanese and Chinese languages and travelled overseas to Asia, Europe and the Americas on several occasions over the years. He was an avid supporter of Bliss Symbolics, an international sign language based on symbols.

Neville Yeomans was drawn more and more to the area he grew up in and in 1975 he moved back to north Queensland where he became engrossed in working with Aboriginal people. He conducted a private psychiatric counselling and family therapy practice, facilitated community support for Aboriginal and Ethnic groups, established "Healing Haven" houses in North Queensland and assisted in the creation of a black women's shelter in Cairns.

In the early 1980's he became interested in and a keen qualified practitioner of Neuro Linguistic Programming (NLP) which was a revolutionary way of treating emotional states and of helping people overcome psychiatric illness and addictions. He and a friend, Terry

Widders, set up NLP Centres in Cairns, Townsville in Queensland and Bondi Junction in Sydney. Neville Yeomans continued to pay the price of being a pioneer of new ideas and was regarded as a pariah by many of his professional colleagues in the establishment, with many refusing to refer patients to him.

In 1987 he was a consultant to Petford Aboriginal Training Farm in far North Queensland and from 1989 to 1994 he facilitated camp-outs/Intercultural Healing Training festivals in the Atherton Tablelands and at the Petford Aboriginal Training Farm. In 1990 he was an Adviser to the Australian South Sea Islander United Council. He was on the Steering Committee for Training on Torture and Trauma in 1994 and conducted a three-day training course in Darwin. His working career came to an end in 1997 in Darwin where he was discovered sick with bladder cancer by his youngest son, and brought back to Sydney for treatment.

Neville Yeomans was a very intelligent, passionate and insightful person with a deep sense of purpose and an ability to focus absolutely on the job in hand, a characteristic that often made it difficult for those closest to him. He was also an introspective, artistic and aesthetic person who loved music (he played the clarinet) and art and he wrote poetry on a regular basis from the mid 1960's. Many of the poems demonstrate his sharp wit and sense of fun. The hundreds of poems he wrote, which give glimpses of the man within, will be published shortly. His passion was to treat people in need, his skill was his ability to engage with people and to make suggestions for change. His dying wish was to leave a legacy of clinics for Aboriginal people to enable them to help themselves. Neville Yeomans died in Brisbane on 30 May 2000 following a painful struggle with cancer. He spent his final days at home, surrounded by members of his family and friends. He is survived by his two brothers, two half-sisters, five children from two dissolved marriages, and eight grandchildren.

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Appendix 2. List of Neville's Early Actions and the Isomorphic Social Action Neville had me Experience as an Action Researcher

Type	Examples of Neville's Early Social Action	Isomorphic Metaphor
Therapeutic Community	Fraser House	Bondi Junction Network Geoff Guest at Petford Small Island Gathering Jail Groups
Group Work	Fraser House Groups Human Relations Groups	Bondi Junction groups Petford Groups Small Island Gathering Jail Groups Trauma Support Groups ConFest Groups Family Therapy contexts
Healing Ways:		
Work Therapy	Fraser House: Committee work Canteen Bowling Green Suicide Support Domiciliary visits All of listed action	Letters to global governance Jail Groups Networking Internet This PhD All listed action
Cultural Keyline	Fraser House Fraser House outreach Laceweb & INMA	Sydney Gatherings; All aspects of Laceweb Action Research and Networking; Psychnet Networking
Cultural Healing Action	Festivals, happenings, events, parties	Yungaburra New Years Eve Party; Rainforest campouts; At Small Island Gathering; Psychnet networking; Tagaytay Gathering and Pikit visit in Mindanao in the Philippines; ConFest
Laceweb Healing Ways	Laceweb sharings	Tapped me into Laceweb sharings in Qld. and Darwin Top End; Balmain Work-shops;

Family therapy	Fraser House; Small Therapeutic Community Houses; Laceweb action	other Sydney work-shops with Neville; Australian South Sea Islander Communities; personal co-learning Engaging me in family therapy contexts
Festivals	Watsons Bay; Centennial Park; Paddington; ConFest; Cambelltown; Aquarius at Nimbin; Cooktown	ConFest; Aboriginal & Islander Therapeutic Community Gathering; Small Island Gathering; Australian South Sea Islander gatherings
Community Markets	Paddington; Yungaburra Rapid Creek	Paddington; Yungaburra; Rapid Creek; St. Andrews (Vic); Channon (NSW)
Intercultural	Asia Club; Watsons Bay Gathering; Laceweb Networking; Rio Earth Summit	Small Island Gathering; Laceweb Networking among Aborigines, Torres Strait Islanders, Australian South Sea Islanders, Hmong, West Papuans, Bougainvillians, and East Timorese Communities; linking throughout SE Asia Oceania (Psychnet 2005a)
Networking	Fraser House Family Friendship networking; Self help Groups; Laceweb Action	Bondi Junction; Laceweb Action – Atherton/Cairns; Rapid Creek; Byron Bay; Small Island Gathering; Australian South Sea Islander Communities; SE Asia, Oceania, and Australasia networks (Psychnet 2005a)
Functional Matrices/Self Help Groups	Mingles; Connexion; Inma Nelps; Nexus Groups; UN-Inma; etc.	Mingles; Inma Nelps; Nexus Groups; Funpo, UN-Inma

Keyline	P.A. Yeomans action Use of Keyline at Festivals	1992 Aboriginal & Islander Therapeutic Community Gathering; visit to Nevallan and Yobarnie; Interaction with Ken, Allan and Stephanie Yeomans
Interfacing with Dominant System	Fraser House; Community Mental Health; Psychiatric study group; Rio-Earth Summit	Global-local Realplay; Letters to Global governance bodies; RHSET, NACADA; Extegrity documentation; Canberra briefings; mentoring of CEO's and senior executive of multinational organizations; Interfacing between UNICEF E-Asia Regional Office & Psychnet; Dialogue with PNG & East Timor Parliamentarians
Interfacing with business	Asia link Business Group Study Group	Current versions of the Business Cultural Keyline Study Group: ongoing action research with CEOs
Everyday life action	Neem Production; Tree Oil Extraction; Horses; Laceweb action	Laceweb action Sydney, Melbourne, Byron Bay, Atherton and FNQ, Darwin Top End, Laceweb and Psychnet Networking; other E. Asia and Oceania networking, especially Tagaytay Philippines gathering, and with muslim men's group in the rice growing hamlet in Takepan in Mindanao; Jail Groups

Local Governance	Fraser House; Small Therapeutic Community Houses; Small Island Gathering; Aboriginal & Islander Therapeutic Community Gathering	Small Island Gathering; Aboriginal & Islander Therapeutic Community Gathering; ConFest; Jail Groups
Micro Gatherings/events	Fraser House Blackmountain Yungaburra Asia Ball	Blackmountain rainforest party; Jail Groups Yungaburra new years eve party; ConFest Site Trips

Appendix 3. A Comparison of Goffman's 'Total Institutions and Fraser House

Total Institutions	Fraser House
The key fact of total institutions is 'the handling of many human needs by the bureaucratic organization of whole blocks of people' (p18).	The key fact of Fraser House is the embracing and satisfaction of individual and the therapeutic community's needs by the staff supporting and enabling residents taking responsibility for themselves.
The focus is the inmate (p 18).	The focus is the resident in his/her social (family and friends) network.
In the three big chunks of life - work, play, and sleep - these happen in the same place, under a single authority. All phases of the daily round are done with a large group of the same people (p 17).	In the three big chunks of life - work, play, and sleep - these happen in the same place. Some residents went to outside work, Timing relating to work, play, and sleep was in part scheduled by staff and in part determined by committee process. Residents were constantly been rotated through various small and large groups and patient run/controlled committees having differing mixes of people.
People are inmates and/or patients (p 17).	People are termed patients, residents or clients. While conscious of the potency of terminology, within the wider hospital processes, residents were 'patients' and all the documentation designated them as 'patients'.
They are required to do the same thing together.	Big and small groups and committee work was scheduled for people to do the same things together. There was some free time. Ward committee patients decide timing (lights out/on etc.)
All are treated similarly (p 17).	Rather than being 'treated', people are 'related to' and each person is related to differently.
All phases of the daily round are time bound and tightly scheduled (p 17).	Spontaneous social interaction with aspects of Fraser House life tightly scheduled (e.g. groups and committee work).
This schedule of activities is imposed from above by explicit	While small groups and big group are required by officials, virtually every

formal rulings by a body of officials (p 17).	aspect of community life is determined by the residents via committee structures that are effectively run by the residents, sometimes with no staff as observers. A body of rules governs a large part of schedules and these are also determined by the residents.
The aim of this scheduling is bureaucratic convenience (p 17).	The aim of the scheduling is to compel residents to enrich their psychosocial self and take responsibility for making decisions affecting the quality of their life and behaviour in community with others.
All the staff enforces the schedule of activities (p 17).	Both residents and staff are responsible for ensuring adherence to the schedule. Issues relating to residents' non-adherence to the schedule are resolved through resident committees and community processes, especially at Big Group.
The schedule coalesces into a single rational plan designed to fulfil the official aims of the institution (the power of the fittest) (p 17).	The schedule coalesces into a single sensible plan (survival of the fittest) designed by the residents to support residents' self-help and community help towards psychosocial wellbeing.
There is a basic split between a large managed group (the inmates) and a small staff (p 18).	While staff and inmates are in different roles, there is closeness between them including strong friendships. More experienced residents share the enabling and support roles with the staff.
Both staff and inmates are in uniforms owned by the institution (p 18).	Some staff and all inmates wear their own casual clothes (some use of uniforms by staff – refer Photo 19).
Staff work 8 hour shifts and are socially integrated into, and live outside (p 18).	As with Fraser House.
Inmates live inside. Some may get passes (p 18).	While inmates live inside, some go out to work; some attend from 9 AM to 9 PM; others typically can get passes; most go home for weekends; many attend as outpatients.
Inmates have no contact with the outside world or have restricted supervised contact or non-contact visits (p 18).	A condition of being a resident at Fraser House is that family and friends have to attend Big Group and small groups as 'clients'. Whole

families were in residence, so for them, there was constant contact. Visits by family and friends to Fraser House outside of big group visits were restricted.

Each group tends to see each other in 'narrow hostile stereotypes' (p 18).

The staff patient distinction is *always* maintained (cleavage) although residents and staff see each other as individuals with unique abilities and potential. Everyone in both groups is a potential resource for everyone else (cleaved unity). Staff seek to have residents build upon their ecological bits.

Social distance is typically great and often formally prescribed (p 19).

Social closeness is typical and encouraged.

Inmates are not given information about what is being discussed about them by staff (p 20).

Communication is very open; anything may, be brought up in Big Group. Reporting is controlled. Staff discussion regarding residents not shared with residents.

The Institution is deemed to belong to staff (p 20).

The capital infrastructure is state owned; however, Fraser House as community 'belongs' to the therapeutic community and all involved. Friends and relatives (attending as 'outpatients') are part of the therapeutic community.

The self of inmates is systematically, if often unintentionally, mortified (p 24).

The enrichment of self of residents is pervasively built into every aspect of the Unit.

People are stripped on entry through a series of abasements:

- (i) degradation
- (ii) humiliation
- (iii) profanation of self (p 24).

Prospective inmates required to attend big group and small group twelve times with their family/friends network signed in as outpatients to assist their bonding with the community. The initiation & admittance process was through the traditional North Ryde Hospital process. Once at Fraser House people are welcomed into the community through a series of bonding processes; examples:

Each person allocated buddies and room mates

Advised of Fraser House lore
Told slogans

On arrival, inmates lose their clothes and end up nude, given identical issue (all uniform); stuff that never belongs to you (p 24).	Residents use their own clothes.
The barrier between the inmate and the outside world marks the first curtailment of self (p 24).	While being 'inside' and having friends and family required to visit, the absence of barriers in the therapeutic community makes enrichment of self through ecological interaction (almost) inevitable. Residents go on regular outside trips (as recreational activities and as domiciliary and crisis therapists). Some residents go to work. Most return home at weekends.
The buildings and plant are designed to separate and control, and to segregate sexes (p 24).	While the buildings and plant were a traditional design they were used in ways ensuring constant interaction between residents, between residents and staff, between residents and outpatients, and to integrate and foster interaction between the sexes. The Dining Room and recreation rooms were located so as to maximize mingling.
In the outside world inmates may take a number of separate roles, and typically none will block their performance and ties in another role (role segregation). Being inside automatically disrupts role scheduling. Staff determines inmate's roles (p 24).	Virtually everything is known by everybody (especially through the 'bring it up in groups' protocol). Through the resident run committee process all residents help evolve the various roles within the community. Resident committees determine resident roles. People may volunteer for these roles, and all play a part in deciding who participates for a time in the roles. There is some role scheduling and some role spontaneity.
Every behaviour encroaches on every role and will be used to curtail and mortify self (p 24).	Every behaviour encroaches on every role and will be used to expand and enrich self.
Role dispossession occurs (p 24).	Enriched and new role taking is encouraged and role flexibility occurs.
Because of the institutions pervasive intrusion into virtually	While the schedule of activities is to be complied with, considerable

every aspect of inmate's lives, the admission procedures include obedience tests and will-breaking contests in order to compel co-cooperativeness from the outset (p 26).

freedom is given till the person is immersed in the community. Then tough constraints are placed on mad and bad behaviour by staff and other residents. Conditions may apply regarding re-entry if a resident elects to leave early.

Inmates are likely to be stripped of their usual appearance and their 'identity kit' (p 30).

Residents' appearance is unchanged or they are encouraged to improve it.

Inmates subject to indignities - examples:

- . must use spoon
- . must beg/humbly
- . ask for little things
- . being teased,
- . sworn at and ignored (p 230)

Any staff or resident subjecting anyone else to indignities would be censured.

The boundary individuals place between their being and the environment is invaded. The embodiments of self are profaned (p 32).

Boundaries between self and environment open to community view and may be perturbed and cleaved if deemed dysfunctional. Potential for all residents and staff being there to support residents' self help. The embodiments of self are respected and celebrated.

Unavoidable contact with aliens (no choice) and contaminating of objects of self-feeling - such as one's body, immediate actions, thoughts and possessions (p 36).

Unavoidable contact with resident/staff enablers (no choice) and processes interrupting and sabotaging madness and badness towards decontaminating objects of self-feeling - such as one's body, immediate actions, thoughts and possessions.

There is the violation of one's informational preserve regarding self. During admission, information about past behaviour (especially discreditable facts) are collected and written up in dossiers available to staff (p 32).

There is the ecological violation of one's informational preserve regarding self. During admission, information about past behaviour (especially discreditable and creditable facts) are collected and made available to staff and residents as part of local knowings of everyone in the therapeutic community. Any non-ecological use of this information is interrupted and censured.

Inmates undergo mortification of the self by contamination of the physical kind - by forced

Inmates undergo shifts within the self by being placed in dorms with one 'mirror' person and two 'opposites' (for

interpersonal contact and social relationship (p 36).	example, two 'under-controlled/ over-active' residents with two 'over-controlled/under-active' residents - with forced interpersonal contact and social relationship compelling a shift to the psycho-socially functional middle ground.
Enforced public character of visits by friends and relatives (p 38).	This applies to visits by friends and relatives attending big group.
Contaminative exposure by having mail and phone calls monitored, limited and censored (p 38).	Typically no monitoring. Some contact restrictions and limits to contact with dysfunctional others.
Contaminative exposure by denouncing significant others, especially when others physically present (p 38).	Community based pressure to 'bring it up in the Big Group'; concern about consequences for the community as a whole, and personally experiencing the results of the process 'working' had residents exposing others, especially significant others.
The usual relationship between the actors and their acts is disrupted (p 41).	As for Fraser House, though the behaviour of residents and the outcomes of their behaviour are constantly a matter for group discussion towards functionality.
The above firstly by 'looping', where an agency creating a defensive response in inmates hones in on this response for its next attack. The reaction to the situation is collapsed back into the situation. Inmates can't defend themselves by creating distance between the mortifying situation and themselves (p 41).	Within pervasive frames of 'self help' and 'therapeutic community', looping occurs where the full range of resident's responses, (especially defence and avoidance responses to the therapeutic community), may be reflected back to them and be the subject of discussion and action. Typically, any distancing of themselves from their acts and the consequences of their acts is challenged.
Another form of looping follows from the lack of role segregation (desegregation) allowing behaviour in one role/context to be brought into every other role/context (p 41).	As for Fraser House, although within a context of enabling self-help and mutual-help.
In mental asylums, a permissive environment entraps inmates to 'project' or 'act out' their typical difficulties, which they are then confronted with during therapy	As for Fraser House, though within a context of enabling self help. Permissiveness continues till the person is enamoured and imbedded in the community. Things may then

sessions (p 42).

get humanely and ecologically tight and tough and dysfunctional behaviour interrupted.

Inmates are regimented and tyrannized in that within civil society, the issue of 'correctness' rarely arises. Inmates have to constantly look over shoulders to see if criticism or other sanctions are coming. Minute matters, usually those of personally taste and choice in the outside world, are prescribed by authority (p 42).

'Enabling wellbeing of self and others' is the standard for both residents and staff in relating with and intervening in the life of others. Some minute matters are pre-scribed by decision of resident committees.

Each specification robs the individual of an opportunity to balance needs and objectives in a personally efficient way and opens up lines of action to sanctions by staff (p 43).

Specification is decided by residents and staff in daily group and social interaction, providing an opportunity to balance needs and objectives in both a personal and community sensible way and opens up lines of action to enhancement by all.

The autonomy of the act is violated (p 43).

The autonomy of the act is supported at the individual and community levels, with scope to explore fit in both sectors.

Economy of action is disrupted by being required to ask permission for supplies for minor activities; adults placed into suppliant submissive roles unnatural for adults; allowing 'interception' by staff, (being put off, teased, denied, questioned or ignored) (p 45).

Economy of action is facilitated by residents being in charge of supplies for minor activities. This places adults into active responsible roles natural for adults and allows 'enabling support' by staff.

Regimentation by being required to perform regulated activity in unison with others (p 46).

Some regimentation by being required to perform regulated activity in unison with others within a context where residents have established most of the ground rules.

Use of an echelon form of authority in that any member of staff has certain rights to discipline or impose sanctions on any member of the inmate class (p 46).

Use of a communal form of communal empowerment in that any resident or member of staff may provide enabling support to another resident or member of staff. The Ward Committee has authority to enforce sanctions for breach of rules.

Echelon authority and strict enforcement of regulations may

Community, Family and individual empowerment and strict enforcement

result (especially in new arrivals) in living with chronic anxiety about consequences of breaking rules (p 46).	of healing ways may result, especially among new arrivals, in living with ecological levels of anxiety, e.g. overactive/under-controlled may usefully have more anxiety, and under-active/ over-controlled may usefully have less anxiety.
Loss of self-determination through having no capacity to decide certain bodily comforts such as soft bed and quietness at night (p 47).	As for some aspects of Fraser House (such as the 'soft bed'). However, residents have full control of regulations and involvement in the therapeutic change processes, ensuring things like a quiet nights sleep.
Even the capacity for self determination by the mode of response given back to authority may be denied or discounted by staff ignoring the response and reframing the response as a symptom of pathology (p 47).	The capacity for self-determination. Ecological responses given back to authority would be supported by staff at every opportunity; residents would be encouraged to explore the consequences of non-ecological responses to other residents and staff. Staff denying or discounting responses would be censured.
Curtailment of self may be almost total (p 49).	Virtually everything fosters enriching the self towards self determining action and sociable relating with other selves in community.
It is largely the privilege system that provides the framework for personal reorganization (p 51).	Every aspect of the values based caring therapeutic community provides the framework for personal re-organization.
Firstly, proscriptive and prescriptive house rules layout required conduct (p 51).	In Fraser House the bulk of proscriptive and prescriptive rules are decided by the residents.
Secondly, there are a small number of clearly defined rewards or privileges held out in exchange for obedience.	Residents evolve their own lore and rules. They have free access to their own canteen. Privileges are generally a right for all, though the Ward Committee could withdraw rights for a breach of rules.
The inmates' world is built around these minor privileges - e.g., a coffee and a smoke. These are akin merely to the absence of deprivations one normally expects not to sustain (p 51).	Non-ecological behaviour may see a withdrawal of some privileges.
Release is elaborated into the	Release not linked to privileges; rather

privilege system (p 53).

based on ecological functioning and capacity to fit into outside community - though required to leave after six months stay. This was reduced to three months to foster change.

