Appendices

Appendix 1. Obituary of Dr. Neville Yeomans Psychiatrist 1928 – 2000

Neville Yeoman's affection for and empathy with the original inhabitants of Australia began very early in his life when, at the age of 3, he was saved by an Aborigine after he had wandered off and become lost in the bush in far north Queensland. This rescue from certain death, laid the foundations for his later work with Indigenous communities as a carer, with an intense interest in the peoples and their cultures. He was a co-healer rather than a prescriber and believed in approaching the problems of mental health, alcoholism and drug addiction from a community perspective. He devoted much of his life to providing counselling and treatment to those most underprivileged and handicapped especially women, alcoholics and drug addicts. After 1975, he extended these activities to northern Australia, from the Atherton Tablelands to the Kimberleys, from Arnhem Land to Central Australia. In a sense it was a repetition of his childhood years when his family travelled like "gypsies" throughout the northern parts of Australia with his prospecting father.

Neville Yeomans was born in Sydney on 7 October 1928 to Percival Alfred ("P.A.") and Rita Yeomans. It was the depression and life was hard. His father, "P.A." Yeomans, a mining engineer (who later became famous for his contributions to agriculture including Keyline Farming, City Forest, Shakaerator plough and other agricultural developments) took the family around northern Australia trying their luck at prospecting. These were important years
for Neville Yeomans when many aspects of his character were moulded.

The vagabond existence of the family meant that they were never in the one place for long. Experiences such as attending 13 schools in one 12-month period, taught him that friendships were ephemeral and superficial.

He completed his schooling at Scotts College in Sydney and then went to Sydney University from where he graduated as a Bachelor of Science (Biology) in 1948. He wanted to work with and heal people and he went on to obtain his Bachelor's degree in Medicine and Surgery in 1956. But it was people's minds that fascinated him most and he completed a Diploma in Psychological Medicine in 1959. In the same year he won an overseas scholarship that enabled him to meet with some of the World's leading psychiatrists. Neville Yeomans was a brilliant and sensitive man who understood things in their context, and he had an ability to see things from different perspectives to those commonly held.

He was appalled by the methods used at the time to treat psychiatric disease (especially shock treatment which he regarded as a crime) and on his return from overseas he established and became the Director of Fraser House at North Ryde Psychiatric Clinic, Australia's first family Therapeutic Community with accommodation for some 86 adults and children. It was a revolutionary contextual approach that treated psychiatric disease on a family and community basis instead of treatment of just the individual. Patients were able to be rehabilitated and return to society rather than being locked away out of sight and restrained with drugs and straightjackets. Many of his peers did not understand this radical approach to treatment and Neville was frequently vilified for being out of step with the main stream of things. It is interesting to note that 40 years later,
his approach to psychiatric treatment has become the norm rather than the exception.

During the period from 1959 to 1972, he ran "healing community" courses for Aboriginal and Islander peoples in Sydney, in country New South Wales and at Alice Springs in Central Australia.

He was the Co-ordinator of Community Mental Health for New South Wales Health Department from 1965 to 1970.

He published many papers on psychiatric treatment (which are now held in the Mitchell Library in Sydney) and with a colleague, wrote a book "Fraser House: Theory Practice and Evaluation of a Therapeutic Community" published by Springer, New York (Clark and Yeomans 1969).

As his interest in community work developed, he completed a Diploma in Sociology at the University of New South Wales in 1963, to better understand the social aspects of human responses. He also broadened his interests to studying other cultures and their values and, among other things, joined the Australia Eurasian Association in the late 1960's, and followed his passion for multiculturalism. He regarded Australia as a "cooking pot" rather than a "melting pot" of cultures, cooking up a new and better culture for the future! It was on a platform of multiculturalism that he stood for the seat of Philip (Liberal, Sydney) in the 1972 elections and gained sufficient votes not to lose his deposit, but failed to gain the seat.

Not content with his already numerous qualifications he went on to complete a Bachelor of Law degree from the University of New South Wales in 1975 and was admitted to the Bar. In spite of this, he was more interested in mediation than litigation and closely studied the mediation systems used in China. He studied Japanese and Chinese
languages and travelled overseas to Asia, Europe and the Americas on several occasions over the years. He was an avid supporter of Bliss Symbolics, an international sign language based on symbols.

Neville Yeomans was drawn more and more to the area he grew up in and in 1975 he moved back to north Queensland where he became engrossed in working with Aboriginal people. He conducted a private psychiatric counselling and family therapy practice, facilitated community support for Aboriginal and Ethnic groups, established "Healing Haven" houses in North Queensland and assisted in the creation of a black women's shelter in Cairns.

In the early 1980's he became interested in and a keen qualified practitioner of Neuro Linguistic Programming (NLP) which was a revolutionary way of treating emotional states and of helping people overcome psychiatric illness and addictions. He and a friend, Terry Widders, set up NLP Centres in Cairns, Townsville in Queensland and Bondi Junction in Sydney. Neville Yeomans continued to pay the price of being a pioneer of new ideas and was regarded as a pariah by many of his professional colleagues in the establishment, with many refusing to refer patients to him.

In 1987 he was a consultant to Petford Aboriginal Training Farm in far North Queensland and from 1989 to 1994 he facilitated camp-outs/Intercultural Healing Training festivals in the Atherton Tablelands and at the Petford Aboriginal Training Farm. In 1990 he was an Adviser to the Australian South Sea Islander United Council. He was on the Steering Committee for Training on Torture and Trauma in 1994 and conducted a three-day training course in Darwin. His working career came to an end in 1997 in Darwin where he was discovered sick with bladder cancer by his youngest son, and brought back to Sydney for treatment.
Neville Yeomans was a very intelligent, passionate and insightful person with a deep sense of purpose and an ability to focus absolutely on the job in hand, a characteristic that often made it difficult for those closest to him. He was also an introspective, artistic and aesthetic person who loved music (he played the clarinet) and art and he wrote poetry on a regular basis from the mid 1960's. Many of the poems demonstrate his sharp wit and sense of fun. The hundreds of poems he wrote, which give glimpses of the man within, will be published shortly. His passion was to treat people in need, his skill was his ability to engage with people and to make suggestions for change. His dying wish was to leave a legacy of clinics for Aboriginal people to enable them to help themselves. Neville Yeomans died in Brisbane on 30 May 2000 following a painful struggle with cancer. He spent his final days at home, surrounded by members of his family and friends. He is survived by his two brothers, two half-sisters, five children from two dissolved marriages, and eight grandchildren.

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Leura, N.S.W.
### Appendix 2. List of Neville’s Early Actions and the Isomorphic Social Action Neville had me Experience as an Action Researcher

<table>
<thead>
<tr>
<th>Type</th>
<th>Examples of Neville’s Early Social Action</th>
<th>Isomorphic Metaphor</th>
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<tbody>
<tr>
<td>Therapeutic Community</td>
<td>Fraser House</td>
<td>Bondi Junction Network&lt;br&gt;Geoff Guest at Petford&lt;br&gt;Small Island Gathering&lt;br&gt;Jail Groups</td>
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<tr>
<td></td>
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<td>Bondi Junction groups&lt;br&gt;Petford Groups&lt;br&gt;Small Island Gathering&lt;br&gt;Jail Groups&lt;br&gt;Trauma Support Groups&lt;br&gt;ConFest Groups&lt;br&gt;Family Therapy contexts</td>
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<td>Group Work</td>
<td>Fraser House Groups, Human Relations Groups</td>
<td>Bondi Junction groups&lt;br&gt;Petford Groups&lt;br&gt;Small Island Gathering&lt;br&gt;Jail Groups&lt;br&gt;Trauma Support Groups&lt;br&gt;ConFest Groups&lt;br&gt;Family Therapy contexts</td>
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<tr>
<td>Healing Ways:</td>
<td>Fraser House: Committee work, Canteen, Bowling Green, Suicide Support, Domiciliary visits</td>
<td>Letters to global governance&lt;br&gt;Jail Groups&lt;br&gt;Networking&lt;br&gt;Internet&lt;br&gt;This PhD</td>
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<tr>
<td>Work Therapy</td>
<td>Fraser House, Fraser House outreach, Laceweb &amp; INMA</td>
<td>All of listed action&lt;br&gt;Letters to global governance&lt;br&gt;Jail Groups&lt;br&gt;Networking&lt;br&gt;Internet&lt;br&gt;This PhD</td>
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<tr>
<td>Cultural Keyline</td>
<td>Fraser House, Fraser House outreach, Laceweb &amp; INMA</td>
<td>Sydney Gatherings;&lt;br&gt;All aspects of Laceweb Action&lt;br&gt;Research and Networking;&lt;br&gt;Psychnet Networking</td>
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<tr>
<td>Cultural Healing Action</td>
<td>Festivals, happenings, events, parties</td>
<td>Yungaburra New Years Eve Party; Rainforest campouts; At Small Island Gathering;&lt;br&gt;Psychnet networking;&lt;br&gt;Tagaytay Gathering and Pikit</td>
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| Laceweb Healing Ways | Laceweb sharings | visit in Mindanao in the Philippines; ConFest
Tapped me into Laceweb sharings in Qld. and Darwin Top End; Balmain Workshops; other Sydney workshops with Neville; Australian South Sea Islander Communities; personal co-learning
Engaging me in family therapy contexts |
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<tr>
<td>Family therapy</td>
<td>Fraser House; Small Therapeutic Community Houses; Laceweb action</td>
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<tr>
<td>Festivals</td>
<td>Watsons Bay; Centennial Park; Paddington; ConFest; Campbelltown; Aquarius at Nimbin; Cooktown</td>
<td>ConFest; Aboriginal &amp; Islander Therapeutic Community Gathering; Small Island Gathering; Australian South Sea Islander gatherings</td>
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<tr>
<td>Community Markets</td>
<td>Paddington; Yungaburra Rapid Creek</td>
<td>Paddington; Yungaburra; Rapid Creek; St. Andrews (Vic); Channon (NSW)</td>
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<tr>
<td>Intercultural</td>
<td>Asia Club; Watsons Bay Gathering; Laceweb Networking; Rio Earth Summit</td>
<td>Small Island Gathering; Laceweb Networking among Aborigines, Torres Strait Islanders, Australian South Sea Islanders, Hmong, West Papuans, Bougainvillians, and East Timorese Communities; linking throughout SE Asia Oceania (Psychnet 2005a)</td>
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<tr>
<td>Networking</td>
<td>Fraser House Family Friendship networking; Self help Groups; Laceweb Action</td>
<td>Bondi Junction; Laceweb Action – Atherton/Cairns; Rapid Creek; Byron Bay; Small Island Gathering; Australian South Sea Islander Communities; SE Asia, Oceania, and Australasia networks (Psychnet 2005a)</td>
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<tr>
<td>Functional Matrices/Self Help Groups</td>
<td>Mingles; Connexion; Inma Nelps; Nexus Groups; UN-Inma; etc.</td>
<td>Mingles; Inma Nelps; Nexus Groups; Funpo, UN-Inma</td>
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<tr>
<td>Keyline</td>
<td>P.A. Yeomans action Use of Keyline at Festivals</td>
<td>1992 Aboriginal &amp; Islander Therapeutic Community Gathering; visit to Nevallan and Yobarnie; Interaction with Ken, Allan and Stephanie Yeomans</td>
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<tr>
<td>Interfacing with Dominant System</td>
<td>Fraser House; Community Mental Health; Psychiatric study group; Rio-Earth Summit</td>
<td>Global-local Realplay; Letters to Global governance bodies; RHSET, NACADA; Extegrity documentation; Canberra briefings; mentoring of CEO’s and senior executive of multinational organizations; Interfacing between UNICEF E-Asia Regional Office &amp; Psychnet; Dialogue with PNG &amp; East Timor Parliamentarians</td>
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<tr>
<td>Interfacing with business</td>
<td>Asia link Business Group Study Group</td>
<td>Current versions of the Business Cultural Keyline Study Group: ongoing action research with CEOs</td>
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<tr>
<td>Category</td>
<td>Activities</td>
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<tr>
<td>Everyday life action</td>
<td>Neem Production; Tree Oil Extraction; Horses; Laceweb action</td>
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<td>Laceweb action Sydney, Melbourne, Byron Bay, Atherton and FNQ, Darwin Top End, Laceweb and Psychnet Networking; other E. Asia and Oceania networking, especially Tagaytay Philippines gathering, and with muslim men's group in the rice growing hamlet in Takepan in Mindanao; Jail Groups</td>
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<tr>
<td>Local Governance</td>
<td>Fraser House; Small Therapeutic Community Houses; Small Island Gathering; Aboriginal &amp; Islander Therapeutic Community Gathering</td>
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<td></td>
<td>Small Island Gathering; Aboriginal &amp; Islander Therapeutic Community Gathering; ConFest; Jail Groups</td>
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<tr>
<td>Micro Gatherings/events</td>
<td>Fraser House Blackmountain Yungaburra Asia Ball</td>
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<td></td>
<td>Blackmountain rainforest party; Jail Groups Yungaburra new years eve party; ConFest Site Trips</td>
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### Appendix 3. A Comparison of Goffman’s ‘Total Institutions and Fraser House

<table>
<thead>
<tr>
<th>Total Institutions</th>
<th>Fraser House</th>
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<tr>
<td>The key fact of total institutions is ‘the handling of many human needs by the bureaucratic organization of whole blocks of people’ (p18).</td>
<td>The key fact of Fraser House is the embracing and satisfaction of individual and the therapeutic community’s needs by the staff supporting and enabling residents taking responsibility for themselves.</td>
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<td>The focus is the inmate (p 18).</td>
<td>The focus is the resident in his/her social (family and friends) network.</td>
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<td>In the three big chunks of life - work, play, and sleep - these happen in the same place, under a single authority. All phases of the daily round are done with a large group of the same people (p 17).</td>
<td>In the three big chunks of life - work, play, and sleep - these happen in the same place. Some residents went to outside work, Timing relating to work, play, and sleep was in part scheduled by staff and in part determined by committee process. Residents were constantly been rotated through various small and large groups and patient run/controlled committees having differing mixes of people.</td>
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<tr>
<td>People are inmates and/or patients (p 17).</td>
<td>People are termed patients, residents or clients. While conscious of the potency of terminology, within the wider hospital processes, residents were ‘patients’ and all the documentation designated them as</td>
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They are required to do the same thing together. All phases of the daily round are time bound and tightly scheduled (p 17).

All are treated similarly (p 17). Rather than being ‘treated’, people are ‘related to’ and each person is related to differently.

All phases of the daily round are time bound and tightly scheduled (p 17). Spontaneous social interaction with aspects of Fraser House life tightly scheduled (e.g. groups and committee work).

This schedule of activities is imposed from above by explicit formal rulings by a body of officials (p 17). While small groups and big group are required by officials, virtually every aspect of community life is determined by the residents via committee structures that are effectively run by the residents, sometimes with no staff as observers. A body of rules governs a large part of schedules and these are also determined by the residents.

The aim of this scheduling is bureaucratic convenience (p 17). The aim of the scheduling is to compel residents to enrich their psychosocial self and take responsibility for making decisions affecting the quality of their life and behaviour in community with others.

All the staff enforces the schedule. Both residents and staff are ‘patients’.

Big and small groups and committee work was scheduled for people to do the same things together. There was some free time. Ward committee patients decide timing (lights out/on etc.)
of activities (p 17). The schedule coalesces into a single rational plan designed to fulfil the official aims of the institution (the power of the fittest) (p 17).

There is a basic split between a large managed group (the inmates) and a small staff (p 18). While staff and inmates are in different roles, there is closeness between them including strong friendships. More experienced residents share the enabling and support roles with the staff.

Both staff and inmates are in uniforms owned by the institution (p 18). Some staff and all inmates wear their own casual clothes (some use of uniforms by staff – refer Photo 19).

Staff work 8 hour shifts and are socially integrated into, and live outside (p 18). As with Fraser House.

Inmates live inside. Some may get passes (p 18). While inmates live inside, some go out to work; some attend from 9 AM to 9 PM; others typically can get passes; most go home for weekends; many attend as outpatients.

Inmates have no contact with the outside world or have restricted A condition of being a resident at Fraser House is that family and
supervised contact or non-contact visits (p 18). friends have to attend Big Group and small groups as ‘clients’. Whole families were in residence, so for them, there was constant contact. Visits by family and friends to Fraser House outside of big group visits were restricted.

Each group tends to see each other in ‘narrow hostile stereotypes’ (p 18). The staff patient distinction is *always* maintained (cleavage) although residents and staff see each other as individuals with unique abilities and potential. Everyone in both groups is a potential resource for everyone else (cleavered unity). Staff seek to have residents build upon their ecological bits.

Social distance is typically great and often formally prescribed (p 19). Social closeness is typical and encouraged.

Inmates are not given information about what is being discussed about them by staff (p 20). Communication is very open; anything may, be brought up in Big Group. Reporting is controlled. Staff discussion regarding residents not shared with residents.

The Institution is deemed to belong to staff (p 20). The capital infrastructure is state owned; however, Fraser House as community ‘belongs’ to the therapeutic community and all involved. Friends and relatives
The self of inmates is systematically, if often unintentionally, mortified (p 24). The enrichment of self of residents is pervasively built into every aspect of the Unit.

People are stripped on entry through a series of abasements:
(i) degradation
(ii) humiliation
(iii) profanation of self (p 24).

Prospective inmates required to attend big group and small group twelve times with their family/friends network signed in as outpatients to assist their bonding with the community. The initiation & admittance process was through the traditional North Ryde Hospital process. Once at Fraser House people are welcomed into the community through a series of bonding processes; examples:

- Each person allocated buddies and room mates
- Advised of Fraser House lore
- Told slogans

On arrival, inmates lose their clothes and end up nude, given identical issue (all uniform); stuff that never belongs to you (p 24).

Residents use their own clothes.

The barrier between the inmate and the outside world marks the first curtailment of self (p 24).

While being ‘inside’ and having friends and family required to visit, the absence of barriers in the therapeutic community makes enrichment of self through ecological interaction (almost) inevitable. Residents go on regular outside trips (as recreational activities...
The buildings and plant are designed to separate and control, and to segregate sexes (p 24).

While the buildings and plant were a traditional design they were used in ways ensuring constant interaction between residents, between residents and staff, between residents and outpatients, and to integrate and foster interaction between the sexes. The Dining Room and recreation rooms were located so as to maximize mingling.

In the outside world inmates may take a number of separate roles, and typically none will block their performance and ties in another role (role segregation). Being inside automatically disrupts role scheduling. Staff determines inmate’s roles (p 24).

Virtually everything is known by everybody (especially through the ‘bring it up in groups’ protocol). Through the resident run committee process all residents help evolve the various roles within the community. Resident committees determine resident roles. People may volunteer for these roles, and all play a part in deciding who participates for a time in the roles. There is some role scheduling and some role spontaneity.

Every behaviour encroaches on every role and will be used to curtail and mortify self (p 24).

Every behaviour encroaches on every role and will be used to expand and enrich self.

Role dispossession occurs (p 24).

Enriched and new role taking is encouraged and role flexibility occurs.
Because of the institutions pervasive intrusion into virtually every aspect of inmate’s lives, the admission procedures include obedience tests and will-breaking contests in order to compel co-cooperativeness from the outset (p 26).

Inmates are likely to be stripped of their usual appearance and their ‘identity kit’ (p 30).

Inmates subject to indignities - examples:
- must use spoon
- must beg/humbly
- ask for little things
- being teased,
- sworn at and ignored (p 230)

While the schedule of activities is to be complied with, considerable freedom is given till the person is immersed in the community. Then tough constraints are placed on mad and bad behaviour by staff and other residents. Conditions may apply regarding re-entry if a resident elects to leave early.

Residents’ appearance is unchanged or they are encouraged to improve it.

Any staff or resident subjecting anyone else to indignities would be censured.

The boundary individuals place between their being and the environment is invaded. The embodiments of self are profaned (p 32).

Boundaries between self and environment open to community view and may be perturbed and cleavered if deemed dysfunctional. Potential for all residents and staff being there to support residents’ self help. The embodiments of self are respected and celebrated.

Unavoidable contact with aliens (no choice) and contaminating of objects of self-feeling - such as

Unavoidable contact with resident/staff enablers (no choice) and processes interrupting and sabotaging
one’s body, immediate actions, thoughts and possessions (p 36).

madness and badness towards decontaminating objects of self-feeling - such as one’s body, immediate actions, thoughts and possessions.

