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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](image)

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.

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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. M. Coppleston. 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 Laceweb and its nature as a social movement are researched, the Laceweb 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 Yungaburra 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.
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 Mussing. 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.

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).
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; 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 though 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 poem\textsuperscript{4} of the same name(Yeomans 2000a)

\textsuperscript{4} This poem is included at the commencement of this research.
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.

**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 pliably 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, Rudoph 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. Dorethea 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.

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 Pearse (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 Pearse’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 outdoor 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.
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).

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 pharmacological 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.


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 biopharmcological 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 Ingrebbourne 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).


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:
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 proclaimed 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 suffers 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 an 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).
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 avid 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:

> …conversing 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 Laceweb. 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. When Neville and I were together in Laceweb 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.

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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 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 (J anuary 2001, January 2002, and J uly 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 Tuhiriwai 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 deutero-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 meta-context 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 Nevilles 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 prescripted. 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.
<table>
<thead>
<tr>
<th>New Paradigm Basic Belief</th>
<th>Associated Principle</th>
</tr>
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<tbody>
<tr>
<td>Complex</td>
<td>Real-world entities are a diverse lot of complex systems and organisms.</td>
</tr>
<tr>
<td>Heterarchic</td>
<td>Systems and organisms experience many simultaneous and potentially dominant orderings – none of which are ‘naturally’ ordered.</td>
</tr>
<tr>
<td>Holographic</td>
<td>Images of systems and organisms are created by a dynamic process of interaction that is (metaphorically) similar to the holograph.</td>
</tr>
<tr>
<td>Indeterminate</td>
<td>Future states of systems and organisms are in principle unpredictable</td>
</tr>
<tr>
<td>Mutually causal</td>
<td>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</td>
</tr>
<tr>
<td>Morphogenetic</td>
<td>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</td>
</tr>
<tr>
<td>Perspectival</td>
<td>Mental processes, instruments, and even disciplines are not neutral</td>
</tr>
</tbody>
</table>

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

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 (geistwissenshaftlich); 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 preordain (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.


**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
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 Laceweb 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, Laceweb 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 intellective-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 interpersonal], 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 women, 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 Laceweb 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 (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.


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 Yeomans 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.
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

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).
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.
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 (Holonic 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 being 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 life-ways. 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.
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 Tickopian 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 2001. 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 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 understandings 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 father’s ‘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 transition\(^7\) 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

\(^7\) At the time I did not make sense of this talk of epochal change and did not take it seriously.
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
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 organisations 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](image-url)
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.
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, interconnected, 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’, ‘demande’ 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,

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‘Therapeutic Community’ was not just a 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.


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 where 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 offices, 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 proceeds, 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 group of 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 Chilmard 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 patients 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 metaphorlic 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 their 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 Parliament 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 administrating 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 administrating 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 ‘specialed’. 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 ‘specialed’ 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.

![Photo 24 Sheer Cliffs at the Gap – (Lloyd 2005)](image)

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.
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) Chilmade 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 session 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).

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 expressively 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
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
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 looked 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 categories 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.

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

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9 Schizophrenia 2, Personality Disorder 6, Personality Disorder with Alcohol and Drug Addiction 4, and Neuroses 3.
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 filenote 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 cleavered 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).
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.

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.
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.

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 of Fraser House](image)

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.
Margaret Cockett (Sept 2004) told me that Neville and everyone connected at Fraser House were 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 theorin (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 Frazer 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
- Cleavering 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 re-presentation’.
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
As more than one Keyline theme may be either jostling for attention or potently 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.

**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 cleavered 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.
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, has been known for some years, but not on this 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 care of patients suffering from mental illnesses.

He said that the new therapeutic scheme had almost eliminated the need for the use of drugs in the treatment of mentally disturbed persons.

It had been found that the case improved by group therapeutic treatment, seemed more lasting than the temporary tranquilizing effect of drugs.

Kenmore Mental Hospital, he said, was advancing towards the stage when some of the 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, in some cases of the hospital which discharged patients faced on entering the outside world.

Goulburn residents, over a period of time would become more involved with the...
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.

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.
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<th>LEVEL</th>
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<th>DEVIANCY</th>
<th>CORRECTING PROCESS</th>
<th>FRASER HOUSE AND LACEWEB CORRECTING PROCESS</th>
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<td>Priests Moral leaders</td>
<td>Therapeutic Community</td>
</tr>
<tr>
<td>2 Norms (Legality)</td>
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<td>Illegal Criminal</td>
<td>Judiciary Police</td>
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<td>3 Rules (Efficacy)</td>
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<td>a) Role Performance</td>
<td>Role responsibility (Competence)</td>
<td>Mental Illness</td>
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<td>Therapeutic Community</td>
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<tr>
<td>b) Task Performance</td>
<td>Ability</td>
<td>Physical Illness (Disability)</td>
<td>Physician</td>
<td>Therapeutic Community</td>
</tr>
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**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 Australian - 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’.
<table>
<thead>
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<th>CAPABILITY AND NATURE</th>
<th>INSTITUTION</th>
<th>CONFORMING PROCESS</th>
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<td>1 Values</td>
<td>Capable and in retreat</td>
<td>Abbeys, Monasteries, Convents</td>
<td>Priests, Moral leaders</td>
</tr>
<tr>
<td>2 Norms (Legality)</td>
<td>Capable and deliberate threat to society</td>
<td>Jails, Penitentiaries, POW Camps,</td>
<td>Judiciary, Police Guards</td>
</tr>
<tr>
<td>3 Rules (Efficiency)</td>
<td>Capable and there for instrumental purpose</td>
<td>Army Barracks, Ships</td>
<td>Administrators</td>
</tr>
<tr>
<td>4 Obligations (Capacity)</td>
<td>a) Role Performance</td>
<td>Incapable and unintended threat to society</td>
<td>TB Sanatorium, Mental Hospital</td>
</tr>
<tr>
<td>4 Obligations (Capacity)</td>
<td>b) Task Performance</td>
<td>Incapable and harmless</td>
<td>Blind, Orphaned, Aged, Indigent</td>
</tr>
</tbody>
</table>