Thirdly, there are the punishments including withdrawal of privileges (even small privileges) and these assume great/terrible significance (p 51-2).

The rules for sanctions were evolved and administered by the patients and outpatients. Sanctions have significance.

Rewards and punishment received by inmates are only received by children and animals in outside world (p 53).

Rewards and punishments were not imposed top down. Sanctions were context and age relevant.

Rewards and punishment woven into the residential work system with certain places, roles, and perks associated with reward (p 53).

Consequences flowed from context and everyday life milieu.

There is among inmates an informal system of what Goffman calls 'secondary adjustments' - practices that don't directly challenge staff, but allow inmates to obtain forbidden satisfactions ('the angles, deals, 'knowing the ropes') (p 56).

The everyday life milieu worked its constituting potency. Anyone seeking 'advantage over' and 'egocentrically working the system' would be confronted with this by patients, outpatients and staff.

An informal inmate system ensures that no inmate informs on others' 'secondary adjustments'; violators defined as 'finks' 'squealers', and 'rats' (p 56).

The oft-invoked slogan and practice was, 'bring it up in the group'.

Inmate support groups developing in opposition to the system (p 56-57).

Support groups fostered and linked to the to Fraser House community. There were functional and dysfunctional factions and cliques forming and disbanding regularly. Dysfunctional ones were cleaved.

Typically, inmates find out that fellow inmates have all the properties of ordinary, occasionally decent human beings worthy of sympathy and support. Past offences cease to be an effective means of judging personal qualities (p 57-59).

The same. Developing resident support groups as an integral part of the system.

<p>In therapeutic institutions, the inmates become less able to protect their ego by direct hostility towards the institution (p 59).</p>	<p>The Fraser House system enhances ego, identity and mindbody integrity and support of the Unit as a functional community.</p>
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<p>Secondary adjustments and adapting:</p> <p>Firstly, by using regression (situational withdrawal) as a defence;</p> <p>Secondly, flagrant non-cooperation;</p> <p>Thirdly, colonization, fitting in and 'doing it easy';</p> <p>Fourthly, conversion - becoming the perfect inmate;</p> <p>Fifthly, playing it cool by a combination of the above. (p 61-64).</p>	<p>Some, because of prior experience of traditional hospitals, may set out to make use of secondary adjustments, though such behaviour would be challenged and immediately brought up in a group. Being involved in Fraser House minimizes the necessity to resort to these 'secondary adjustments'.</p>
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<p>Typically, neither 'stripping' processes nor reorganizing processes seem to have lasting effect, partly because of secondary adjustments, counter mores and playing it cool (p 64).</p>	<p>Reorganizing and re-constituting processes had lasting effect. All involved are vigilant in stopping processes that may strip.</p>
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<p>The presence of release anxiety due to disculturation and stigmatisation (p 69-71).</p>	<p>Processes foster residents expanding and enriching their culture (as 'way of life'). Close involvement of family and friends being in therapy themselves minimizes resident stigma as does domiciliary care visits by those who are about to be released. Typically, residents leave with a functional supportive network of around seventy.</p>
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<p>Inmate's families have little understanding of the institution and can cause major embarrassment to inmates (p 123-135).</p>	<p>Dysfunctional family and friends who are sabotaging a resident would be confronted and possibly isolated. Resident's families typically have intimate understanding of the institution and are actively involved in resident healing (and typically, self healing) as well as potential for involvement in the unit's committees.</p>
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Appendix 4. Neville's Forward to his Father's Book 'City Forest'

FORWARD

A major change in values and in behaviour is beginning to occur in Australia. For too long we have been exploiting both our continent and each other. Patterns of human living based on selfishness and ruthless competitiveness are becoming self-destructive. A new era is dawning--equality between the sexes, generosity in human relationships and honesty in negotiation. With this goes a respect for the environment that sustains us.

Humankind is a bio-social species. His biological survival depends on harmonious working with Nature. Harmony comes only when we give as well as take.

The world has paid a terrible price for the Industrial Revolution and the advance of science. We had to be ruthless to control and harness the forces of Nature; to become machine-like, to make machines and to think like computers, to conquer ignorance. But the battle is won. Now we must re-humanise ourselves and share the fruits of our labour. The swing away from the mistakes of the chemical solution of biological problems is beginning. Natural food movements suggest we are searching for a healthier way. The growth of community groups in ecology, welfare, education and the arts suggest we want to become better and happier humans.

Australia is the only continent on earth never split by warring nations or states. We are fortunate in being unimportant in the great power competition. As inheritors of the industrial era we are on the periphery of both European and Asian civilizations.

We alone are in a position to accept the best from all continents in ideas, people and ways of living.

History took humanity from the tribe to the City State, to the Nation State. The next step is the Continental Nation at peace with itself and with its neighbours. It is our unique opportunity and duty to become the example to the rest of the world for that next step. In this process the Machine City must be replaced by the Human City. The exploited landscape must be husbanded with loving care. The soil which gives us life must be developed in its own living processes so that it grows richer year by year rather than poorer. The beauty and freedom of personal space depends on caring for the integrity of all our environment. We may not be the most varied and beautiful continent on earth, but we can and must be the most human.

My father's work and the contributions of all Australians is needed for the task ahead (Blumer and Shibutani 1970).

Neville Yeomans.

Appendix 5. Diagnosis of Fraser House Population as at 30th June 1962

Reference (Clark, A. & Yeomans, N., 1969 Page 56)

	Male	Female	Total
Disorders Caused by or Associated With Impairment of Brain Tissue			
1. Acute and Chronic brain disorders	0	0	0
2. Mental deficiency, mild with epilepsy	1	0	1
TOTAL	1	0	1
Disorders of Psychogenic Origin			
<u>Psychotic Disorders</u>			
<u>Affective Reactions:</u>			
Manic Depressive reaction depressive type	1	1	2
<u>Schizophrenic Reactions:</u>			
Schizophrenic reaction, simple type	3	8	11
Schizophrenic reaction, hebephrenic type	0	3	3
Schizophrenic reaction, catatonic type	2	2	4
Schizophrenic reaction, paranoid type	3	6	9
Schizophrenic reaction, acute undifferentiated type	1	2	3
Schizophrenic reaction, schizo-affective type	2	0	2
TOTAL	12	22	34
Psychoneurotic Disorders			
<u>Psychoneurotic Reactions</u>			
Anxiety reaction	0	1	1
Conversion reaction	0	1	1
Obsessive - compulsive reaction	1	1	2
Depressive reaction	2	2	4
TOTAL	3	5	8
Personality disorders			
<u>Personality Pattern Disturbances:</u>			
Inadequate personality	0	1	1
Schizoid personality	1	0	1
<u>Sociopathic Personality Disturbances</u>			
Anti-social reaction	3	2	5
Dyssocial reaction	1	2	3
<u>Sexual deviations:</u>			
homosexuality	4	0	4
pedophilia	2	0	2
prostitution and bestiality	0	1	1
<u>Personality Trait Disturbances</u>			
Compulsive personality	1	0	1

Addiction:			
alcohol	4	2	6
drugs (bromides; amphetamines; narcotics)	1	1	2
Both alcohol and drugs	4	1	5
TOTAL	21	10	31
<hr/>			
COMPOSITE TOTAL	37	37	74

Appendix 6. A Case History of an Aboriginal Micro-Encephalic Aboriginal Person Transferred to Fraser House

A Case Study synthesised from discussions with Neville (Dec 1993, July, 1998)

As an example of an asylum back ward Aboriginal individual, Neville described the case of an isolate micro-encephalic Aboriginal person (born with a very small brain) who presented with few skills. He had the body of a twelve year old though he was an adult. He had no capacity for speech and would make aversive noises, for example, snarling and screeching. As well, he would get angry and bite. Within the Unit, at Neville's instigation, this person was related to as if he was a 'lovable little puppy dog'. This matched his optimal functioning. After this he soon socialised, became friendly, contented and easily fitted in to Fraser House society.

Neville (Dec 1993, Aug 1998) described his cries as:

Soon becoming harmonious and naturally expressive of mood - typically, contentment and happiness, compared to the prior screeching. He had probably moved close to the optimum functioning of his mindbody. Thereafter, he was attached to various factions. He was able to move back out into the community in a care-house and fit in with the house life as a normal micro-encephalic person rather than a dysfunctional abnormal one.

Neville was fascinated that this person adjusted so well to social life and his change was a convincer for Neville that emotional freeing up is the core of all therapy. To quote Neville (July 1998), 'With no frontal cortex to speak of, how else could he have changed?'

Appendix 7. The Roles of Fraser House Nurses

Reference – (Yeomans, 1965a, Vol. 4)

THE ROLES OF FRASER HOUSE NURSES (From the Fraser House Staff Handbook)

Preamble

As with all new work situations, so to working as a new nurse in this community means coming to grips with a degree of initial stress. The job is not easy at first, and one thing is certain - it can only be done well by all staff members seeing themselves as members of a TEAM. Only then can new tasks become tolerable and the difficulties surmountable. This is the first and most important working rule to be learned, and with the acceptance of it everything else will tend to fall into place.

This basic point can't be stressed too much, and new nurses are advised to lean heavily on the team in the first few weeks in particular. By communicating difficulties, responsibilities will be spread out and training will continue. Nothing has to be faced alone.

The staff team gives the example on which the patients will perforce model themselves. It has been a lesson well learned here, as in other therapeutic communities all over the world, that when the staff team pulls together the patients tend to do likewise, and from this comes the amalgamation of true community effort that results in success all along the line in the treatment program.

Perhaps the most immediate observation made by a nurse coming to work in this therapeutic community for the first time, is that the patients themselves have had a great deal of authority delegated to them. Indeed, in some matters they are virtually the sole authority. At first glance it will seem fantastic that patients assess and admit new patients; review progress and institute treatment procedures; make new rules and alter old ones; mete out discipline, etc.

To many new nurses and doctors as well, and particularly to those whose previous experience was connected with the physically ill in the general hospital field, or who come from psychiatric settings more formalized in approach, all of this will be right out of line with their training and role appreciation. Adjustment will have to be made, and acceptance that this is necessary is the first and most important step towards fitting into the altered (and ever changing) role required.

In sum, nurses here at Fraser House are not so much doing FOR the patients as working WITH and SHARING an experience. This is basically what is expected.

Understanding the reason behind the differences in work standards and altering roles helps - no one would be willing to change his work pattern in, or the why he sees himself in work without reasonable explanation. If the therapeutic community can be viewed as necessary evolution change towards democratic self-discipline, and if the nurses' role can be seen as becoming more therapeutic as it moves away from that of custodian towards autonomy for the patients, then the first step is made.

CONCEPT

The basic role of the nurse in Fraser House is that of therapist and this means accepting the patients as worthwhile and worthy of help and so, aiming to change their deviant behaviour and the deviant ways they see themselves or others. The nurse also is a representative of society, and becomes involved with patients in order to return their neurotic, psychotic or other deviant behaviour to the norm of this society.

The nurse remains as much a therapist in being with one patient or with an informal group of patients as in formal group therapy. To be a therapist means to express real caring and at times, discipline about patients. Training in psycho and socio-therapeutic techniques is a continuing process and the nurse enters into research work and the domiciliary field as well. The nursing staff makes up the largest portion of the staff team and has 24-hour close interpersonal contact with the patients. The role is vital, and in many ways is the most important.

ROLE

Nurses are assigned in teams to regional areas at the moment - Lane Cove, Ryde, Rest of North Shore, other areas. Each regional team is expected to be responsible for knowing their area, its problems and helping agencies etc.. Moreover nurses in each team are expected to come to know all in-patients and outpatients of that area; to be specially involved in the appropriate regional small groups, both in the community and in the Unit; to record progress notes on their regional patients; be part of both for medical officer and follow-up committee planning for the patients of their region.

Nurses working in community and social psychiatry 'steal' many of the roles of psychiatrists, psychologists, medical officers, sociologists and social workers. This gives the nurse much more power to initiate and decide and also the accompanying responsibility.

So the role of the nurse in Fraser house is seen as complex and wholly therapeutic, using a team approach in a therapeutic community to set the climate for personality change and social reorganization.

The new nurse will at first learn various areas, and these will be filled in to fit into shape as the tour of duty lengthens. An hour or so will be spent with a senior staff member on the first day for initial induction discussions, and the newcomer is paired off to work with a nurse who is versed in Unit procedure. Experience has shown how the patients actually give a great deal of help to new staff in aiding in their orientation. The new nurse will receive plenty of support to fit into the community. Fraser House traditions are now well established. There are no great dissatisfactions to overcome.

Nurses are on the staff to work as members of a therapeutic team, and to receive a training that has profitable personal and career rewards. Better training and greater work satisfaction for staff are basic aims in therapeutic communities.

GROUP THERAPY

The significance of group therapy in Fraser House may be gauged by the fact that there are about three thousand groups structured in a year involving twice this number of man-hours by the nursing staff. Reporting sessions, attended by nursing staff follow each of these groups, also consume more man-hours devoted to analysis and interpretation of each group, and exchange of information brought out by these groups. These reporting sessions are also for continuous training in all aspects of community and social psychiatry

Small groups are made up of from eight to twelve people, and are allocated daily. These allocations are made to conform to different patterns according to age and marital state, according to social class and marital state, according to sex and marital state. Also, there are intergenerational groups consisting of patients and their families, of each medical officer attached to the Unit, and groups made up of 'withdrawn' patients.

The unstructured groups are special groups held for particular patients for various reasons, e.g., they may be planned and scheduled for certain times during the day or night when a patient's relatives arrive from the country. Or they may be spontaneous, when a relative arrives unexpectedly. Or they may be held as and when a particular patient, or patient family becomes disturbed over some crisis which arises.

THE THERAPIST IN SMALL GROUP THERAPY

The role of small group therapist and observer has always been the province of the nurse in Fraser House, and represents part of the rise in therapeutic status. Nurses have become therapists in their own right.

The first essential in taking a group is to see it as a meeting, and like all meetings, there is a need for a chairman to conduct affairs and keep issues to the point.

The initial function of the therapist is to see that the group functions as a group. It may be necessary for him to be quite directive in order to achieve this in some groups, but on the other hand it may just happen anyway even if he adopts a completely passive and wordless role. How active or passive, directive or non-directive the therapist is or chooses to be, may be influenced by many things – e.g., the attitude or mood of the group itself and tensions built up prior to and during its running; the type of group and purpose, or the themes introduced during the group. The therapist's own personality is a basic factor which determines handling, and this may vary from day to day depending on the therapist's mood, and also on his attitude to the type of group or even some of the people contained in it.

It should be said here that, whilst one might be influenced to some extent by the way certain therapists conduct the group, it is inadvisable and unwise, and indeed well nigh impossible for one therapist to copy another, for the previously stated reason that the therapist's own personality is a basic factor in determining the handling of groups. So that even if one decided on a particular therapist as one's 'idol', one should not attempt to emulate too closely. Because of this 'personality' factor and other rather intangible factors, there are not many rigid rules which can be generalized to apply to *all* groups, but the following can be applied to *most*:

THEMES

If a theme is introduced, and it is considered to be not too superficial or inappropriate, the group should pay some attention to it, and not change the theme to another without good reason. If an attempt to change the theme is made, it may be done deliberately by a patient for a fairly obvious reason (such as a personality clash with someone involved in the previous theme), or a less obvious reason such as an unconscious identification and a consequent wish to avoid the theme. It may also be done through plain insensitivity on the part of the person making the attempt at the change. There are many reasons for these moves, and it is the therapist's role to decide on the dynamics of the situations and then to make use of them by feeding them straight back into the group at the time, and if necessary, to make an interpretation of the dynamics operating in the events and occurrences.

It is also in the province of the therapist to direct the group away from superficial themes or from discussing themes in a superficial manner. The therapist, in order to discourage

superficiality, may find it necessary to commence the group immediately he enters the room, by physically structuring the group in such a way that he gains attention, establishes some kind of control, and incidentally builds some initial tension within the group. This, of course is not always necessary or desirable, but is often helpful in dealing with groups of teenagers who tend to spread themselves around the room, put their feet up on chairs, and throw matches and cigarettes about. These practices in themselves are quite harmless, but in group are often used as avoiding tactics, and are apt to wreck and render valueless the group itself. So the therapist can avert these disruptions when he enters the room by making everyone get up and draw their chairs into a tight circle in the centre of the room and disallowing feet up on chairs.

In general, the therapist should make use of what is going on in each particular group at the time it is taking place. He has first to be able to recognize what is going on and he can only do this through observation and experience. The way he uses these things which are going on within the group depends to a large extent on the therapist himself – again the personality factor. Even though a therapist is inexperienced, and perhaps not very confident, he should keep in mind that he brings something very valuable to the group with him – something which no one else can do in the same way – the sum total of his own unique life experience. When used with confidence, this is a very powerful force which all nurses have at their disposal.

INTERACTION AND INTEREST

If most of the group is involved in interaction, it goes without saying that they are also interested. However, interest can be very high even though there is not much interaction. Look at their faces, their feet, their hands, their respiration, the way they sit, and it will be known if they are interested or not. Interaction may not be high if the therapist has found it necessary to be active or directive. This sometimes must be the case.

TENSION

There will usually be varying amounts of tension as the group progresses, both from the group as a whole, and from individual members. Silences usually build up while tension is mounting, and the best way to use this tension is not to break these silences; let the members of the group do it as they will when they can no longer stand the tension – and then see what is released with the tension and make use of it.

MOOD

The mood of a group is sometimes sustained throughout, but more often it changes, ranging through many emotions and frequently depending to some extent on the build up and release of tension, the themes discussed and the manner of the discussion, the interaction and the interest, and the cross-identification of those who interact. The role adopted by the therapist is also important here. Once again, the emotions which set the mood for the group are used.

Appendix 8. Fraser House Big Groups

Reference - (Yeomans, N. 1965a, Vol. 5, p. 34)

Fraser House Big Groups

Whereas much has been achieved over the years in the way of explanation and handling of individual and small group difficulties, little is to hand to clarify the acknowledged emotional forces and the psychotherapeutic techniques of large community groups.

Most individual maladjustments can be readily recognized by seeing a personality at conflict with himself and his environment. Small groups portray the 'family' setting and inter-personal interaction. But 'Big Groups' forming as they do the backdrop to all therapy in this Unit, are not explainable adequately in the term of psychology or psychiatry previously applied to the individual patient or even to the classical group situation.

The sciences of sociology and social psychology, with their study of whole collections of people and the interplay of these groupings within entire societies, are used to explain both these dynamics of the Big Groups and the therapeutic directions of the whole community. Theories of behaviour of crowds and audiences apply to the Big Groups in particular.

The techniques used in handling these meetings are principally our own and have evolved through testing and retesting of basic theories by adoption and 'trimming' of those found successful by some leaders, and by constant discussion and evaluation of the problems these community groups pose.

The community meetings held at Fraser House are of two main types and a third is gradually evolving. Morning community groups have two main therapeutic functions; personality change is the aim of four meetings, while social control is the focus of the Thursday morning administrative group. Evening Big Groups, though not compulsory, are invariably well attended by in-patients. But by far, the majority attending can be classified as outpatients and these receive the bulk of the attention. With family therapy as a principle, the projective interplay of the various families present characterizes these meetings to such a degree as to almost typify the aim of the evening Big Groups.

The setting is a large hall (the Centre Block) in which clear speaking is adequate, central to both wings of the building. Seating is in two rows at the sides and one end with a single row at the end nearest the entrance door. The group leader usually sits in the centre of this row, but is free to move according to his or her dictates. All of the chairs face centrally so that, as much as possible, everyone is in view and speakers can face each other. But principally the people are shoulder-to-shoulder as in an audience as well as being members of a single crowd - usually numbering about one hundred persons.

Two members of the nursing staff (one male - one female) observe and record the meeting from a detached point behind the back row.

Other staff members (medical, nursing, research, etc) intersperse themselves among the patients, paying particular attention to the three inner corners (notorious geographically for the most destructive and resistive sub-groups) but leaving the doorway clear of staff. Portion of a row is reserved here to lessen the interruption made by latecomers.

It has become traditional that the four 'therapeutic' Big Groups commence with a reading of the 'Ward Notes' by one of the patients. On Thursdays this is deferred till after the various committee reports and elections. In essence these ward notes serve the purpose of an informal Unit newspaper and comprises all manner of notifications from grouches about yesterday's foodstuff to staff warnings against suspected 'conmanship'.