Inmates undergo mortification of the self by contamination of the physical kind - by forced interpersonal contact and social relationship (p 36).

There is the violation of one’s informational preserve regarding self. During admission, information about past behaviour (especially discreditable facts) are collected and written up in dossiers available to staff (p 32).

There is the ecological violation of one’s informational preserve regarding self. During admission, information about past behaviour (especially discreditable and creditable facts) are collected and made available to staff and residents as part of local knowings of everyone in the therapeutic community. Any non-ecological use of this information is interrupted and censured.

Enforced public character of visits by friends and relatives (p 38).

Inmates undergo shifts within the self by being placed in dorms with one ‘mirror’ person and two ‘opposites’ (for example, two ‘under-controlled/ over-active’ residents with two ‘over-controlled/under-active’ residents - with forced interpersonal contact and social relationship compelling a shift to the psycho-socially functional middle ground.

Contaminative exposure by having mail and phone calls monitored, limited and censored (p 38).

This applies to visits by friends and relatives attending big group.

Typically no monitoring. Some contact restrictions and limits to contact with dysfunctional others.
Contaminative exposure by denouncing significant others, especially when others physically present (p 38).

The usual relationship between the actors and their acts is disrupted (p 41).

The above firstly by ‘looping’, where an agency creating a defensive response in inmates hones in on this response for its next attack. The reaction to the situation is collapsed back into the situation. Inmates can’t defend themselves by creating distance between the mortifying situation and themselves (p 41).

Another form of looping follows from the lack of role segregation (desegregation) allowing behaviour in one role/context to be brought into every other role/context (p 41).

Community based pressure to ‘bring it up in the Big Group’; concern about consequences for the community as a whole, and personally experiencing the results of the process ‘working’ had residents exposing others, especially significant others.

As for Fraser House, though the behaviour of residents and the outcomes of their behaviour are constantly a matter for group discussion towards functionality.

As for Fraser House, although within a context of enabling self-help and mutual-help.
In mental asylums, a permissive environment entraps inmates to ‘project’ or ‘act out’ their typical difficulties, which they are then confronted with during therapy sessions (p 42).

Inmates are regimented and tyrannized in that within civil society, the issue of ‘correctness’ rarely arises. Inmates have to constantly look over shoulders to see if criticism or other sanctions are coming. Minute matters, usually those of personally taste and choice in the outside world, are prescribed by authority (p 42).

Each specification robs the individual of an opportunity to balance needs and objectives in a personally efficient way and opens up lines of action to sanctions by staff (p 43).

The autonomy of the act is violated (p 43).

Economy of action is disrupted by being required to ask permission for supplies for minor activities; As for Fraser House, though within a context of enabling self help. Permissiveness continues till the person is enamoured and imbedded in the community. Things may then get humanely and ecologically tight and tough and dysfunctional behaviour interrupted.

‘Enabling wellbeing of self and others’ is the standard for both residents and staff in relating with and intervening in the life of others. Some minute matters are pre-scribed by decision of resident committees.

Specification is decided by residents and staff in daily group and social interaction, providing an opportunity to balance needs and objectives in both a personal and community sensible way and opens up lines of action to enhancement by all.

The autonomy of the act is supported at the individual and community levels, with scope to explore fit in both sectors.

Economy of action is facilitated by residents being in charge of supplies for minor activities. This places adults
adults placed into suppliant submissive roles unnatural for adults; allowing ‘interception’ by staff, (being put off, teased, denied, questioned or ignored) (p 45).

Regimentation by being required to perform regulated activity in unison with others (p 46).

Some regimentation by being required to perform regulated activity in unison with others within a context where residents have established most of the ground rules.

Use of an echelon form of authority in that any member of staff has certain rights to discipline or impose sanctions on any member of the inmate class (p 46).

Use of a communal form of communal empowerment in that any resident or member of staff may provide enabling support to another resident or member of staff. The Ward Committee has authority to enforce sanctions for breach of rules.

Echelon authority and strict enforcement of regulations may result (especially in new arrivals) in living with chronic anxiety about consequences of breaking rules (p 46).

Community, Family and individual empowerment and strict enforcement of healing ways may result, especially among new arrivals, in living with ecological levels of anxiety, e.g. overactive/under-controlled may usefully have more anxiety, and under-active/ over-controlled may usefully have less anxiety.

Loss of self-determination through having no capacity to decide certain bodily comforts such as soft bed and quietness at night (p 47).

As for some aspects of Fraser House (such as the ‘soft bed’). However, residents have full control of regulations and involvement in the
Even the capacity for self-determination by the mode of response given back to authority may be denied or discounted by staff ignoring the response and reframing the response as a symptom of pathology (p 47).

Curtailment of self may be almost total (p 49).

It is largely the privilege system that provides the framework for personal reorganization (p 51).

Firstly, proscriptive and prescriptive house rules layout required conduct (p 51).

Secondly, there are a small number of clearly defined rewards or privileges held out in exchange for obedience.

The inmates’ world is built around therapeutic change processes, ensuring things like a quiet nights sleep.

The capacity for self-determination. Ecological responses given back to authority would be supported by staff at every opportunity; residents would be encouraged to explore the consequences of non-ecological responses to other residents and staff. Staff denyng or discounting responses would be censured.

Virtually everything fosters enriching the self towards self determining action and sociable relating with other selves in community.

Every aspect of the values based caring therapeutic community provides the framework for personal re-organization.

In Fraser House the bulk of proscriptive and prescriptive rules are decided by the residents. Residents evolve their own lore and rules. They have free access to their own canteen. Privileges are generally a right for all, though the Ward Committee could withdraw rights for a breach of rules.

Non-ecological behaviour may see a
these minor privileges - e.g., a coffee and a smoke. These are akin merely to the absence of deprivations one normally expects not to sustain (p 51).

Release is elaborated into the privilege system (p 53).

Release not linked to privileges; rather based on ecological functioning and capacity to fit into outside community - though required to leave after six months stay. This was reduced to three months to foster change.

Thirdly, there are the punishments including withdrawal of privileges (even small privileges) and these assume great/terrible significance (p 51-2).

Rewards and punishment received by inmates are only received by children and animals in outside world (p 53).

Rewards and punishments were not imposed top down. Sanctions were context and age relevant.

Rewards and punishment woven into the residential work system with certain places, roles, and perks associated with reward (p 53).

Consequences flowed from context and everyday life milieu.

There is among inmates an informal system of what Goffman calls ‘secondary adjustments’ - practices that don’t directly

The everyday life milieu worked its constituting potency. Anyone seeking ‘advantage over’ and ‘egocentrically working the system’ would be
challenge staff, but allow inmates to obtain forbidden satisfactions (‘the angles, deals, ‘knowing the ropes’) (p 56).

An informal inmate system ensures that no inmate informs on others’ ‘secondary adjustments’; violators defined as ‘finks’ ‘squealers’, and ‘rats’ (p 56).

Inmate support groups developing in opposition to the system (p 56-57).

The oft-invoked slogan and practice was, ‘bring it up in the group’.

Support groups fostered and linked to the Fraser House community. There were functional and dysfunctional factions and cliques forming and disbanding regularly. Dysfunctional ones were cleavered.

Typically, inmates find out that fellow inmates have all the properties of ordinary, occasionally decent human beings worthy of sympathy and support. Past offences cease to be an effective means of judging personal qualities (p 57-59).

In therapeutic institutions, the inmates become less able to protect their ego by direct hostility towards the institution (p 59).

Secondary adjustments and adapting: Some, because of prior experience of traditional hospitals, may set out to make use of secondary adjustments,
Firstly, by using regression (situational withdrawal) as a defence;

Secondly, flagrant non-cooperation;

Thirdly, colonization, fitting in and ‘doing it easy’;

Fourthly, conversion - becoming the perfect inmate;

Fifthly, playing it cool by a combination of the above. (p 61-64).

Typically, neither ‘stripping’ processes nor reorganizing processes seem to have lasting effect, partly because of secondary adjustments, counter mores and playing it cool (p 64).

Reorganizing and re-constituting processes had lasting effect. All involved are vigilant in stopping processes that may strip.

The presence of release anxiety due to disculturation and stigmatisation (p 69-71).

Processes foster residents expanding and enriching their culture (as ‘way of life’). Close involvement of family and friends being in therapy themselves minimizes resident stigma as does domiciliary care visits by those who are about to be released. Typically, residents leave with a functional supportive network of around seventy.

Dysfunctional family and friends who are sabotaging a resident would be
can cause major embarrassment to inmates (p 123-135).

Resident’s families typically have intimate understanding of the institution and are actively involved in resident healing (and typically, self healing) as well as potential for involvement in the unit’s committees.
Appendix 4. Neville’s Forward to his Father’s Book ‘City Forest’

FORWARD

A major change in values and in behaviour is beginning to occur in Australia. For too long we have been exploiting both our continent and each other. Patterns of human living based on selfishness and ruthless competitiveness are becoming self-destructive. A new era is dawning—equality between the sexes, generosity in human relationships and honesty in negotiation. With this goes a respect for the environment that sustains us.

Humankind is a bio-social species. His biological survival depends on harmonious working with Nature. Harmony comes only when we give as well as take.

The world has paid a terrible price for the Industrial Revolution and the advance of science. We had to be ruthless to control and harness the forces of Nature; to become machine-like, to make machines and to think like computers, to conquer ignorance. But the battle is won. Now we must re-humanise ourselves and share the fruits of our labour. The swing away from the mistakes of the chemical solution of biological problems is beginning. Natural food movements suggest we are searching for a healthier way. The growth of community groups in ecology, welfare, education and the arts suggest we want to become better and happier humans.

Australia is the only continent on earth never split by warring nations or states. We are fortunate in being unimportant in the great power competition. As inheritors of the industrial era we are on the periphery of both European and Asian civilizations.

We alone are in a position to accept the best from all continents in ideas, people and ways of living.
History took humanity from the tribe to the City State, to the Nation State. The next step is the Continental Nation at peace with itself and with its neighbours. It is our unique opportunity and duty to become the example to the rest of the world for that next step. In this process the Machine City must be replaced by the Human City. The exploited landscape must be husbanded with loving care. The soil which gives us life must be developed in its own living processes so that it grows richer year by year rather than poorer. The beauty and freedom of personal space depends on caring for the integrity of all our environment. We may not be the most varied and beautiful continent on earth, but we can and must be the most human.

My father's work and the contributions of all Australians is needed for the task ahead (Blumer and Shibutani 1970).

Neville Yeomans.
Appendix 5. Diagnosis of Fraser House Population as at 30th June 1962

Reference (Clark, A. & Yeomans, N., 1969 Page 56)

<table>
<thead>
<tr>
<th>Disorders Caused by or Associated With Impairment of Brain Tissue</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Acute and Chronic brain disorders</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2. Mental deficiency, mild with epilepsy</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

Disorders of Psychogenic Origin

**Psychotic Disorders**

Affective Reactions:

- Manic Depressive reaction depressive type: 1 1 2

Schizophrenic Reactions:

- Schizophrenic reaction, simple type: 3 8 11
- Schizophrenic reaction, hebephrenic type: 0 3 3
- Schizophrenic reaction, catatonic type: 2 2 4
- Schizophrenic reaction, paranoid type: 3 6 9
- Schizophrenic reaction, acute undifferentiated type: 1 2 3
- Schizophrenic reaction, schizo-affective type: 2 0 2

**TOTAL** 12 22 34

**Psychoneurotic Disorders**

Psychoneurotic Reactions

- Anxiety reaction: 0 1 1
- Conversion reaction: 0 1 1
- Obsessive - compulsive reaction: 1 1 2
- Depressive reaction: 2 2 4

**TOTAL** 3 5 8

**Personality disorders**

Personality Pattern Disturbances:

- Inadequate personality: 0 1 1
- Schizoid personality: 1 0 1

Sociopathic Personality Disturbances

- Anti-social reaction: 3 2 5
- Dyssocial reaction: 1 2 3

Sexual deviations:

- Homosexuality: 4 0 4
- Pedophilia: 2 0 2
- Prostitution and beastiality: 0 1 1
<table>
<thead>
<tr>
<th>Personality Trait Disturbances</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Compulsive personality</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Addiction:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>alcohol</td>
<td>4</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>drugs (bromides; amphetamines; narcotics)</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Both alcohol and drugs</td>
<td>4</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>TOTAL</td>
<td>21</td>
<td>10</td>
<td>31</td>
</tr>
</tbody>
</table>

| COMPOSITE TOTAL                        | 37| 37| 74 |
Appendix 6. A Case History of an Aboriginal Micro-Encephalic Aboriginal Person Transferred to Fraser House

A Case Study synthesised from discussions with Neville (Dec 1993, July, 1998)

As an example of an asylum back ward Aboriginal individual, Neville described the case of an isolate micro-encephalic Aboriginal person (born with a very small brain) who presented with few skills. He had the body of a twelve year old though he was an adult. He had no capacity for speech and would make aversive noises, for example, snarling and screeching. As well, he would get angry and bite. Within the Unit, at Neville’s instigation, this person was related to as if he was a ‘lovable little puppy dog’. This matched his optimal functioning. After this he soon socialised, became friendly, contented and easily fitted in to Fraser House society.

Neville (Dec 1993, Aug 1998) described his cries as:

Soon becoming harmonious and naturally expressive of mood - typically, contentment and happiness, compared to the prior screeching. He had probably moved close to the optimum functioning of his mindbody. Thereafter, he was attached to various factions. He was able to move back out into the community in a care-house and fit in with the house life as a normal micro-encephalic person rather than a dysfunctional abnormal one.

Neville was fascinated that this person adjusted so well to social life and his change was a convincer for Neville that emotional freeing up is the core of all therapy. To quote Neville (July 1998), ‘With no frontal cortex to speak of, how else could he have changed?’

The Roles of Fraser House Nurses

Reference – (Yeomans, 1965a, Vol. 4)

THE ROLES OF FRASER HOUSE NURSES
(From the Fraser House Staff Handbook)

Preamble

As with all new work situations, so to working as a new nurse in this community means coming to grips with a degree of initial stress. The job is not easy at first, and one thing is certain - it can only be done well by all staff members seeing themselves as members of a TEAM. Only then can new tasks become tolerable and the difficulties surmountable. This is the first and most important working rule to be learned, and with the acceptance of it everything else will tend to fall into place.

This basic point can't be stressed too much, and new nurses are advised to lean heavily on the team in the first few weeks in particular. By communicating difficulties, responsibilities will be spread out and training will continue. Nothing has to be faced alone.

The staff team gives the example on which the patients will perforce model themselves. It has been a lesson well learned here, as in other therapeutic communities all over the world, that when the staff team pulls together the patients tend to do likewise, and from this comes the amalgamation of true community effort that results in success all along the line in the treatment program.

Perhaps the most immediate observation made by a nurse coming to work in this therapeutic community for the first time, is that the patients themselves have had a great deal of authority delegated to them. Indeed, in some matters they are virtually the sole authority. At first glance it will seem fantastic that patients assess and admit new patients; review progress and institute treatment procedures; make new rules and alter old ones; mete out discipline, etc.
To many new nurses and doctors as well, and particularly to those whose previous experience was connected with the physically ill in the general hospital field, or who come from psychiatric settings more formalized in approach, all of this will be right out of line with their training and role appreciation. Adjustment will have to be made, and acceptance that this is necessary is the first and most important step towards fitting into the altered (and ever changing) role required.

In sum, nurses here at Fraser House are not so much doing FOR the patients as working WITH and SHARING an experience. This is basically what is expected.

Understanding the reason behind the differences in work standards and altering roles helps - no one would be willing to change his work pattern in, or the way he sees himself in work without reasonable explanation. If the therapeutic community can be viewed as necessary evolution change towards democratic self-discipline, and if the nurses’ role can be seen as becoming more therapeutic as it moves away from that of custodian towards autonomy for the patients, then the first step is made.

CONCEPT

The basic role of the nurse in Fraser House is that of therapist and this means accepting the patients as worthwhile and worthy of help and so, aiming to change their deviant behaviour and the deviant ways they see themselves or others. The nurse also is a representative of society, and becomes involved with patients in order to return their neurotic, psychotic or other deviant behaviour to the norm of this society.

The nurse remains as much a therapist in being with one patient or with an informal group of patients as in formal group therapy. To be a therapist means to express real caring and at times, discipline about patients. Training in psycho and socio-therapeutic techniques is a continuing process and the nurse enters into research work and the domiciliary field as well. The nursing staff makes up the largest portion of the staff team and has 24-hour close
interpersonal contact with the patients. The role is vital, and in many ways is the most important.

ROLE

Nurses are assigned in teams to regional areas at the moment - Lane Cove, Ryde, Rest of North Shore, other areas. Each regional team is expected to be responsible for knowing their area, its problems and helping agencies etc.. Moreover nurses in each team are expected to come to know all in-patients and outpatients of that area; to be specially involved in the appropriate regional small groups, both in the community and in the Unit; to record progress notes on their regional patients; be part of both for medical officer and follow-up committee planning for the patients of their region.

Nurses working in community and social psychiatry ‘steal’ many of the roles of psychiatrists, psychologists, medical offices, sociologists and social workers. This gives the nurse much more power to initiate and decide and also the accompanying responsibility.

So the role of the nurse in Fraser house is seen as complex and wholly therapeutic, using a team approach in a therapeutic community to set the climate for personality change and social reorganization.

The new nurse will at first learn various areas, and these will be filled in to fit into shape as the tour of duty lengthens. An hour or so will be spent with a senior staff member on the first day for initial induction discussions, and the newcomer is paired off to work with a nurse who is versed in Unit procedure. Experience has shown how the patients actually give a great deal of help to new staff in aiding in their orientation. The new nurse will receive plenty of support to fit into the community. Fraser House traditions are now well established. There are no great dissatisfactions to overcome.

Nurses are on the staff to work as members of a therapeutic team, and to receive a training that has profitable personal and career rewards. Better training and greater work satisfaction for staff are basic aims in therapeutic communities.
GROUP THERAPY

The significance of group therapy in Fraser House may be gauged by the fact that there are about three thousand groups structured in a year involving twice this number of man-hours by the nursing staff. Reporting sessions, attended by nursing staff follow each of these groups, also consume more man-hours devoted to analysis and interpretation of each group, and exchange of information brought out by these groups. These reporting sessions are also for continuous training in all aspects of community and social psychiatry.

Small groups are made up of from eight to twelve people, and are allocated daily. These allocations are made to conform to different patterns according to age and marital state, according to social class and marital state, according to sex and marital state. Also, there are intergenerational groups consisting of patients and their families, of each medical officer attached to the Unit, and groups made up of ‘withdrawn’ patients.

The unstructured groups are special groups held for particular patients for various reasons, e.g., they may be planned and scheduled for certain times during the day or night when a patient's relatives arrive from the country. Or they may be spontaneous, when a relative arrives unexpectedly. Or they may be held as and when a particular patient, or patient family becomes disturbed over some crisis which arises.

THE THERAPIST IN SMALL GROUP THERAPY

The role of small group therapist and observer has always been the province of the nurse in Fraser House, and represents part of the rise in therapeutic status. Nurses have become therapists in their own right.

The first essential in taking a group is to see it as a meeting, and like all meetings, there is a need for a chairman to conduct affairs and keep issues to the point.

The initial function of the therapist is to see that the group functions as a group. It may be necessary for him to be quite directive in order to achieve
this in some groups, but on the other hand it may just happen anyway even if he adopts a completely passive and wordless role. How active or passive, directive or non-directive the therapist is or chooses to be, may be influenced by many things – e.g., the attitude or mood of the group itself and tensions built up prior to and during its running; the type of group and purpose, or the themes introduced during the group. The therapists own personality is a basic factor which determines handling, and this may vary from day to day depending on the therapist’s mood, and also on his attitude to the type of group or even some of the people contained in it.