Figure 2 Neville’s Four Levels and Total Institutions

Neville embedded the framework depicted in the above table into the evolving Laceweb. The distinction between mainstream 'service delivery' approaches and the self-help Laceweb 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/Laceweb healing processes for healing deviancy in all its forms towards having cleaved 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.
<table>
<thead>
<tr>
<th>Level</th>
<th>Normality</th>
<th>Deviancy</th>
<th>Correcting Process</th>
<th>Fraser House/Laceweb Correcting Process</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Possible way: Harmonious Unity</td>
<td>(Towards status quo in current way)</td>
<td>(Towards possible way of harmonious cleavered unity)</td>
<td></td>
</tr>
</tbody>
</table>

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

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11 Bayview House was modelled on Fraser House.
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.

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
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.
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.
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 Laceweb intercultural healing action. The Watson’s Bay gathering demonstrated an early Laceweb 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 cleavering 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 Normative Model Areas):

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 Laceweb. 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 Cambelltown, 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 Cambelltown 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 Cambelltown 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

BIKIES, BABIES AND HAPPY HIPPIES IN THE PARK

Two of the many who turned up to greet the spring yesterday.

A salute to the spring

The University of N.S.W. wizard, Ian Charnwitz (another parlia-
dmentary candidate), stood on a stone pedestal in the centre of the con-
cert area, exuding upon passers-by.

Under a spreading tree the Living Theatre dressed in their best
medieval gear, offered a reading of the "Every-
thing" morality play.

They sang "The Ash Grove" and when "God"
— sitting in white robes in the tree — said
"Lo, the city", they whipped in a big bundle on
the ground.

Two of the many who turned up to greet the spring.

An area of the park was given over yesterday to the Spring Festival,
attending by the newly formed Sydney Arts Foundation (a group
which was invented by the Queen Victoria Building, a much
larger and more organised by a Victorian psychiatrist, Dr Neville
Veitmoser).

"What we need in this country is a human revolu-
tion," said Dr Veitmoser, who is a candidate
for seat in the Federal elections.

He envisages a new era of creativity and enjoy-
ment in Australia — a merging of East and
West in a major movement taking off in the
park.

There was no revolution yesterday — but the
Spring Festival was more than for the many people
from varied walks of life

who turned up to see
or take part — the fun.

There was television's Leo Reekie keeping fit
day of the schoolgirls in black leotards dancing
in the area of the park

and the Australian Dance
Therapy and a couple of
Africans practiced nearby.

WRAP-UP

The festival began before midday and finished with fanfares,
note music and music at 6:30 p.m.

The original plan had been to use the whole of
the Eastern Park, but the
Minister for Agriculture
Mr. G. R. Crawford, rest-
ticted the activities to the
north-eastern valley.

"I do not believe that
what you have in mind is
to keep up with the
general taste of the com-
monwealth," he wrote in a
letter to the organizers.
At the Cambelltown 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 Tuntable 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).
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.

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.’
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. Coincidently, 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.
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 Laceweb 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.
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 intercultural 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.

**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 Laceweb 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
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.
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.
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 Laceweb 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.
Photo 45 Sample of Bumper Stickers from the collection in Neville’s archives in the Mitchell library (Yeomans, N. 1965b).

**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.

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 there 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**


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’ 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
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.

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.
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.
Indo Asia Pacific Gathering Celebration
In Northern Australia – Sheltering Humane Sociocultural Development

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 ASSUIC 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 Laceweb 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 Laceweb 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).


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 Yirrkala 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.
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.
Neville, these three visitors and I had meetings with members of Aboriginal communities at Atherton, Black Mountain, Kuranda, Malanda, Mareeba, Ravenshoe, Petford and Yungaburra. Neville introduced the three visitors to Narelle McRobbie, a local Idindji Aboriginal women 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.

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 Carribean 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.
Nasuven 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 Laceweb 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 Tocumwal on the NSW Victoria border over the 1998/99 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 Laceweb 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 Manilla 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.
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.

The darker crosshatched disk symbol (Sociogram 4) is used to depict a local Laceweb enabler.

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).
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 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.
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.
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.
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.

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 15

Sociogram 16
Sociogram 17 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.
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).
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.
THE ENABLING NETWORK

Enablers are also part of an enabling network. Sociogram 22 depicts the original enabler’s links to the Laceweb enabler network.

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.
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.

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 25 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).

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.

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

¹² Neville referred me to this article (Dec 1993).
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 Laceweb 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 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 Extegrity 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 ‘Extegrity’ 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 Extegrity 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).

At each of the three levels - people’s wellbeing, lore and governance – the Extegrity Document sets out social action which reframes the European Community document to being Laceweb Cultural Keyline way.

Neville described the Extegrity 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 Extegrity documentation is a preference for partnerships-in-action between previously conflicted people. It was this 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

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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).
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 intercultural 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.

Consistant 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

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

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).
of streets, footpaths, pathways, lighting and other potential hazards. Mareja also energised Aboriginal and Islander youth to 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).

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.
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.

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 Laceweb 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 Laceweb followed by a summary analysis of Neville’s ‘On Global Reform’ paper. Laceweb was discussed as a functional matrix of matrices, and examples were given of Laceweb 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 multifacited; 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 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.