Usually the therapist then allows the group to enter into spontaneous 'free floating' discussion until a general interconnecting theme is apparent. This may then be pursued with promptings towards interaction between different generations or social classes or psychiatric opposites – or perhaps to tie in together for mutual support those with similar difficulties, personally or because of family or life-crisis situation.

At times the focus might fall on one particular patient or family to highlight a special need, and it is quite common for sub-groups or cliques to merit attention. These latter are constantly forming, breaking and re-forming, and the group leader much of the time finds it impossible to be aware of these changes and undercurrents. The interspersing of staff members throughout does much to obviate this as these moves can be discussed later in the reporting session, or if urgent, brought to the attention in the group by the staff member aware of the moves. Most meetings see the group as a whole reacting much like an audience to a few main actors. This can be constructive as an insight-gaining process as the personal, intra and inter-family or sub-group projections are portrayed and leadership values rise or fall. At other times when matters affecting the internal security of the community arise or pressures are brought to bear from outside sources, interpersonal differences are dropped for combined feeling and action and the Unit becomes united as its projection against threat is shown. So the audience-type reaction displaces to behaviour more attributable to that of a crowd. When these crowd-like emotional forces move the whole community, the opportunity is presented to harness these towards a therapeutic goal which can do more in a single hour towards personality change for more people than many months of other therapy. Herbert Blumer (1970) says of these forces:

People become aroused and more likely to be carried away by impulses and feelings; hence rendered more unstable and irresponsible. In collective excitement, the personal make-up of individuals is more readily broken and in this way the conditions prepared for the formation of new forms of behaviour and for the re-organization of the individual. In collective excitement, individuals may embark on lines of conduct which previously they would not have thought of, much less dared to undertake. Likewise, under its stress and with opportunities for the release of tension, individuals may incur significant re-organization in the sentiments, habits and traits of personality.

When both the staff and patients are working well together in the Unit, a peak of enthusiasm is reached at times when everyone sees almost any move at all as being gainful. New enterprises are embarked upon with an eagerness that is almost inspired and success is a certainty. Whereas perhaps a month earlier the same move would have met an equally certain failure. All improvements in expanded therapy services and the patient-government structure (and the recent acquisition of the Unit vehicle) have been adopted at such times.

The opposite of gain is loss and this is felt most acutely in a feeling-wave by the entire community at a time of bereavement, deprivation or mourning – when a fellow-patient's close relative dies; rejecting parents spurn pleas for help; or there has been a serious or fatal attempt at suicide. Here the all-pervading shared sadness can give rise to depressives becoming overwhelmed with emotional forces of loss and breaking into bitter tears as a sign of externalising their feelings of aggression and loneliness. The sincere sympathy given by fellow-patients and therapist at these times can do much to consolidate future lessening of inhibition while false exaggeration of hope is avoided.

Again, when as a whole the Big Group is swayed by frustration, contagious aggression and excitement result; just as contagious as the feelings of fear and panic experienced due to a shared threat anywhere.

The recognition and use of these crowd feelings by the therapist are usually intuitive. The leader must 'feel' these and employ them – they are of the greatest value when utilized therapeutically towards corrective emotional experience. This can be rated as either an individual, a family, the whole group, or any combination of these being helped in this direction.

Community meetings are followed by a report by the two official observers, and comment by all staff members present, including the therapist who took the group. Points assessed are:

- Mood
- Theme
- Value and interaction
- Therapist's role
- Techniques employed

From these 'post-mortems' comes much of the knowledge needed. At the moment this seems by no means exhaustive. The aim must be always to look at the community in the 'BIG' – as a whole and this certainly is no easy matter.

FURTHER THEORY AND EXAMPLE

The Fraser House Therapeutic Community is a sub-community of Lane Cove and Ryde aimed at all the different social problems of these areas. There is an inherent movement towards change resulting from the emotional contact of people with different problems. This change is a therapeutic change if the atmosphere is one of help, respect for the worthwhileness of each person, and discipline where necessary. A professional man, father of a schizophrenic girl, once abused the patients and the Unit, because he was sick of people of lower education etc. telling him what to do. His education and professional knowledge were not in doubt, but his capacity as a loving trusting father was. Those like him in age and education had tried and failed to change him in the past. Those unlike him could do so with much more effect.

This therapeutic community attempts to reproduce normal life in many ways, particularly in allowing the development of emotional storms (as they occur in families) and in not enforcing overly good behaviour, as is the usual hospital pattern. Like normal life too, there are limits and so effective discipline is a major part of the program, especially for those with antisocial or hostile problems.

The process of change for the disturbed patient and family may be described in many ways. One is that the Unit attempts to provide emotionally corrective experiences in the conflict area. This can be seen in the spreading of a theme within a group or in the contagion of feeling within the Unit that always most deeply affects those with the problems in the area of conflict which set off the emotion. When sexual interference becomes an emotional topic, the experienced therapist can tell at a glance all those women and girls who have had a similar experience - it screams from their faces. They can then be helped to face this and all the covering up about it, in them and in their family.

Success for a therapist is now known to depend very much on how much the patient realizes that the therapist cares. This cannot be acted by the therapist – and here lies the importance of learning to relax and be oneself and express oneself in the therapeutic situation

Caring for the patient does not mean loving and accepting everything he does. You don't care for someone if you let them wreck themselves or harm others. It means coming to see and feel that the patient is a person worth helping and changing. It means to accept the person, but reject their deviant problems (e.g., love a depressed person, but NOT their depression – want to change their depression). Particularly it means rejecting abnormal behaviour, particularly that which is harmful to others. So here caring will mean love *and* discipline.

There are some points which help in the therapeutic approach to whole families in groups:

1. Aim to help the whole family
2. Help them not to push the most deviant member down when they are under tension
3. Encourage parents of the presenting patient to talk about their difficulties with their own parents, and each other
4. If the presenting patient has improved more than the rest of the family, suggest they forget his problems and talk about their own
5. Make sure the different generations in the family attend different small groups much of the time
6. The overt symptoms in the presenting patient usually indicate the key conflict for all the family
7. Suggest family members who insist they have no problems, that you would like them to be more selfish and talk about themselves anyway
8. Don't reject the parents because of what you see they have done to their child – find out what he has done to them
9. No parent ever purposefully wrecks his or her child. They should not be blamed for a tragedy they were caught up in
10. Don't adopt any of the above techniques unless you *feel* it

The emotional comfort and satisfaction of the Unit staff is one of the most significant features of the therapeutic program. The numerous staff meetings aim to foster this. Specifically, their role is to prevent the development of covert, hidden conflict between staff members about patients. Such conflicts are proven to result in overt patient disturbance. The staff remains the most powerful members of a therapeutic community and their welfare and comfort are of paramount importance.

Appendix 9. The Case of the Insightful Cleaner

A case study synthesised from discussions with Neville (Dec, 1992, Aug 1998)

Recall all staff attended Big Group, including the cleaners. Some cleaners became very insightful therapists, the 'onlooker seeing most of the game'. On one occasion mentioned by Neville (Dec, 1992) a cleaner spotted that a catatonic women had drawn a beautiful horse in a moment of lucidity. The cleaner mentioned about the catatonic's drawing skills during a Big Group and suggested that a drawing pad and coloured pencil-set be left beside her so that she may be prompted to stay lucid longer. This was done and the catatonic patient did start to draw. To encourage her further, a full painting kit was arranged to be placed beside her. After a time a set of poster colours in pots were set up, and a nearby wall was designated as the 'mural space' and mentioned her name. In the end this patient came out of her catatonia and painted beautiful big murals over a section of the Unit. At one stage she was running out of walls to paint and this coincided with word being received on the grapevine that a fund cutting inspection team would arrive that might recommend closing the Unit if it was deemed too alternative. After discussion in Big Group about this impending inspection it was agreed that everyone would help in painting over the murals and returning the unit to white. When the inspectors arrived they found all the staff in their white uniforms in a white unit. The inspectors saw little that was out of the ordinary and okayed the Unit. After they left, the mural painting resumed, and after a time this 'catatonic artist' was able to return to living in society.

Appendix 10. Case Study - The Canteen as Work Therapy

A case study synthesised from discussions with Neville (Dec, 1992, Aug 1998)

As an example of governance therapy in action, a person who had been elected to work in the canteen wanted to resign because some patients were asking him to break the rules and he could not say 'no' (Yeomans, N. 1965a, Vol. 5, p. 34). At the same time he would get very disturbed and angry. The consensus in the group discussion about this was that it was very much in his interest to learn to say 'no' without becoming disturbed. It was in his interest to stay working in the canteen and face this problem. He did stay on. He worked through this issue in group discussions and in his canteen work experience till it was resolved.

In a similar vane, an embezzler was knowingly elected to the Canteen Committee and, true to form, embezzled money. His actions and their consequences for everyone provided a potent context for change-work during both Big Group and Small Groups. Matters to do with the canteen were a constant generator of extreme emotional passion in Big Group. It was well known that this continual therapeutic struggle amongst canteen workers was also the source of funding for the patients' domiciliary and other outreach work which patients and outpatients were committed to, and highly valued.

Appendix 11. A Copy of a Letter Drafted by Resident Members of The Parliamentary Committee

The following letter was drafted by resident members of the Parliamentary Committee as an aid to increasing involvement by family and friends. Neville placed a copy in his collected papers in the Mitchell Library (Yeomans, N. 1965a, Vol. 2, p. 11).

**Fraser House
The Psychiatric Centre
Cox Road
North Ryde**

Dear

As your relative or friend is now a patient at Fraser House, it is now our common purpose to do what we can towards the restoration of full mental health.

We invite you to come as often as you can to the groups, the function of which are to enable all of us to find out the reasons why the breakdown has taken place, so that we can all assist.

There are in the hospital a number of committees, because it is believed that the patients and their relatives and friends can do most towards solving each other's problems.

Groups are held at 9:30 A.M. each morning and at 6:30 P.M. each evening. Tuesday and Thursday groups are set aside for parents and relatives of the patients and Friday morning for general business.

If you would like a group from here to call on you to advise or help you in any way, to indicate what Hospital Benefits or social services are available, to explain the groups to you, or to be of any other assistance you have only to ask and a group of patients will be at your service.

Will you please write to me if there is anything we can do or any information we can give.

If you are in distress about anything, would you ring Fraser House, phone 880 281 and ask the charge nurse to give me your message.

**The President
Patients' Parliamentary Committee.**

Notice that this letter was sent by the patient who was the president of the peak committee. Also note the inclusiveness of community therapy conveyed in the second paragraph, and that support was readily available, 'by a group of patients'. They would come in their own red van

Appendix 12. Notes on Fraser House in the Media

Notes synthesised from discussions with Neville (Aug 1998) and archival research.

As one aspect of ensuring Fraser House's continued existence, Neville was constantly seeking and gaining media attention focused on Fraser House's value to the community. Neville placed a large collection of media clippings and other Fraser House archival material in the Mitchell Library within the NSW State Library (von Sommers 1960).

In 1959 the Weekender reporter Green tells of a dedicated telephone number for Fraser House being SUI, similar to 011 today (1960); telephones in those days had alpha and numeric numbers. People-at-risk and their family and friends could attend Fraser House as outpatients and at-risk people could become inpatients. After only four months in operation, Fraser House had a five-month waiting list of people wanting to get in.

Within the first nine months, Fraser House had hundreds of calls on their suicide hotline as reported in the Sun Newspaper, June 23 1960 (1960). Other Newspaper articles had headings like 'Suicide Urge – Clinic Saves Lives - The Neurotic and Alcohol Unit of the New Psychiatric Centre at North Ryde' (1960), 'Pulled From the Brink Suicide Clinic' (1960), 'Dial the Club and Talk it Over – Men Who Stop Suicides' (von Sommers 1960), 'Alcoholics V Neurotics' (1960), '880281 – A Phone Number That Saves Lives' (Kelly 1962), and 'Why do People Commit Suicide' (1962). The Readers Digest ran a story called, 'Love From a Stranger' in May 1960 (1960). The Pix Magazine ran a special report on 14 October 1961 called, 'Are You a Potential Suicide' (1961).

Appendix 13. The Roles of the Fraser House Patient/Outpatient Committees

A statement of the roles of the Fraser House Patient/outpatient committees showing the staff who devolved their role. This role structuring was being continually being modified and adjusted (Yeomans, 1965, Vol. 4)

Admitting Committee (devolved from the psychiatrist)

Roles:

- Interviewing people seeking admittance
- Identifying problems and problem areas
- Specifying the type of treatment
- Specifying period before review
- Specifying conditions of admission
- Ensuring prospective patients know the requirement for both patients and their families and friends to attend 12 groups before the patient's admission
- Making a record of all the above details which is presented at the following Thursday's Administration Big Group.

Membership:

Residents eligible for election upon being six weeks in the Unit.

The split between residents and outpatients is unavailable.

Staff present:

Medical officer and members of the nursing staff

Progress Committee (The senior committee - devolved from the psychiatrist)

- Discussing and assessing individual patients and families
- Discussing problem areas
- Suggesting treatment procedures
- Confirming, altering or changing treatment
- Maintaining close liaison with Rehabilitation Committee

Membership:

Residents eligible for election after being two months in the Unit.

The Split between residents and outpatients is unavailable.

Staff present:

Senior male nurse and senior female nurse

Pilot Committee (devolved from director/psychiatrist)

Roles:

- Attending all other committees
- Investigating all other committees
- Reporting to Progress, Parliamentary or Big Group on irregularities or failing activities

(Formed March 1965)

Membership:

Residents who have considerable functionality and are hence likely to be leaving the Unit in the next few months.

The Split between residents and outpatients is unavailable.

Staff present as representatives:

Senior and Junior charge nurses

Parliamentary Committee (devolved from senior charge nurse)

Roles:

- Liaising between residents and staff
- Sustaining paramount emphasis on democratic government, rights, dignity and freedom
- Presenting staff with a uniform view of resident feelings about the Unit's functioning
- Airing criticisms of the efficiency and policy of any committee
- Hearing applications of resignation from any committee.
- Holding elections for vacant positions on any committee at start of Thursday Administration Big Group

Membership:

All residents on structured committees.

The Split between residents and outpatients is unavailable.

Staff present as representatives:

Senior and junior charge nurses

Ward Committee (devolved from nursing staff)

Roles:

- Maintaining discipline
- Ensuring ward cleanliness (as adjunct to domestic and maintenance staff)
- Being responsible for patient cleanliness and welfare
- Discussing treatment procedures with the Progress Committee
- Meting out justice when rules are broken
- Drawing up work rosters
- Ensuring cleaning duties done
- Monitoring resident's behaviour
- Permitting or denying weekend leave based on behaviour
- Instilling responsibility, initiative and independence

Membership:

Residents who have considerable functionality and a hence likely to be leaving the Unit in the next few months. The split was 8 residents and 4 outpatients.

Staff present as representatives:

Nurses

Teenager's Committee

Roles:

- Promoting a spirit of friendship amongst teenagers in the Unit
- Organizing a program of group outings and activities
- Enforcing peer discipline
- Assuming a group parenting role
- Liasing with Ward Committee re inter-generational issues

Membership:

Restricted to members under 20 years of age
Split between residents and outpatients unavailable.

Staff present as representatives:

Nurses

Outpatients, Relatives and Friends Committee (devolved from Social Worker)

Roles:

- Supporting the evolving of local psycho-social support networks
- Maintaining locality based card index with names and addresses and typical travel modes
- Providing a coordinated transport system to enable more regular attendance at groups
- Providing assistance to outpatients within their own district
- Providing relatives and outpatients with a voice in Unit management

- Liasing with Follow-up Committee

Membership:

Family and friends of inpatients, and inpatients. Split - 2 outpatients

Staff present as representatives:

Social worker

Rehabilitation Committee (devolved from Social Worker)

Roles:

- Assisting discharged patients finding work
- Arranging accommodation
- Liasing with the Progress Committee re progress and employment prospects

Membership:

Residents who have considerable functionality and a hence likely to be leaving the Unit in the next few months. Split between residents and outpatients unavailable.

Staff present as representatives:

Social worker

Follow-up Committee (devolved from Social Worker)

Roles:

- Establishing close liaison between inpatients and their relatives and friends
- Organizing and financing home visits by resident domiciliary group members and searches for AWOL residents
- Administering emergency aid
- Liases with Outpatients, Relatives and Friends Committee

Membership:

Residents who have considerable functionality and a hence likely to be leaving the Unit in the next few months. Split - 4 residents and 2 outpatients

Staff present as representatives:

Social worker

Activities Committee (devolved from Occupational Therapist)

Roles:

- Arranging individual, small group or whole community occupational therapy for therapeutic and disciplinary purposes; examples: pantry duty, assisting the librarian, collecting workers meals, emu parades - a line swoop through the Unit

picking up rubbish as everyone walks through; a tender was won by the residents to build a bowling green at the unit; in 1964 a contract was obtained to pack light globes.

- Liaison with the Progress, Rehabilitation and Ward Committees and staff relating to appropriate occupational therapy

Membership:

After resident has made considerable move to functionality. Information on split between residents and outpatients unavailable

Staff present as representatives:

Nurse/occupational therapist

Finance Committee (devolved from Administration - accounting, banking and welfare)

Roles:

- Holding surplus funds
- Allocating these funds as necessary to other committees
- Monitoring all committee funds and recalling funds surplus to need
- Safeguarding the Units patient welfare funds
- Inspecting cash records and cash balances of all committees at weekly meeting
- maintaining Fraser House Finance Committee bank account
- Being the Unit's accountant, banker and internal Welfare Officer in respect of money
- Assisting people who mishandle money towards greater responsibility while in office

Membership:

The treasurers of all of the other Committees

STAFF PRESENT AS REPRESENTATIVES:

Administrative staff involved in accounting, banking and internal welfare; nurses.

At one stage the rule regarding the split was 3 residents and 3 outpatients

Canteen Committee - devolved from Administration (accounting, banking and welfare) and Occupational Therapist

Roles:

- Contacting goods suppliers and ordering
- Receiving goods from sales/delivery people
- Serving patients, staff and visitors
- Maintaining coin-in-the-slot soft drink machine
- Supporting fellow Canteen Committee members who are isolates (e.g. depressed or schizophrenic residents)
- Providing public relations role

- Tallying up daily takings
- Presenting weekly report at Administration Big Group
- Generating surplus used to purchase van used in domiciliary visits and supplying petrol and maintenance

Membership:

Restricted to members under 20 years of age. The split was 6 residents and 2 outpatients

Staff present as representatives:

Nurse/occupational therapist

Social Committee (devolved from the Social Worker)

Roles:

- Arranging social activities both inside and outside the unit

Membership:

Residents who had been 6 weeks or more in the Unit. The split was 3 female residents, 3 male residents, and 3 outsiders

Staff present as representatives:

Social worker/Nurse/occupational therapist

Notes:

The Social Committee was disbanded a couple of times when there was no residents with flair for being on this committee. When some 'live wires' turned up as residents it would get restarted again.

Notice that the membership split ensured that outpatients were also represented and involved in the committee process with all of the benefits flowing from this in emerging them in the healing community process.

Appendix 14. Case Study - On Going Berserk

A case study synthesised from discussions with Neville Dec, 1993, Oct, 1998, Mar, 1999) as well as with Warrick Bruen (Oct, 1998; March & April 1999) as well as archival material.

Neville spoke of four major themes stirring emotions being gain, loss, threat and frustration. Neville would expressly make strategic use of incidents with a high probability of heightening emotional arousal associated with these four themes within Big Group.

Below is an example of how Neville intentionally heightened the group's emotional arousal during a Big Group meeting. Neville spoke about a key point in the life of Fraser House; on one occasion after Fraser House had been going for around three and a half years, and as soon as Big Group started, Neville went berserk. All present thought Neville was having a mental breakdown. At first, Neville was just screaming and yelling. Then he conveyed that he was sick of everything. This raised everyone's emotions. Threat was a dominant theme. After a short time the nub of Neville's outburst was revealed. Neville was going on extended leave and the Health Department had not arranged a replacement psychiatrist. This was a serious matter. Neville's (Yeomans, N. 1965a, Vol. 5, p. 1-14) file note at the time about going berserk in Big Group' said in part:

With my impending holiday today I allowed my aggressive frustration full play in the community meeting this morning. The meeting began by John asking me if I was really going on holidays. I said I was even if the bloody place fell down. I then berated the Division and the fact that Dr ----- or some other Doctor should have been here at least two weeks ago.