It should be said here that, whilst one might be influenced to some extent by the way certain therapists conduct the group, it is inadvisable and unwise, and indeed well nigh impossible for one therapist to copy another, for the previously stated reason that the therapist’s own personality is a basic factor in determining the handling of groups. So that even if one decided on a particular therapist as ones ‘idol’, one should not attempt to emulate too closely. Because of this ‘personality’ factor and other rather intangible factors, there are not many rigid rules which can be generalized to apply to all groups, but the following can be applied to most:

THEMES

If a theme is introduced, and it is considered to be not too superficial or inappropriate, the group should pay some attention to it, and not change the theme to another without good reason. If an attempt to change the theme is made, it may be done deliberately by a patient for a fairly obvious reason (such as a personality clash with someone involved in the previous theme), or a less obvious reason such as an unconscious identification and a consequent wish to avoid the theme. It may also be done through plain insensitivity on the part of the person making the attempt at the change. There are many reasons for these moves, and it is the therapist's role to decide on the dynamics of the situations and then to make use of them by feeding them straight back into the group at the time, and if necessary, to make an interpretation of the dynamics operating in the events and occurrences.
It is also in the province of the therapist to direct the group away from superficial themes or from discussing themes in a superficial manner. The therapist, in order to discourage superficiality, may find it necessary to commence the group immediately he enters the room, by physically structuring the group in such a way that he gains attention, establishes some kind of control, and incidentally builds some initial tension within the group. This, of course is not always necessary or desirable, but is often helpful in dealing with groups of teenagers who tend to spread themselves around the room, put their feet up on chairs, and throw matches and cigarettes about. These practices in themselves are quite harmless, but in group are often used as avoiding tactics, and are apt to wreck and render valueless the group itself. So the therapist can avert these disruptions when he enters the room by making everyone get up and draw their chairs into a tight circle in the centre of the room and disallowing feet up on chairs.

In general, the therapist should make use of what is going on in each particular group at the time it is taking place. He has first to be able to recognize what is going on and he can only do this through observation and experience. The way he uses these things which are going on within the group depends to a large extent on the therapist himself – again the personality factor. Even though a therapist is inexperienced, and perhaps not very confident, he should keep in mind that he brings something very valuable to the group with him – something which no one else can do in the same way – the sum total of his own unique life experience. When used with confidence, this is a very powerful force which all nurses have at their disposal.
INTERACTION AND INTEREST

If most of the group is involved in interaction, it goes without saying that they are also interested. However, interest can be very high even though there is not much interaction. Look at their faces, their feet, their hands, their respiration, the way they sit, and it will be known if they are interested or not. Interaction may not be high if the therapist has found it necessary to be active or directive. This sometimes must be the case.

TENSION

There will usually be varying amounts of tension as the group progresses, both from the group as a whole, and from individual members. Silences usually build up while tension is mounting, and the best way to use this tension is not to break these silences; let the members of the group do it as they will when they can no longer stand the tension – and then see what is released with the tension and make use of it.

MOOD

The mood of a group is sometimes sustained throughout, but more often it changes, ranging through many emotions and frequently depending to some extent on the build up and release of tension, the themes discussed and the manner of the discussion, the interaction and the interest, and the cross-identification of those who interact. The role adopted by the therapist is also important here. Once again, the emotions which set the mood for the group are used.
Appendix 8. Fraser House Big Groups

Reference - (Yeomans, N. 1965a, Vol. 5, p. 34)

Fraser House Big Groups

Whereas much has been achieved over the years in the way of explanation and handling of individual and small group difficulties, little is to hand to clarify the acknowledged emotional forces and the psychotherapeutic techniques of large community groups.

Most individual maladjustments can be readily recognized by seeing a personality at conflict with himself and his environment. Small groups portray the ‘family’ setting and inter-personal interaction. But ‘Big Groups’ forming as they do the backdrop to all therapy in this Unit, are not explainable adequately in the term of psychology or psychiatry previously applied to the individual patient or even to the classical group situation.

The sciences of sociology and social psychology, with their study of whole collections of people and the interplay of these groupings within entire societies, are used to explain both these dynamics of the Big Groups and the therapeutic directions of the whole community. Theories of behaviour of crowds and audiences apply to the Big Groups in particular.

The techniques used in handling these meetings are principally our own and have evolved through testing and retesting of basic theories by adoption and ‘trimming’ of those found successful by some leaders, and by constant discussion and evaluation of the problems these community groups pose.

The community meetings held at Fraser House are of two main types and a third is gradually evolving. Morning community groups have two main therapeutic functions; personality change is the aim of four meetings, while social control is the focus of the Thursday morning administrative group. Evening Big Groups, though not compulsory, are invariably well attended by in-patients. But by far, the majority attending can be classified as outpatients and these receive the bulk of the attention. With family therapy as a principle,
the projective interplay of the various families present characterizes these meetings to such a degree as to almost typify the aim of the evening Big Groups.

The setting is a large hall (the Centre Block) in which clear speaking is adequate, central to both wings of the building. Seating is in two rows at the sides and one end with a single row at the end nearest the entrance door. The group leader usually sits in the centre of this row, but is free to move according to his or her dictates. All of the chairs face centrally so that, as much as possible, everyone is in view and speakers can face each other. But principally the people are shoulder-to-shoulder as in an audience as well as being members of a single crowd - usually numbering about one hundred persons.

Two members of the nursing staff (one male - one female) observe and record the meeting from a detached point behind the back row.

Other staff members (medical, nursing, research, etc) intersperse themselves among the patients, paying particular attention to the three inner corners (notorious geographically for the most destructive and resistive sub-groups) but leaving the doorway clear of staff. Portion of a row is reserved here to lessen the interruption made by latecomers.

It has become traditional that the four ‘therapeutic’ Big Groups commence with a reading of the ‘Ward Notes’ by one of the patients. On Thursdays this is deferred till after the various committee reports and elections. In essence these ward notes serve the purpose of an informal Unit newspaper and comprises all manner of notifications from grousches about yesterday’s foodstuff to staff warnings against suspected ‘conmanship’.

Usually the therapist then allows the group to enter into spontaneous ‘free floating’ discussion until a general interconnecting theme is apparent. This may then be pursued with promptings towards interaction between different generations or social classes or psychiatric opposites – or perhaps to tie in together for mutual support those with similar difficulties, personally or because of family or life-crisis situation.
At times the focus might fall on one particular patient or family to highlight a special need, and it is quite common for sub-groups or cliques to merit attention. These latter are constantly forming, breaking and re-forming, and the group leader much of the time finds it impossible to be aware of these changes and undercurrents. The interspersing of staff members throughout does much to obviate this as these moves can be discussed later in the reporting session, or if urgent, brought to the attention in the group by the staff member aware of the moves. Most meetings see the group as a whole reacting much like an audience to a few main actors. This can be constructive as an insight-gaining process as the personal, intra and inter-family or sub-group projections are portrayed and leadership values rise or fall. At other times when matters affecting the internal security of the community arise or pressures are brought to bear from outside sources, interpersonal differences are dropped for combined feeling and action and the Unit becomes united as its projection against threat is shown. So the audience-type reaction displaces to behaviour more attributable to that of a crowd. When these crowd-like emotional forces move the whole community, the opportunity is presented to harness these towards a therapeutic goal which can do more in a single hour towards personality change for more people than many months of other therapy. Herbert Blumer (1970) says of these forces:

People become aroused and more likely to be carried away by impulses and feelings; hence rendered more unstable and irresponsible. In collective excitement, the personal make-up of individuals is more readily broken and in this way the conditions prepared for the formation of new forms of behaviour and for the re-organization of the individual. In collective excitement, individuals may embark on lines of conduct which previously they would not have thought of, much less dared to undertake. Likewise, under its stress and with opportunities for the release of tension, individuals may incur significant re-organization in the sentiments, habits and traits of personality.

When both the staff and patients are working well together in the Unit, a peak of enthusiasm is reached at times when everyone sees almost any move at all as being gainful. New enterprises are embarked upon with an eagerness that is almost inspired and success is a certainty. Whereas perhaps a month
earlier the same move would have met an equally certain failure. All improvements in expanded therapy services and the patient-government structure (and the recent acquisition of the Unit vehicle) have been adopted at such times.

The opposite of gain is loss and this is felt most acutely in a feeling-wave by the entire community at a time of bereavement, deprivation or mourning – when a fellow-patient’s close relative dies; rejecting parents spurn pleas for help; or there has been a serious or fatal attempt at suicide. Here the all-pervading shared sadness can give rise to depressives becoming overwhelmed with emotional forces of loss and breaking into bitter tears as a sign of externalising their feelings of aggression and loneliness. The sincere sympathy given by fellow-patients and therapist at these times can do much to consolidate future lessening of inhibition while false exaggeration of hope is avoided.

Again, when as a whole the Big Group is swayed by frustration, contagious aggression and excitement result; just as contagious as the feelings of fear and panic experienced due to a shared threat anywhere.

The recognition and use of these crowd feelings by the therapist are usually intuitive. The leader must ‘feel’ these and employ them – they are of the greatest value when utilized therapeutically towards corrective emotional experience. This can be rated as either an individual, a family, the whole group, or any combination of these being helped in this direction.

Community meetings are followed by a report by the two official observers, and comment by all staff members present, including the therapist who took the group. Points assessed are:

- Mood
- Theme
- Value and interaction
- Therapist’s role
- Techniques employed
From these 'post-mortems' comes much of the knowledge needed. At the moment this seems by no means exhaustive. The aim must be always to look at the community in the ‘BIG’ – as a whole and this certainly is no easy matter.

FURTHER THEORY AND EXAMPLE

The Fraser House Therapeutic Community is a sub-community of Lane Cove and Ryde aimed at all the different social problems of these areas. There is an inherent movement towards change resulting from the emotional contact of people with different problems. This change is a therapeutic change if the atmosphere is one of help, respect for the worthwhileness of each person, and discipline where necessary. A professional man, father of a schizophrenic girl, once abused the patients and the Unit, because he was sick of people of lower education etc. telling him what to do. His education and professional knowledge were not in doubt, but his capacity as a loving trusting father was. Those like him in age and education had tried and failed to change him in the past. Those unlike him could do so with much more effect.

This therapeutic community attempts to reproduce normal life in many ways, particularly in allowing the development of emotional storms (as they occur in families) and in not enforcing overly good behaviour, as is the usual hospital pattern. Like normal life too, there are limits and so effective discipline is a major part of the program, especially for those with antisocial or hostile problems.

The process of change for the disturbed patient and family may be described in many ways. One is that the Unit attempts to provide emotionally corrective experiences in the conflict area. This can be seen in the spreading of a theme within a group or in the contagion of feeling within the Unit that always most deeply affects those with the problems in the area of conflict which set off the emotion. When sexual interference becomes an emotional topic, the experienced therapist can tell at a glance all those women and girls who have had a similar experience - it screams from their faces. They can then be helped to face this and all the covering up about it, in them and in their family.
Success for a therapist is now known to depend very much on how much the patient realizes that the therapist cares. This cannot be acted by the therapist – and here lies the importance of learning to relax and be oneself and express oneself in the therapeutic situation.

Caring for the patient does not mean loving and accepting everything he does. You don’t care for someone if you let them wreck themselves or harm others. It means coming to see and feel that the patient is a person worth helping and changing. It means to accept the person, but reject their deviant problems (e.g., love a depressed person, but NOT their depression – want to change their depression). Particularly it means rejecting abnormal behaviour, particularly that which is harmful to others. So here caring will mean love and discipline.

There are some points which help in the therapeutic approach to whole families in groups:

1. Aim to help the whole family
2. Help them not to push the most deviant member down when they are under tension
3. Encourage parents of the presenting patient to talk about their difficulties with their own parents, and each other
4. If the presenting patient has improved more than the rest of the family, suggest they forget his problems and talk about their own
5. Make sure the different generations in the family attend different small groups much of the time
6. The overt symptoms in the presenting patient usually indicate the key conflict for all the family
7. Suggest family members who insist they have no problems, that you would like them to be more selfish and talk about themselves anyway
8. Don’t reject the parents because of what you see they have done to their child – find out what he has done to them
9. No parent ever purposefully wrecks his or her child. They should not be blamed for a tragedy they were caught up in
10. Don’t adopt any of the above techniques unless you feel it
The emotional comfort and satisfaction of the Unit staff is one of the most significant features of the therapeutic program. The numerous staff meetings aim to foster this. Specifically, their role is to prevent the development of covert, hidden conflict between staff members about patients. Such conflicts are proven to result in overt patient disturbance. The staff remains the most powerful members of a therapeutic community and their welfare and comfort are of paramount importance.
Appendix 9. The Case of the Insightful Cleaner

A case study synthesised from discussions with Neville (Dec, 1992, Aug 1998)

Recall all staff attended Big Group, including the cleaners. Some cleaners became very insightful therapists, the ‘onlooker seeing most of the game’. On one occasion mentioned by Neville (Dec, 1992) a cleaner spotted that a catatonic woman had drawn a beautiful horse in a moment of lucidity. The cleaner mentioned about the catatonic’s drawing skills during a Big Group and suggested that a drawing pad and coloured pencil-set be left beside her so that she may be prompted to stay lucid longer. This was done and the catatonic patient did start to draw. To encourage her further, a full painting kit was arranged to be placed beside her. After a time a set of poster colours in pots were set up, and a nearby wall was designated as the ‘mural space’ and mentioned her name. In the end this patient came out of her catatonia and painted beautiful big murals over a section of the Unit. At one stage she was running out of walls to paint and this coincided with word being received on the grapevine that a fund cutting inspection team would arrive that might recommend closing the Unit if it was deemed too alternative. After discussion in Big Group about this impending inspection it was agreed that everyone would help in painting over the murals and returning the unit to white. When the inspectors arrived they found all the staff in their white uniforms in a white unit. The inspectors saw little that was out of the ordinary and okayed the Unit. After they left, the mural painting resumed, and after a time this ‘catatonic artist’ was able to return to living in society.
Appendix 10. Case Study - The Canteen as Work Therapy

A case study synthesised from discussions with Neville
(Dec, 1992, Aug 1998)

As an example of governance therapy in action, a person who had been elected to work in the canteen wanted to resign because some patients were asking him to break the rules and he could not say ‘no’ (Yeomans, N. 1965a, Vol. 5, p. 34). At the same time he would get very disturbed and angry. The consensus in the group discussion about this was that it was very much in his interest to learn to say ‘no’ without becoming disturbed. It was in his interest to stay working in the canteen and face this problem. He did stay on. He worked through this issue in group discussions and in his canteen work experience till it was resolved.

In a similar vane, an embezzler was knowingly elected to the Canteen Committee and, true to form, embezzled money. His actions and their consequences for everyone provided a potent context for change-work during both Big Group and Small Groups. Matters to do with the canteen were a constant generator of extreme emotional passion in Big Group. It was well known that this continual therapeutic struggle amongst canteen workers was also the source of funding for the patients’ domiciliary and other outreach work which patients and outpatients were committed to, and highly valued.
Appendix 11. A Copy of a Letter Drafted by Resident Members of The Parliamentary Committee

The following letter was drafted by resident members of the Parliamentary Committee as an aid to increasing involvement by family and friends. Neville placed a copy in his collected papers in the Mitchell Library (Yeomans, N. 1965a, Vol. 2, p. 11).

Fraser House
The Psychiatric Centre
Cox Road
North Ryde

Dear

As your relative or friend is now a patient at Fraser House, it is now our common purpose to do what we can towards the restoration of full mental health.

We invite you to come as often as you can to the groups, the function of which are to enable all of us to find out the reasons why the breakdown has taken place, so that we can all assist.

There are in the hospital a number of committees, because it is believed that the patients and their relatives and friends can do most towards solving each other’s problems.

Groups are held at 9:30 A.M. each morning and at 6:30 P.M. each evening. Tuesday and Thursday groups are set aside for parents and relatives of the patients and Friday morning for general business.

If you would like a group from here to call on you to advise or help you in any way, to indicate what Hospital Benefits or social services are available, to explain the groups to you, or to be of any other
assistance you have only to ask and a group of patients will be at your service.

Will you please write to me if there is anything we can do or any information we can give.

If you are in distress about anything, would you ring Fraser House, phone 880 281 and ask the charge nurse to give me your message.

The President

Patients' Parliamentary Committee.

Notice that this letter was sent by the patient who was the president of the peak committee. Also note the inclusiveness of community therapy conveyed in the second paragraph, and that support was readily available, 'by a group of patients'. They would come in their own red van.
Appendix 12. Notes on Fraser House in the Media

Notes synthesised from discussions with Neville (Aug 1998) and archival research.

As one aspect of ensuring Fraser House’s continued existence, Neville was constantly seeking and gaining media attention focused on Fraser House’s value to the community. Neville placed a large collection of media clippings and other Fraser House archival material in the Mitchell Library within the NSW State Library (von Sommers 1960).

In 1959 the Weekender reporter Green tells of a dedicated telephone number for Fraser House being SUI, similar to 011 today (1960); telephones in those days had alpha and numeric numbers. People-at-risk and their family and friends could attend Fraser House as outpatients and at-risk people could become inpatients. After only four months in operation, Fraser House had a five-month waiting list of people wanting to get in.

Appendix 13. The Roles of the Fraser House Patient/Outpatient Committees

A statement of the roles of the Fraser House Patient/outpatient committees showing the staff who devolved their role. This role structuring was being continually being modified and adjusted (Yeomans, 1965, Vol. 4)

Admitting Committee (devolved from the psychiatrist)

Roles:

- Interviewing people seeking admittance
- Identifying problems and problem areas
- Specifying the type of treatment
- Specifying period before review
- Specifying conditions of admission
- Ensuring prospective patients know the requirement for both patients and their families and friends to attend 12 groups before the patient’s admission
- Making a record of all the above details which is presented at the following Thursday’s Administration Big Group.

Membership:

Residents eligible for election upon being six weeks in the Unit.

The split between residents and outpatients is unavailable.
Staff present:

Medical officer and members of the nursing staff

Progress Committee (The senior committee - devolved from the psychiatrist)

- Discussing and assessing individual patients and families
- Discussing problem areas
- Suggesting treatment procedures
- Confirming, altering or changing treatment
- Maintaining close liaison with Rehabilitation Committee

Membership:

Residents eligible for election after being two months in the Unit.
The Split between residents and outpatients is unavailable.

Staff present:

Senior male nurse and senior female nurse

Pilot Committee (devolved from director/psychiatrist)

Roles:

- Attending all other committees
- Investigating all other committees
- Reporting to Progress, Parliamentary or Big Group on irregularities or failing activities

(formed March 1965)
Membership:

Residents who have considerable functionality and a hence likely to be leaving the Unit in the next few months.

The Split between residents and outpatients is unavailable.

Staff present as representatives:

Senior and Junior charge nurses

Parliamentary Committee (devolved from senior charge nurse)

Roles:

- Liaising between residents and staff
- Sustaining paramount emphasis on democratic government, rights, dignity and freedom
- Presenting staff with a uniform view of resident feelings about the Unit’s functioning
- Airing criticisms of the efficiency and policy of any committee
- Hearing applications of resignation from any committee.
- Holding elections for vacant positions on any committee at start of Thursday Administration Big Group

Membership:

All residents on structured committees.

The Split between residents and outpatients is unavailable.

Staff present as representatives:

Senior and junior charge nurses
Ward Committee (devolved from nursing staff)

Roles:

- Maintaining discipline
- Ensuring ward cleanliness (as adjunct to domestic and maintenance staff)
- Being responsible for patient cleanliness and welfare
- Discussing treatment procedures with the Progress Committee
- Meting out justice when rules are broken
- Drawing up work rosters
- Ensuring cleaning duties done
- Monitoring resident’s behaviour
- Permitting or denying weekend leave based on behaviour
- Instilling responsibility, initiative and independence

Membership:

Residents who have considerable functionality and a hence likely to be leaving the Unit in the next few months. The split was 8 residents and 4 outpatients.

Staff present as representatives:

Nurses

Teenager's Committee

Roles:

- Promoting a spirit of friendship amongst teenagers in the Unit
- Organizing a program of group outings and activities
- Enforcing peer discipline
- Assuming a group parenting role
- Liaising with Ward Committee re inter-generational issues
Membership:

Restricted to members under 20 years of age
Split between residents and outpatients unavailable.

Staff present as representatives:

Nurses

Outpatients, Relatives and Friends Committee (devolved from Social Worker)

Roles:

- Supporting the evolving of local psycho-social support networks
- Maintaining locality based card index with names and addresses and typical travel modes
- Providing a coordinated transport system to enable more regular attendance at groups
- Providing assistance to outpatients within their own district
- Providing relatives and outpatients with a voice in Unit management
- Liasing with Follow-up Committee

Membership:

Family and friends of inpatients, and inpatients. Split - 2 outpatients

Staff present as representatives:

Social worker
Rehabilitation Committee (devolved from Social Worker)

Roles:
- Assisting discharged patients finding work
- Arranging accommodation
- Liaising with the Progress Committee re progress and employment prospects

Membership:

Residents who have considerable functionality and a hence likely to be leaving the Unit in the next few months. Split between residents and outpatients unavailable.

