

Richard Dean Chenhall

**Benelong's Haven:
An Anthropological Study of an
Australian Aboriginal Rehabilitation Centre**

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Abstract

This study examines the processes associated with indigenous recovery from alcohol and drug misuse within the context of an Aboriginal rehabilitation centre on the mid-north coast of New South Wales (NSW), Australia. Benelong's Haven is an Aboriginal owned and controlled non-government organisation that was established in 1974 by Dr. Val Carroll (Bryant), O.A.M. Many of the residents, who originate from NSW and other states in Australia, are referred to the centre through the justice system as an alternative to a gaol sentence. The treatment programme is based on Alcoholics Anonymous and psychotherapeutic meetings involving residents reconstructing shared stories about their past experiences with alcohol and drugs. Importantly, substance use is depicted as undertaken in groups, therefore recovery must come from within the group. This is combined with an emphasis on Aboriginal spirituality, where culture becomes a form of symbolic healing that is employed by residents to assert their independence from white Australian society and develop a renewed sober status. Group solidarity and compliance with the rules is emphasised over resistance to staff, despite oscillating periods of discipline and nurturance. One of the essential problems of the treatment process is whilst many residents perceive they have experienced transformation in the programme, upon returning to their home communities some find it difficult to maintain their new status, where substance use continues amongst friends and relatives and where their position as Aboriginal Australians is stigmatised in the larger Australian society. However, those that return to substance use are not viewed as having failed by staff, nor that treatment has been unsuccessful. Rather, they are encouraged to return to the treatment programme and engage in a life long process of recovery. In examining the efficacy of alcohol and drug treatment programmes, studies must account for indigenous understandings of recovery, which are embedded in the larger racial, political and socio-economic history of Aboriginal and white Australian relations.

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Introduction

Ethnography in an Aboriginal residential treatment centre

This thesis is a study of the ways in which Aboriginal Australians think about and experience 'treatment' in a residential alcohol and drug rehabilitation centre called Benelong's Haven. I explore how residents proceed through the treatment programme; how they re-construct the past in order to make sense of their present situation; how they learn their 'story' through their relationships with others in the centre; and how they engage with the programme to develop and negotiate their identity.

As such this thesis deals with larger anthropological debates focusing on the relationship between what have variously been called 'structure' and 'agency', 'system' and 'human action' and 'society' and the 'individual'. Since Marx, various researchers have documented the intrusion of structural circumstances into the consciousness and domains of the activities of actors and the important role of 'practice' in reproducing, shaping and challenging those very social forms (Goffman 1961; Bourdieu 1977, 1984; Giddens 1984). Whilst these themes have been a central part of the intellectual growth of anthropology and other disciplines, this thesis represents an attempt to examine, at the ethnographic level, the different ways in which individuals are shaped by, and interact within, the larger structures and social institutions that surround them. More specifically I document an instance of Australian Aboriginal people who are trying to achieve 'change' in their lives. This change has many different forms but is depicted as a transformation from 'alcoholic/addict' (implying powerlessness) to a new status of sobriety (which asserts self-determination). Such a transformation is based on a belief that alcohol and drug misuse is caught up with Aborigines' problematic relationships within their own communities and is related to a history of domination by the larger 'white Australian' society within which they have become enmeshed.¹ The social context of the rehabilitation environment both facilitates and structures the ways in which residents experience change. However, they participate in the programme before them in both novel and

¹ Following Reid and Trompf (1991), I use the term white Australian in this thesis to refer to all non-Aboriginal people residing in Australia. I recognise that this term is problematic as it fails to distinguish between Australians who claim non-British ancestry.

restrictive ways, reproducing existing inequalities of power at the same time as engaging in a dialogue of cultural reclamation. In this context I demonstrate how difficult such a process is, particularly when change at the individual level is not matched by social, economic and political change within the larger Aboriginal and white Australian society. I do not claim to provide a particularly new or innovative solution to the perhaps irreconcilable nature of these debates but provide a local picture documenting how some of these themes are played out amongst human relationships in the context of an Aboriginal alcohol and drug rehabilitation centre.