I took a most regressed and childish aggressive view against the department and in support of Dr Barclay (head of North Ryde Hospital) and my own efforts, pointing out that both of us were letting them down because of the department's incompetence.

Dr. Barclay was very supportive of Neville and Fraser House.

Recall that the Keypoint in Keyline was where all the essential features of the topography merge and reveal the contextual connexity and concentrate the information distributed in the system. In Chapter Four it was suggested that keypoints occur in many contexts. I am suggesting that Neville's outburst made the Keypoint, 'I am leaving and there is no replacement!' This keypoint was at the junction of every aspect of the Fraser House social topography. This keypoint also condensed all of the information distributed in the Fraser House System. Through this keypoint ran the keyline. In this context the keyline became the theme(s) for discussion. The first theme was 'threat and anger through loss'.

Big and Small Groups had a themes based open agenda. In the Big Group 'Going Berserk' context, the Unit would be without a doctor/psychiatrist. Some replacement was coming in two or three weeks, but in the meantime, they were 'on their own'. Even when the replacement got there, he or she would have *no* experience or pre-briefing of 'the Fraser House' way. There was the major uncertainty of what changes a new psychiatrist would make in Neville's absence. Neville was scheduled to be away for up to nine months. Neville's behaviour and this news of no replacement being available heightened emotional arousal to fever pitch in everyone - a combination of anger, rejection, abandonment,

confusion, anxiety, panic, frustration and fear. Neville then suddenly switched themes and slammed the Health Department as the 'culprit'.

Both patients and staff's emotions were, by this shift in thematic focus, directed into anger at the Department. Then Neville refocused theme and thinking again to 'everyone taking responsibility for Fraser House and each other'. Again, patient and staff emotions were directed into this new theme – of 'self-help and mutual-help'; another mixture of emotional energy - panic, concern, uncertainty, questions of being up to the task, to name a few. Then Neville shifted theme yet again and drew everyone's attention to the suicidal nature of one of the patients present in the room, and laid it on the line that this person's wellbeing - his very life - was in everyone's hands. This was the next shift in emotional focus. Here the focus was on gain in the face of loss and threat, and how to get gain safely. Neville's big picture thematic meta-interaction with staff and patients was all about engendering communal cooperation towards safety and gain in the face of danger and loss.

Neville's constant changing of the group's thematic focus during his 'going berserk' episode was an example of using Cultural Keypoints and Keylines (themes) of discussion. At the same time Neville used crowd synchrony and contagion in the context of energizing emergent self-organizing properties in the inter-mix of psychosocial and psycho-biological (emotional upheaval) systems in all present. Within Big Group, Neville used provocation and crowd contagion as change process.

Neville arranged for eight separate people's reports of the particular Big Group meeting where he went berserk to be placed in the archives at the Mitchell Library (Yeomans, N. 1965a, Vol. 5, p. 1-14).

Every one of these reports similarly confirmed that Neville had intentionally mobilized and used group emotional energy towards group cohesiveness in caring for *itself*, and that this shifting around of emotional contagion was a crucial aspect of the Unit functioning *extremely well* during the ensuing nine months while Neville was on his (working) holiday.

One staff member's report of the above incident ended with, 'This story has no end because we still continue to function as a unit' (Yeomans, N. 1965a, Vol. 12, p. 2). Another staff member wrote a file note saying:

I have no vivid recollections of the first week of Dr. Yeomans absence except that the nursing staff occasionally seemed surprised that the ward was still running and that we were able to get through staff meetings without Dr. Yeomans' (Yeomans, N. 1965a, Vol. 5, p. 15).

Warwick Bruen also recalled Neville's behaviour in going berserk in Big Group and collaborated the above material.

Placing eight separate staff member's reports along with his own report of the 'going berserk' incident and its sequelae for me and others to find in his archives is another example of Neville, 'the researcher strategist par excellence'. I suspect that he did this expressly for the likes of me to find them all nearly forty years on!

As an indication of the efficacy of using high expressed emotion in major crises as a keypoint for key lines of thematic action for system change, Phil Chilmaid mentioned one Fraser House research project that demonstrated that there was a consistent pattern that significant 'breakthroughs' tended to follow about 6-7 days after some major crisis (Cockett and Chilmaid 1965).

Appendix 15. Two Case Histories Showing Glimpses of Neville's Process and the Fraser House Model in Action

The following case was synthesised from discussions with Neville (Dec, 1992 and July 1998). Bruen also confirmed the details (Oct 1998).

Case One - The Nurturing Mother

A mother was serving twelve years for the murder of two of her three very young children. Right through the mother's prison term she had repeatedly stated that she was waiting for the day she gets out of jail to kill the remaining child who was a baby in someone else care at the time of the killings. This remaining child had been looked after by foster parents for eleven years and was twelve years of age. When the mother was within a few months of release she was still threatening to kill the child. There was a lot of pressure from the prison authorities on the Parliament of the day to pass special legislation to ensure this woman was never released. Prison governors and warders alike were concerned for the safety of this remaining child. Upon learning of the fears about the mother and her pending release, Neville suggested to the authorities that the mother be allowed to request a transfer from prison to attend Fraser House on a voluntary basis and if she agreed, to grant her request. In process of setting up this possibility, the foster parents of the surviving child, along with the child in question were invited by Neville to attend Fraser House Big and Small Group meetings for a number of months while the mother was still in prison. Neville fully briefed the foster parents and child on Big and Small Group process so that they all knew what to expect. The Foster parents and the child agreed to attend. There were other children present, as was the custom - up to eight families were in residence at any one time. As well, families and friends visitors included children. The safety of children and *everyone* was always of paramount concern. As for high expressed emotion and children, typically, in these families children already had been living with it from birth.

This attending of Big Group was for the foster parents and the child firstly, to decide whether to be present in Big Group if and when the mother arrived, and secondly, so that they could all get a sense of how Fraser House 'operated' on dysfunctionality, and thirdly, so that they could potentially - if the mother was released into Fraser House - have some clarity about where the mother was at. The alternative was for the child and foster parents to live, knowing the mother was possibly to be released, and then at large, 'somewhere out there', and knowing she was still threatening to kill the child. After regular attendance at Big and Small Groups, the foster parents and the daughter agreed to be present if and when the mother arrived at Fraser House. Given the circumstances, this says a something about Fraser House.

Also saying something about Fraser House and the spirit of the times, it was agreed by the Authorities that the mother be given an ultimatum - 'be escorted from prison directly to Fraser House and admit yourself voluntarily or we will pass legislation to keep you in prison indefinitely'. She accepted the Fraser House alternative. The foster parents and child agreed to leave it up to Neville firstly to get a feel for the mother's state of mind and secondly, as to whether or not to introduce them to the mother, and when. That the child and Foster parents were attending Fraser House groups, wanted the mother at Fraser House, and that the three of them would be there when the mother arrived was made known to the various interested parties determining the mother's release. However, the maternal mother was given no information of the intention to have her daughter and the foster parents present on the day she arrived. When the mother was ushered into Fraser House she had little idea where she was or what sort of place Fraser House was - all she knew was that it was a psychiatric hospital where she would have a better chance of release compared to staying in prison

where she was facing the possibility of an indefinite prison term. The members of the small assessment group who interviewed the mother upon her arrival were all patients who had killed or seriously injured members of their own families - it takes one to know one. As per the current practice at the time, this assessment was by members of the Admitting Committee made up of patients and was a regular feature of Fraser House. They did not declare they were patients and that they had all murdered or had seriously injured their family members.

The maternal mother had had no information at all about her sole surviving daughter for the eleven years she had been in jail. She had no knowledge of her daughter's current whereabouts and that she would potentially meet her daughter in a Big Group setting. The maternal mother was left in the care of a staff member while the assessment group briefly gave their initial assessment of her state to the waiting Big Group. The mother was then taken down the short (soundproof) passageway and into this rather small room crammed to capacity. Around 180 people were in two tight circles and all eyes were on the mother. She was totally unprepared for this. She searched the room for familiar faces and found the members of the Assessment Group. She was directed to a spare chair and hardly noticed that she was sitting between two very powerfully built men. With their casual clothes, she had no way of knowing they were nurses who had been placed either side of her to prevent her reaching and harming her daughter. Beside one of the men was a female nurse. Unknown to the mother these three were on constant alert to stop her approaching her daughter. Directly opposite less than three steps away sat her daughter flanked by her foster parents, who in turn were flanked by people also on constant preparedness to move together and forward to block the mother being able to reach the daughter.

Neville spoke up and asked members of the Assessment Group in turn to give the newcomer their backgrounds. Each spoke briefly of assaulting/killing members of their families. After the overwhelming confusion and emotional flooding from this introduction to Fraser House Big Group, Neville caught the mother's attention and said words rather quickly and matter of factly to the effect, 'and....by the way....over there is your daughter... mentioning her name.'

Already in overload from the weird context, this sudden potent unexpected revelation put the mother into massive overload. The mother now had the opportunity to have a shot at killing her daughter in front of the group. This had been her fantasy obsession for eleven years and here was her daughter in the flesh in front of her - just a few steps away! After a very short time in the room the mother suddenly made a dash towards the girl and the male nurses, on razor alert for just such an occurrence, grabbed the mother. She immediately went into an almighty struggle with super-human emotional energy. The female nurse grabbed the mother's hair and pulled this to restrain the mother from her attempts at biting bits off the two male nurses' heads and shoulders. There were others prepared on either side of the foster parents and child (in the middle) that headed towards the mother blocking her path to the foster family. When she was restrained the meeting resumed. After a time when she had calmed a little, the restraining hands left her. She made a couple of other dashes and the same process returned her to her chair. The mother, daughter and foster parents were the group focus for the balance of the hour. The mother was probed relentlessly to determine where she was at.

Nothing, absolutely nothing, altered Fraser House routines. The Big Group meeting always lasted sixty minutes - exactly. The four key people in this case, sometimes separately, sometimes in different combinations attended the regular and special small groups that occurred throughout the day. They were again the focus of these groups. The maternal mother was not left alone with the daughter. All four participated in the evening Big Group. It emerged that at the time of committing the offences until she arrived in Big Group, the mother had had a delusional belief that all her children had a disease that would blind them.

This delusional belief was unravelled and dispensed with. After everything that had happened that day, at the end of the evening Big, Small and special Group meetings there was consensus among everyone present, including the daughter and her foster parents, that the mother was now 'safe'. She had had an absolutely sustained nourishing and corrective emotional experience throughout the day. Neville had plotted and planned for Fraser House to be at its healing best. The whole community had been in large part focused on this challenge for weeks.

The maternal mother and the daughter stayed together alone in a bedroom that night!

The following day a staff member wanted to know who the wonderful new nurturer was, and where was the new 'murderess'. It was pointed out that the 'nurturer' and the 'murderess' was 'one and the same person'. Neville describes having an overwhelming love for this mother during the whole hour of Big Group, during the balance of the day and thereafter.

The following case was synthesised from discussions with Neville (Dec, 1992 and July 1998). Bruen confirmed that this case is consistent with Neville's way (Oct 1998).

Case Two - Jab the Wife

In the early Sixties Neville was called to a crisis in an upstairs dorm in Fraser House. Recall that the protocol was to never take unilateral action and get as many staff and patients as available involved as quickly as possible and practical. Neville was called on this occasion though the process was not based on calling the boss or based upon seniority. When Neville rushed in, an *outpatient* wife, who had no authority to be in Fraser House outside of big and small groups - especially not in the upstairs dorm - was pleading with her husband (a patient) with 'caring concern' to calm down. The husband was facing the corner stabbing the wall with a large knife (which he should not have had) yelling he was going to kill her (the wife). On either side of the husband were staff with knockout injections ready to jab him. The staff yelled to Neville, 'Do we jab him'. Even in these dramatic contexts, consistent with protocols, staff sought confirmation from others for action, if possible. Neville sized up the situation in a flash and said, 'Jab the wife!' Neville was guided by the free energy in the system. The husband had his back to the wife. He was stabbing the wall, not the wife. She was, for Neville, the dysfunctional 'driver' of the husband's behaviour. Neville intervened so that Neville became the 'context driver'. The husband froze. The two staff were confused. Immediately Neville said 'Jab the wife', the wife turned into a rage and screamed obscenity at Neville revealing a side of herself that she had never revealed at Fraser House before.

So as not to have her provoke the husband to actually harm her, Neville immediately yelled again, 'Jab the Wife!' A staff member did jab the wife while the other one stayed ready to jab the husband. She collapsed unconscious immediately. The husband, who had not turned round, immediately put the knife down and started sobbing and stammering that she was goading him to sneak out of Fraser House and do house robberies.

He had arrived as a patient at Fraser House some weeks before from Long Bay Jail where he was a frequent inmate on robbery charges. On his last offence he had uncharacteristically harmed an elderly couple who surprised him during a robbery. It was this that was the reason for the authorities suggesting he be transferred to Fraser House for the last months of his term. It turned out that the demanding wife had been the catalyst for *all* his crime. Only the husband and wife knew this was the case. After being in Fraser House he wanted to break free of this cycle, though he loved his wife.

Neville described this man as 'obsessed' with his wife and 'addicted to what was for him toxic' (and could not tell anyone that she was the relentless driver of his criminality, and it was this double bind - that he could not betray his wife and this was for him undiscussable - that Neville spotted when he entered the room. Till now, the patient had never found his voice to say anything about the wife. Neville spotted the metaphorical communication of stabbing the wall as meaning, 'someone shut my wife up'. From this frame of meaning Neville could sense that stabbing the wall was functional in the context. It was this functionality as 'free energy' in the dysfunctional husband-wife relation that Neville supported. The wife's response was to be for the first time honest in revealing her true nature – and this was also functional in the context – in confirming to Neville that his reading of the context was correct. In being honest she was tapping into her own 'free energy'.

As the wife was signed on as an outpatient, Neville had every right to administer drugs to her. She slept and then slipped off sheepishly. The next day she fronted Big Group and one of the Small Groups and her dysfunctional behaviour was stopped.

All of what had happened in that upstairs dorm had happened extremely quickly. States can change very quickly. Learning can take place very quickly. Neville had acted in the upstairs dorm with high-speed precision. Neville reframed the context for each of the four in the upstairs dorm by yelling, 'Jab the wife'. By saying these three words twice Neville created a context where major change occurred with ripple-on effects.

Neville's response, 'Jab the wife' had a very different effect on each person present. It increased the arousal in the Wife, decreased the arousal in the husband and had the staffers go into curious confusion, typically an ideal learning state. Neville, in repeating the command, 'Jab the Wife' interrupted the staff members' state and got action, reinforced the husband's less aroused state, and removed the wife from the context. Once the wife had revealed her true role, Neville had to ensure that she was 'removed' quickly in case the husband did turn and hurt her given that the undiscussable had now been revealed. With her removed and her role in his criminality out in the open he immediately found his voice.

Neville could affect everyone differently and appropriately because he continually attended to the unfolding context as an inter-dependent, inter-related, interconnected living system. Neville looked for the free energy. A typical mainstream system response would have been to see the husband as 'the problem' and that this 'problem' had to be 'eliminated' (rather than resolved). The husband would have been jabbed as a matter of course, the wife would have been sent home and nothing in the husband-wife dynamic would have changed. The husband would have been put in the 'difficult case' basket while the wife as 'unknown source of dysfunction' would have sustained his dis-integration.

Appendix 16. Research on Patient Participation and Improvement

One example of involving Fraser House residents in research focused on patient participation and improvement. This was a consensual technique that involved patients rating patient participation and improvement. Patients were asked to nominate which patients were the 'most' and 'least' in various categories for questions like those below (Yeomans, N. 1965a, Vol. 12, p. 69):

- Who are most involved in therapy sessions?
- Who are least involved in therapy sessions?
- Who think that being in the Unit is least worthwhile for them?
- Who think that being in the Unit is most worthwhile for them?
- Who get on well most with staff?
- Who get on well least with staff?
- Who join in least on social and recreational activities?
- Who join in most on social and recreational activities?

Appendix 17. A List of the Questions That Were Asked in Neville's Values Research.

The following questions were asked in Neville's values research (Yeomans, 1965a, Vol. 7):

- The nature of the universe
(In the range 'is basically good or makes sense' through to 'is basically bad or pointless')
- Human nature
(In the range 'good or sensible' through to 'bad or senseless')
- Can mankind change itself or be changed?
(Yes, Perhaps or No)
- Man-nature - what matters
- Activity – Who do you take notice of
- Direction –
(Self, Others, What fits)
- Degree –
Unimportant, moderate importance, important
- Time important
(Future, present, past)
- Verticality place
(Above, level, below)
- Horizontality place
(Centre, between edges, out one edge)

Appendix 18. Research Questionnaires and Inventories - Neville Yeomans Collected Papers

Reference - Neville Yeomans Collected Papers 1965a, Vol. 11.

A list of the many of the surveys and questionnaires that patients and outpatients were asked to complete. The page reference relates to Volume 11 of Neville Yeomans Collected Papers in the Mitchell Library –NSW State Library, NSW.

p. 175	Emergency Services Survey
p. 183	Research Study Group Student Opinion Record
p. 193	Course Assessment Record
p. 197	Counsellor Opinion Record
p. 207	Social Organization Study
p. 213	Child Parent Group Reporting
p. 221	Total Care Adjustment Record
p. 237	Group Reporting Record
p. 245	Landscape Planning Attitudes Questionnaire
p. 251	Attitudes Towards Overseas Trade
p. 265	Crime Attitudes
p. 271	International Studies on Drug Dependence
p. 271	Alcohol Attitudes Questionnaire
p. 277	Personnel Study – Social Problems Record
p. 283	Group Description Record
p. 291	Follow-up Questionnaire
p. 317	International Study on Family Planning
p. 331	Attitudes Questionnaire
p. 329	International Study on Handicapped Children
p. 337	Patient and Family Questionnaire
p. 355	Fraser House Opinion Survey – Psychiatric Research Study Group
p. 366	Elderly Peoples Attitudes Questionnaire
p. 365	Attitudes to Mental Illness
p. 367	Opinion Leaders Inventory – Fraser House Questionnaire
p. 399	Opinion Leader Record
p. 399	Migrant Attitudes Questionnaire

Appendix 19. Further Inventories Developed and Used at Fraser House

Reference - (Yeomans, N. 1965a, Vol. 4 , p. 43)

Personal Adjustment Record Social Health Record General Adjustment Record Child Adjustment Record Family Adjustment Record Group Reporting Record Follow-up Record Social Problem Record Social Value Record Opinion Leader Form

Appendix 20. A Partial List of Research by Dr. Neville Yeomans And Other Research with Colleagues During the Years 1959-1965

This Appendix contains Tables 2, 3 and 4 listing fifty-seven of the extensive body of Neville's research papers and monographs mentioned in his collected papers in the Mitchell Library. Many are undated though come from the 1959-1965 period. Table 4 lists Neville's research in association with others.

- The Unit Career of Staff Members (Yeomans, N. 1965g, Vol. 2, p. 38 - 40)
- Whisperer's Relationship - a Collusive Liaison (Yeomans, N. 1965~, Vol 5 p.38)
- A General Theory of Welfare Functions (Yeomans, N. 1965g, Vol . 2, p. 38 - 40)
- File Note - Reference to a Suicide in Fraser House (Yeomans, N. 1965e, Vol. 2, p. 43.)
- Network Therapy (Yeomans, N. 1965l, Vol. 5, p.40)
- Abotat - A Modification of the Thematic Apperception Test for Administration to Aborigines (Yeomans, N. 1965a, Vol. 5, p.52 - 54)
- The Problem of Taking Sides – Taking the Side of or Supporting the Healthy Component (Yeomans, N. 1965u)
- Power in Collective Therapy (Yeomans, N. 1965s, Vol. 5, p.52 - 54)
- Sydney Therapeutic Club (Yeomans, N. 1965f, Vol. 5, p.104)
- Follow-Up Committee (Yeomans, N. 1965f, Vol. 5, p.106)
- Personal Adjustment Record (Yeomans, N. 1965o)
- Personal Information Record (Yeomans, N. 1965p)
- Early 1960's Social Values (Yeomans, N. 1965y)
- The Psychiatrist's Responsibility for the Criminal, the Delinquent, the Psychopath and the Alcoholic (Yeomans, N. 1965v, Vol. 12, p. 50)
- Research on Alcoholism – Theory and Administration – A Paper for the National Committee on Alcoholism – Adelaide Meeting of Medical Sub-Committee (Yeomans, N. 1965w, Vol. 1, p.183 - 185)
- Collective Therapy – Audience and Crowd. Australian Journal of Social Issues 2. & 4. (Yeomans 1966, Vol. 1, p.187-188, Vol.12, p. 77, 87)
- The Role of Director of Community Mental Health (Yeomans, N. 1965x, Vol. 12, p. 66)
- Culture, Personality and Drug Dependence - The Problem of Drug Abuse in NSW. The Institute of Criminology, Sydney University Law School. Seminar Working Paper No. 3 (Yeomans, N. 1965d)

Social Categories in a Therapeutic Community (Clark and Yeomans 1965)

Mental Health in the Office - Institute of Administration - University of NSW (Yeomans, N., Vol.1 p.203-213)

The Sociology of Medicine 1967 - Synopsis of Community Health Services and Informal Patterns of Care (Yeomans 1967b, Vol. 1 p. 215)

Incontinence Research (Yeomans 1965a, Vol. 12, p. 67-69)

The Nurses Self Image and its Implications - The Australian Nurses Journal Vol. 61 No. 4., April 1963 (Yeomans, N. 1965m, Vol. 12, p. 94)

Table 2 Neville's Research Papers and Monographs

The following Table 3 lists further research and papers by Neville in the 1960's.