Staff present as representatives:

Social worker

Follow-up Committee (devolved from Social Worker)

Roles:
- Establishing close liaison between inpatients and their relatives and friends
- Organizing and financing home visits by resident domiciliary group members and searches for AWOL residents
- Administering emergency aid
- Liaises with Outpatients, Relatives and Friends Committee

Membership:

Residents who have considerable functionality and a hence likely to be leaving the Unit in the next few months. Split - 4 residents and 2 outpatients
Staff present as representatives:

Social worker

Activities Committee (devolved from Occupational Therapist)

Roles:

- Arranging individual, small group or whole community occupational therapy for therapeutic and disciplinary purposes; examples: pantry duty, assisting the librarian, collecting workers meals, emu parades - a line swoop through the Unit picking up rubbish as everyone walks through; a tender was won by the residents to build a bowling green at the unit; in 1964 a contract was obtained to pack light globes.
- Liaison with the Progress, Rehabilitation and Ward Committees and staff relating to appropriate occupational therapy

Membership:

After resident has made considerable move to functionality. Information on split between residents and outpatients unavailable

Staff present as representatives:

Nurse/occupational therapist

Finance Committee (devolved from Administration - accounting, banking and welfare)

Roles:

- Holding surplus funds
- Allocating these funds as necessary to other committees
- Monitoring all committee funds and recalling funds surplus to need
- Safeguarding the Units patient welfare funds
- Inspecting cash records and cash balances of all committees at weekly meeting
- maintaining Fraser House Finance Committee bank account
- Being the Unit’s accountant, banker and internal Welfare Officer in respect of money
- Assisting people who mishandle money towards greater responsibility while in office

**Membership:**

The treasurers of all of the other Committees

**STAFF PRESENT AS REPRESENTATIVES:**

Administrative staff involved in accounting, banking and internal welfare; nurses.

At one stage the rule regarding the split was 3 residents and 3 outpatients

**Canteen Committee - devolved from Administration (accounting, banking and welfare) and Occupational Therapist**

**Roles:**

- Contacting goods suppliers and ordering
- Receiving goods from sales/delivery people
- Serving patients, staff and visitors
- Maintaining coin-in-the-slot soft drink machine
- Supporting fellow Canteen Committee members who are isolates (e.g. depressed or schizophrenic residents)
- Providing public relations role
- Tallying up daily takings
- Presenting weekly report at Administration Big Group
- Generating surplus used to purchase van used in domiciliary visits and supplying petrol and maintenance
Membership:

Restricted to members under 20 years of age. The split was 6 residents and 2 outpatients

Staff present as representatives:

Nurse/occupational therapist

Social Committee (devolved from the Social Worker)

Roles:

- Arranging social activities both inside and outside the unit

Membership:

Residents who had been 6 weeks or more in the Unit. The split was 3 female residents, 3 male residents, and 3 outsiders

Staff present as representatives:

Social worker/Nurse/occupational therapist

Notes:

The Social Committee was disbanded a couple of times when there was no residents with flair for being on this committee. When some 'live wires' turned up as residents it would get restarted again.

Notice that the membership split ensured that outpatients were also represented and involved in the committee process with all of the benefits flowing from this in emerging them in the healing community process.
Appendix 14. Case Study - On Going Berserk

A case study synthesised from discussions with Neville Dec, 1993, Oct, 1998, Mar, 1999) as well as with Warrick Bruen (Oct, 1998; March & April 1999) as well as archival material.

Neville spoke of four major themes stirring emotions being gain, loss, threat and frustration. Neville would expressly make strategic use of incidents with a high probability of heightening emotional arousal associated with these four themes within Big Group.

Below is an example of how Neville intentionally heightened the group's emotional arousal during a Big Group meeting. Neville spoke about a key point in the life of Fraser House; on one occasion after Fraser House had been going for around three and a half years, and as soon as Big Group started, Neville went berserk. All present thought Neville was having a mental breakdown. At first, Neville was just screaming and yelling. Then he conveyed that he was sick of everything. This raised everyone’s emotions. Threat was a dominant theme. After a short time the nub of Neville’s outburst was revealed. Neville was going on extended leave and the Health Department had not arranged a replacement psychiatrist. This was a serious matter. Neville’s (Yeomans, N. 1965a, Vol. 5, p. 1-14) file note at the time about going berserk in Big Group’ said in part:

With my impending holiday today I allowed my aggressive frustration full play in the community meeting this morning. The meeting began by John asking me if I was really going on holidays. I said I was even if the bloody place fell down. I then berated the Division and the fact that Dr ------ or some other Doctor should have been here at least two weeks ago.

I took a most regressed and childish aggressive view against the department and in support of Dr Barclay (head of North Ryde Hospital) and my own efforts, pointing out that both of us were letting them down because of the department’s incompetence.
Dr. Barclay was very supportive of Neville and Fraser House.

Recall that the Keypoint in Keyline was where all the essential features of the topography merge and reveal the contextual connexity and concentrate the information distributed in the system. In Chapter Four it was suggested that keypoints occur in many contexts. I am suggesting that Neville’s outburst made the Keypoint, ‘I am leaving and there is no replacement!’ This keypoint was at the junction of every aspect of the Fraser House social topography. This keypoint also condensed all of the information distributed in the Fraser House System. Through this keypoint ran the keyline. In this context the keyline became the theme(s) for discussion. The first theme was ‘threat and anger through loss’.

Big and Small Groups had a themes based open agenda. In the Big Group ‘Going Berserk’ context, the Unit would be without a doctor/psychiatrist. Some replacement was coming in two or three weeks, but in the meantime, they were ‘on their own’. Even when the replacement got there, he or she would have no experience or pre-briefing of ‘the Fraser House’ way. There was the major uncertainty of what changes a new psychiatrist would make in Neville’s absence. Neville was scheduled to be away for up to nine months. Neville’s behaviour and this news of no replacement being available heightened emotional arousal to fever pitch in everyone - a combination of anger, rejection, abandonment, confusion, anxiety, panic, frustration and fear. Neville then suddenly switched themes and slammed the Health Department as the ‘culprit’.

Both patients and staff’s emotions were, by this shift in thematic focus, directed into anger at the Department. Then Neville refocused theme and thinking again to ‘everyone taking responsibility for Fraser House and each other’. Again, patient and staff emotions were directed into this new theme – of ‘self-help and mutual-help’; another mixture of emotional energy - panic, concern, uncertainty, questions of being up to the task, to name a few. Then Neville shifted theme yet again and drew everyone’s attention to the suicidal nature of one of the patients present in the room, and laid it on the line that this person’s wellbeing - his very life - was in everyone’s hands. This was the next shift in emotional focus. Here the focus was on gain in the face of loss
and threat, and how to get gain safely. Neville’s big picture thematic meta-
interaction with staff and patients was all about engendering communal cooperation towards safety and gain in the face of danger and loss.

Neville’s constant changing of the group’s thematic focus during his ‘going berserk’ episode was an example of using Cultural Keypoints and Keylines (themes) of discussion. At the same time Neville used crowd synchrony and contagion in the context of energizing emergent self-organizing properties in the inter-mix of psychosocial and psycho-biological (emotional upheaval) systems in all present. Within Big Group, Neville used provocation and crowd contagion as change process.

Neville arranged for eight separate people’s reports of the particular Big Group meeting where he went berserk to be placed in the archives at the Mitchell Library (Yeomans, N. 1965a, Vol. 5, p. 1-14).

Every one of these reports similarly confirmed that Neville had intentionally mobilized and used group emotional energy towards group cohesiveness in caring for itself, and that this shifting around of emotional contagion was a crucial aspect of the Unit functioning extremely well during the ensuing nine months while Neville was on his (working) holiday.

One staff member’s report of the above incident ended with, ‘This story has no end because we still continue to function as a unit’ (Yeomans, N. 1965a, Vol. 12, p. 2). Another staff member wrote a file note saying:

I have no vivid recollections of the first week of Dr. Yeomans absence except that the nursing staff occasionally seemed surprised that the ward was still running and that we were able to get through staff meetings without Dr. Yeomans’ (Yeomans, N. 1965a, Vol. 5, p. 15).

Warwick Bruen also recalled Neville’s behaviour in going berserk in Big Group and collaborated the above material.

Placing eight separate staff member’s reports along with his own report of the ‘going berserk’ incident and its sequlae for me and others to find in his archives is another example of Neville, ‘the researcher strategist par
excellence’. I suspect that he did this expressly for the likes of me to find them all nearly forty years on!

As an indication of the efficacy of using high expressed emotion in major crises as a keypoint for key lines of thematic action for system change, Phil Chilmaid mentioned one Fraser House research project that demonstrated that there was a consistent pattern that significant ‘breakthroughs’ tended to follow about 6-7 days after some major crisis (Cockett and Chilmaid 1965).
Appendix 15. Two Case Histories Showing Glimpses of Neville’s Process and the Fraser House Model in Action

The following case was synthesised from discussions with Neville (Dec, 1992 and July 1998). Bruen also confirmed the details (Oct 1998).

Case One - The Nurturing Mother

A mother was serving twelve years for the murder of two of her three very young children. Right through the mother’s prison term she had repeatedly stated that she was waiting for the day she gets out of jail to kill the remaining child who was a baby in someone else care at the time of the killings. This remaining child had been looked after by foster parents for eleven years and was twelve years of age. When the mother was within a few months of release she was still threatening to kill the child. There was a lot of pressure from the prison authorities on the Parliament of the day to pass special legislation to ensure this woman was never released. Prison governors and warders alike were concerned for the safety of this remaining child. Upon learning of the fears about the mother and her pending release, Neville suggested to the authorities that the mother be allowed to request a transfer from prison to attend Fraser House on a voluntary basis and if she agreed, to grant her request. In process of setting up this possibility, the foster parents of the surviving child, along with the child in question were invited by Neville to attend Fraser House Big and Small Group meetings for a number of months while the mother was still in prison. Neville fully briefed the foster parents and child on Big and Small Group process so that they all knew what to expect. The Foster parents and the child agreed to attend. There were other children present, as was the custom - up to eight families were in residence at any one time. As well, families and friends visitors included children. The safety of children and everyone was always of paramount concern. As for high expressed emotion and children, typically, in these families children already had been living with it from birth.

This attending of Big Group was for the foster parents and the child firstly, to decide whether to be present in Big Group if and when the mother arrived, and secondly, so that they could all get a sense of how Fraser House ‘operated’ on dysfunctionality, and thirdly, so that they could potentially - if the
mother was released into Fraser House - have some clarity about where the mother was at. The alternative was for the child and foster parents to live, knowing the mother was possibly to be released, and then at large, ‘somewhere out there’, and knowing she was still threatening to kill the child. After regular attendance at Big and Small Groups, the foster parents and the daughter agreed to be present if and when the mother arrived at Fraser House. Given the circumstances, this says a something about Fraser House.

Also saying something about Fraser House and the spirit of the times, it was agreed by the Authorities that the mother be given an ultimatum - ‘be escorted from prison directly to Fraser House and admit yourself voluntarily or we will pass legislation to keep you in prison indefinitely’. She accepted the Fraser House alternative. The foster parents and child agreed to leave it up to Neville firstly to get a feel for the mother’s state of mind and secondly, as to whether or not to introduce them to the mother, and when. That the child and Foster parents were attending Fraser House groups, wanted the mother at Fraser House, and that the three of them would be there when the mother arrived was made known to the various interested parties determining the mother’s release. However, the maternal mother was given no information of the intention to have her daughter and the foster parents present on the day she arrived. When the mother was ushered into Fraser House she had little idea where she was or what sort of place Fraser House was - all she knew was that it was a psychiatric hospital where she would have a better chance of release compared to staying in prison where she was facing the possibility of an indefinite prison term. The members of the small assessment group who interviewed the mother upon her arrival were all patients who had killed or seriously injured members of their own families - it takes one to know one. As per the current practice at the time, this assessment was by members of the Admitting Committee made up of patients and was a regular feature of Fraser House. They did not declare they were patients and that they had all murdered or had seriously injured their family members.

The maternal mother had had no information at all about her sole surviving daughter for the eleven years she had been in jail. She had no knowledge of her daughter’s current whereabouts and that she would potentially meet her daughter in a Big Group setting. The maternal mother was left in the care of a staff member while the assessment group briefly gave their initial assessment
of her state to the waiting Big Group. The mother was then taken down the short (soundproof) passageway and into this rather small room crammed to capacity. Around 180 people were in two tight circles and all eyes were on the mother. She was totally unprepared for this. She searched the room for familiar faces and found the members of the Assessment Group. She was directed to a spare chair and hardly noticed that she was sitting between two very powerfully built men. With their casual clothes, she had no way of knowing they were nurses who had been placed either side of her to prevent her reaching and harming her daughter. Beside one of the men was a female nurse. Unknown to the mother these three were on constant alert to stop her approaching her daughter. Directly opposite less than three steps away sat her daughter flanked by her foster parents, who in turn were flanked by people also on constant preparedness to move together and forward to block the mother being able to reach the daughter.

Neville spoke up and asked members of the Assessment Group in turn to give the newcomer their backgrounds. Each spoke briefly of assaulting/killing members of their families. After the overwhelming confusion and emotional flooding from this introduction to Fraser House Big Group, Neville caught the mother's attention and said words rather quickly and matter of factly to the effect, 'and....by the way....over there is your daughter... mentioning her name.'

Already in overload from the weird context, this sudden potent unexpected revelation put the mother into massive overload. The mother now had the opportunity to have a shot at killing her daughter in front of the group. This had been her fantasy obsession for eleven years and here was her daughter in the flesh in front of her - just a few steps away! After a very short time in the room the mother suddenly made a dash towards the girl and the male nurses, on razor alert for just such an occurrence, grabbed the mother. She immediately went into an almighty struggle with super-human emotional energy. The female nurse grabbed the mother’s hair and pulled this to restrain the mother from her attempts at biting bits off the two male nurses’ heads and shoulders. There were others prepared on either side of the foster parents and child (in the middle) that headed towards the mother blocking her path to the foster family. When she was restrained the meeting resumed. After a time when she had calmed a little, the restraining hands left her.
made a couple of other dashes and the same process returned her to her chair. The mother, daughter and foster parents were the group focus for the balance of the hour. The mother was probed relentlessly to determine where she was at.

Nothing, absolutely nothing, altered Fraser House routines. The Big Group meeting always lasted sixty minutes - exactly. The four key people in this case, sometimes separately, sometimes in different combinations attended the regular and special small groups that occurred throughout the day. They were again the focus of these groups. The maternal mother was not left alone with the daughter. All four participated in the evening Big Group. It emerged that at the time of committing the offences until she arrived in Big Group, the mother had had a delusional belief that all her children had a disease that would blind them. This delusional belief was unravelled and dispensed with. After everything that had happened that day, at the end of the evening Big, Small and special Group meetings there was consensus among everyone present, including the daughter and her foster parents, that the mother was now ‘safe’. She had had an absolutely sustained nourishing and corrective emotional experience throughout the day. Neville had plotted and planned for Fraser House to be at its healing best. The whole community had been in large part focused on this challenge for weeks.

The maternal mother and the daughter stayed together alone in a bedroom that night!

The following day a staff member wanted to know who the wonderful new nurturer was, and where was the new ‘murderess’. It was pointed out that the ‘nurturer’ and the ‘murderess’ was ‘one and the same person’. Neville describes having an overwhelming love for this mother during the whole hour of Big Group, during the balance of the day and thereafter.

The following case was synthesised from discussions with Neville (Dec, 1992 and July 1998). Bruen confirmed that this case is consistent with Neville’s way (Oct 1998).
Case Two - Jab the Wife

In the early Sixties Neville was called to a crisis in an upstairs dorm in Fraser House. Recall that the protocol was to never take unilateral action and get as many staff and patients as available involved as quickly as possible and practical. Neville was called on this occasion though the process was not based on calling the boss or based upon seniority. When Neville rushed in, an outpatient wife, who had no authority to be in Fraser House outside of big and small groups - especially not in the upstairs dorm - was pleading with her husband (a patient) with ‘caring concern’ to calm down. The husband was facing the corner stabbing the wall with a large knife (which he should not have had) yelling he was going to kill her (the wife). On either side of the husband were staff with knockout injections ready to jab him. The staff yelled to Neville, ‘Do we jab him’. Even in these dramatic contexts, consistent with protocols, staff sought confirmation from others for action, if possible. Neville sized up the situation in a flash and said, ‘Jab the wife!’ Neville was guided by the free energy in the system. The husband had his back to the wife. He was stabbing the wall, not the wife. She was, for Neville, the dysfunctional ‘driver’ of the husband’s behaviour. Neville intervened so that Neville became the ‘context driver’. The husband froze. The two staff were confused. Immediately Neville said ‘Jab the wife’, the wife turned into a rage and screamed obscenity at Neville revealing a side of herself that she had never revealed at Fraser House before.

So as not to have her provoke the husband to actually harm her, Neville immediately yelled again, ‘Jab the Wife!’ A staff member did jab the wife while the other one stayed ready to jab the husband. She collapsed unconscious immediately. The husband, who had not turned round, immediately put the knife down and started sobbing and stammering that she was goading him to sneak out of Fraser House and do house robberies.

He had arrived as a patient at Fraser House some weeks before from Long Bay Jail where he was a frequent inmate on robbery charges. On his last offence he had uncharacteristically harmed an elderly couple who surprised him during a robbery. It was this that was the reason for the authorities suggesting he be transferred to Fraser House for the last months of his term. It turned out that the demanding wife had been the catalyst for all his crime.
Only the husband and wife knew this was the case. After being in Fraser House he wanted to break free of this cycle, though he loved his wife.

Neville described this man as ‘obsessed’ with his wife and ‘addicted to what was for him toxic’ (and could not tell anyone that she was the relentless driver of his criminality, and it was this double bind - that he could not betray his wife and this was for him undiscussable - that Neville spotted when he entered the room. Till now, the patient had never found his voice to say anything about the wife. Neville spotted the metaphorical communication of stabbing the wall as meaning, ‘someone shut my wife up’. From this frame of meaning Neville could sense that stabbing the wall was functional in the context. It was this functionality as ‘free energy’ in the dysfunctional husband-wife relation that Neville supported. The wife’s response was to be for the first time honest in revealing her true nature – and this was also functional in the context – in confirming to Neville that his reading of the context was correct. In being honest she was tapping into her own ‘free energy’.

As the wife was signed on as an outpatient, Neville had every right to administer drugs to her. She slept and then slipped off sheepishly. The next day she fronted Big Group and one of the Small Groups and her dysfunctional behaviour was stopped.

All of what had happened in that upstairs dorm had happened extremely quickly. States can change very quickly. Learning can take place very quickly. Neville had acted in the upstairs dorm with high-speed precision. Neville reframed the context for each of the four in the upstairs dorm by yelling, ‘Jab the wife’. By saying these three words twice Neville created a context where major change occurred with ripple-on effects.

Neville’s response, ‘Jab the wife’ had a very different effect on each person present. It increased the arousal in the Wife, decreased the arousal in the husband and had the staffers go into curious confusion, typically an ideal learning state. Neville, in repeating the command, ‘Jab the Wife’ interrupted the staff members’ state and got action, reinforced the husband’s less aroused state, and removed the wife from the context. Once the wife had revealed her true role, Neville had to ensure that she was ‘removed’ quickly in case the husband did turn and hurt her given that the undiscussable had now
been revealed. With her removed and her role in his criminality out in the open he immediately found his voice.