Recently, there have been some important contributions to the anthropological discipline that have focused on issues of 'authenticity', 'practice' and 'change' in contemporary Aboriginal cultural activity (Sansom 1980; Brady and Palmer 1982; Becket 1988; Brady 1988, 1995a; Hunter 1993; Merlan 1998; McDonald 2001; McKnight 2002). The authors of these works have accepted as central the inter-cultural setting of contemporary Aboriginal social life and have examined the ways in which Aborigines sustain an active role in their relationships with powerful others. On the whole, such ethnographies have focused on Aboriginal populations in regional towns or remote areas of Australia. There have been few studies that reflect Aboriginal social life in larger cities or in settings such as gaols, remand centres, or in the case of this thesis residential rehabilitation centres.² Many researchers have shown that a vast number of Aboriginal people will at some point experience life in some form of institutional setting (Gale, Bailey-Harris and Wundersitz 1990; Hunter 1993). Aboriginal people, particularly men, are disproportionately over-represented in the judicial system. The Royal Commission into Deaths in Custody found that Aboriginal representation in police custody was 29 times that of non-Aborigines (in Tatz 2001: 7). Gale, Bailey-Harris and Wundersitz have argued that Aborigines living "alongside whites...seem to be most disadvantaged in terms of the extent and nature of their contact with the law" (1990: 116-7). They attribute this to the unwillingness of the white Australian society to recognise the different cultural values of urban-based Aborigines. This is compared with the willingness of various agencies to accommodate

² For example, see Fink (1957; 1960); Gale (1960); Barwick (1962, 1964, 1974); Gale and Brookman (1972); Berndt (1977); Beckett (1988) and Keen (1988) for descriptions of Aboriginal life in 'settled' Australia.

the values and lifestyles of the 'real Aborigines' living in more remote regions who are considered to be culturally distinct (*ibid*: 117).

Aboriginal substance misuse and Belong's Haven

Many descriptions of contemporary Aboriginal social life have portrayed communities as in a state of crises experiencing increasing levels of violence, alcohol and drug use and misuse, suicide and ill health (see Sutton 2001a, 2001b; Tatz 2001; McKnight 2002).³ When examining substance use, anthropologists have looked for the culturally specific meanings and structured patterns of behaviour that underlie alcohol and drug use and have related these to Aboriginal marginality, dispossession and socio-economic inequalities with the larger Australian society (Sansom 1980; Hunter 1993; Brady 2000; Saggars and Gray 2000). This has also been reflected in the larger literature on anthropological interpretations on substance use.⁴ Anthropologists' efforts to show the meaning behind indigenous alcohol and drug use have not, however, gone without criticism. In an important paper, Room (1984) criticised anthropologists for 'problem deflation' for not examining the devastating effects of sustained substance misuse on tribal societies. In Australia, Gibson argues that anthropologists have generally reinforced stereotypes of the 'drunken Aborigine' (in Brady 1991: 187-8). In turn, Aboriginal society has internalised these stereotypes where drinking has become equated with culture and identity (*ibid*). More recently various researchers have re-directed their focus to examine the negative effects that alcohol and drugs have had on Aboriginal communities and the response of Aboriginal people to these problems (Marshall 1984, 1990; Brady and Dawe 1998, 1992; Saggars and Gray 1998; Hunter 1993; Sutton 2001b; Tatz 2001; McKnight 2002;).

³ Distinguishing between substance use and misuse is a difficult project. What is called misuse in one setting may not be regarded as such in another. Throughout this thesis I refer to substance use as the act of imbibing alcohol and/or drugs. Associated with such use is a range of practices that are culturally and historically determined. Substance misuse is that process whereby sustained alcohol and/or drug use leads to problems in physical and mental health. This will vary cross-culturally, however in Aboriginal Australia is often experienced as a disruption and/or conflict in family relationships or with the white Australian society.

⁴ There is a large body of literature on this subject. See for example Waddell and Heath (1976), Heath (1981) and Douglas (1987).