1961. Treatment of Alcoholics and Drug Addicts in Fraser House Neurosis and Alcohol Unit (Yeomans 1961c, Vol. 2, p. 45)

1963. Sociotherapeutic Attitudes to Institutions - Paper Presented at the State Psychiatric Services Clinicians' Conference - 22 April 1963 (Yeomans, N. 1965z, Vol. 12, p. 46, 60-61)

1963. Letter of Congratulations to Fraser House Patients Regarding Patient's Rules for Committees – Jan 1963 (Yeomans 1963a)

1963. Some Detail of Patient Government - 13 May 1963 (Yeomans 1963b)

1964. An Alcohol Treatment Program in Australia – A Paper Presented at the 27th International Congress on Alcohol and Alcoholism – 11 Sept 1964 (Yeomans 1964, Vol. 1, p.91)

1965. Post Graduate Psychiatry and the Social Sciences. In Kiloh, L.C. & Andrews, J.G. (eds.). Undergraduate and Post Graduate Teaching in Psychiatry. University of NSW Press Sydney (Yeomans, N. 1965q, Vol 12. p. 77)

1965. Post Graduate Psychiatry and the Social Sciences. Teaching of behavioural Sciences, p.11. Neville Yeomans Collected Papers 1965, Vol. 1, p.165-181 (Yeomans, N. 1965r, Vol. 1, p.165-181)

1965. Values Orientation and National Character (Yeomans, N. 1965}, Vol .1 p. 253 - 265)

1965. The Therapeutic Community in the Rehabilitation of the Aged. A Paper Presented to a Conference on Clinical Problems among Aged Patients, Held at Lidcombe State Hospital – 30 April 1965. (Yeomans, N. 1965], Vol. 1, p.155-163)

1965. Cultural Values, Aborigines and Mental Health – A Paper Prepared for the Third Congress of the Australian and New Zealand College of Psychiatrists. (Yeomans, N. 1965c, Vol. 1, p.189-201)

1967 Value Orientation in Normal and Deviant Australians – A Revision of a Paper Read at the Annual Meeting of the Sociological Association of Australia and New Zealand January 1967 (Yeomans 1967c, Vol .1 p. 225 - 241)

1967. A Community Developers' Thoughts on the Fraser House Crisis (Yeomans 1967a, Vol. 2, p. 46 - 48)

1968 Coordinator Community Mental Health Dept of Public Health NSW. The Therapeutic Community in Rehabilitation of Drug Dependence - Paper Presented at the Pan Pacific Rehabilitation Conference 1968 (Yeomans 1968c, Vol .1 p. 267 - 283)

1968. Draft of Speech on Social Problems to the Ionian Club Sydney – Introduction on the Origins of the Ionians (Yeomans 1968a, Vol. 1 p. 291)

1968. International Study on Attitudes to Drug and Alcohol Use (Yeomans 1968b, Vol .1 p. 293)

1968. Mental Health and Social Change - Brief File Note (Yeomans, N. 1965a, Vol. 1, p. 295)

Table 3 Further Research and Papers by Neville in the 1960's.

The following Table 4 lists research by Neville and other Fraser House Staff in the 1960's.

Yeomans, N. & Psychiatric Research Study Group – Social Values Questionnaire, 1965 (Yeomans and Psychiatric Research Study Group 1965, Vol .1 p. 243 - 251)

Yeomans, N., Hay, R. G. early 1960's. Psychiatric Epidemiology of Sydney – A Pilot Study - Medical Journal of Australia No 2 p. 986 (Yeomans and Hay 1965, Vol. 12, p. 77)

Yeomans, N., Hennessy, B. L., Bruen, W., early 1960's. Suicide Study (Yeomans, Hennessy et al. 1965a, Vol. 12, p. 45, 89)

Yeomans, N. and the Fraser House Staff, early 1960's. The Macquarie Health Project (Yeomans and the Fraser House Staff 1965, Vol. 12, p. 91)

Yeomans, N., Hennessy, B. L., Hay, R. G., early 1960's. Recent Developments in a Therapeutic Community (Yeomans, Hennessy et al. 1965b, Vol. 12, p. 87)

Yeomans, N., Daly, J., early 1960's. Child – Parent Group Reporting Form (Yeomans and Daly 1965, Vol. 12, p. 45, 88)

Clark, A. W., Yeomans, N., early 1960's. Observations From an Australia Therapeutic Community (Clark and Yeomans 1965, Vol. 12, p. 88)

Yeomans, N., Hennessy, B. L., 1965. Nursing Disturbance Study (Yeomans and Hennessy 1965, Vol. 12, p. 45, 88)

Yeomans, N. and Cockett, M., 1965. Leadership Study (Yeomans and Cockett 1965d, Vol. 12, p. 45, 89)

Yeomans, N. and Johnson, J., 1965. A Study of Teenage Patients in Fraser House (Yeomans and Johnson 1965, Vol. 12, p. 45, 89)

Yeomans, N. and Bruen, W., 1965. The Five Year Follow Up Study (Yeomans and Bruen 1965, Vol. 12, p. 45, 89)

Yeomans, N. and Cockett, M. 1965. Ward Note Tabulation (Yeomans and Cockett 1965e, Vol. 12, p. 45, 89)
Yeomans, N. and the Fraser House Research Team, 1965. The Social Values Study (Yeomans and the Fraser House Research Team 1965, Vol . 12, p. 45, 89)
Yeomans, N., Hanson, R. and Dall, E. 1965. The Aboriginal and Ethnic Minority Study (Yeomans, Hanson et al. 1965, Vol. 12, p. 45, 90)
Yeomans, N. and Cockett, M., 1965. The Fijian Project (Yeomans and Cockett 1965a, Vol. 12, p. 45, 90)
Yeomans, N. and Cockett M. 1965s. Intra-familial Conflict – A Simple Questionnaire - Submitted to the Family Process Journal (Yeomans and Cockett 1965c)
Yeomans, N. and Cockett, M. 1965s. Précis of Intra-familial Conflict – A Simple Questionnaire (Yeomans, N. 1965t, Vol. 1, p.91)
Yeomans, N., Hennessy, B. L, Hay. R. G., 1966. Recent Developments in a Therapeutic Community with Assessment of Improved Technique for Introducing New Patients. (Yeomans, Hennessy et al. 1966, Vol. 12, p. 45)
Yeomans, N. and Cockett, M., 1966. Intra-Familial Conflict – A sample Questionnaire (Yeomans and Cockett 1965b, Vol. 12, p. 45, 87)
Yeomans, N., Clark, A. W., Cockett, M., Gee, K.M., 1970. Measurement of Conflicting Communications in Social Networks. (Yeomans, Clark et al. 1970)

Table 4 Research by Neville with Others in the 1960s

Appendix 21. Case Study – A Tangled Inter-Generational Inter-Family Dysfunctional Group

A study synthesised from discussions with Neville (Dec, 1993, Aug 1998).

The following is an example Neville recalled - a tangled inter-generational inter-family dysfunctional group of six. Firstly, two of the group were attending Fraser House - a brother and sister in their early twenties. After a time a fourteen-year-old friend of the sister attended who revealed in Big Group she had been living in a criminally exploitative sexual relationship with a man in his fifties for many months. He had been taking illegal photographs of this fourteen year old. She had moved in with this person, a mate of her father, after the father had been sexually abusing her. The fourteen year old had confided all this to the brother and sister.

The brother was incensed about this fellow exploiting the 14 year old as he knew his sister attending Fraser House with him had been sexually abused by their father. The brother and the fourteen year old stole the man's expensive photographic equipment as payback for exploiting the girl. Because of this they had been charged by the police. All this was revealed to everyone in Big Group. The Big Group decided that five of the competent mature-aged patients (none of those involved in the focal group, and some who had themselves been in the past exploiting children – and this known in Big Group) would confront this fifty year old. The fourteen year old moved all her gear out of the man's house in his absence and she shifted into Fraser House. Around 8:30 P.M. on a dark night this person answers a knock on the door to find five psychiatric patients on his doorstep. Neville told me (Dec 1993, July 1998) that the spokesperson said words to the effect, 'we are all friends of the young girl you just had living with you, and we know everything, and it is in your interest to let us in come in and talk with you'. He let them in. The spokesperson continues, 'We are all patients at Fraser House. Do you know Fraser House?' He did.

'One hundred and eighty people in a Big Group talked about you and the young girl at length today. You can go to jail for a long time for what you have been doing. It is very much in your interest to attend Fraser House reception at 9:20 A.M tomorrow morning for a meeting starting sharp at 9:30 A.M.'

He was there.

Apart from anything else, this fellow had been placing his own wellbeing in extreme danger without a single thought of consequences for him. He needed help, though at first he did not know it. The man attended Fraser House Big Group and Small Groups processes regularly thereafter. Initially, the brother and sister, the 14 year old, and the fifty year old were allocated to different Small Groups. After a time, two or more would attend the same Small Groups. Ultimately the brother and the fourteen year old faced court where their reason for taking the photographic equipment - the older man's exploiting the fourteen year old - and the fact that the two of them and the fifty year old had been attending regular therapy groups at Fraser House, were all taken into account as mitigating circumstances. Because of their evidence in their trial, the fifty year old was taken into custody by police and let out on bail. He continued attending Fraser House as an outpatient and this was put forward as

something in his favour and taken into account in his sentencing. Readers can draw their own conclusions about the efficacy of the pressure to attend Fraser House in this case.

Appendix 22. Organizations Assisted by Members of the Fraser House Research Group on an Individual or Workshop Basis During 1965

As an example of linking Fraser House to the wider community and vice versa, during 1965 assistance was given on an individual or workshop basis by members of the Fraser House Research Group to the organizations listed below (Yeomans, N. 1965a, Vol. 12, p. 94).

External Affairs Department
Anthropology Department – Sydney University
Department of Sociology NSW University
NSW Marriage Guidance Council
NSW Department of Education
Health Education Division of the Health Department of NSW
Australian School of Pacific Administration
Department of Law – Forensic Psychiatry – Sydney University
Hanover Centre for Homeless Men – Melbourne
Victorian Council of Social Services
Melbourne University Research Workers
Victoria University - New Zealand
Research Council of the Foundation for Research and Treatment of Alcoholism

Appendix 23. Features of Fraser House That Were Neither Present in the Paul and Lentz's American Research nor Referred to by the American Researchers

- Creating Cultural Locality
- Cultural Keyline attending and processes
- Pervasive attention to place in enabling patients and outpatients extend their family-friendship networks functionally
- Full family residential therapeutic community
- The therapeutic community as therapist – though this would tend to happen naturally
- Clients as self-therapists, co-therapists and community therapists
- The Resocializing Program - Self Governance and law making through an extensive *patient run* committee structure providing residents daily scope to learn firstly, about how administrations in communities and societies work, and more importantly, how they malfunction, and secondly, how to live with malfunctioning administrations without resorting to pathological accommodations - refer Presthus (1978)
- Staff devolved their administrative roles to resident committees, thus freeing up staff time for engaging in the healing role – administrative therapy
- No token economy, rather an *actual* economy. Example one: via residents running the canteen - all aspects of canteen was run by patients as work therapy including book-keeping, preparation of accounts, stock-taking and reordering. Example two: The residents making the bowling green after winning the tender to do the job.
- Socio-therapy based on the assumption that the primary locus of psychosocial dis-order was in the client-family-friends nexus rather than just within the client.
- Big Group therapy (180 plus) with family & friends required to be in attendance as a condition of the client being in the unit - with all of the associate potential for family and friends to learn coping and healing skills in relating with the client – learning to live well together as they evolved and extended as a functional network
- Small group attendance based on sociological categories (location, age, marital status, etc.)
- Residents running a suicide crisis intervention resource.
- Residents running the domiciliary service for ex-patients and outpatients.
- Residents taking the main responsibility in getting friends and relatives agreeing to come to groups - sometimes by making unannounced calls
- Residents involved in evolving each others' social networks (through the Outpatients and Friends Committee and the Location-based Small Groups)
- Virtually everything that happened was shared by all staff (including cleaners) and clients. This oral (as well as written record keeping) and information exchange allowed virtually all staff time to be in interaction with clients.
- Use of simple slogans (e.g. 'bring it up in the group')
- Use of tight group processes to contain and prevent assaultiveness so there was no need to use isolation as practiced in the American treatment groups
- Residents and or staff being constantly with (specialing) suicidal clients (with clients never isolated)
- Defining local areas as 'catchment areas' and providing crisis support, especially suicide crisis support, to these areas so that the clients saw themselves as being

part of a therapeutic community - which was in turn an integral community preventative resource

- A collection of psychosocial therapies including:
 - collective (big group) therapy
 - ecology therapy
 - governance (administrative) therapy (relational governance)
 - family and friends network therapy (with impetus from Big group and domiciliary care, as evidenced by the growth of the Grow self help group by ex Fraser House residents)
 - family and friends socio-therapy
 - family (residential) therapeutic community
 - milieu therapy
 - nanotherapy – work at the micro-level
 - parent & child play therapy
 - research as therapy
 - residential co-therapy
 - work therapy

Appendix 24. A List of Advisory Bodies and Positions Held by Neville

A founding director of the NSW Foundation for the Research and Treatment of Alcoholism and Drug Dependency.

A founding director of the national body of the above organization.

The Government Coordinator on the Board of Directors of the Foundation for Research and Treatment of Alcoholism and Drug Dependence.

A member of the Council for an International Conference on Alcoholism and Drug Dependence.

An advisor on an Australian National University Research Program on the Study of Alcoholism.

Chairman of the Departmental Conference of Clinicians Panel (Yeomans, N. 1965a, Vol. 12, p. 67)

Member of the NSW State Clinicians Conference (Yeomans, N. 1965a, Vol. 12, p. 96)

A member of the Committee of Classification of Psychiatric Patterns of the National Health and Medical Research Council of Australia.

An advisor to the Research Committee of the New South Wales College of General Practitioners.

A member of the Executive Council of the Foundation for Aboriginal Affairs and the Chairman of their Health Advisory Panel (Yeomans, N., 1969, Vol.12, page 92)

A patron of Recovery (now Grow) and the organizer of the first group in Sydney Hospital.

The Patron and Counsellor of Recovery Groups

A member of the Advisory Committee of the Institute of Criminology

A member of the Advisory Editorial Committee of the Australian and New Zealand Journal of Criminology.

The president of the Total Care Foundation which was the entity used to evolve the Watson's Bay Festival (discussed later in this Chapter).

A Founding member of the Sydney Arts Foundation

Member of the Ministerial Committee involved in the repeal of the Inebriates Act (Yeomans, N. 1965j, Vol. 12, p. 71)

Member of the Health Education Advisory Sub-Committee on Alcoholism (Yeomans, N. 1965i, Vol. 12, p. 72.)

Organizer of a Fellowship on Alcoholism (Yeomans, N. 1965n, Vol. 12, p. 72.)

In 1980 Neville became a member of the Editorial Board of the academic Journal, The Journal of Therapeutic Communities.

An examiner for the Fellowship Examinations of the Australian and New Zealand College of Psychiatry – confirmed by Dr. William McLeod, psychiatrist and former Director of Psychiatry at Royal Park Psychiatric Hospital in Melbourne for over twenty years.

A founding member of the Sydney Opera House Society (mentioned by E. Deuk-Cohen)

A member of the Board of Directors of:

The Drug Addiction Foundation
The Drug Referral Centre
Aged, Sick and Infirm Appeal

Having extensive court experience as an Expert Witness and involved in prison rehabilitation and prison reform for some years.

Neville assisted development of rehabilitation and research programs by parole and probation officers. Some of these were involved in the Psychiatric Research Study Group (Yeomans, N., 1969, Vol.12, page 73).

A founding member of the Sydney Opera House Society (mentioned by E. Deuk-Cohen).

A member of the Board of Directors of:

The Drug Addiction Foundation
The Drug Referral Centre
Aged, Sick and Infirm Appeal

Appendix 25. Participants in Watsons Bay Festival

Reference: (Yeomans, N. 1965a, Vol. 12, p. 3)

Australian Don Henderson sung folk with poetic interludes
Australian Folk singer - Don Gillespie
A collection of expensive sculpture, pottery and art was on display
- on loan from Art Galleries
Czech Trich Trotch Polka
Filipino Band
Greek display by Girls of the Lyceum Club
Hungarian Czards
Indian dance by Rama Krishna
Indonesian singers
Israeli Dancer - Vera Goldmen
Japanese dancers
Karate display
Malaysian Scarf dance
Mike Harris - guitarist
Oriental dancers
Polish dance music and songs
Rev Swami Sarcorali and Roma Blair
The Yoga Fellowship gave a Yoga demonstration
Sally Hart - also folksy
Spanish Classical guitarist Antonio Lazardo
Spanish Flamenco Dancers
Spanish Flamenco Guitarist played by Ivan Withers
Welsh folk singers

In the evening was a psychedelic light display and pop band.

Appendix 26. Letter from the Total Care Foundation Planning Paddington Festival and Community Market

The Total Care Foundation

Chief Secretary and Minister for
Dr N. Yeomans
Labour and Industry,
Coordinator, Community
121 Macquarie Street
Mental Health Services
Sydney, NSW 2000

13th March 1969

Dear Sir

Paddington Festival and Market Bazaar 21st – 22nd June 1969

The Total Care Foundation, a registered charity, is acting with a number of other bodies as a co-sponsor for a mid year festival and market bazaar to be held at the Paddington Town Hall beginning on Friday night 20th June through till Sunday night the 22nd June 1969. These activities will include Australian, Continental and Asian music, dance, and drama as well as artistic exhibitions. Admissions will be charged to those functions held in the first floor space of the Paddington Town Hall though not to those held elsewhere. It is anticipated that in the main hall a market bazaar will be held with various voluntary, community, and commercial groups having stalls. It is anticipated that religious and voluntary bodies will pay minimal or cost for use of an area while commercial ventures will be charged more. A proportion of the profits will also be probably allocated as a commission.

Proceeds of the festival are to go to a fund to maintain these activities on an annual basis. And also towards the establishment of a cultural and artistic centre in the area.

A similar festival, the Watsons Bay International Festival, was conducted in October of last year at Watsons Bay, as a preparation for the Captain Cook Celebrations on April 29th 1970. However, this was so successful that the present Paddington Festival and a planned Centennial Park Festival for October 12th 1969 have evolved as the next steps. All of these activities are on a non profit community basis.

It is requested that permission be granted for the Market Bazaar to be open Sunday morning the 22nd June at 9:30AM so that its activities over the weekend will be continuous. I would also be grateful to be informed if any further procedures are required in relation to your department for the festival and also for the one to be conducted in Centennial Park in October and at Watsons Bay next year.

I look forward to your advice and information.