Neville could affect everyone differently and appropriately because he continually attended to the unfolding context as an inter-dependent, inter-related, interconnected living system. Neville looked for the free energy. A typical mainstream system response would have been to see the husband as ‘the problem’ and that this ‘problem’ had to be ‘eliminated’ (rather than resolved). The husband would have been jabbed as a matter of course, the wife would have been sent home and nothing in the husband-wife dynamic would have changed. The husband would have been put in the ‘difficult case’ basket while the wife as ‘unknown source of dysfunction’ would have sustained his dis-integration.
Appendix 16. Research on Patient Participation and Improvement

One example of involving Fraser House residents in research focused on patient participation and improvement. This was a consensual technique that involved patients rating patient participation and improvement. Patients were asked to nominate which patients were the ‘most’ and ‘least’ in various categories for questions like those below (Yeomans, N. 1965a, Vol. 12, p. 69):

- Who are most involved in therapy sessions?
- Who are least involved in therapy sessions?
- Who think that being in the Unit is least worthwhile for them?
- Who think that being in the Unit is most worthwhile for them?
- Who get on well most with staff?
- Who get on well least with staff?
- Who join in least on social and recreational activities?
- Who join in most on social and recreational activities?
Appendix 17. A List of the Questions That Were Asked in Neville's Values Research.

The following questions were asked in Neville’s values research (Yeomans, 1965a, Vol. 7):

- The nature of the universe
  (In the range ‘is basically good or makes sense’ through to ‘is basically bad or pointless’)
- Human nature
  (In the range ‘good or sensible’ through to ‘bad or senseless’)
- Can mankind change itself or be changed?
  (Yes, Perhaps or No)
- Man-nature - what matters
- Activity – Who do you take notice of
- Direction –
  (Self, Others, What fits)
- Degree –
  Unimportant, moderate importance, important
- Time important
  (Future, present, past)
- Verticality place
  (Above, level, below)
- Horizontality place
  (Centre, between edges, out one edge)
Appendix 18. Research Questionnaires and Inventories - Neville Yeomans Collected Papers

Reference - Neville Yeomans Collected Papers 1965a, Vol. 11.

A list of the many surveys and questionnaires that patients and outpatients were asked to complete. The page reference relates to Volume 11 of Neville Yeomans Collected Papers in the Mitchell Library –NSW State Library, NSW.

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<td>Group Reporting Record</td>
</tr>
<tr>
<td>245</td>
<td>Landscape Planning Attitudes Questionnaire</td>
</tr>
<tr>
<td>251</td>
<td>Attitudes Towards Overseas Trade</td>
</tr>
<tr>
<td>265</td>
<td>Crime Attitudes</td>
</tr>
<tr>
<td>271</td>
<td>International Studies on Drug Dependence</td>
</tr>
<tr>
<td>271</td>
<td>Alcohol Attitudes Questionnaire</td>
</tr>
<tr>
<td>277</td>
<td>Personnel Study – Social Problems Record</td>
</tr>
<tr>
<td>283</td>
<td>Group Description Record</td>
</tr>
<tr>
<td>291</td>
<td>Follow-up Questionnaire</td>
</tr>
<tr>
<td>317</td>
<td>International Study on Family Planning</td>
</tr>
<tr>
<td>331</td>
<td>Attitudes Questionnaire</td>
</tr>
<tr>
<td>329</td>
<td>International Study on Handicapped Children</td>
</tr>
<tr>
<td>337</td>
<td>Patient and Family Questionnaire</td>
</tr>
<tr>
<td>355</td>
<td>Fraser House Opinion Survey – Psychiatric Research Study Group</td>
</tr>
<tr>
<td>366</td>
<td>Elderly Peoples Attitudes Questionnaire</td>
</tr>
<tr>
<td>365</td>
<td>Attitudes to Mental Illness</td>
</tr>
<tr>
<td>367</td>
<td>Opinion Leaders Inventory – Fraser House Questionnaire</td>
</tr>
<tr>
<td>399</td>
<td>Opinion Leader Record</td>
</tr>
<tr>
<td>399</td>
<td>Migrant Attitudes Questionnaire</td>
</tr>
</tbody>
</table>
Appendix 19. Further Inventories Developed and Used at Fraser House

Reference - (Yeomans, N. 1965a, Vol. 4 , p. 43)

| Personal Adjustment Record     |
| Social Health Record           |
| General Adjustment Record      |
| Child Adjustment Record        |
| Family Adjustment Record       |
| Group Reporting Record         |
| Follow-up Record               |
| Social Problem Record          |
| Social Value Record            |
| Opinion Leader Form            |
Appendix 20. A Partial List of Research by Dr. Neville Yeomans
And Other Research with Colleagues During the Years 1959-1965

This Appendix contains Tables 2, 3 and 4 listing fifty-seven of the extensive body of Neville's research papers and monographs mentioned in his collected papers in the Mitchell Library. Many are undated though come from the 1959-1965 period. Table 4 lists Neville's research in association with others.

<table>
<thead>
<tr>
<th>Title</th>
<th>Source and Volume</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Unit Career of Staff Members (Yeomans, N. 1965g, Vol. 2, p. 38 - 40)</td>
<td></td>
</tr>
<tr>
<td>Whisperer's Relationship - a Collusive Liaison (Yeomans, N. 1965~, Vol 5 p.38)</td>
<td></td>
</tr>
<tr>
<td>File Note - Reference to a Suicide in Fraser House (Yeomans, N. 1965e, Vol. 2, p. 43.)</td>
<td></td>
</tr>
<tr>
<td>Network Therapy (Yeomans, N. 1965l, Vol. 5, p.40)</td>
<td></td>
</tr>
<tr>
<td>Abotat - A Modification of the Thematic Apperception Test for Administration to Aborigines (Yeomans, N. 1965a, Vol. 5, p.52 - 54)</td>
<td></td>
</tr>
<tr>
<td>The Problem of Taking Sides – Taking the Side of or Supporting the Healthy Component (Yeomans, N. 1965u)</td>
<td></td>
</tr>
<tr>
<td>Power in Collective Therapy (Yeomans, N. 1965s, Vol. 5, p.52 - 54)</td>
<td></td>
</tr>
<tr>
<td>Sydney Therapeutic Club (Yeomans, N. 1965{, Vol. 5, p.104)</td>
<td></td>
</tr>
<tr>
<td>Follow-Up Committee (Yeomans, N. 1965f, Vol. 5, p.106)</td>
<td></td>
</tr>
<tr>
<td>Personal Adjustment Record (Yeomans, N. 1965o)</td>
<td></td>
</tr>
</tbody>
</table>
Personal Information Record (Yeomans, N. 1965p)

Early 1960's Social Values (Yeomans, N. 1965y)

The Psychiatrist's Responsibility for the Criminal, the Delinquent, the Psychopath and the Alcoholic (Yeomans, N. 1965v, Vol. 12, p. 50)

Research on Alcoholism – Theory and Administration – A Paper for the National Committee on Alcoholism – Adelaide Meeting of Medical Sub-Committee (Yeomans, N. 1965w, Vol. 1, p.183 - 185)


The Role of Director of Community Mental Health (Yeomans, N. 1965x, Vol. 12, p. 66)


Social Categories in a Therapeutic Community (Clark and Yeomans 1965)

Mental Health in the Office - Institute of Administration - University of NSW (Yeomans, N., Vol.1 p.203-213)

The Sociology of Medicine 1967 - Synopsis of Community Health Services and Informal Patterns of Care (Yeomans 1967b, Vol. 1 p. 215)

Incontinence Research (Yeomans 1965a, Vol. 12, p. 67-69)

The Nurses Self Image and its Implications - The Australian Nurses Journal Vol. 61 No. 4., April 1963 (Yeomans, N. 1965m, Vol. 12, p. 94)
The following Table 3 lists further research and papers by Neville in the 1960's.

<table>
<thead>
<tr>
<th>Year</th>
<th>Title</th>
<th>Journal/Conference</th>
</tr>
</thead>
<tbody>
<tr>
<td>1961</td>
<td>Treatment of Alcoholics and Drug Addicts in Fraser House Neurosis and Alcohol Unit</td>
<td>Yeomans 1961c, Vol. 2, p. 45</td>
</tr>
<tr>
<td>1963</td>
<td>Letter of Congratulations to Fraser House Patients Regarding Patient’s Rules for Committees – Jan 1963</td>
<td>Yeomans 1963a</td>
</tr>
<tr>
<td>1963</td>
<td>Some Detail of Patient Government - 13 May 1963</td>
<td>Yeomans 1963b</td>
</tr>
</tbody>
</table>


1968. Draft of Speech on Social Problems to the Ionian Club Sydney –

1968. International Study on Attitudes to Drug and Alcohol Use (Yeomans
1968b, Vol.1 p. 293)

1968. Mental Health and Social Change - Brief File Note (Yeomans, N.
1965a, Vol. 1, p. 295)

Table 3 Further Research and Papers by Neville in the 1960’s.

The following Table 4 lists research by Neville and other Fraser House Staff
in the 1960’s.

Yeomans, N. & Psychiatric Research Study Group – Social Values
Questionnaire, 1965 (Yeomans and Psychiatric Research Study Group
1965, Vol .1 p. 243 - 251)

Yeomans, N., Hay, R. G. early 1960’s. Psychiatric Epidemiology of
Sydney – A Pilot Study - Medical Journal of Australia No 2 p. 986
(Yeomans and Hay 1965, Vol. 12, p. 77)

Yeomans, N., Hennessy, B. L., Bruen, W., early 1960’s. Suicide Study
(Yeomans, Hennessy et al. 1965a, Vol. 12, p. 45, 89)
Yeomans, N. and the Fraser House Staff, early 1960's. The Macquarie Health Project (Yeomans and the Fraser House Staff 1965, Vol. 12, p. 91)

Yeomans, N., Hennessy, B. L., Hay, R. G., early 1960's. Recent Developments in a Therapeutic Community (Yeomans, Hennessy et al. 1965b, Vol. 12, p. 87)

Yeomans, N., Daly, J., early 1960's. Child – Parent Group Reporting Form (Yeomans and Daly 1965, Vol. 12, p. 45, 88)

Clark, A. W., Yeomans, N., early 1960's. Observations From an Australia Therapeutic Community (Clark and Yeomans 1965, Vol. 12, p. 88)


Yeomans, N. and Bruen, W., 1965. The Five Year Follow Up Study (Yeomans and Bruen 1965, Vol. 12, p. 45, 89)


Yeomans, N., Hanson, R. and Dall, E. 1965. The Aboriginal and Ethnic Minority Study (Yeomans, Hanson et al. 1965, Vol. 12, p. 45, 90)


Yeomans, N. and Cockett M. 1965s. Intra-familial Conflict – A Simple Questionnaire - Submitted to the Family Process Journal (Yeomans and Cockett 1965c)

Yeomans, N. and Cockett, M. 1965s. Précis of Intra-familial Conflict – A Simple Questionnaire (Yeomans, N. 1965t, Vol. 1, p.91)


Table 4 Research by Neville with Others in the 1960s
Appendix 21. Case Study – A Tangled Inter-Generational Inter-Family Dysfunctional Group

A study synthesised from discussions with Neville (Dec, 1993, Aug 1998).

The following is an example Neville recalled - a tangled inter-generational inter-family dysfunctional group of six. Firstly, two of the group were attending Fraser House - a brother and sister in their early twenties. After a time a fourteen-year-old friend of the sister attended who revealed in Big Group she had been living in a criminally exploitative sexual relationship with a man in his fifties for many months. He had been taking illegal photographs of this fourteen year old. She had moved in with this person, a mate of her father, after the father had been sexually abusing her. The fourteen year old had confided all this to the brother and sister.

The brother was incensed about this fellow exploiting the 14 year old as he knew his sister attending Fraser House with him had been sexually abused by their father. The brother and the fourteen year old stole the man’s expensive photographic equipment as payback for exploiting the girl. Because of this they had been charge by the police. All this was revealed to everyone in Big Group. The Big Group decided that five of the competent mature-aged patients (none of those involved in the focal group, and some who had themselves been in the past exploiting children – and this known in Big Group) would confront this fifty year old. The fourteen year old moved all her gear out of the man’s house in his absence and she shifted into Fraser House. Around 8:30 P.M. on a dark night this person answers a knock on the door to find five psychiatric patients on his doorstep. Neville told me (Dec 1993, July 1998) that the spokesperson said words to the effect, ‘we are all friends of the young girl you just had living with you, and we know everything, and it is in your interest to let us in come in and talk with you’. He let them in.
The spokesperson continues, ‘We are all patients at Fraser House. Do you know Fraser House?’ He did.

‘One hundred and eighty people in a Big Group talked about you and the young girl at length today. You can go to jail for a long time for what you have been doing. It is very much in your interest to attend Fraser House reception at 9:20 A.M tomorrow morning for a meeting starting sharp at 9:30 A.M.’

He was there.

Apart from anything else, this fellow had been placing his own wellbeing in extreme danger without a single thought of consequences for him. He needed help, though at first he did not know it. The man attended Fraser House Big Group and Small Groups processes regularly thereafter. Initially, the brother and sister, the 14 year old, and the fifty year old were allocated to different Small Groups. After a time, two or more would attend the same Small Groups. Ultimately the brother and the fourteen year old faced court where their reason for taking the photographic equipment - the older man’s exploiting the fourteen year old - and the fact that the two of them and the fifty year old had been attending regular therapy groups at Fraser House, were all taken into account as mitigating circumstances. Because of their evidence in their trial, the fifty year old was taken into custody by police and let out on bail. He continued attending Fraser House as an outpatient and this was put forward as something in his favour and taken into account in his sentencing. Readers can draw their own conclusions about the efficacy of the pressure to attend Fraser House in this case.
Appendix 22. Organizations Assisted by Members of the Fraser House Research Group on an Individual or Workshop Basis During 1965

As an example of linking Fraser House to the wider community and vice versa, during 1965 assistance was given on an individual or workshop basis by members of the Fraser House Research Group to the organizations listed below (Yeomans, N. 1965a, Vol. 12, p. 94).

<table>
<thead>
<tr>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>External Affairs Department</td>
</tr>
<tr>
<td>Anthropology Department – Sydney University</td>
</tr>
<tr>
<td>Department of Sociology NSW University</td>
</tr>
<tr>
<td>NSW Marriage Guidance Council</td>
</tr>
<tr>
<td>NSW Department of Education</td>
</tr>
<tr>
<td>Health Education Division of the Health Department of NSW</td>
</tr>
<tr>
<td>Australian School of Pacific Administration</td>
</tr>
<tr>
<td>Department of Law – Forensic Psychiatry – Sydney University</td>
</tr>
<tr>
<td>Hanover Centre for Homeless Men – Melbourne</td>
</tr>
<tr>
<td>Victorian Council of Social Services</td>
</tr>
<tr>
<td>Melbourne University Research Workers</td>
</tr>
<tr>
<td>Victoria University - New Zealand</td>
</tr>
<tr>
<td>Research Council of the Foundation for Research and Treatment of Alcoholism</td>
</tr>
</tbody>
</table>
Appendix 23. Features of Fraser House That Were Neither Present in the Paul and Lentz’s American Research nor Referred to by the American Researchers

- Creating Cultural Locality
- Cultural Keyline attending and processes
- Pervasive attention to place in enabling patients and outpatients extend their family-friendship networks functionally
- Full family residential therapeutic community
- The therapeutic community as therapist – though this would tend to happen naturally
- Clients as self-therapists, co-therapists and community therapists
- The Resocializing Program - Self Governance and law making through an extensive patient run committee structure providing residents daily scope to learn firstly, about how administrations in communities and societies work, and more importantly, how they malfunction, and secondly, how to live with malfunctioning administrations without resorting to pathological accommodations - refer Presthus (1978)
- Staff devolved their administrative roles to resident committees, thus freeing up staff time for engaging in the healing role – administrative therapy
- No token economy, rather an actual economy. Example one: via residents running the canteen - all aspects of canteen was run by patients as work therapy including book-keeping, preparation of accounts, stock-taking and reordering. Example two: The residents making the bowling green after winning the tender to do the job.
- Socio-therapy based on the assumption that the primary locus of psychosocial dis-order was in the client-family-friends nexus rather than just within the client.
- Big Group therapy (180 plus) with family & friends required to be in attendance as a condition of the client being in the unit - with all of the associate potential for family and friends to learn coping and
healing skills in relating with the client – learning to live well together as they evolved and extended as a functional network

- Small group attendance based on sociological categories (location, age, marital status, etc.)
- Residents running a suicide crisis intervention resource.
- Residents running the domiciliary service for ex-patients and outpatients.
- Residents taking the main responsibility in getting friends and relatives agreeing to come to groups - sometimes by making unannounced calls
- Residents involved in evolving each others’ social networks (through the Outpatients and Friends Committee and the Location-based Small Groups)
- Virtually everything that happened was shared by all staff (including cleaners) and clients. This oral (as well as written record keeping) and information exchange allowed virtually all staff time to be in interaction with clients.
- Use of simple slogans (e.g. ‘bring it up in the group’)
- Use of tight group processes to contain and prevent assaultiveness so there was no need to use isolation as practiced in the American treatment groups
- Residents and or staff being constantly with (specialing) suicidal clients (with clients never isolated)
- Defining local areas as ‘catchment areas’ and providing crisis support, especially suicide crisis support, to these areas so that the clients saw themselves as being part of a therapeutic community - which was in turn an integral community preventative resource
- A collection of psychosocial therapies including:
  - collective (big group) therapy
  - ecology therapy
  - governance (administrative) therapy (relational governance)
  - family and friends network therapy (with impetus from Big group and domiciliary care, as evidenced by the growth of the Grow self help group by ex Fraser House residents
  - family and friends socio-therapy
- family (residential) therapeutic community
- milieu therapy
- nanotherapy – work at the micro-level
- parent & child play therapy
- research as therapy
- residential co-therapy
- work therapy
Appendix 24. A List of Advisory Bodies and Positions Held by Neville

<table>
<thead>
<tr>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>A founding director of the NSW Foundation for the Research and Treatment of Alcoholism and Drug Dependency.</td>
</tr>
<tr>
<td>A founding director of the national body of the above organization.</td>
</tr>
<tr>
<td>The Government Coordinator on the Board of Directors of the Foundation for Research and Treatment of Alcoholism and Drug Dependence.</td>
</tr>
<tr>
<td>A member of the Council for an International Conference on Alcoholism and Drug Dependence.</td>
</tr>
<tr>
<td>An advisor on an Australian National University Research Program on the Study of Alcoholism.</td>
</tr>
<tr>
<td>Chairman of the Departmental Conference of Clinicians Panel (Yeomans, N. 1965a, Vol. 12, p. 67)</td>
</tr>
<tr>
<td>Member of the NSW State Clinicians Conference (Yeomans, N. 1965a, Vol. 12, p. 96)</td>
</tr>
</tbody>
</table>
A member of the Committee of Classification of Psychiatric Patterns of the National Health and Medical Research Council of Australia.

An advisor to the Research Committee of the New South Wales College of General Practitioners.

A member of the Executive Council of the Foundation for Aboriginal Affairs and the Chairman of their Health Advisory Panel (Yeomans, N., 1969, Vol.12, page 92)

A patron of Recovery (now Grow) and the organizer of the first group in Sydney Hospital.

The Patron and Counsellor of Recovery Groups

A member of the Advisory Committee of the Institute of Criminology

A member of the Advisory Editorial Committee of the Australian and New Zealand Journal of Criminology.

The president of the Total Care Foundation which was the entity used to evolve the Watson's Bay Festival (discussed later in this Chapter).

A Founding member of the Sydney Arts Foundation

Member of the Ministerial Committee involved in the repeal of the Inebriates Act (Yeomans, N. 1965j, Vol. 12, p. 71)
Member of the Health Education Advisory Sub-Committee on Alcoholism (Yeomans, N. 1965i, Vol. 12, p. 72.)

Organizer of a Fellowship on Alcoholism (Yeomans, N. 1965n, Vol. 12, p. 72.)

In 1980 Neville became a member of the Editorial Board of the academic Journal, The Journal of Therapeutic Communities.

An examiner for the Fellowship Examinations of the Australian and New Zealand College of Psychiatry – confirmed by Dr. William McLeod, psychiatrist and former Director of Psychiatry at Royal Park Psychiatric Hospital in Melbourne for over twenty years.

A founding member of the Sydney Opera House Society (mentioned by E. Deuk-Cohen)

A member of the Board of Directors of:

- The Drug Addiction Foundation
- The Drug Referral Centre
- Aged, Sick and Infirm Appeal
Having extensive court experience as an Expert Witness and involved in prison rehabilitation and prison reform for some years.

Neville assisted development of rehabilitation and research programs by parole and probation officers. Some of these were involved in the Psychiatric Research Study Group (Yeomans, N., 1969, Vol.12, page 73).

A founding member of the Sydney Opera House Society (mentioned by E. Deuk-Cohen).