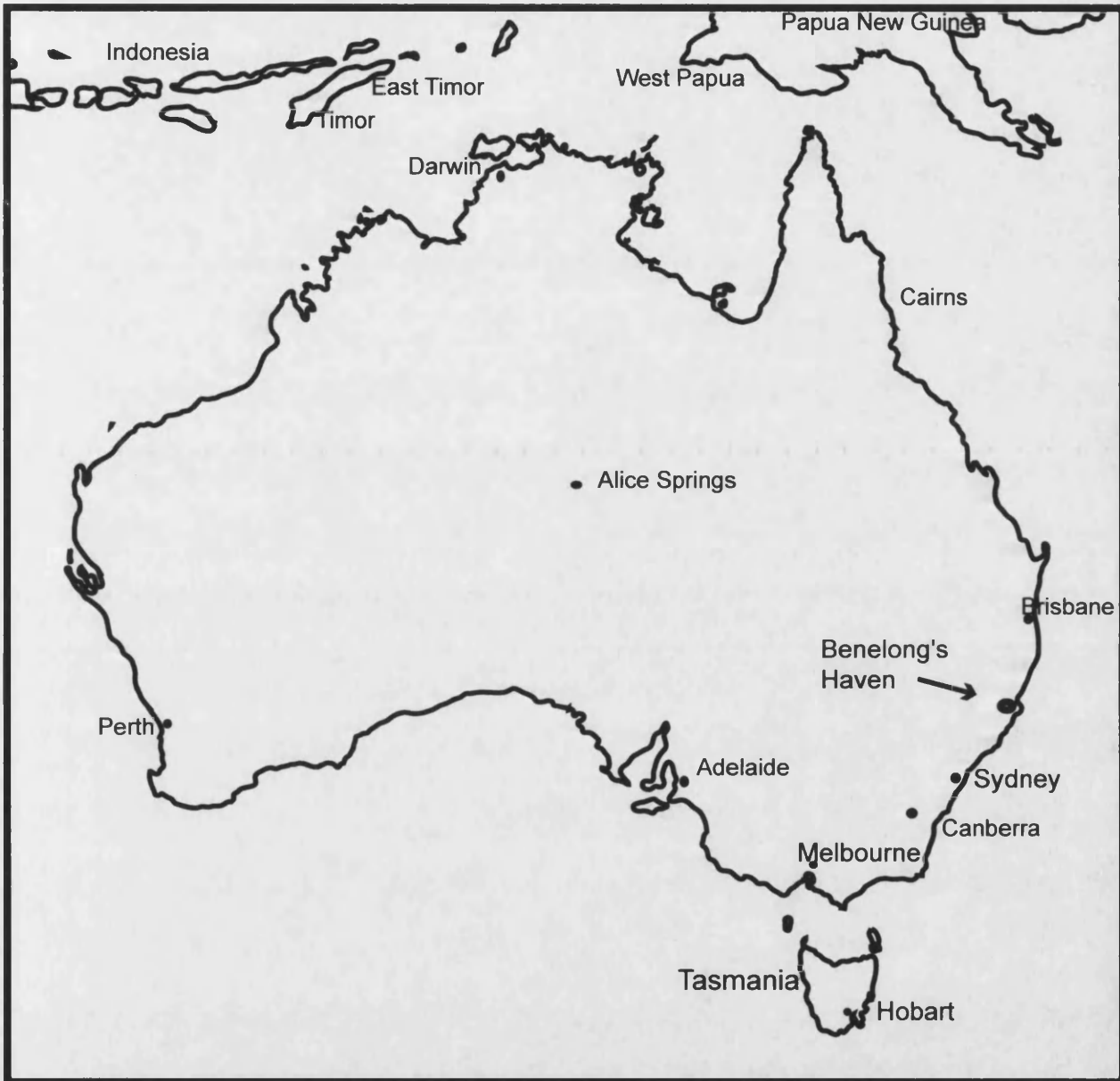
One reaction to substance misuse by Aboriginal people living in more remote areas of Australia has been to move away from larger townships and white Australian settlements and return to their homelands (Meehan and Jones 1980; Brady 1995a, 1995b; Burns et al 1995; Merlan 1998). Many Aborigines living in urban settings do not have this option open to them. Areas of traditional land holdings fall under private ownership of the 'white Australian' society. Also in some areas knowledge of particular land areas has been significantly transformed through the colonial experience (see Hazelhurst 1994). Returning to homelands has also become difficult for those people who have become enmeshed in the criminal justice system. Instead Aborigines have had to develop different approaches to this problem and one of these has been in the establishment of residential alcohol and drug rehabilitation centres or what have also been called 'therapeutic communities'.⁵ Whilst such initiatives have meant greater governmental influence through controls associated with funding, travelling to such centres does involve a similar moving away from existing social relationships to a different environment.

Benelong's Haven lies next to the Macleay river some three kilometres from the small township of Kinchela Creek on the mid-north coast of New South Wales.⁶ Established in 1974 by Val Bryant (later to become Carroll), Benelong's Haven was the first residential alcohol and drug treatment programme controlled and operated by an Aboriginal Australian.⁷ It was established first in the suburb of Maxsville in Sydney but grew to accommodate a further two centres in the Sydney area. In 1976, Benelong's Haven set up a further centre on the site near Kinchela Creek on what was the Kinchela Boy's Home (see Tandy 2002).