Dr Neville Yeomans
President

Appendix 27. The Range of Events and Activities Teed up as Part of the Centennial Park Festival

A list drawn from letters and File notes (Yeomans, 1965a):

- A film show
- Barbeques
- Cultural displays
- Display by historical fire engine Association of Australia
- Displays of national dress
- Displays of yoga
- Dog obedience exhibition
- Dress and fashion parades,
- Folk dancing
- Folk singing
- Handcrafts
- Horse drawn cart pageant
- Jazz groups
- Jogging
- Kite flying
- Light shows
- Lions club display and activities
- Marching girls
- Marquee and geodesic dome
- Music performances
- National dancing; National feasts; National songs
- Painting groups
- Physical fitness activities
- Poetry reading
- Pop groups
- Puppet 'Shoes'
- Qantas and TAA displays
- Ropes area and ladders
- School gymnastics teams
- Six Vintage cars
- Small tractors and trailers for shifting people; Static displays

Appendix 28. Manifesto from the First ConFest – Cotter River 1976

The following Manifesto was written by attendees at the first ConFest at Cotter River Canberra, December 1976.

What we have begun here, and what we will begin from what has begun here, has drawn out of dreams a reality for which humankind has, in the past, shown itself prepared to kill, it is a reality we have achieved because we have been prepared to love.

Our wholeness has come from the experiences of our common origin and drawn us through the difficulties of diversity, our attitudes and lifestyles, to a unity so deep and abiding, that not one of us who has shared this experience will leave without being deeply changed.

We have reached into each other here and found ourselves, where once many of us were afraid to touch each other, afraid to be intimate, afraid of the thought of love. We have in a few short days, broken through into a consciousness that is so powerful in its newness, that it is as yet difficult to describe.

We are each the manifesto of the Down to Earth Movement. We are the ones who will carry what was once a dream, and continue it as a reality. No words can say what we are. No words can tell the impact we shall achieve as examples of what happened here; we are the ones, and we no longer need words'

ConFestors at Cotter River ConFest - December 1976

Appendix 29. Globalocal Realplay - Healing Nightmares

BACKGROUND TO GLOBALLOCAL REALPLAY

In the late Eighties when I was consulting in organizational change I was approached by a Federal Government Department about creating paradigm shift and cultural and climate change in their senior executive members. Neville and I wrote on one page what he described as a 'global-local realplay' (Appendix 29) as a resource for senior executive change. Neville adapted the learning process 'role-play' to be 'realplay' consistent with Cultural Healing Action. Consistent with Keyline and Cultural Keyline this realplay set up hypothetical realities for people to share. Bandler and Grinder call this, 'future pacing' (Bandler, Grinder et al. 1975).

Consistent with Neville's, 1974 'On Global Reform' paper (Yeomans 1974) the hypothetical realplay is set in an indefinite future time where there has been a shift in World Order to Regional Governance with local governance of local matters. In this future reality Australia is part of the SE Asia Oceania Australasia Region. All members of the Federal Senior Executive Service are becoming redundant in two years. However there are seven plum areas of work at the Regional Governance Level. Regional recovery is one. Currently the key contenders for that plum are consortiums from SE Asia because they are more sensitive to Islamic issues. If Australia wins the job, the Regional Recovery Centre would be placed in Darwin. Another plum job is creating a power grid stretching from Tasmania through SE Asia to China. If Australia gets that plum it would be based in Melbourne or Adelaide. The idea was that all in the Senior Executive Service could be given the challenge to increase their competencies in thinking like a living system, working with emergent properties and ways of thinking, in self organizing and mutual organizing cooperation by dividing up into seven groups who then set about preparing a joint proposal that would be worthy of winning the contract. Participants would be given actual resources to meet in small and large groups and network by phone and the Internet. Working with a large number of other peers in putting together what would be a very substantial proposal would create potential to co-reconstitute themselves as a very new kind of workforce. The realplay task is to work with one's peers in preparing a comprehensive plan outlining the structure and processes the consortium would use in constituting say, the Regional Trade Centre. The realplay is to extend to one's family in talking through as hypotheticals all of the issues involved say in relocating to Darwin – new friends, new schools for children and the like – as well as exploring possibilities for evolving family-friend support networks among one's consortium peers and their families.

When the Department decided to use American consultants they were not shown the Hypothetical Realplay and it has never been used. However, it does give the feel for Neville's application of Cultural Keyline principles and his thinking about possible futures and Global and Regional governance.

GLOBALLOCAL REALPLAY - HEALING NIGHTMARES

SETTING: 22nd Century nows in Australia
PERSONNEL: Clerical, service, others
POSITION: So far you are surviving the disasters

STRUCTURE:

A universal Rule of Law is guided by developing globicultural canons enabling renewal, frugality, humanity, spirituality, ecology, justice, equity, beauty, peaceability and diversity.

The World Assembly is mobilizing localized, functional and globilateral governance and regeneration of interdependencies.

Regions, nations states, cities, localities and individuals are cooperating, negotiating and pooling resources.

Technical rehabilitation is being internationalised; interregional cooperation and continental repair fostered.

POSSIBILITIES FOR AUSTRALIANS:

1. Columbus Place – business, governments, and community groups throughout the world have accepted that the Space Migration Site in Cape York Peninsula is the only way to go.
2. Co-ordination of regional recovery for Asia-Pacifica is to be decided between Kuala Lumpur and Darwin. The latter's alleged disadvantages are that we have neither proper respect for Islam; nor a cooperative, open, flexible Territorian Government.
3. Townsville is our nomination for the Minority Peoples Activities Agency.
4. Polycentric organizing action teams are needed for:

Air, waters, forest, land (including coastal zones, river systems, transboundary areas), peace-keeping, resource recycling and taxation, international and intergroup dispute resolution, city-regional relations, and conversion planning. Brisbane and Sydney are competing for one of these challenges.
5. Technical rehabilitation: Melbourne and Adelaide as leading centres are exploring the feasibility of electricity sharing from China to Hobart.
6. Austro-India and East African cooperation is being pursued at all levels in Perth, as is the Kimberley Colossus.
7. Sydney and New Zealand are linking with Latin America.
8. Melbourne is proposing a World Institute for harmonizing Appropriate Dispute Resolution and Legalities.

TASK: To build support with each other towards reviving and restoring your family and community.

1992.Dr. Neville Yeomans & Les Spencer, Yungaburra, Qld;

Appendix 30. A List of Laceweb Functional Matrices

NAME USED FUNCTIONS, FIELDS AND FOCI

AKAME	Grandmother and me Youth and adolescent support Cultural healing action Alternatives to criminal and psychiatric incarceration Stopping youth and adolescent civil and criminal law breaking Values
CADRES	Community theatre Community wellbeing Social justice Therapeutic mediating Alternative dispute resolving
CHUMS	Unmarried mothers: Care Help Support Networking Experience sharing Work opportunities Playgroups Childcare
CODA	Disability action and the arts
DANZACTS	Alternatives to prisons Cultural healing action Combatant's return to civilian life Healing dance, drama & the arts Healing festivals and camp-outs
ENTREATIES	Intercultural enabling Exploring intercultural humane values Peacehealing protocols
EESOS	Fostering emergence in self-organizing systems Intercultural interfacing and intercultural mediating Identifying and using system free energy Fostering business wellbeing Enabling emergence of natural phenomena
EXTEGRITY	Supporting grassroots community following societal collapse Intra-state cultural Keyline Funding support for civil society re-constituting Fostering caring partnerships between prior conflicted peoples Supporting survivors of torture and trauma (natural/man-made) Support for reconstituting local grassroots community
FUNPO	Youth action

	Youth employment and skilling Youth healing festivals Youth sport, dance, art and culture
INMA	Caring Enabling Fostering emergent properties Nurturing Seeding possibilities Spiritual Wholeness Inter-cultural Normative Model Areas
KEYLINE	Originally: Conservation Eco-villages & eco-habitat Edible landscaping Oasifying deserts and arid areas Permaculture Self-sustaining Water harvesting Function and foci extended to: Producing and distributing documents, papers, communications photos, stickers, films and other, cultural and artistic materials and productions Enhancing community cooperation and mutual support, locality, self respect, friendliness, creativity, culturally appropriate peaceful nationalism and multinational regional cooperation Assisting other bodies with similar aims
MINGLES	Celebrating and re-creating Community wellbeing Social networks Wellness Enriching families
NELPS	Accommodation Community education Employment and skilling Income security Personal wellbeing
NEXUS GROUPS (CONNEXION)	Intercultural healing action Intercultural Keyline Intercultural humane legal processes Intercultural social networks Linking to global governance Intercultural healing action Truth, reconciling and accepting

UN-INMA

Cultural Keyline
Quick response healing teams
Supporting torture and trauma survivors
Alternatives to criminal and psychiatric incarcerating
Therapeutic community
Evolving enablers
Enabling networking

Each of the names in the above list has significance. Neville had checked on the derivations of the words and terms he had in the Laceweb Functional Matrix names:

AKAME	'Aka' is Torres Strait Islander for Grandmother; hence the Connotation is 'me and my (wise) grandmother'
CADRES	From Latin 'quadrum', a square; meaning 'a function' or 'scheme'; the ADR connotes 'Alternative Dispute Resolution'
CHUMS	Colloquial for good friends Care and Help for Unmarried Mothers
CODA	From Latin 'cauda' meaning 'tail'; an adjunct to the close of a composition; CoDA Latin 'co' from 'cum', meaning 'with', and DA connoting Disability Action
CONNEXION	From Latin 'connectere' – to join, link, unite, associate, closely relate, coherent, having the power of connecting; link to Old English 'connexity' meaning simultaneously being inter-dependent, inter-related, inter-woven, and inter-connected; also links to 'Keypoint' as themes conducive to coherence.
DANZACTS	Connoting 'dance acts'; combatant's return to civilian life (in working with a member of the Bougainville Revolutionary Army (BRA) and other Bougainville and West Papuan traumatized refugees in 2001, dance was rated the most useful in the healing ways we explored); Therapeutic Community.
ENTREATIES	From Old French 'entraiter' – to ask earnestly; the word 'treaties' is embedded
EESOS	Enabling emergence in self-organizing systems
EXTEGRITY	Connoting 'extensive integrity'. It is possible that Neville knew of the term 'tensegrity' connoting 'integrity through tension' and used this to derive 'extegrity'.
FUNPO	At Yungaburra where Funpo started it stood for the 'Fun Post Office'; all the children of the little town were exchanging letters with each other gratis by sending them to Funpo. It also stands for Friends of UNPO, the Unrepresented Nations and People Organization in The Hague.
INMA	'Inma' is a special word for the Central Australian Aborigines. Neville had obtained their permission to use it. It has many meanings

including 'oneness' and 'being together'. In Ma connotes 'in ma' – 'in the mother' and has similar connotation to the word 'matrix'. The Torres Strait Island word 'Ini' also means, 'being together'; INMA also stood for International/ Intercultural Normative Model Areas (Yeomans 1974)

KEYLINE

From father's Keyline

MINGLES

Mingle: to mix together, to blend with, to associate

NELPS

A play on 'help'; NLP or Neuro-Linguistic Programming, or Neville's terms for NLP, namely, 'Natural Learning Processes', and 'Natural Living Processes'

UN-INMA

Unique (Indigenous) Networks -
International/Intercultural/Interpersonal Normative Model Areas

Appendix 31. Governments and the Facilitating of Grassroots Wellbeing Action

Background

The following paper was prepared for the Rural Health Support Education and Training (RHSET) Section of the Australian Federal Health Department in 1993. That Department was offering funding to INMA Nelps initiatives. This paper was discussed with the Head of RHSET, his Deputy, and his head of Program Evaluation. While RHSET people were prepared to 'bend' their rules', no money was accepted by INMA Nelps. The issues and problematics relating to Government sectorising, and using top down service-delivery criteria for decision making in granting funding and program evaluation relating to loco-lateral self-help and mutual help well-being action that are canvassed in the paper were acknowledged by the three RHSET people. The paper has forwarded on to Global Governance organizations, and various Citizen Based Organisations (CBO's) in the Region.

Governments and the Facilitation of Community Grassroots Wellbeing Action

Dr. Neville Yeomans, Les Spencer, and Terry Widders
A discussion paper prepared by the Laceweb.

From small beginnings in the 1940's community based grassroots wellbeing action is taking place across Northern Australia and spreading throughout the SE Asia Oceania Australasia Region. A ground-swell of people is cooperating in taking their own responsibility to resolve a massive range of cultural wellbeing issues. In the past these issues have fallen to governments to resolve because no other entity had the capacity to have an impact.

If grassroots community wellbeing nurturing action continues its exponential growth, the potential to lower the present cost involved in service delivery is immense. The role of governments, for large sections of the wellbeing agenda, has scope to change from 'deliverer of services' to that of 'facilitator of local cultural nurturing action' - self-help.

This grassroots nurturing cultural action for wellbeing is called by some 'The Laceweb'. The Laceweb could be a micro-model for an alternative wellbeing delivery process running parallel to service delivery, not only for Australia, but also for the rest of the world.

The grassroots wellbeing action being described differs in many respects from traditional non-government organizations (NGO) and community-based organizations (CBO), both voluntary and non-voluntary.

In this paper the term 'grassroots' is used in the sense of 'the common folk'. Often the people involved have never engaged in socio-cultural action before - have never been on a committee, exercised any problem solving effectiveness or dreamt that they could have an effect.

'Wellbeing' is used in the widest possible sense and covers the nurturing healing aspects of human living. This includes physical, socio-emotional, mental, spiritual, relational, family, communal, cultural, intercultural, economic, habitat and environmental. 'Nurturing cultural action' implies 'healing' in its widest sense.

Self-sufficiency was the hallmark of Australia's early non-aboriginal pioneering and rural life. At the very first settlement, the Rum Corps assisted in the stripping of the cultural context of all inhabitants - Aboriginal, Irish, Anglo, and the like. These contexts it replaced with an invasive military culture. Issues impacting on wellbeing (health, housing, community

services, etc) in the colonies became so massive that governments have become increasingly a main vehicle for delivering wellbeing related services.

This has generated a system of top-down action delivered by thousands of experts in academic, government and non-government bodies who, together with their administrative backup, sort out aspects of our lives for us. Behind these are even more thousands of bureaucrats who keep track of what all these experts are doing for us.

Most wellbeing issues revolve around what we do or do not do as we go about our lives; that is, our culture. A very small proportion of loss of wellbeing relates to the action of germs, viruses, and chance occurrence.

Some wellbeing loss is attributable to business decision-makers (pollution, environmental degradation, and the like).

A very large proportion is self-imposed or imposed on others - substance abuse, domestic violence, becoming insane, committing crime, poor eating habits and life styles, polluting, causing soil erosion and so on. It is trivially true that if people stopped behaviours like the ones mentioned, most wellbeing issues, currently costing billions, would be solved without costing a cent. But it's not that simple.

Across Northern Australia influences are being generated that are placing the impetus for nurturing cultural action for wellbeing back at the place it breaks down - with local people as they go about their lives. It is a lateral and bottom-up action. Small groups engage in action and keep using practices that work for them. Others become involved and initiatives, starting 'at the bottom', work their way 'out' and 'up' to include more of the wider community.

Different communities can vary markedly as to what constitutes their wellbeing culture. Bottom-up grassroots cultural wellbeing action is about the local community exploring and making consensual decisions about what they need and want for their own wellbeing; taking the necessary steps themselves to attain their wellbeing and deciding themselves when they have not got it. Only they know this. Increasingly the people involved are saying 'We do not want outsiders trying to provide our wellbeing or deciding our wellbeing for us'.

Because 'Grassroots community cultural nurturing wellbeing action' is a long expression, the term 'Action' will be used from here on. The Laceweb Action taking place involves people recognizing contexts of possibility and taking the opportunity to do something for themselves and others. In most cases it is the women who are taking the initiative. It involves acts celebrating diversity. It revolves around cultural healing and intercultural reconciliation.

Action expands links among individuals and families and turns strangers into friends. It builds 'communing' communities. It permeates through everyday life. It 'villages' the city. These features have multiple benefits including the removal of anomie, loneliness, powerlessness, identity issues etc.

Initiatives are involving people in acting together to take back ability over their own lives. Experts are used as resource people and not as power brokers and decision-makers. Nurturing culture involves ways of joint action that continually spreads and enriches the wellbeing competence base throughout the local community. People are engaged in passing on diverse wellbeing micro-experiences, for example, in providing community based family and individual support.

Wellbeing-competence is refined and passed on in natural settings as well as during specific structured contexts; for example, the intercultural family centre previously explored in Rapid Creek - Darwin, far north Queensland intercultural diversionary services, South Sea Islander

initiatives and Vietnamese Helping Hand health and training activities. Increasingly people are being intuitively appropriate in their responses to each other. There are acts that are perfect for the moment, which also contain the seed of realistic generalisable policy.

This Action is taking place without an over-reliance on funding. At times, many people come together for specific events, celebrations and healing actions. (An example was the UN funded Small Island, Coastal, and Estuarine People Gathering Celebration (<http://www.laceweb.org.au/rsig>) in Far North Queensland in 1994. As well, throughout every day, grassroots people are involved in myriads of significant trivial wellbeing acts. People act together to support each other at appropriate times. Most actions do not rely on money.

Action combines the structured and the general, the formal and the informal. It creatively and positively uses community grapevines. It has a self-sustaining energy. Specific and general programs evolve out of action. In all of this, Laceweb Action is generative. It is a dynamic expanding process that continually subjects Action to review. Evaluation processes proceed in tandem with Action.

Programs and actions that 'work' are passed on to others, consensually validated and adopted as policy at the local level.

Action is simultaneously addressing everything undermining wellbeing. It is both pervasively holistic and detailed within its holism. Action is focused on all the inter-related issues involved - simultaneously working on impediments to, for example, economic, socio-emotional and environmental wellbeing. Because of the multifaceted nature of nurturing Action, it tends to have simultaneous multiple positive consequences. Action has three concurrent themes. The major theme is generating and nurturing wellbeing. This is closely followed by preventing impediments to wellbeing and curing those affected by impediments. Action is focused on increasing wellbeing, sustaining prevention, and decreasing the need to cure.

Another feature is that it starts with action based on consensually valid local knowledge. It commences with self-starters who have an 'outcome' focus (compared to an 'input' focus). These people start by doing things and demonstrating to others that things can be done. They get others involved who follow and extend their example. This is fundamentally different to what happens in traditional top-down expert driven processes. Experts (often with 'input' focus) tend to hold strings of planning meetings and exploratory conferences, conduct research and feasibility studies and then hold more conferences to discuss the research and explore what might be done.

With every respect, it is typical that massive time and expense is incurred in all of these expert driven processes before anyone ever does anything to solve the problem. Local grassroots nurturing action people are very familiar with local issues and immediately get on with the job in hand. Action people are not dependent on constantly seeking anyone's permission or approval, especially the approval of experts.

Action does draw on the resources of NGO's and CBO's and works in association with them without the Action itself reverting to top-down processes. Action is supported by the detailed local knowledge and the resources available within local government.

Bottom-up process can meet, complement, and facilitate the top-down approach. For example, by providing consensual small project proof about what works, the bottom-up approach can support top-down processes by allowing opportunities for top-down studies to be restricted to what does work, rather than studying and sifting through lots of things that will not work.

We live at a time when national and international attention is being focused on seemingly unsolvable intercultural reconciliation conflicts both within Australia and around the world, especially those involving indigenous people and small minorities.

At the same time in Darwin and across Northern Australia there are small living breathing microprojects of grassroots nurturing cultural action for wellbeing producing intercultural reconciliation within communities. Peoples from many cultural backgrounds - Aboriginals, Torres Strait Islanders, Asians, Pacific Islanders, Anglo-Europeans etc - are cooperating together to provide their own wellbeing.

The Australian Federal Government's aim has been to have Darwin and the surrounding region as Australia's northern link with East Asia. The world's focus will be on multicultural Australia during the lead up to the Year 2000 Olympics in Sydney. In the family of the Laceweb, governments may have a micromodel that can have national and global applicability.

There seems to be consensus between governments of all persuasions about the value of reducing the size of government expenditure and of getting better value for the public dollar. The Laceweb's nurturing cultural Action for wellbeing is a vehicle that can contribute to both of these aims. National and local governments are well placed to encourage grassroots Action. It is in the interest of governments to do so.

How can government foster this community based nurturing cultural Action?

Three issues will be introduced.

Firstly, government policy and program processes are presently geared for traditional top-down expert-driven undertakings. Currently, committees evaluating funding submissions presuppose that traditional top-down expert driven approaches will be used.

Grassroots community wellbeing action also has both policy and program processes. However these are generated by lateral and bottom-up action. Specific and general programs evolve out of this action. Programs and actions that 'work' are consensually validated and adopted as policy at the local level. The fundamental aspect of Action is that local people have the first and last say about everything to do with their own wellbeing.