A member of the Board of Directors of:

- The Drug Addiction Foundation
- The Drug Referral Centre
- Aged, Sick and Infirm Appeal
Appendix 25. Participants in Watsons Bay Festival

Reference: (Yeomans, N. 1965a, Vol. 12, p. 3)

Australian Don Henderson sung folk with poetic interludes
Australian Folk singer - Don Gillespio
A collection of expensive sculpture, pottery and art was on display
- on loan from Art Galleries
Czech Trich Trotch Polka
Filipino Band
Greek display by Girls of the Lyceum Club
Hungarian Czards
Indian dance by Rama Krishna
Indonesian singers
Israeli Dancer - Vera Goldman
Japanese dancers
Karate display
Malaysian Scarf dance
Mike Harris - guitarist
Oriental dancers
Polish dance music and songs
Rev Swami Sarcorali and Roma Blair
The Yoga Fellowship gave a Yoga demonstration
Sally Hart - also folksy
Spanish Classical guitarist Antonio Lazardo
Spanish Flamenco Dancers
Spanish Flamenco Guitarist played by Ivan Withers
Welsh folk singers

In the evening was a psychedelic light display and pop band.
Appendix 26. Letter from the Total Care Foundation Planning Paddington Festival and Community Market

The Total Care Foundation

Chief Secretary and Minister for
Dr N. Yeomans
Labour and Industry,
Coordinator, Community
121 Macquarie Street
Mental Health Services
Sydney, NSW 2000

13th March 1969

Dear Sir

Paddington Festival and Market Bazaar 21st – 22nd June 1969

The Total Care Foundation, a registered charity, is acting with a number of other bodies as a co-sponsor for a mid year festival and market bazaar to be held at the Paddington Town Hall beginning on Friday night 20th June through till Sunday night the 22nd June 1969. These activities will include Australian, Continental and Asian music, dance, and drama as well as artistic exhibitions. Admissions will be charged to those functions held in the first floor space of the Paddington Town Hall though not to those held elsewhere. It is anticipated that in the main hall a market bazaar will be held with various voluntary, community, and commercial groups having stalls. It is anticipated that religious and voluntary bodies will pay minimal or cost for use of an area while commercial ventures will be charged more. A proportion of the profits will also be probably allocated as a commission.
Proceeds of the festival are to go to a fund to maintain these activities on an annual basis. And also towards the establishment of a cultural and artistic centre in the area.

A similar festival, the Watsons Bay International Festival, was conducted in October of last year at Watsons Bay, as a preparation for the Captain Cook Celebrations on April 29th 1970. However, this was so successful that the present Paddington Festival and a planned Centennial Park Festival for October 12th 1969 have evolved as the next steps. All of these activities are on a non profit community basis.

It is requested that permission be granted for the Market Bazaar to be open Sunday morning the 22nd June at 9:30AM so that its activities over the weekend will be continuous. I would also be grateful to be informed if any further procedures are required in relation to your department for the festival and also for the one to be conducted in Centennial Park in October and at Watsons Bay next year.

I look forward to your advice and information.

Dr Neville Yeomans
President
Appendix 27. The Range of Events and Activities Teed up as Part of the Centennial Park Festival

A list drawn from letters and File notes (Yeomans, 1965a):

- A film show
- Barbeques
- Cultural displays
- Display by historical fire engine Association of Australia
- Displays of national dress
- Displays of yoga
- Dog obedience exhibition
- Dress and fashion parades,
- Folk dancing
- Folk singing
- Handcrafts
- Horse drawn cart pageant
- Jazz groups
- Jogging
- Kite flying
- Light shows
- Lions club display and activities
- Marching girls
- Marquee and geodesic dome
- Music performances
- National dancing; National feasts; National songs
- Painting groups
- Physical fitness activities
- Poetry reading
- Pop groups
- Puppet ‘Shoes’
- Qantas and TAA displays
- Ropes area and ladders
- School gymnastics teams
- Six Vintage cars
- Small tractors and trailers for shifting people; Static displays
Appendix 28. Manifesto from the First Confest – Cotter River 1976

The following Manifesto was written by attendees at the first ConFest at Cotter River Canberra, December 1976.

What we have begun here, and what we will begin from what has begun here, has drawn out of dreams a reality for which humankind has, in the past, shown itself prepared to kill, it is a reality we have achieved because we have been prepared to love.

Our wholeness has come from the experiences of our common origin and drawn us through the difficulties of diversity, our attitudes and lifestyles, to a unity so deep and abiding, that not one of us who has shared this experience will leave without being deeply changed.

We have reached into each other here and found ourselves, where once many of us were afraid to touch each other, afraid to be intimate, afraid of the thought of love. We have in a few short days, broken through into a consciousness that is so powerful in its newness, that it is as yet difficult to describe.

We are each the manifesto of the Down to Earth Movement. We are the ones who will carry what was once a dream, and continue it as a reality. No words can say what we are. No words can tell the impact we shall achieve as examples of what happened here; we are the ones, and we no longer need words’
Appendix 29. Globalocal Realplay - Healing Nightmares

BACKGROUND TO GLOBALOCAL REALPLAY

In the late Eighties when I was consulting in organizational change I was approached by a Federal Government Department about creating paradigm shift and cultural and climate change in their senior executive members. Neville and I wrote on one page what he described as a ‘global-local realplay’ (Appendix 29) as a resource for senior executive change. Neville adapted the learning process ‘role-play’ to be ‘realplay’ consistent with Cultural Healing Action. Consistent with Keyline and Cultural Keyline this realplay set up hypothetical realities for people to share. Bandler and Grinder call this, ‘future pacing’ (Bandler, Grinder et al. 1975).

Consistent with Neville’s, 1974 ‘On Global Reform’ paper (Yeomans 1974) the hypothetical realplay is set in an indefinite future time where there has been a shift in World Order to Regional Governance with local governance of local matters. In this future reality Australia is part of the SE Asia Oceania Australasia Region. All members of the Federal Senior Executive Service are becoming redundant in two years. However there are seven plum areas of work at the Regional Governance Level. Regional recovery is one. Currently the key contenders for that plum are consortiums from SE Asia because they are more sensitive to Islamic issues. If Australia wins the job, the Regional Recovery Centre would be placed in Darwin. Another plum job is creating a power grid stretching from Tasmania through SE Asia to China. If Australia gets that plum it would be based in Melbourne or Adelaide. The idea was that all in the Senior Executive Service could be given the challenge to increase their competencies in thinking like a living system, working with emergent properties and ways of thinking, in self organizing and mutual organizing cooperation by dividing up into seven groups who then set about preparing a joint proposal that would be worthy of winning the contract. Participants would be given actual resources to meet in small and large groups and network by phone and the Internet. Working with a large number of other peers in putting together what would be a very substantial proposal would create potential to co-reconstitute themselves as a very new kind of workforce. The realplay task
is to work with one’s peers in preparing a comprehensive plan outlining the structure and processes the consortium would use in constituting say, the Regional Trade Centre. The realplay is to extend to one’s family in talking through as hypotheticals all of the issues involved say in relocating to Darwin – new friends, new schools for children and the like – as well as exploring possibilities for evolving family-friend support networks among one’s consortium peers and their families.

When the Department decided to use American consultants they were not shown the Hypothetical Realplay and it has never been used. However, it does give the feel for Neville’s application of Cultural Keyline principles and his thinking about possible futures and Global and Regional governance.

GLOBALLOCAL REALPLAY - HEALING NIGHTMARES

SETTING:  22nd Century nows in Australia
PERSONNEL: Clerical, service, others
POSITION: So far you are surviving the disasters

STRUCTURE:

A universal Rule of Law is guided by developing globicultural canons enabling renewal, frugality, humanity, spirituality, ecology, justice, equity, beauty, peaceableness and diversity.

The World Assembly is mobilizing localized, functional and globilateral governance and regeneration of interdependencies.

Regions, nations states, cities, localities and individuals are cooperating, negotiating and pooling resources.

Technical rehabilitation is being internationalised; interregional cooperation and continental repair fostered.
POSSIBILITIES FOR AUSTRALIANS:

1. Columbus Place – business, governments, and community groups throughout the world have accepted that the Space Migration Site in Cape York Peninsula is the only way to go.

2. Co-ordination of regional recovery for Asia-Pacifica is to be decided between Kuala Lumpur and Darwin. The latter’s alleged disadvantages are that we have neither proper respect for Islam; nor a cooperative, open, flexible Territorian Government.

3. Townsville is our nomination for the Minority Peoples Activities Agency.

4. Polycentric organizing action teams are needed for:

   Air, waters, forest, land (including coastal zones, river systems, transboundary areas), peace-keeping, resource recycling and taxation, international and intergroup dispute resolution, city-regional relations, and conversion planning. Brisbane and Sydney are competing for one of these challenges.

5. Technical rehabilitation: Melbourne and Adelaide as leading centres are exploring the feasibility of electricity sharing from China to Hobart.

6. Austro-India and East African cooperation is being pursued at all levels in Perth, as is the Kimberley Colossus.

7. Sydney and New Zealand are linking with Latin America.

8. Melbourne is proposing a World Institute for harmonizing Appropriate Dispute Resolution and Legalities.

**TASK:** To build support with each other towards reviving and restoring your family and community.

1992.Dr. Neville Yeomans & Les Spencer, Yungaburra, Qld;
<table>
<thead>
<tr>
<th>NAME USED</th>
<th>FUNCTIONS, FIELDS AND FOCI</th>
</tr>
</thead>
<tbody>
<tr>
<td>AKAME</td>
<td>Grandmother and me</td>
</tr>
<tr>
<td></td>
<td>Youth and adolescent support</td>
</tr>
<tr>
<td></td>
<td>Cultural healing action</td>
</tr>
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<td>Unmarried mothers:</td>
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<td>CODA</td>
<td>Disability action and the arts</td>
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<td>DANZACTS</td>
<td>Alternatives to prisons</td>
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<td>Cultural healing action</td>
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<td>Combatant’s return to civilian life</td>
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<td>Healing dance, drama &amp; the arts</td>
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<td>ENTREATIES</td>
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<td>Exploring intercultural humane values</td>
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<td>Peacehealing protocols</td>
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<td>Intercultural interfacing and intercultural mediating</td>
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<td>Identifying and using system free energy</td>
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<td>Fostering business wellbeing</td>
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<td>Enabling emergence of natural phenomena</td>
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<td>EXTEGRITY</td>
<td>Supporting grassroots community following societal collapse</td>
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<td>Intra-state cultural Keyline</td>
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<td>Funding support for civil society re-constituting</td>
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<td>Fostering caring partnerships between prior conflicted peoples</td>
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<td>Supporting survivors of torture and trauma (natural/man-made)</td>
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<td>Support for reconstituting local grassroots community</td>
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<td>Youth sport, dance, art and culture</td>
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<td>Caring</td>
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<td>Fostering emergent properties</td>
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<td>Inter-cultural Normative Model Areas</td>
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<td>Eco-villages &amp; eco-habitat</td>
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Edible landscaping  
Oasifying deserts and arid areas  
Permaculture  
Self-sustaining  
Water harvesting

Function and foci extended to:

Producing and distributing documents, papers, communications photos, stickers, films and other, cultural and artistic materials and productions

Enhancing community cooperation and mutual support, locality, self respect, friendliness, creativity, culturally appropriate peaceful nationalism and multinational regional cooperation

Assisting other bodies with similar aims

**MINGLES**  
Celebrating and re-creating  
Community wellbeing  
Social networks  
Wellness  
Enriching families

**NELPS**  
Accommodation  
Community education  
Employment and skilling  
Income security  
Personal wellbeing

**NEXUS GROUPS (CONNEXION)**  
Intercultural healing action  
Intercultural Keyline  
Intercultural humane legal processes  
Intercultural social networks  
Linking to global governance  
Intercultural healing action
Truth, reconciling and accepting

**UN-INMA**

Cultural Keyline  
Quick response healing teams  
Supporting torture and trauma survivors  
Alternatives to criminal and psychiatric incarcerating  
Therapeutic community  
Evolving enablers  
Enabling networking

Each of the names in the above list has significance. Neville had checked on the derivations of the words and terms he had in the Laceweb Functional Matrix names:

**AKAME**  
‘Aka’ is Torres Strait Islander for Grandmother; hence the Connotation is ‘me and my (wise) grandmother’

**CADRES**  
From Latin ‘quadrum’, a square; meaning ‘a function’ or ‘scheme’; the ADR connotes ‘Alternative Dispute Resolution’

**CHUMS**  
Colloquial for good friends  
Care and Help for Unmarried Mothers

**CODA**  
From Latin ‘cauda’ meaning ‘tail’; an adjunct to the close of a composition; CoDA Latin ‘co’ from ‘cum’, meaning ‘with’, and DA connoting Disability Action

**CONNEXION**  
From Latin ‘connectere’ – to join, link, unite, associate, closely relate, coherent, having the power of connecting; link to Old English ‘connexity’ meaning simultaneously being inter-dependent, inter-related, inter-woven, and inter-connected; also links to ‘Keypoint’ as themes conducive to coherence.
| **DANZACTS** | Connoting ‘dance acts’; combatant's return to civilian life (in working with a member of the Bougainville Revolutionary Army (BRA) and other Bougainville and West Papuan traumatized refugees in 2001, dance was rated the most useful in the healing ways we explored); Therapeutic Community. |
| **ENTREATIES** | From Old French ‘entraiter’ – to ask earnestly; the word ‘treaties’ is embedded |
| **EESOS** | Enabling emergence in self-organizing systems |
| **EXTEGRITY** | Connoting ‘extensive integrity’. It is possible that Neville knew of the term ‘tensegrity’ connoting ‘integrity through tension’ and used this to derive ‘extegrity’. |
| **FUNPO** | At Yungaburra where Funpo started it stood for the ‘Fun Post Office’; all the children of the little town were exchanging letters with each other gratis by sending them to Funpo. It also stands for Friends of UNPO, the Unrepresented Nations and People Organization in The Hague. |
| **INMA** | ‘Inma’ is a special word for the Central Australian Aborigines. Neville had obtained their permission to use it. It has many meanings including ‘oneness’ and ‘being together’. In Ma connotes ‘in ma’ – ‘in the mother’ and has similar connotation to the word ‘matrix’. The Torres Strait Island word ‘Ini’ also means, ‘being together’; INMA also stood for International/Intercultural Normative Model Areas (Yeomans 1974) |
| **KEYLINE** | From father’s Keyline |
| **MINGLES** | Mingle: to mix together, to blend with, to associate |
NELPS  A play on ‘help’; NLP or Neuro-Linguistic Programming, or Neville’s terms for NLP, namely, ‘Natural Learning Processes’, and ‘Natural Living Processes’

UN-INMA  Unique (Indigenous) Networks - International/Intercultural/Interpersonal Normative Model Areas
Appendix 31. Governments and the Facilitating of Grassroots Wellbeing Action

Background

The following paper was prepared for the Rural Health Support Education and Training (RHSET) Section of the Australian Federal Health Department in 1993. That Department was offering funding to INMA Nelps initiatives. This paper was discussed with the Head of RHSET, his Deputy, and his head of Program Evaluation. While RHSET people were prepared to ‘bend’ their rules, no money was accepted by INMA Nelps. The issues and problematics relating to Government sectorising, and using top down service-delivery criteria for decision making in granting funding and program evaluation relating to loco-lateral self-help and mutual help well-being action that are canvassed in the paper were acknowledged by the three RHSET people. The paper has forwarded on to Global Governance organizations, and various Citizen Based Organisations (CBO’s) in the Region.

Governments and the Facilitation of Community Grassroots Wellbeing Action

Dr. Neville Yeomans, Les Spencer, and Terry Widders

A discussion paper prepared by the Laceweb.

From small beginnings in the 1940’s community based grassroots wellbeing action is taking place across Northern Australia and spreading throughout the SE Asia Oceania Australasia Region. A ground-swell of people is cooperating in taking their own responsibility to resolve a massive range of cultural wellbeing issues. In the past these issues have fallen to governments to resolve because no other entity had the capacity to have an impact.

If grassroots community wellbeing nurturing action continues its exponential growth, the potential to lower the present cost involved in service delivery is immense. The role of governments, for large sections of the wellbeing agenda, has scope to change from 'deliverer of services' to that of 'facilitator of local cultural nurturing action' - self-help.

This grassroots nurturing cultural action for wellbeing is called by some 'The Laceweb'. The Laceweb could be a micro-model for an alternative wellbeing delivery process running parallel to service delivery, not only for Australia, but also for the rest of the world.

The grassroots wellbeing action being described differs in many respects from traditional non-government organizations (NGO) and community-based organizations (CBO), both voluntary and non-voluntary.

In this paper the term 'grassroots' is used in the sense of 'the common folk'. Often the people involved have never engaged in socio-cultural action before - have never been on a committee, exercised any problem solving effectiveness or dreamt that they could have an effect.
'Wellbeing' is used in the widest possible sense and covers the nurturing healing aspects of human living. This includes physical, socio-emotional, mental, spiritual, relational, family, communal, cultural, intercultural, economic, habitat and environmental. ‘Nurturing cultural action' implies 'healing' in its widest sense.

Self-sufficiency was the hallmark of Australia's early non-aboriginal pioneering and rural life. At the very first settlement, the Rum Corps assisted in the stripping of the cultural context of all inhabitants - Aboriginal, Irish, Anglo, and the like. These contexts it replaced with an invasive military culture. Issues impacting on wellbeing (health, housing, community services, etc) in the colonies became so massive that governments have become increasingly a main vehicle for delivering wellbeing related services.

This has generated a system of top-down action delivered by thousands of experts in academic, government and non-government bodies who, together with their administrative backup, sort out aspects of our lives for us. Behind these are even more thousands of bureaucrats who keep track of what all these experts are doing for us.

Most wellbeing issues revolve around what we do or do not do as we go about our lives; that is, our culture. A very small proportion of loss of wellbeing relates to the action of germs, viruses, and chance occurrence.

Some wellbeing loss is attributable to business decision-makers (pollution, environmental degradation, and the like).

A very large proportion is self-imposed or imposed on others - substance abuse, domestic violence, becoming insane, committing crime, poor eating habits and life styles, polluting, causing soil erosion and so on. It is trivially true that if people stopped behaviours like the ones mentioned, most wellbeing issues, currently costing billions, would be solved without costing a cent. But it's not that simple.

Across Northern Australia influences are being generated that are placing the impetus for nurturing cultural action for wellbeing back at the place it breaks down - with local people as they go about their lives. It is a lateral and bottom-up action. Small groups engage in action and keep using practices that work for them. Others become involved and initiatives, starting 'at the bottom', work their way 'out' and 'up' to include more of the wider community.

Different communities can vary markedly as to what constitutes their wellbeing culture. Bottom-up grassroots cultural wellbeing action is about the local community exploring and making consensual decisions about what they need and want for their own wellbeing; taking the necessary steps themselves to attain their wellbeing and deciding themselves when they have not got it. Only they know this. Increasingly the people involved are saying ‘We do not want outsiders trying to provide our wellbeing or deciding our wellbeing for us’.

Because ‘Grassroots community cultural nurturing wellbeing action’ is a long expression, the term ‘Action’ will be used from here on. The Laceweb Action taking place involves people recognizing contexts of possibility and taking the opportunity to do something for themselves and others. In most cases it is the
women who are taking the initiative. It involves acts celebrating diversity. It revolves around cultural healing and intercultural reconciliation.

Action expands links among individuals and families and turns strangers into friends. It builds 'communing' communities. It permeates through everyday life. It 'villages' the city. These features have multiple benefits including the removal of anomie, loneliness, powerlessness, identity issues etc.

Initiatives are involving people in acting together to take back ability over their own lives. Experts are used as resource people and not as power brokers and decision-makers. Nurturing culture involves ways of joint action that continually spreads and enriches the wellbeing competence base throughout the local community. People are engaged in passing on diverse wellbeing micro-experiences, for example, in providing community based family and individual support.

Wellbeing-competence is refined and passed on in natural settings as well as during specific structured contexts; for example, the intercultural family centre previously explored in Rapid Creek - Darwin, far north Queensland intercultural diversionary services, South Sea Islander initiatives and Vietnamese Helping Hand health and training activities. Increasingly people are being intuitively appropriate in their responses to each other. There are acts that are perfect for the moment, which also contain the seed of realistic generalisable policy.

This Action is taking place without an over-reliance on funding. At times, many people come together for specific events, celebrations and healing actions. (An example was the UN funded Small Island, Coastal, and Estuarine People Gathering Celebration (http://www.laceweb.org.au/rsig) in Far North Queensland in 1994. As well, throughout every day, grassroots people are involved in myriads of significant trivial wellbeing acts. People act together to support each other at appropriate times. Most actions do not rely on money.

Action combines the structured and the general, the formal and the informal. It creatively and positively uses community grapevines. It has a self-sustaining energy. Specific and general programs evolve out of action. In all of this, Laceweb Action is generative. It is a dynamic expanding process that continually subjects Action to review. Evaluation processes proceed in tandem with Action.

Programs and actions that 'work' are passed on to others, consensually validated and adopted as policy at the local level.

Action is simultaneously addressing everything undermining wellbeing. It is both pervasively holistic and detailed within its holism. Action is focused on all the inter-related issues involved - simultaneously working on impediments to, for example, economic, socio-emotional and environmental wellbeing. Because of the multifaceted nature of nurturing Action, it tends to have simultaneous multiple positive consequences. Action has three concurrent themes. The major theme is generating and nurturing wellbeing. This is closely followed by preventing impediments to wellbeing and curing those affected by impediments. Action is focused on increasing wellbeing, sustaining prevention, and decreasing the need to cure.
Another feature is that it starts with action based on consensually valid local knowledge. It commences with self-starters who have an 'outcome' focus (compared to an 'input' focus). These people start by doing things and demonstrating to others that things can be done. They get others involved who follow and extend their example. This is fundamentally different to what happens in traditional top-down expert driven processes. Experts (often with 'input' focus) tend to hold strings of planning meetings and exploratory conferences, conduct research and feasibility studies and then hold more conferences to discuss the research and explore what might be done.

With every respect, it is typical that massive time and expense is incurred in all of these expert driven processes before anyone ever does anything to solve the problem. Local grassroots nurturing action people are very familiar with local issues and immediately get on with the job in hand. Action people are not dependent on constantly seeking anyone's permission or approval, especially the approval of experts.

Action does draw on the resources of NGO's and CBO's and works in association with them without the Action itself reverting to top-down processes. Action is supported by the detailed local knowledge and the resources available within local government.

Bottom-up process can meet, complement, and facilitate the top-down approach. For example, by providing consensual small project proof about what works, the bottom-up approach can support top-down processes by allowing opportunities for top-down studies to be restricted to what does work, rather than studying and sifting through lots of things that will not work.

We live at a time when national and international attention is being focused on seemingly unsolvable intercultural reconciliation conflicts both within Australia and around the world, especially those involving indigenous people and small minorities.

At the same time in Darwin and across Northern Australia there are small living breathing microprojects of grassroots nurturing cultural action for wellbeing producing intercultural reconciliation within communities. Peoples from many cultural backgrounds - Aboriginals, Torres Strait Islanders, Asians, Pacific Islanders, Anglo-Europeans etc - are cooperating together to provide their own wellbeing.

The Australian Federal Government's aim has been to have Darwin and the surrounding region as Australia's northern link with East Asia. The world's focus will be on multicultural Australia during the lead up to the Year 2000 Olympics in Sydney. In the family of the Laceweb, governments may have a micromodel that can have national and global applicability.

There seems to be consensus between governments of all persuasions about the value of reducing the size of government expenditure and of getting better value for the public dollar. The Laceweb's nurturing cultural Action for wellbeing is a vehicle that can contribute to both of these aims. National and local governments are well placed to encourage grassroots Action. It is in the interest of governments to do so.
How can government foster this community based nurturing cultural Action?

Three issues will be introduced.

Firstly, government policy and program processes are presently geared for traditional top-down expert-driven undertakings. Currently, committees evaluating funding submissions presuppose that traditional top-down expert driven approaches will be used.

Grassroots community wellbeing action also has both policy and program processes. However these are generated by lateral and bottom-up action. Specific and general programs evolve out of this action. Programs and actions that ‘work’ are consensually validated and adopted as policy at the local level. The fundamental aspect of Action is that local people have the first and last say about everything to do with their own wellbeing.

A second issue is that governments and their bureaucracies have tended to fragment the world into narrow separate bits - economics, health, housing, agriculture, forestry, the environment etc. Each government program area tends to jealously guard onerous apparent prerogatives as a ‘dispenser of public funds’. Few, if any, government inter-sector funding arrangements exist. In contrast, grassroots wellbeing action is holistic in a manner that is at the same time both pervasive and detailed.

A third issues is that while people may aspire to lessen public expenditure and obtain better value for the public dollar, there is a strong pressure towards putting self-preservation first if achieving the above goals appears personally detrimental.

Traditional government and non-government wellbeing agencies may see grassroots initiatives as a threat to their own funding. If grassroots wellbeing action really starts to be effective on a larger scale, this may raise a fear of presupposed downsizing within sections of the bureaucracy and a similar fear within traditional wellbeing services.

Because of these perceived threats, the foregoing entities may mistakenly seek to undermine grassroot wellbeing initiatives. They may fail to see scope for multiple lateral integration between lateral/bottom-up and top down processes, or appreciate the scope for shifting from vertical integration to lateral integration. The obvious claim from within the existing paradigm is that grassroot wellbeing action is ‘unprofessional’ - that it is not under the direction and control of professed experts. Also, that it is not organized ‘properly’ - in other words, it is not ‘top-down’.

The Laceweb

The Laceweb has experience dating from the 1940's in working with healing action. The Laceweb is a source of influence, confluence, understanding and enabling in linking up peoples, contexts, issues, and actions in sustained lateral/bottom-up nurturing culture for action for wellbeing - refer ‘An Example of Enabling Indigenous Wellbeing’:
(http://www.laceweb.org.au/ena.htm)
Other Laceweb roles are seeking out people who are generating nurturing cultural Actions that work, letting other grassroot people know about them and sharing healing ways that work.

The Laceweb is well placed to take on a number of roles in exploring the possibility of government facilitation of grassroot community wellbeing action.

**Firstly**, The Laceweb can continue to expand in its current Action role.

**Secondly**, The Laceweb can work along side government to develop processes for resolving the many matters arising from the three issues previously mentioned.

**Thirdly**, The Laceweb could provide an interface and support role between government and grassroots nurturing action. This could relate to the evolving of action agreements and other funding arrangements for specific local action initiatives. The Laceweb welcomes sharing discussions about the ideas and initiatives outlined above.
Appendix 32. Nexus Groups’ Constitution

CONSTITUTION OF NEXUS GROUPS
(Abbreviated)

FORMERLY CONNEXION

Registered in NSW October 1971

PREAMBLE

NEXUS GROUPS - A BRIEF OUTLINE

NEXUS GROUPS is a group of people with a shared concern for people experiencing an emotional personal, family or human relations crisis. These are the people who are likely to become the consumers of welfare and mental health services. Some of us are or have been patients; some of us have worked with such persons; some of us have been both. We are working outside of hospitals and institutions; we intend to remain outside and to help others to stay out. We reject the idea that clients and patients are different kinds of human beings to those who try to help them. We recognize only that a human being in a state of personal and social crisis may need the help of his or her fellow humans.

We reject the idea that ‘being well’ or ‘working’ is the same as ‘being normal’ or behaving as you are expected to behave (being good). We recognize only that when a person’s behaviour is intolerable to other people, it is usually because their situation is intolerable to them. So we must not simply ask them to change their behaviour; we must help them to change the situation. We reject the idea that an emotional crisis is simply a ‘disease’ to be ‘treated’ with medicines, handouts or punishments in isolation from the social situation that brought it about. We recognize that ‘treatment’ can only relieve distressing symptoms and that the consumers should have the right to choose this treatment if s/he wants to.

People of NEXUS GROUPS see the idea of NEXUS GROUPS as a mutual help organization. We have formed ourselves into a collective, to come to know ourselves and one another and to increase our understanding of human relationships and emotional crisis.

There are some professional workers and ex-professionals helping NEXUS GROUPS who have valuable experience and knowledge to bring to use.

However, they work according to the NEXUS GROUPS philosophy and reject the one-sided patient/doctor type of relationship.

People ‘freak’ (i.e. behave incomprehensibly and so on). Some freakouts have very positive aspects - increased perception, sensitivity and insight, but there are often negative sides - fear, confusion, isolation and alienation. At
such times people need the support of others. **NEXUS GROUPS** is where such support could be found. Anyone who agrees with our aims is welcome to join us in putting them into practice.

**NEXUS GROUPS** is a community-based organization aiming to stimulate community concern and action about personal and human relations problems.

**WHAT IS NEXUS GROUPS DOING**

Drawing on our basic philosophy of mutual help with problems we of **NEXUS GROUPS** have started to work in the following areas:

1) Providing a phone service where we can be called for advice, information or a sympathetic ear.

2) Having an office open 6 days a week where people can drop in and talk etc.

3) Organizing people willing to visit any in crisis at any time.

4) Building up a network of people in the community who can accommodate and lend support to people in crisis for short periods

5) Researching and informing people about human relations problems, human rights and humanitarian law.

6) Contacting sympathetic individuals and organizations who can be of use to people who come to **NEXUS GROUPS**

7) Planning to obtain, operate and maintain a mini-bus for mobile groups, emergency groups and home visits.

8) Providing a sympathetic magazine for information and education.

9) Raising the necessary funds to finance the above work, the organization was registered as a charity in October 1971.
CONSTITUTION OF NEXUS GROUPS (Abbreviated)

1 NAME

The name of the organization shall be NEXUS GROUPS.

2 MEMBERSHIP

a) All members may extend the help of NEXUS GROUPS to any person in need of help.

b) Members may remain completely anonymous or use first names only if they desire to do so.

c) No member will aid or abet any other member in any crime or act of anti-social behaviour.

d) Any member arriving at meetings drunk or drugged may, on a group decision, be expelled from the meeting until sober.

e) All members must endeavour to be at meetings on time so as not to disrupt the group once it is in progress.

f) People without close relatives or friends may on group decision become members, but the group's aim is to involve families.

g) Any member who does anything considered detrimental to the group or its individual members may on group decision be banned entirely from the group, and can apply for re-admittance after no less than 3 months.

h) Visitors to group meetings may only attend three meetings before applying for membership.

i) Subscriptions for membership or NEXUS GROUPS newsletter will be set by the Committee as necessary, now at $5.00 annually.

4. OFFICE BEARERS

The office-bearers shall consist of a President, Secretary, Treasurer and such other officers as shall be decided by the members of the Organization at the Annual General Meeting. The office-bearers and the other members of Executive Committee shall be elected annually at the Annual General Meeting. Any casual vacancy occurring among the office-bearers may be filled by the Committee and the person so appointed to fill such vacancy shall hold office for the unexpired term of the member so replaced.

Professional people i.e. Doctors, Lawyers, Priests, Politicians, etc., will not be eligible for election to the Executive (Management) Committee, but may be referred to the Honorary Advisory Resources Committee. Office-bearers and Executive Committee members will be elected only from within the general NEXUS GROUPS membership. To be elected to the Executive Committee a person has to be a financial member of NEXUS GROUPS and must be nominated by the group which they have been attending.
5. PROCEEDINGS OF THE EXECUTIVE COMMITTEE

a) The Executive Committee's function is to maintain lines of communication with all people and departments working in the field of social well-being and mental health so that NEXUS GROUPS groups may have first hand information on developments in this field and to manage the business administration and to set policy for the NEXUS GROUPS Organization.

10. QUORUMS

At meetings of Members a quorum shall consist of five (5) members and at an Executive Committee Meeting shall consist of three (3) members. Should within half an hour of the time set down for a meeting to commence, a quorum be not present, then the meeting shall be adjourned to the same time and place seven days later or to a place and to a time within one month of the date of such meeting, to be determined thereat. If at such adjourned meeting a quorum be not present, then those members attending shall be deemed to be a quorum, provided the number of such members is not less than three.

11. PROCEEDINGS AT COUNSELLING GROUP MEETINGS

a) Counselling group meetings will be of one-hour duration with one half hour for supper and general discussion; total one and a half hours.

b) A group chairman will be elected by the group at each meeting to chair the next meeting.

c) A group chairman's duty is to see that as many members as possible have a chance to discuss their problems, unless in his or her opinion there is an urgent or critical situation that the group wishes to deal with, also he or she must check any side conversation which may disrupt the group and make sure that a chairman is elected for the following week. A Group chairman may after warning a member order him or her from the group for that meeting only.

d) All personal problems discussed at group meetings will remain strictly confidential and must not be discussed outside group meetings. Any person inquiring of a member may be invited to attend a group meeting and state their reasons for inquiring.

12. GROUP LEADERS, ADMINISTRATIVE MEMBERS OR COMMITTEES

Each local group shall elect their own group leader, administrative member or committee, whose function is to maintain lines of communication with the Executive Committee and to make sure a different group chairman is elected each week at his or her local group.
13. NOTICE OF MEETINGS

a) Group counselling meetings will be held weekly wherever possible. Executive Committee meetings will be convened at the discretion of the President or Secretary.

17. MINUTES

The Executive Committee shall cause minutes to be made:

a) of all appointments of office-bearers and members of the Committee.

b) of the names of members of the Committee, general members and visitors present at all meetings of the Organization and of the Committee.

c) of all proceedings at all meetings of the Organization and of the Committee.

d) Minutes need not be taken at group counselling (therapy) meetings. Such minutes shall be signed by the Chairman of the meeting at which the proceedings were held or by the Chairman of the next succeeding meeting.

20. ADVISORY OR RESOURCES COMMITTEE

a) The Advisory or Resources Committee shall consist of those qualified and professional people who will lend their support to NEXUS GROUPS groups and advise on matters of group development and therapeutic values.

b) No member of the group will approach any member of the Advisory or Resources Committee other than through their Executive Committee.
Appendix 33. Excerpts from an Aboriginal Woman’s Diary

An Armidale Diary

Excerpts from a young Aboriginal women’s diary from the second Armidale Workshop published with her permission in the Aboriginal Human Relations Magazine June 1972 (Aboriginal Human Relations Newsletter Working Group 1971a)

An Aboriginal women’s group formed because some had said they found it very difficult to talk in the large group. The young Aboriginal women and her mother joined the group but were asked to leave by some men because they thought that the two of them were big talkers.

‘My mother stayed and fought back, but I had to get out of there - my mind was blank. I didn’t even know where I was going. I felt I had to just get away from everything I was connected with. I walked till I came to my senses about a half a mile down the road.’

‘I felt better after the next morning. While that evening before, a friend helped me with my problem. We talked privately in our rooms. The next morning I seemed more sure of myself.’

‘After dinner people from Armidale told their own personal stories. This was one of the first times I ever cried in front of people, but for each of the problems I felt equally responsible for what had happened to these men.’

Later:

‘My feelings seem to be nervous, sorry and angry.’

‘I feel sick at this moment, but I feel sorry for someone or something and this feeling is choking me. The tension in this room is funny; not in the laughing sense, but in the personal sense.’

Final comment in her diary:

‘It was a good week for everyone I talked to, and the next one will be even better.’
Appendix 34. A List of Some of the Activities Used in Cultural Healing Action


- Acrobatics
- Adventure challenges
- Aromas
- Art as re-constituting self and others
- Body painting and adornment
- Carving, moulding and sculpture
- Chanting, humming, singing, toning, and vocalizing
- Circus & Clowning – balancing, juggling
- Creative moving; Group dynamics
- Creative writing
- Dancing and Theatre; Drama and spontaneous drama
- Drawing; Painting
- Drumming, percussion and body percussion
- Writing
- Music
- Orating
- Playing and games
- Poetry
- Roleplay, realplay and re-enactment
- Spontaneous singing and vocalizing
- Story-telling
- Visual artistry
- Voice
Appendix 35. A Summary of Ken Yeomans’ 1992 Petford Keyline Survey

My summary of Ken Yeomans’ Keyline Survey of Petford - this was completed in July 1992 with assistance from many of the troubled youth at Petford as one aspect of the Developing Aboriginal and Torres Strait Islander Drug and Substance Abuse Therapeutic Communities Gathering funded by the National Campaign Against Drug Abuse (NCADA)

Petford Keyline Survey – 1992

Geoff Guest runs over 600 horses (on the property and at certain times a very large expense is involved in buying horse feed. Petford is about 70 kilometres inland from the high rainfall areas of the Atherton Tablelands. At Petford it is arid, although in the wet season the Petford property, in 1992 around 150 square kilometres, received a small number of massive thunderstorms. These would drop a massive quantity of water that would disappear in sudden swift run offs into many creek beds that were soon dry again.

The Keyline survey team, aided by a contour map searched the property for a very specific landform and they found it. The area is depicted in Diagram 10. ‘A’ is a semicircular mountain range with only one drainage point. The area that was draining out through that one spot would have on average around half a dozen storms a year. ‘B’ was a system of dry creek beds that would catch this water.

‘C’ was a proposed channel (lower sketch in Diagram 10) and earth wall (depicted in the middle sketch in Diagram 10). This would divert the water along the contour line into another valley at a slightly lower elevation. The advantage of this second valley is that it is only around 40 meters wide with a rock base and high rocky walls. The water stored here would be deep with a long narrow surface. The angle of the valley means that the sun would only hit the water during the middle of the day. This would keep evaporation in the tropical heat to a minimum.

Down the valley around 200 meters at ‘E’ is a natural rock barrier that all but closes the valley. This is a natural place to build an earth wall as depicted in Diagram 10. A pipe could be placed at the base of the upstream wall. At the base of the dam wall would be a valve to control water flow. The pipe then runs into the channel ‘F’ which follows the contour and has a dead end.

Levels are organized such that water flows over the side of this channel sideways on a natural rocky slope at a slow rate and irrigates a fan shaped area marked as ‘G’ that had sufficient depth of top soil. Water would build up behind the dam wall and back fill the creek system in the narrow valley marked as ‘D’.

It was proposed that the water be used to grow hardy local shrubs with edible foliage for the horses on half the land and the other half to be used to grow
trees for oil extraction. All of the soil needed for the construction is available locally and everything could be built using the tractor and equipment Petford already has. The system requires no power as it is all gravity fed. The water stored in any one year would be more than sufficient for more than four years.

Diagram 10. My Diagram of Ken Yeomans’ Keyline Plan
Appendix 36. Filenote - One Fortnight’s Laceweb Action in the Atherton Tablelands

The following filenote was written after my experience as a participant observer during one fortnight’s Laceweb activities in the Atherton Tablelands region in December 1993, many of which were precursors to the Small Island Coastal and Estuarine People Gathering Celebration. This fortnight was during the time the three Down to Earth visitors were staying at Neville’s place in Yungaburra with Neville and me.

Filenote

Virtually all of the children of Yungaburra (over 40) including Aboriginal, Islander and small minority children were engaged all day in preparing atmospherics for a New Year Party at Neville’s large bungalow heritage property in Yungaburra (refer Photo 54 Chapter Nine). The children painted all of the pillars supporting the house with orange fluoro-paint and spread fluoro-whited sand on the floor so that it glowed white at night under the fluoro lights. They also dug a channel to the atmospherics area under the top end of the house through to the back of the house that created an enchanting garden entrance by walking down earth steps in the front garden. At night this channel was also lit by fluorescent lights and had fluorescent paintings by the children draped down the earth walls. During the day each of the children had gone home and brought back white garments that they were allowed to splatter with fluoro paint. They were stunned when they wore these at night under fluoro lights. I had an extraordinary three-meter by two meter fluoro painting of outer space painted by Richard Clements, one of Australia’s leading contemporary painters. I had many hours of discussion with Richard about Laceweb. The children also splattered tens of thousands of small fluoro spots on two large dark tarps. These glowed like a million stars around the whole downstairs area at night. The extraordinary atmospherics created by the children were their exclusive domain till around 9:00 PM when they came upstairs and escorted the adults one by one into their enchanting space and music/dance area.

Approximately 150 adults and children attended this New Year’s Eve party at Neville’s place with half being Aboriginal and Islander families. Neville told everyone that he would provide the alcohol. Many of the attendees are heavy drinkers. Only extremely low strength beer was there. There was no drunkenness and many heavy drinkers said it was the first New Year’s Eve that they had stayed sober since they were toddlers and that it was their best party ever. The adults were amazed at the atmospheric space created by their children. From this energy a children’s group formed in Yungaburra that Neville called FUNPO. They would send letters to each other c/o FUNPO, Yungaburra. Yungaburra is a very small place and we had the cooperation of the local postmistress. Recall that the term FUNPO had, at one level the connotation, ‘Fun Post Office’. At a deeper level, the term stands for ‘Friends of UNPO’, where ‘UNPO’ is the Unrepresented Nations and Peoples Organization based in The Hague. Australian Aborigines and Torres Strait...
Islanders are members of UNPO, as are other peoples and nations not represented at global forums of the United Nations.