A **second** issue is that governments and their bureaucracies have tended to fragment the world into narrow separate bits - economics, health, housing, agriculture, forestry, the environment etc. Each government program area tends to jealously guard onerous apparent prerogatives as a 'dispenser of public funds'. Few, if any, government inter-sector funding arrangements exist. In contrast, grassroots wellbeing action is holistic in a manner that is at the same time both pervasive and detailed.

A **third** issue is that while people may aspire to lessen public expenditure and obtain better value for the public dollar, there is a strong pressure towards putting self-preservation first if achieving the above goals appears personally detrimental.

Traditional government and non-government wellbeing agencies may see grassroots initiatives as a threat to their own funding. If grassroots wellbeing action really starts to be effective on a larger scale, this may raise a fear of presupposed downsizing within sections of the bureaucracy and a similar fear within traditional wellbeing services.

Because of these perceived threats, the foregoing entities may mistakenly seek to undermine grassroot wellbeing initiatives. They may fail to see scope for multiple lateral

integration between lateral/bottom-up and top down processes, or appreciate the scope for shifting from vertical integration to lateral integration. The obvious claim from within the existing paradigm is that grassroots wellbeing action is 'unprofessional' - that it is not under the direction and control of professed experts. Also, that it is not organized 'properly' - in other words, it is not 'top-down'.

The Laceweb

The Laceweb has experience dating from the 1940's in working with healing action. The Laceweb is a source of influence, confluence, understanding and enabling in linking up peoples, contexts, issues, and actions in sustained lateral/bottom-up nurturing culture for action for wellbeing - refer 'An Example of Enabling Indigenous Wellbeing': (<http://www.laceweb.org.au/ena.htm>)

Other Laceweb roles are seeking out people who are generating nurturing cultural Actions that work, letting other grassroots people know about them and sharing healing ways that work.

The Laceweb is well placed to take on a number of roles in exploring the possibility of government facilitation of grassroots community wellbeing action.

Firstly, The Laceweb can continue to expand in its current Action role.

Secondly, The Laceweb can work along side government to develop processes for resolving the many matters arising from the three issues previously mentioned.

Thirdly, The Laceweb could provide an interface and support role between government and grassroots nurturing action. This could relate to the evolving of action agreements and other funding arrangements for specific local action initiatives. The Laceweb welcomes sharing discussions about the ideas and initiatives outlined above.

Appendix 32. Nexus Groups' Constitution

CONSTITUTION OF NEXUS GROUPS (Abbreviated)

FORMERLY CONNEXION

Registered in NSW October 1971
PREAMBLE

NEXUS GROUPS - A BRIEF OUTLINE

NEXUS GROUPS is a group of people with a shared concern for people experiencing an emotional personal, family or human relations crisis. These are the people who are likely to become the consumers of welfare and mental health services. Some of us are or have been patients; some of us have worked with such persons; some of us have been both. We are working outside of hospitals and institutions; we intend to remain outside and to help others to stay out. We reject the idea that clients and patients are different kinds of human beings to those who try to help them. We recognize only that a human being in a state of personal and social crisis may need the help of his or her fellow humans.

We reject the idea that 'being well' or 'working' is the same as 'being normal' or behaving as you are expected to behave (being good). We recognize only that when a person's behaviour is intolerable to other people, it is usually because their situation is intolerable to them. So we must not simply ask them to change their behaviour; we must help them to change the situation. We reject the idea that an emotional crisis is simply a 'disease' to be 'treated' with medicines, handouts or punishments in isolation from the social situation that brought it about. We recognize that 'treatment' can only relieve distressing symptoms and that the consumers should have the right to choose this treatment if s/he wants to.

People of **NEXUS GROUPS** see the idea of **NEXUS GROUPS** as a mutual help organization. We have formed ourselves into a collective, to come to know ourselves and one another and to increase our understanding of human relationships and emotional crisis.

There are some professional workers and ex-professionals helping **NEXUS GROUPS** who have valuable experience and knowledge to bring to use.

However, they work according to the **NEXUS GROUPS** philosophy and reject the one-sided patient/doctor type of relationship.

People 'freak' (i.e. behave incomprehensibly and so on). Some freakouts have very positive aspects - increased perception, sensitivity and insight, but there are often negative sides - fear, confusion, isolation and alienation. At such times people need the support of others. **NEXUS GROUPS** is where such support could be found. Anyone who agrees with our aims is welcome to join us in putting them into practice.

NEXUS GROUPS is a community-based organization aiming to stimulate community concern and action about personal and human relations problems.

WHAT IS NEXUS GROUPS DOING

Drawing on our basic philosophy of mutual help with problems we of **NEXUS GROUPS** have started to work in the following areas:

- 1) Providing a phone service where we can be called for advice, information or a sympathetic ear.
- 2) Having an office open 6 days a week where people can drop in and talk etc.
- 3) Organizing people willing to visit any in crisis at any time.
- 4) Building up a network of people in the community who can accommodate and lend support to people in crisis for short periods
- 5) Researching and informing people about human relations problems human rights and humanitarian law.
- 6) Contacting sympathetic individuals and organizations who can be of use to people who come to **NEXUS GROUPS**
- 7) Planning to obtain, operate and maintain a mini-bus for mobile groups, emergency groups and home visits.
- 8) Providing a sympathetic magazine for information and education.
- 9) Raising the necessary funds to finance the above work, the organization was registered as a charity in October 1971.

CONSTITUTION OF NEXUS GROUPS (Abbreviated)

1 NAME

The name of the organization shall be **NEXUS GROUPS**.

2 MEMBERSHIP

- a) All members may extend the help of **NEXUS GROUPS** to any person in need of help.
- b) Members may remain completely anonymous or use first names only if they desire to do so.
- c) No member will aid or abet any other member in any crime or act of anti social behaviour.
- d) Any member arriving at meetings drunk or drugged may, on a group decision, be expelled from the meeting until sober.
- e) All members must endeavour to be at meetings on time so as not to disrupt the group once it is in progress.
- f) People without close relatives or friends may on group decision become members, but the group's aim is to involve families.
- g) Any member who does anything considered detrimental to the group or its individual members may on group decision be banned entirely from the group, and can apply for re- admittance after no less than 3 months.
- h) Visitors to group meetings may only attend three meetings before applying for membership.
- i) Subscriptions for membership or **NEXUS GROUPS** newsletter will be set by the Committee as necessary, now at \$5.00 annually.

4. OFFICE BEARERS

The office-bearers shall consist of a President, Secretary, Treasurer and such other officers as shall be decided by the members of the Organization at the Annual General Meeting. The office-bearers and the other members of Executive Committee shall be elected annually at the Annual General Meeting. Any casual vacancy occurring among the office-bearers may be filled by the Committee and the person so appointed to fill such vacancy shall hold office for the unexpired term of the member so replaced.

Professional people i.e. Doctors, Lawyers, Priests, Politicians, etc., will not be eligible for election to the Executive (Management) Committee, but may be referred to the Honorary Advisory Resources Committee. Office-bearers and Executive Committee members will be elected only from within the general **NEXUS GROUPS** membership. To be elected to the Executive Committee a person has to be a financial member of **NEXUS GROUPS** and must be nominated by the group which they have been attending.

5. PROCEEDINGS OF THE EXECUTIVE COMMITTEE

- a) The Executive Committee's function is to maintain lines of communication with all people and departments working in the field of social well-being and mental health so that **NEXUS GROUPS** groups may have first hand information on developments in this field and to manage the business administration and to set policy for the **NEXUS GROUPS** Organization.

10. QUORUMS

At meetings of Members a quorum shall consist of five (5) members and at an Executive Committee Meeting shall consist of three (3) members. Should within half an hour of the time set down for a meeting to commence, a quorum be not present, then the meeting shall be adjourned to the same time and place seven days later or to a place and to a time within one month of the date of such meeting, to be determined thereat. If at such adjourned meeting a quorum be not present, then those members attending shall be deemed to be a quorum, provided the number of such members is not less than three.

11. PROCEEDINGS AT COUNSELLING GROUP MEETINGS

- a) Counselling group meetings will be of one-hour duration with one half hour for supper and general discussion; total one and a half hours.
- b) A group chairman will be elected by the group at each meeting to chair the next meeting.
- c) A group chairman's duty is to see that as many members as possible have a chance to discuss their problems, unless in his or her opinion there is an urgent or critical situation that the group wishes to deal with, also he or she must check any side conversation which may disrupt the group and make sure that a chairman is elected for the following week. A Group chairman may after warning a member order him or her from the group for that meeting only.
- d) All personal problems discussed at group meetings will remain strictly confidential and must not be discussed outside group meetings. Any person inquiring of a member may be invited to attend a group meeting and state their reasons for inquiring.

12. GROUP LEADERS, ADMINISTRATIVE MEMBERS OR COMMITTEES

Each local group shall elect their own group leader, administrative member or committee, whose function is to maintain lines of communication with the Executive Committee and to make sure a different group chairman is elected each week at his or her local group.

13. NOTICE OF MEETINGS

- a) Group counselling meetings will be held weekly wherever possible. Executive Committee meetings will be convened at the discretion of the President or Secretary.

17. MINUTES

The Executive Committee shall cause minutes to be made:

- a) of all appointments of office-bearers and members of the Committee.
- b) of the names of members of the Committee, general members and visitors present at all meetings of the Organization and of the Committee
- c) of all proceedings at all meetings of the Organization and of the Committee.
- d) Minutes need not be taken at group counselling (therapy) meetings. Such minutes shall be signed by the Chairman of the meeting at which the proceedings were held or by the Chairman of the next succeeding meeting.

20. ADVISORY OR RESOURCES COMMITTEE

- a) The Advisory or Resources Committee shall consist of those qualified and professional people who will lend their support to **NEXUS GROUPS** groups and advise on matters of group development and therapeutic values.
- b) No member of the group will approach any member of the Advisory or Resources Committee other than through their Executive Committee.

Appendix 33. Excerpts from an Aboriginal Woman's Diary

An Armidale Diary

Excerpts from a young Aboriginal women's diary from the second Armidale Workshop published with her permission in the Aboriginal Human Relations Magazine June 1972 (Aboriginal Human Relations Newsletter Working Group 1971a)

An Aboriginal women's' group formed because some had said they found it very difficult to talk in the large group. The young Aboriginal women and her mother joined the group but were asked to leave by some men because they thought that the two of them were big talkers.

'My mother stayed and fought back, but I had to get out of there - my mind was blank. I didn't even know where I was going. I felt I had to just get away from everything I was connected with. I walked till I came to my senses about a half a mile down the road.'

'I felt better after the next morning. While that evening before, a friend helped me with my problem. We talked privately in our rooms. The next morning I seemed more sure of myself.'

'After dinner people from Armidale told their own personal stories. This was one of the first times I ever cried in front of people, but for each of the problems I felt equally responsible for what had happened to these men.'

Later:

'My feelings seem to be nervous, sorry and angry.'

'I feel sick at this moment, but I feel sorry for someone or something and this feeling is choking me. The tension in this room is funny; not in the laughing sense, but in the personal sense.'

Final comment in her diary:

'It was a good week for everyone I talked to, and the next one will be even better.'

Appendix 34. A List of Some of the Activities Used in Cultural Healing Action

Compiled from discussions with Neville (Dec, 1993) and Ernie Cloma (Aug 2003 & Aug 2004), and participant observation firstly with Neville (1986-1994) and secondly with Ernie Cloma, (Aug, 2004)

- Acrobatics
- Adventure challenges
- Aromas
- Art as re-constituting self and others
- Body painting and adornment
- Carving, moulding and sculpture
- Chanting, humming, singing, toning, and vocalizing
- Circus & Clowning – balancing, juggling
- Creative moving; Group dynamics
- Creative writing
- Dancing and Theatre; Drama and spontaneous drama
- Drawing; Painting
- Drumming, percussion and body percussion
- Writing
- Music
- Orating
- Playing and games
- Poetry
- Roleplay, realplay and re-enactment
- Spontaneous singing and vocalizing
- Story-telling
- Visual artistry
- Voice

Appendix 35. A Summary of Ken Yeomans' 1992 Petford Keyline Survey

My summary of Ken Yeomans' Keyline Survey of Petford - this was completed in July 1992 with assistance from many of the troubled youth at Petford as one aspect of the Developing Aboriginal and Torres Strait Islander Drug and Substance Abuse Therapeutic Communities Gathering funded by the National Campaign Against Drug Abuse (NCADA)

Petford Keyline Survey – 1992

Geoff Guest runs over 600 horses (on the property and at certain times a very large expense is involved in buying horse feed. Petford is about 70 kilometres inland from the high rainfall

areas of the Atherton Tablelands. At Petford it is arid, although in the wet season the Petford property, in 1992 around 150 square kilometres, received a small number of massive thunderstorms. These would drop a massive quantity of water that would disappear in sudden swift run offs into many creek beds that were soon dry again.

The Keyline survey team, aided by a contour map searched the property for a very specific landform and they found it. The area is depicted in Diagram 10. 'A' is a semicircular mountain range with only one drainage point. The area that was draining out through that one spot would have on average around half a dozen storms a year. 'B' was a system of dry creek beds that would catch this water.

'C' was a proposed channel (lower sketch in Diagram 10) and earth wall (depicted in the middle sketch in Diagram 10). This would divert the water along the contour line into another valley at a slightly lower elevation. The advantage of this second valley is that it is only around 40 meters wide with a rock base and high rocky walls. The water stored here would be deep with a long narrow surface. The angle of the valley means that the sun would only hit the water during the middle of the day. This would keep evaporation in the tropical heat to a minimum.

Down the valley around 200 meters at 'E' is a natural rock barrier that all but closes the valley. This is a natural place to build an earth wall as depicted in Diagram 10. A pipe could be placed at the base of the upstream wall. At the base of the dam wall would be a valve to control water flow. The pipe then runs into the channel 'F' which follows the contour and has a dead end.

Levels are organized such that water flows over the side of this channel sideways on a natural rocky slope at a slow rate and irrigates a fan shaped area marked as 'G' that had sufficient depth of top soil. Water would build up behind the dam wall and back fill the creek system in the narrow valley marked as 'D'.

It was proposed that the water be used to grow hardy local shrubs with edible foliage for the horses on half the land and the other half to be used to grow trees for oil extraction. All of the soil needed for the construction is available locally and everything could be built using the tractor and equipment Petford already has. The system requires no power as it is all gravity fed. The water stored in any one year would be more than sufficient for more than four years.

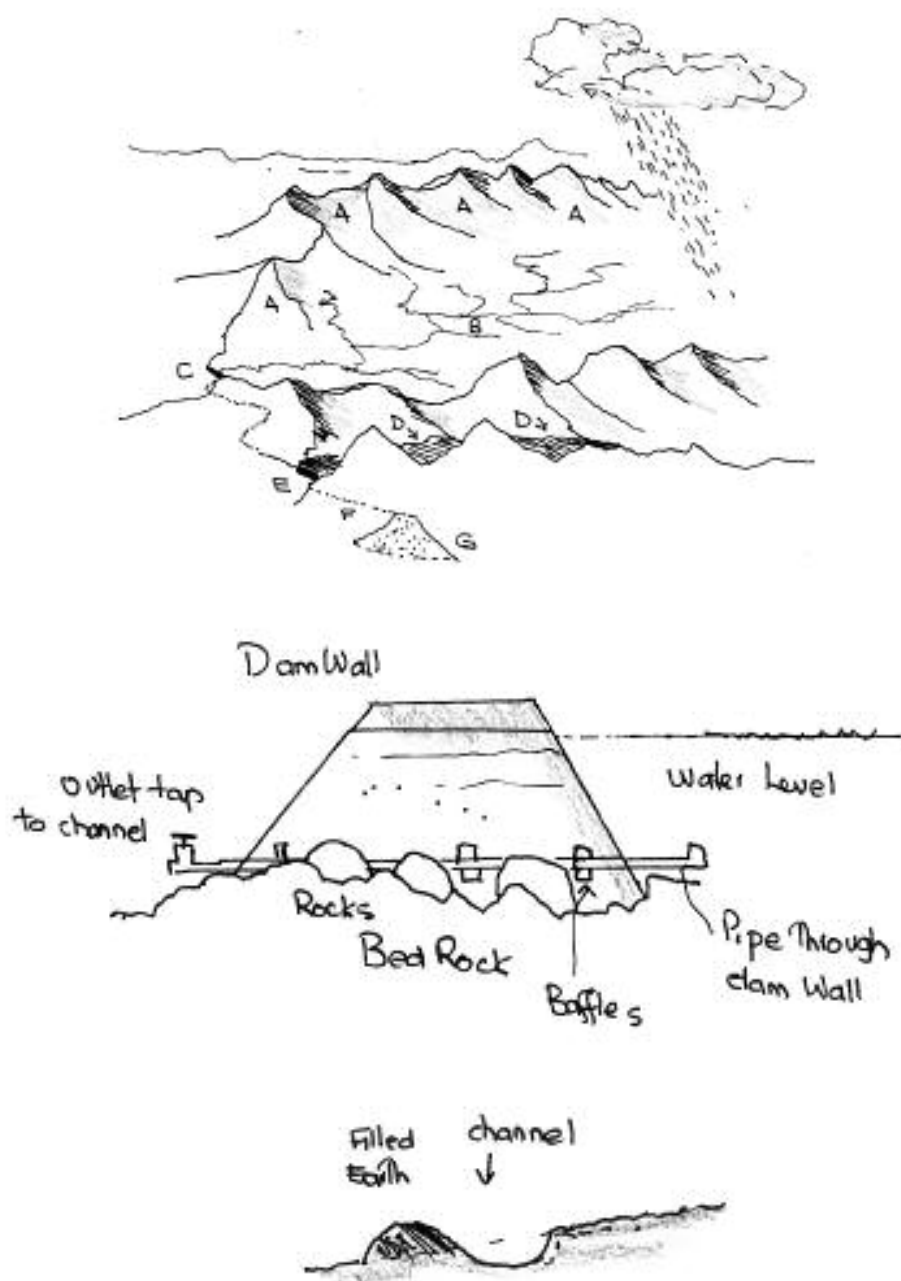


Diagram 10. My Diagram of Ken Yeomans' Keyline Plan

Appendix 36. Filenote - One Fortnight's Laceweb Action in the Atherton Tablelands

The following filenote was written after my experience as a participant observer during one fortnight's Laceweb activities in the Atherton Tablelands region in December 1993, many of which were precursors to the Small Island Coastal and Estuarine People Gathering Celebration. This fortnight was during the time the three Down to Earth visitors were staying at Neville's place in Yungaburra with Neville and me.

FILENOTE

Virtually all of the children of Yungaburra (over 40) including Aboriginal, Islander and small minority children were engaged all day in preparing atmospherics for a New Year Party at Neville's large bungalow heritage property in Yungaburra (refer Photo 54 Chapter Nine). The children painted all of the pillars supporting the house with orange fluoro-paint and spread fluoro-whited sand on the floor so that it glowed white at night under the fluoro lights. They also dug a channel to the atmospherics area under the top end of the house through to the back of the house that created an enchanting garden entrance by walking down earth steps in the front garden. At night this channel was also lit by fluorescent lights and had fluorescent paintings by the children draped down the earth walls. During the day each of the children had gone home and brought back white garments that they were allowed to splatter with fluoro paint. They were stunned when they wore these at night under fluoro lights. I had an extraordinary three-meter by two meter fluoro painting of outer space painted by Richard Clements, one of Australia's leading contemporary painters. I had many hours of discussion with Richard about Laceweb. The children also splattered tens of thousands of small fluoro spots on two large dark tarps. These glowed like a million stars around the whole downstairs area at night. The extraordinary atmospherics created by the children were their exclusive domain till around 9:00 PM when they came upstairs and escorted the adults one by one into their enchanting space and music/dance area.

Approximately 150 adults and children attended this New Year's Eve party at Neville's place with half being Aboriginal and Islander families. Neville told everyone that he would provide the alcohol. Many of the attendees are heavy drinkers. Only extremely low strength beer was there. There was no drunkenness and many heavy drinkers said it was the first New Year's Eve that they had stayed sober since they were toddlers and that it was their best party ever. The adults were amazed at the atmospheric space created by their children. From this energy a children's group formed in Yungaburra that Neville called FUNPO. They would send letters to each other c/o FUNPO, Yungaburra. Yungaburra is a very small place and we had the cooperation of the local postmistress. Recall that the term FUNPO had, at one level the connotation, 'Fun Post Office'. At a deeper level, the term stands for 'Friends of UNPO, where 'UNPO' is the Unrepresented Nations and Peoples Organization based in The Hague. Australian Aborigines and Torres Strait Islanders are members of UNPO, as are other peoples and nations not represented at global forums of the United Nations.