Also during the fortnight a number of the FUNPO children were among forty who attended a four-day camp-out in an old clearing in beautiful rainforest area owned by Neville on the Baron River at Kuranda on the Atherton Tablelands. The woman in Photo 51 attended with her son and daughter. This was in a beautiful rainforest setting. We had just finished wading up a little clear stream with a bed of golden sand so that the water looked golden. Overhead, vines hung down from the green cathedral vault of the rainforest canopy. A further busload of another 35 turned up in evening for music, dancing and fireside chats. A neighbour interested in sabotaging Neville’s intercultural activity set up a sign saying the event was cancelled and this busload returned to Cairns without finding us.

Neville dreamed that this rainforest land may become an Intercultural Healing Wellbeing Centre for the SE Asia Oceania Australasia Region – refer Appendix 01. Neville spoke of his mountain ash forest property at Paluma, North of Townsville, and his Yungaburra House also being resources linked to the proposed Intercultural Healing Centre. As at September 2005 this dream had not been realized. It is understood that the Kuranda rainforest land and the Yungaburra house had been sold in settling Neville’s estate.

Another small camp-out (around 25 people) was held at Ravenshoe beside a small stream in a beautiful bush setting. Alex Dawia brought up a small bus of 14 Aboriginal people from Bama Healing Prison Diversion Program where he worked at the time. These street people had been sobering up the previous night at BAMA. The gentle playful healing energy of the camp-out had these very shy nauseous people slowly warming to each other and the others present so that change in them was very apparent to themselves and the other participants – therapeutic community in action.

During the same two-week period a series of family therapy sessions were held by Neville with an Aboriginal extended family. An old disused World War Two hospital that was built like a hanger and had a cavernous interior was explored as a possible venue for gatherings in the wet season. This was the same fortnight that those three DTE Enablers with Neville and myself visited 15 possible sites and held discussions with Aboriginal people at a number of Aboriginal communities. Neville also took the three DTE people for a day at Geoff and Norma’s Therapeutic Community a little over an hours drive away, and engaged in nightly sharing of stories with these DTE visitors and myself.

Also during the same two weeks, informal sharings of stories about what Laceweb action has been happening occurred at the monthly out-door market day in Yunguburra. Many hundreds of locals attend this market and Laceweb people take this opportunity to tell each other stories and engage in potent trivial exchanges. This market action is resonant with the Paddington Market in Sydney surrounding Neville’s first Community Mental Health Centre in the early Seventies. Trivial exchange as therapy is resonant with what Neville called, ‘home, street and rural Mediation Therapy and Mediation Counselling’, where nurturers take opportunity to use the relevant moment in everyday life to engage in healing.
THE RAPID CREEK VILLAGE PROJECT

The Larrakia locality Gurambai (Rapid Creek) is both a suburban region and a unique urban-based watershed and creek system within the city of Darwin in the Northern Territory of Australia. Family Nexus (refer other background notes), in association with intercultural people of the Rapid Creek Community, are developing a microproject to nurture well-being socio-emotionally, economically and environmentally. The initiative is drawing upon the constructive cultural diversity of the community for expansion of productive economic opportunities afforded by Darwin’s proximity to East Asia. Grassroots and long-grass family action is exploring the resolution of socio-emotional issues like domestic violence, suicide, substance abuse and keeping family members out of criminal justice and mental institutions. As well, the aim is to skill families in well-being areas such as relational mediating, intercultural healing action and developing grassroots policy based on consensually evaluated and validated community action (refer other filenotes on these themes). Ideas are exploring Aboriginal and multicultural healing cultural arts action and festivals.

This bottom-up project extends to involving the local community in taking care of all aspects of the Rapid Creek catchment area. The Project is resonant with the concept of Integrated Local Area Planning (refer Social Strategies for the Northern Territory - A Strategic Workshop, April 1993: Office of Northern Development, GPO Box 4075, Darwin 0801 NT.). Preliminary explorings are beginning with long-grass aboriginal bodies and communities, local government, Greening Australia, as well as religious, welfare, health, artistic, multicultural and educational groups.

Rapid Creek is one of the few (and perhaps the only) intact urban-based watershed system left in Australia. It embraces semi arid dry lands, paperbark communities, eucalyptus woodlands, pandanus and grasslands, monsoon rainforest, as well as wetlands and mangroves. The Rapid Creek catchment area provides extensive habitat for local flora and fauna. The local community also uses Rapid Creek as a beautiful leisure environment.

Many parallel projects are coming together. They include practical rehabilitation of flora and fauna by the Friends of Rapid Creek and active planning by the Darwin City Council and Greening Australia. The more human nurturing family oriented activities are focused around the Rapid Creek Water Gardens and nearby Village shopping centre.

This is where the oldest market in Darwin is held. The market has a strong intercultural tradition with colourful stalls being run by people from many ethnic/cultural backgrounds including aboriginals and people from Papua New Guinea and other Asian Pacific and European countries. A number of grassroots nurturing well-being groups are being attracted to operate from this centre. All of the above action is developing a strong sense of community. It is villaging within the city.
In helping to remove impediments to social, environmental and economic wellbeing in Darwin, the Rapid Creek Village Project is developing a micromodel perhaps with global applicability and with specific relevance in developing Darwin as Australia’s northern link to East Asia.
Appendix 38. Inter-People Healing Treaty Between Non-Government Organizations and Unique Peoples

The following document was signed at Petford by the Petford, and Black Mountain Akame Youth, and Entreaties people in 1992, and Akame and UN-Inma people in 2002. It was also signed in Cairns for UN-Inma, a functional Laceweb matrix (CBO) in July 2002 as part of the United Nations Peace Week Celebrations. It follows the signing of the same Treaty ten years previous by Petford, and Black Mountain Akame Youth and people from Laceweb Functional Matrices - Entreaties and Akame at Petford in July 1992. It was also passed to attendees of the Tagaytay Gathering in August 2004 in the Philippines.

Inter-People Healing Treaty Between Non-Government Organizations and Unique Peoples

Resonant people, NGOs and Community Based Organizations (CBOs) may consider using this Treaty with acknowledgement.

This Treaty has been adapted by Dr Neville Yeomans from Simon Brascoupé - Indigenous Network, Ottawa, Canada.

It is resonant with The Young Persons Healing Learning Code.

Following Indigenous and other People Initiatives in Rio, Brazil and

As between Unrepresented Nations and Peoples, Indigenous Peoples; their Leaders, Non-Government Organizations and Practitioners around the World, hereafter referred to as "Unique Peoples" (UP); and other Non-Government Organizations, or persons hereafter referred to as "NGOs".

Whereas dominant and Western development models have failed to achieve the healing, learning, equality, fairness and development objectives promised to Unique Peoples; and

Whereas some NGOs have imposed dominant development models, programmes and values in their projects which have contributed to the destruction of the environment and of Unique Peoples cultures and populations; and

Whereas NGOs respect the evolving declarations, charters and treaties of Unique Peoples, recognize Unique Peoples' rights to self-determination, rights to traditional territories, and to cultural, healing, identity and collective human rights,
The undersigned parties hereby recognize and affirm the following code of ethics for NGOs when entering into joint activities with Unique Peoples, and recognize and affirm the following:

1. Transfer of values: Existing practices and approaches of some NGOs contribute to what amounts to the imposition of Western and dominant values and culture on Unique Peoples. This must be recognized and approaches and models of equality and consensus should be adopted to minimize, reduce and heal these effects.

2. Community control, management and ownership: Unique Peoples’ programmers should be based on an ethic of self-development consensus. This takes into consideration Unique local control, management and ownership of projects and initiatives. These are based on local Unique values and cultural institutions.

3. Community-based planning: Community-based planning and healing development based on principles of community participation will be the cornerstone of Unique Peoples’ development supported by, and nurturing to, NGOs.

4. Unique Peoples’ Knowledge: The basis of Unique Peoples’ development is Unique Peoples’ knowledge, which is owned, collected, documented and implemented by Unique Peoples. Its stewardship may be celebrated with NGOs for the artistry of mutual benefit.

5. Spirituality: NGOs should recognize, and can accept healing from, Unique Peoples’ spirituality, which is the manifestation of the harmony in their way of life and holistic thinking.

6. Respect: The principle of respect that is the foundation of Unique Peoples’ human-development policy means respect for self, community, Mother Earth, other people and nature, as well as respect for the gifts and contributions of all forms of life. NGOs will be helped to learn this.

7. Sharing: The principle of sharing should be the basis of healing relationships between NGOs and Unique Peoples, with balance and caring at all levels, between individuals, community, others and Mother Earth.

8. Technology: Unique Peoples’ concepts and technology are fundamentally different; therefore culturally appropriate technologies must be found that can be applied and controlled by Unique Peoples.

9. Sustainable development: Unique Peoples’ understanding and philosophy of development are based on cyclic and sustainable concepts and approaches that should be shared with NGOs to benefit NGOs and their respective countries.

10. Capacity building: Unique Peoples can expand their skills, knowledge and plans for healing, education, development and implementation in various programs and projects and in their own NGOs.
11. Unique Peoples’ societies: The practices of earlier colonizers must end - namely use of force, religion, schools and administrative policies and laws which promote dependency. The wisdom of interdependence will be shared with NGOs.

12. Unique Peoples’ models: Western and dominant models of development must not be used in designing programs and policies affecting Unique Peoples; these practices must be stopped, in favour of those which help, heal and build solidarity, culture, values, and other relevant customs.

13. Unique Peoples’ NGOs and CBOs: Non-Unique NGOs should support the development, training and financing of Unique Peoples NGOs and CBOs.

14. New Unique Peoples’ institutions: Non-Unique NGOs should support the development of new kinds of regional and international institutions which coordinate and support Unique Peoples in carrying out self-evolving planning.

15. Unique Peoples’ financial institutions: NGOs should recognize that Unique Peoples’ financial institutions must be managed and controlled by Unique Peoples. This will promote economic, environmental and human development initiatives in the community; and learning for NGOs.

16. Financial management: NGOs should establish healing relationships, structures, and policies which make them more responsible and accountable for their development initiatives with Unique Peoples.

17. Consultation and Agreement: NGOs should develop policies which provide fair consultative mechanisms to harmonize their policies with Unique Peoples priorities, values and culture.

18. The undersigned parties agree to seek knowledge and assistance that embody compatible spiritual and cultural values. This will allow dominant non-Unique people to behave with humility and respect. They may thereby seek spiritual forgiveness for past injustices, show how forgiveness can help heal the wounds inflicted between peoples, and promote the continuing healing of Mother Earth.

The above statements are hereby agreed to and affirmed in order to contribute to Unique Peoples’ survival and self-development, to create a new partnership between dominant NGOs and Unique Peoples, and to fundamentally change and heal the relationship between Unique Peoples and dominant or Western institutions, so as to correct and heal the mistakes and errors of recent centuries.

Signed 31 July 2002 in Cairns, Australia during the United Nations Peace Week Celebrations.

Name:
Organization UP/NGO UN-Inma, Qld.
Tel:
Background to Signatories:

Torres Strait Islander, Bougainvillian, East Timorese, West Papuan, Australia (Anglo)

Date: July 2002
Appendix 39. The Young Persons Healing Learning Code

The Treaty that was signed at Petford by the Petford, and Black Mountain Akame Youth, and Entreaties people in 1992, and Akame and UN-Inma people in 2002; it was also signed at Cairns on 31July 2002 for UN-Inma, a Laceweb functional matrix (CBO) as part of the United Nations Peace Week Celebrations. It follows the signing of the same Treaty ten years previous by Petford, and Black Mountain Akame Youth and people from Laceweb Functional Matrices - Entreaties and Akame at Petford in July 1992. It was also passed to attendees of the Tagaytay Gathering in August 2004 in the Philippines.

The Young Persons Healing Learning Code

Resonant people, NGOs and Community Based Organizations (CBOs) may consider using this Learning Code with acknowledgement.

This Treaty has been adapted by Dr. Neville Yeomans from Simon Brascoupé - Indigenous Network, Ottawa, Canada.

Being Between:

Unique (Unrepresented and Indigenous) Young Persons (UYP) and other Individual or Independent Young Persons (IYP); all advised and assisted by older persons when requested; and

Because dominant and Western development models have failed to achieve the healing, learning equality, fairness and development objectives promised to both Unique and Individual Young Persons, and

Because some Government Organizations (GOs) and some Non-Government Organizations and Persons (NGOs) have imposed dominant development models, programs and values in their projects, which have contributed to the deaths, particularly of Unique Young Persons; and to the destruction of the environment, and

Because Individual Young Persons respect the evolving declarations charters and agreements of Unique Young Persons, recognize all Young Persons’ rights to life, learning self-development, rights to shelter, protection, and to cultural, healing, identity and youth and children's rights;

The undersigned Young Persons and those young at heart hereby recognize and affirm the following code of ethics for Individual and Independent Young Persons when entering into joint activities with Unique Young Persons.
We agree and commit ourselves to:

1. **Transfer of Values:** Existing practices and approaches of some Government Organizations (GOs), NGOs and some Individual and Independent Young Persons and their Organizations (IYPOs) contribute to what amounts to the imposition of Western and dominant values and culture on Unique Young Persons. This must be recognized; and approaches and models of equality, fairness and consensus should be adopted to minimize, reduce and heal these effects.

2. **Community control, management and ownership:** Unique Young Persons’ programmes should be based on an ethic of self-development consensus. This takes into consideration Unique local control, management and ownership of projects and initiatives. These are based on local Unique values and cultural institutions.

3. **Community-based planning:** Community-based planning and healing development based on principles of community participation will be the cornerstone of Unique Young Persons’ development supported by, and nurturing to, Independent Young Persons and their NGOs.

4. **Unique Young Persons Knowledge:** The basis of Unique Young Persons’ development is Unique Peoples’ knowledge, which is owned, collected, documented and carried out by Unique Peoples. Its stewardship may be celebrated with Independent Young Persons and their NGOs for the artistry of mutual benefit.

5. **Spirituality:** This is the expression of the harmony of Unique Peoples in their way of life; and in their holistic communion with each other, nature and the land. Independent Young Persons should recognize, and can accept healing from such Unique spirituality.

6. **Respect:** The principle of respect that is the foundation of Unique Peoples’ human-development policy means respect for self, community, Mother Earth, other people and nature, as well as respect for the gifts and contributions of all forms of life. Independent Young Persons will be helped to learn this.

7. **Sharing:** The principle of sharing should be the basis of healing relationships between Independent Young Persons and Unique Young Persons, with balance and caring at all levels, between individuals, community, others and Mother Earth.

8. **Technology:** Unique Peoples’ concepts and holistic technology are fundamentally different; therefore culturally appropriate skills and techniques must be found that can be applied and controlled by Unique Young Persons.

9. **Sustainable development:** Unique Peoples’ understanding and philosophy of development are based on cyclic and sustainable concepts and approaches that should be shared with Independent Young Persons to benefit them and their respective countries.

10. **Capacity building:** Unique Young Persons can expand their skills, knowledge and plans for healing, education, development and action in various programs and projects and in their own NGOs.

11. **Unique Peoples societies:** The practices of earlier colonizers must end - namely use of force, religion, schools and administrative policies and laws which promote dependency. The wisdom of interdependence will be shared with Independent Young Persons.

12. **Unique Peoples models:** Western and dominant models of development must not be used in designing programs and policies
affecting Unique Young Persons; these practices must be stopped, in
favour of those which help, heal and build solidarity, culture, values,
and other relevant customs.

13. **Unique Young Persons NGOs:** Non-Unique Young Persons should
support the development, training and financing of Unique Young
Persons' NGOs.

14. **New Unique Young Persons institutions:** Non-Unique Young
Persons should support the development of new kinds of regional and
international institutions which coordinate and support Unique Young
Persons in carrying out self-evolving planning.

15. **Unique Young Persons financial institutions:** Independent Young
Persons should recognize that Unique Young Persons’ financial
institutions must be managed and controlled by Unique Young
Persons. This will promote economic, environmental and human
development initiatives in the community; and learning for
Independent Young Persons and their NGOs.

16. **Financial management:** Independent Young Persons and their
NGOs and CBOs should establish healing relationships, structures,
and policies which make them more responsible and accountable for
their development initiatives with Unique Young Persons.

17. **Consultation and Agreement:** NGOs and CBOs should develop
policies which provide fair consultative mechanisms to harmonize their
policies with Unique Young Persons priorities, values and culture.

18. The undersigned parties agree to seek knowledge and assistance that
embody compatible spiritual and cultural values. This will allow
dominant non-Unique Young Persons to behave with humility and
respect.

They may thereby seek spiritual lessons from past injustices, show
how forgiveness can help heal the wounds inflicted between peoples,
and promote the continuing healing of Mother Earth.

The above statements are now agreed to and affirmed in order
to contribute to Unique Young Persons survival and self-
development', to create a new partnership between dominant
Independent Young Persons and their NGOs and Unique
Young Persons, and to fundamentally change and heal the
relationship between Unique Young Persons and dominant or
Western Young Persons institutions, so as to correct and heal
the mistakes and errors of recent centuries.

Signed 31 July 2002 in Cairns, Australia during the United Nations Peace
Week Celebrations.

For UN-Inma

**UYP/ IYP**

Name:

**Organization Address:** UN-Inma, Australia, Qld
Background of Signatories:
Torres Strait Islander, Aboriginal, Bougainvillian, East Timorese, West Papuan, Australia (Anglo)

Date: July 2002
Appendix 40 - Action Research Themes:

1. Use of Cultural Keyline in enabling individual, group, crowd and societal contexts
2. Follow up Maxwell Jones’ interest in Neville’s leadership role - extending my research on this theme (Clark and Yeomans 1969, Forward, p. vi)
5. The factional use of space in relation to the location of the key figure by the mad, the bad, the emotional supporters/detractors and the administrative supporters/detractors in group and crowd contexts – Neville held views about this
6. NLP of audience and crowd – The Sunday Sharing Group in Bondi Junction in 1988-89 worked on this theme
7. Critically compare Ward Ten and Fraser House
8. Ways the old cultural synthesis subverts deviance at the margins
9. Psychosocial wellness, resilience and capacity
10. Psychosocial Self Help Groups
11. Integrating Keyline and Cultural Keyline in enabling holistic living system change including the biosphere
12. Neville’s archive and the Aboriginal Human Relations Newsletters
13. Possible futures in Neville’s proposals regarding law and politics
14. The application of Neville’s processes in resolving international and intra-national conflict - especially mediation, mediation therapy, Peacehealing and quick response peace healing teams
15. Self-organising social systems – ConFest as an on-going case since 1976
16. Constituting/re-constituting of Global Folk society towards humane caring epochal transition
17. The plethora of action at the margins of the old cultural synthesis – what aspects contribute to survival – functional atunement to future possibilities
18. Research transition to smaller government where folk society does more things for itself without burdening the disadvantaged

19. Using cultural Keyline in business, government and non government organisations

20. Networking within Psychnet and Laceweb

21. The rollout of Neville’s T1, T2 & T3 transition processes (Yeomans 1974)

22. Ways Neville’s Extegrity (Yeomans and Spencer 1999) and therapeutic/relational governance may act as a tempering force to Global Therapeutic Governance for social control

23. Implementing Extegrity in reconstituting collapsed and collapsing societies

24. Ways Neville’s action research relating to the biopsychosocial model may support Victorian Workcover’s Clinical Framework as well as the Transport Accident Commission.

25. Ways of non-compromising interfacing between Neville’s way and mainstream as a tempering force in reducing hostility to Neville’s way (Spencer, Cramb et al. 2002; Pupavac 2005)

26. Exploring the differences and outcomes between Neville’s use of therapeutic governance and the the form of therapeutic governance described by Pupavac (2005)

27. The interfacing between Cultural Keyline as a psychosocial science model in scientific qualitative action research and as a folk concept in everyday life interacting

28. Using this research as a qualitative research case study

29. The possible/potential roles of the Internet in all of the above themes


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