Also during the fortnight a number of the FUNPO children were among forty who attended a four-day camp-out in an old clearing in beautiful rainforest area owned by Neville on the Baron River at Kuranda on the Atherton Tablelands. The woman in Photo 51 attended with her son and daughter. This was in a beautiful rainforest setting. We had just finished wading up a little clear stream with a bed of golden sand so that the water looked golden. Overhead, vines hung down from the green cathedral vault of the rainforest canopy. A further busload of another 35 turned up in evening for music, dancing and fireside chats. A neighbour

interested in sabotaging Neville's intercultural activity set up a sign saying the event was cancelled and this busload returned to Cairns without finding us.

Neville dreamed that this rainforest land may become an Intercultural Healing Wellbeing Centre for the SE Asia Oceania Australasia Region – refer Appendix 01. Neville spoke of his mountain ash forest property at Paluma, North of Townsville, and his Yungaburra House also being resources linked to the proposed Intercultural Healing Centre. As at September 2005 this dream had not been realized. It is understood that the Kuranda rainforest land and the Yungaburra house had been sold in settling Neville's estate.

Another small camp-out (around 25 people) was held at Ravenshoe beside a small stream in a beautiful bush setting. Alex Dawia brought up a small bus of 14 Aboriginal people from Bama Healing Prison Diversion Program where he worked at the time. These street people had been sobering up the previous night at BAMA. The gentle playful healing energy of the camp-out had these very shy nauseous people slowly warming to each other and the others present so that change in them was very apparent to themselves and the other participants – therapeutic community in action.

During the same two-week period a series of family therapy sessions were held by Neville with an Aboriginal extended family. An old disused World War Two hospital that was built like a hanger and had a cavernous interior was explored as a possible venue for gatherings in the wet season. This was the same fortnight that those three DTE Enablers with Neville and myself visited 15 possible sites and held discussions with Aboriginal people at a number of Aboriginal communities. Neville also took the three DTE people for a day at Geoff and Norma's Therapeutic Community a little over an hours drive away, and engaged in nightly sharing of stories with these DTE visitors and myself.

Also during the same two weeks, informal sharings of stories about what Lacweb action has been happening occurred at the monthly out-door market day in Yungaburra. Many hundreds of locals attend this market and Lacweb people take this opportunity to tell each other stories and engage in potent trivial exchanges. This market action is resonant with the Paddington Market in Sydney surrounding Neville's first Community Mental Health Centre in the early Seventies. Trivial exchange as therapy is resonant with what Neville called, 'home, street and rural Mediation Therapy and Mediation Counselling', where nurturers take opportunity to use the relevant moment in everyday life to engage in healing.

Appendix 37 - The Rapid Creek Project

NEVILLE'S FILENOTE: FAMILY NEXUS – A ONE PAGE FILE NOTE 1 SEPT 1993

THE RAPID CREEK VILLAGE PROJECT

The Larrakia locality Gurumbai (Rapid Creek) is both a suburban region and a unique urban-based watershed and creek system within the city of Darwin in the Northern Territory of Australia. Family Nexus (refer other background notes), in association with intercultural people of the Rapid Creek Community, are developing a microproject to nurture well-being socio-emotionally, economically and environmentally. The initiative is drawing upon the constructive cultural diversity of the community for expansion of productive economic opportunities afforded by Darwin's proximity to East Asia. Grassroots and long-grass family action is exploring the resolution of socio-emotional issues like domestic violence, suicide, substance abuse and keeping family members out of criminal justice and mental institutions. As well, the aim is to skill families in well-being areas such as relational mediating, intercultural healing action and developing grassroots policy based on consensually evaluated and validated community action (refer other filenotes on these themes). Ideas are exploring Aboriginal and multicultural healing cultural arts action and festivals.

This bottom-up project extends to involving the local community in taking care of all aspects of the Rapid Creek catchment area. The Project is resonant with the concept of Integrated Local Area Planning (refer Social Strategies for the Northern Territory - A Strategic Workshop, April 1993: Office of Northern Development, GPO Box 4075, Darwin 0801 NT.). Preliminary explorings are beginning with long-grass aboriginal bodies and communities, local government, Greening Australia, as well as religious, welfare, health, artistic, multicultural and educational groups.

Rapid Creek is one of the few (and perhaps the only) intact urban-based watershed system left in Australia. It embraces semi arid dry lands, paperbark communities, eucalyptus woodlands, pandanus and grasslands, monsoon rainforest, as well as wetlands and mangroves. The Rapid Creek catchment area provides extensive habitat for local flora and fauna. The local community also uses Rapid Creek as a beautiful leisure environment.

Many parallel projects are coming together. They include practical rehabilitation of flora and fauna by the Friends of Rapid Creek and active planning by the Darwin City Council and Greening Australia. The more human nurturing family oriented activities are focused around the Rapid Creek Water Gardens and nearby Village shopping centre.

This is where the oldest market in Darwin is held. The market has a strong intercultural tradition with colourful stalls being run by people from many ethnic/cultural backgrounds including aboriginals and people from Papua New Guinea and other Asian Pacific and European countries. A number of grassroots nurturing well-being groups are being attracted to operate from this centre. All of the above action is developing a strong sense of community. It is villaging within the city.

In helping to remove impediments to social, environmental and economic wellbeing in Darwin, the Rapid Creek Village Project is developing a micromodel perhaps with global applicability and with specific relevance in developing Darwin as Australia's northern link to East Asia.

Appendix 38. Inter-People Healing Treaty Between Non-Government Organizations and Unique Peoples

The following document was signed at Petford by the Petford, and Black Mountain Akame Youth, and Entreaties people in 1992, and Akame and UN-Inma people in 2002. It was also signed in Cairns for UN-Inma, a functional Laceweb matrix (CBO) in July 2002 as part of the United Nations Peace Week Celebrations. It follows the signing of the same Treaty ten years previous by Petford, and Black Mountain Akame Youth and people from Laceweb Functional Matrices - Entreaties and Akame at Petford in July 1992. It was also passed to attendees of the Tagaytay Gathering in August 2004 in the Philippines.

Inter-people Healing Treaty Between Non-Government Organizations and Unique Peoples

Resonant people, NGOs and Community Based Organizations (CBOs) may consider using this Treaty with acknowledgement.

This Treaty has been adapted by Dr Neville Yeomans from Simon Brascoupé - Indigenous Network, Ottawa, Canada.

It is resonant with The Young Persons Healing Learning Code.

Following Indigenous and other People Initiatives in Rio, Brazil and

As between Unrepresented Nations and Peoples, Indigenous Peoples; their Leaders, Non-Government Organizations and Practitioners around the World, hereafter referred to as "Unique Peoples" (UP); and other Non-Government Organizations, or persons hereafter referred to as "NGOs".

Whereas dominant and Western development models have failed to achieve the healing, learning, equality, fairness and development objectives promised to Unique Peoples; and

Whereas some NGOs have imposed dominant development models, programmes and values in their projects which have contributed to the destruction of the environment and of Unique Peoples cultures and populations; and

Whereas NGOs respect the evolving declarations, charters and treaties of Unique Peoples, recognize Unique Peoples' rights to self-determination, rights to traditional territories, and to cultural, healing, identity and collective human rights,

The undersigned parties hereby recognize and affirm the following code of ethics for NGOs when entering into joint activities with Unique Peoples, and recognize and affirm the following:

1. Transfer of values: Existing practices and approaches of some NGOs contribute to what amounts to the imposition of Western and dominant values and culture on Unique Peoples. This must be recognized and approaches and models of equality and consensus should be adopted to minimize, reduce and heal these effects.

2. Community control, management and ownership: Unique Peoples' programmers should be based on an ethic of self-development consensus. This takes into consideration Unique local control, management and ownership of projects and initiatives. These are based on local Unique values and cultural institutions.
3. Community-based planning: Community-based planning and healing development based on principles of community participation will be the cornerstone of Unique Peoples' development supported by, and nurturing to, NGOs.
4. Unique Peoples' Knowledge: The basis of Unique Peoples' development is Unique Peoples' knowledge, which is owned, collected, documented and implemented by Unique Peoples. Its stewardship may be celebrated with NGOs for the artistry of mutual benefit.
5. Spirituality: NGOs should recognize, and can accept healing from, Unique Peoples' spirituality, which is the manifestation of the harmony in their way of life and holistic thinking.
6. Respect: The principle of respect that is the foundation of Unique Peoples' human-development policy means respect for self, community, Mother Earth, other people and nature, as well as respect for the gifts and contributions of all forms of life. NGOs will be helped to learn this.
7. Sharing: The principle of sharing should be the basis of healing relationships between NGOs and Unique Peoples, with balance and caring at all levels, between individuals, community, others and Mother Earth.
8. Technology: Unique Peoples' concepts and technology are fundamentally different; therefore culturally appropriate technologies must be found that can be applied and controlled by Unique Peoples.
9. Sustainable development: Unique Peoples' understanding and philosophy of development are based on cyclic and sustainable concepts and approaches that should be shared with NGOs to benefit NGOs and their respective countries.
10. Capacity building: Unique Peoples can expand their skills, knowledge and plans for healing, education, development and implementation in various programs and projects and in their own NGOs.
11. Unique Peoples' societies: The practices of earlier colonizers must end - namely use of force, religion, schools and administrative policies and laws which promote dependency. The wisdom of interdependence will be shared with NGOs.
12. Unique Peoples' models: Western and dominant models of development must not be used in designing programs and policies affecting Unique Peoples; these practices must be stopped, in favour of those which help, heal and build solidarity, culture, values, and other relevant customs.
13. Unique Peoples' NGOs and CBOs: Non-Unique NGOs should support the development, training and financing of Unique Peoples NGOs and CBOs.
14. New Unique Peoples' institutions: Non-Unique NGOs should support the development of new kinds of regional and international institutions which coordinate and support Unique Peoples in carrying out self-evolving planning.

15. Unique Peoples' financial institutions: NGOs should recognize that Unique Peoples' financial institutions must be managed and controlled by Unique Peoples. This will promote economic, environmental and human development initiatives in the community; and learning for NGOs.
16. Financial management: NGOs should establish healing relationships, structures, and policies which make them more responsible and accountable for their development initiatives with Unique Peoples.
17. Consultation and Agreement: NGOs should develop policies which provide fair consultative mechanisms to harmonize their policies with Unique Peoples priorities, values and culture.
18. The undersigned parties agree to seek knowledge and assistance that embody compatible spiritual and cultural values. This will allow dominant non-Unique people to behave with humility and respect. They may thereby seek spiritual forgiveness for past injustices, show how forgiveness can help heal the wounds inflicted between peoples, and promote the continuing healing of Mother Earth.

The above statements are hereby agreed to and affirmed in order to contribute to Unique Peoples' survival and self-development, to create a new partnership between dominant NGOs and Unique Peoples, and to fundamentally change and heal the relationship between Unique Peoples and dominant or Western institutions, so as to correct and heal the mistakes and errors of recent centuries.

Signed 31 July 2002 in Cairns, Australia during the United Nations Peace Week Celebrations.

Name:

Organization UP/NGO UN-Inma, Qld.

Tel:

Background to Signatories:

Torres Strait Islander, Bougainvillian, East Timorese, West Papuan, Australia (Anglo)

Date: July 2002

Appendix 39. The Young Persons Healing Learning Code

The Treaty that was signed at Petford by the Petford, and Black Mountain Akame Youth, and Entreaties people in 1992, and Akame and UN-Inma people in 2002; it was also signed at Cairns on 31 July 2002 for UN-Inma, a Laceweb functional matrix (CBO) as part of the United Nations Peace Week Celebrations. It follows the signing of the same Treaty ten years previous by Petford, and Black Mountain Akame Youth and people from Laceweb Functional Matrices - Entreaties and Akame at Petford in July 1992. It was also passed to attendees of the Tagaytay Gathering in August 2004 in the Philippines.

The Young Persons Healing Learning Code

Resonant people, NGOs and Community Based Organizations (CBOs) may consider using this Learning Code with acknowledgement.

This Treaty has been adapted by Dr. Neville Yeomans from Simon Brascoupé - Indigenous Network, Ottawa, Canada.

Being Between:

Unique (Unrepresented and Indigenous) Young Persons (UYP) and other Individual or Independent Young Persons (IYP); all advised and assisted by older persons when requested; and

Because dominant and Western development models have failed to achieve the healing, learning equality, fairness and development objectives promised to both Unique and Individual Young Persons, and

Because some Government Organizations (GOs) and some Non-Government Organizations and Persons (NGOs) have imposed dominant development models, programs and values in their projects, which have contributed to the deaths, particularly of Unique Young Persons; and to the destruction of the environment, and

Because Individual Young Persons respect the evolving declarations, charters and agreements of Unique Young Persons, recognize all Young Persons' rights to life, learning, self-development, rights to shelter, protection, and to cultural, healing, identity and youth and children's rights;

The undersigned Young Persons and those young at heart hereby recognize and affirm the following code of ethics for Individual and Independent Young Persons when entering into joint activities with Unique Young Persons.

We agree and commit ourselves to:

1. **Transfer of Values:** Existing practices and approaches of some Government Organizations (GOs), NGOs and some Individual and Independent Young Persons and their Organizations (IYPOs) contribute to what amounts to the imposition of Western and dominant values and culture on Unique Young Persons. This must be recognized; and approaches and models of equality, fairness and consensus should be adopted to minimize, reduce and heal these effects.
2. **Community control, management and ownership:** Unique Young Persons' programmes should be based on an ethic of self-development consensus. This takes into consideration Unique local control, management and ownership of projects and initiatives. These are based on local Unique values and cultural institutions.
3. **Community-based planning:** Community-based planning and healing development based on principles of community participation will be the cornerstone of Unique Young Persons' development supported by, and nurturing to, Independent Young Persons and their NGOs.
4. **Unique Young Persons Knowledge:** The basis of Unique Young Persons' development is Unique Peoples' knowledge, which is owned, collected, documented and carried out by Unique Peoples. Its stewardship may be celebrated with Independent Young Persons and their NGOs for the artistry of mutual benefit.
5. **Spirituality:** This is the expression of the harmony of Unique Peoples in their way of life; and in their holistic communion with each other, nature and the land. Independent Young Persons should recognize, and can accept healing from such Unique spirituality.
6. **Respect:** The principle of respect that is the foundation of Unique Peoples' human-development policy means respect for self, community, Mother Earth, other people and nature, as well as respect for the gifts and contributions of all forms of life. Independent Young Persons will be helped to learn this.
7. **Sharing:** The principle of sharing should be the basis of healing relationships between Independent Young Persons and Unique Young Persons, with balance and caring at all levels, between individuals, community, others and Mother Earth.
8. **Technology:** Unique Peoples' concepts and holistic technology are fundamentally different; therefore culturally appropriate skills and techniques must be found that can be applied and controlled by Unique Young Persons.
9. **Sustainable development:** Unique Peoples' understanding and philosophy of development are based on cyclic and sustainable concepts and approaches that should be shared with Independent Young Persons to benefit them and their respective countries.
10. **Capacity building:** Unique Young Persons can expand their skills, knowledge and plans for healing, education, development and action in various programs and projects and in their own NGOs.
11. **Unique Peoples societies:** The practices of earlier colonizers must end - namely use of force, religion, schools and administrative policies and laws which promote dependency. The wisdom of interdependence will be shared with Independent Young Persons.
12. **Unique Peoples models:** Western and dominant models of development must not be used in designing programs and policies affecting Unique Young Persons; these practices must be stopped, in favour of those which help, heal and build solidarity, culture, values, and other relevant customs.
13. **Unique Young Persons NGOs:** Non-Unique Young Persons should support the development, training and financing of Unique Young Persons' NGOs.
14. **New Unique Young Persons institutions:** Non-Unique Young Persons should support the development of new kinds of regional and international institutions which coordinate and support Unique Young Persons in carrying out self-evolving planning.

15. **Unique Young Persons financial institutions:** Independent Young Persons should recognize that Unique Young Persons' financial institutions must be managed and controlled by Unique Young Persons. This will promote economic, environmental and human development initiatives in the community; and learning for Independent Young Persons and their NGOs.
16. **Financial management:** Independent Young Persons and their NGOs and CBOs should establish healing relationships, structures, and policies which make them more responsible and accountable for their development initiatives with Unique Young Persons.
17. **Consultation and Agreement:** NGOs and CBOs should develop policies which provide fair consultative mechanisms to harmonize their policies with Unique Young Persons priorities, values and culture.
18. The undersigned parties agree to seek knowledge and assistance that embody compatible spiritual and cultural values. This will allow dominant non-Unique Young Persons to behave with humility and respect.

They may thereby seek spiritual lessons from past injustices, show how forgiveness can help heal the wounds inflicted between peoples, and promote the continuing healing of Mother Earth.

The above statements are now agreed to and affirmed in order to contribute to Unique Young Persons survival and self-development', to create a new partnership between dominant Independent Young Persons and their NGOs and Unique Young Persons, and to fundamentally change and heal the relationship between Unique Young Persons and dominant or Western Young Persons institutions, so as to correct and heal the mistakes and errors of recent centuries.

Signed 31 July 2002 in Cairns, Australia during the United Nations Peace Week Celebrations.

For UN-Inma

UYP/ IYP

Name:

Organization Address: UN-Inma, Australia, Qld

Background of Signatories:

Torres Strait Islander, Aboriginal, Bougainvillian, East Timorese, West Papuan, Australia (Anglo)

Date: July 2002

Appendix 40 - Action Research Themes:

1. Use of Cultural Keyline in enabling individual, group, crowd and societal contexts
2. Follow up Maxwell Jones' interest in Neville's leadership role - extending my research on this theme (Clark and Yeomans 1969, Forward, p. vi)
3. The Clinical (closed file) on patient-based patient assessment (Yeomans, N. 1965a, Vol. 5).
4. The merging of individual and collective action – what Neville called Collindivity (Yeomans, N. 1965a, Vol. 4).
5. The factional use of space in relation to the location of the key figure by the mad, the bad, the emotional supporters/ detractors and the administrative supporters/detractors in group and crowd contexts – Neville held views about this
6. NLP of audience and crowd – The Sunday Sharing Group in Bondi Junction in 1988-89 worked on this theme
7. Critically compare Ward Ten and Fraser House
8. Ways the old cultural synthesis subverts deviance at the margins
9. Psychosocial wellness, resilience and capacity
10. Psychosocial Self Help Groups
11. Integrating Keyline and Cultural Keyline in enabling holistic living system change including the biosphere
12. Neville's archive and the Aboriginal Human Relations Newsletters
13. Possible futures in Neville's proposals regarding law and politics
14. The application of Neville's processes in resolving international and intra-national conflict - especially mediation, mediation therapy, Peacehealing and quick response peace healing teams
15. Self-organising social systems – ConFest as an on-going case since 1976
16. Constituting/re-constituting of Global Folk society towards humane caring epochal transition
17. The plethora of action at the margins of the old cultural synthesis – what aspects contribute to survival – functional atunement to future possibilities
18. Research transition to smaller government where folk society does more things for itself without burdening the disadvantaged
19. Using cultural Keyline in business, government and non government organisations
20. Networking within Psychnet and Lacweb
21. The roleout of Neville's T1, T2 & T3 transition processes (Yeomans 1974)
22. Ways Neville's Extegrity (Yeomans and Spencer 1999) and therapeutic/relational governance may act as a tempering force to Global Therapeutic Governance for social control
23. Implementing Extegrity in reconstituting collapsed and collapsing societies
24. Ways Neville's action research relating to the biopsychosocial model may support Victorian Workcover's Clinical Framework as well as the Transport Accident Commission.
25. Ways of non-compromising interfacing between Neville's way and mainstream as a tempering force in reducing hostility to Neville's way (Spencer, Cramb et al. 2002; Pupavac 2005)
26. Exploring the differences and outcomes between Neville's use of therapeutic governance and the the form of therapeutic governance described by Pupavac (2005)
27. The interfacing between Cultural Keyline as a psychosocial science model in scientific qualitative action research and as a folk concept in everyday life interacting
28. Using this research as a qualitative research case study
29. The possible/potential roles of the Internet in all of the above themes

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