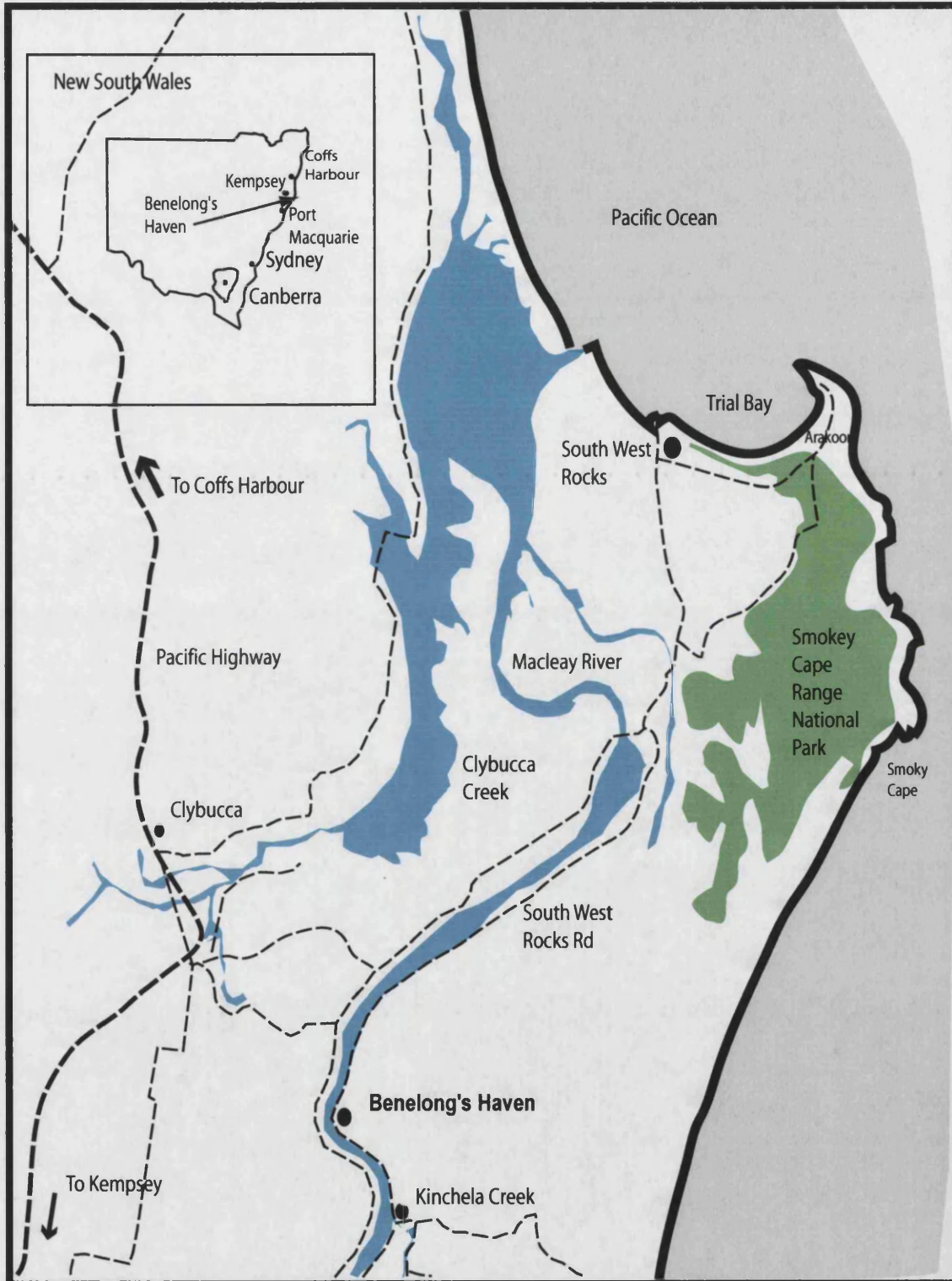
⁵ Brady (1991, 1995a); Hazelhurst (1994); Miller and Rowse (1995) and Sagers and Gray (1998) have provided an overview of this type of intervention. Carr-Gregg (1984) examined four non-indigenous therapeutic communities in Australia in the 1980s (We Help Our Ourselves; John Knight Services, Odyssey House and Teen Challenge).

⁶ The largest town in closest proximity to Benelong's Haven is Kempsey. Kempsey accommodates an Aboriginal population of approximately 5000 people (Tatz 2001: 57) and has been the subject of two ethnographies, Kitaoji's (1976) *Family and Social Structure among Aborigines in Northern New South Wales* and Morris's *Domesticating Resistance* (1989).

⁷ I have chosen to maintain the real name of Benelong's Haven, Val Carroll and other staff rather than use pseudonyms. Whilst I see it as my responsibility to protect Benelong's Haven from any potential criticism that may result from this thesis, it is important to maintain historical accuracy with regards to Benelong's Haven and its founders. I have used pseudonyms for all residents in the centre.



Map 1
Benelong's Haven location in Australia



Map 2
Macleay River region surrounding Benelong's Haven

Due to a variety of financial restrictions as well as the sheer effort of operating four centres, the centres in Sydney were closed and today the last remaining Benelong's Haven is at Kinchela Creek. At the time of my fieldwork, the staff composition included Val Carroll as administrator, her husband Jim Carroll as senior counsellor, two part-time psychologists, grounds person, office manager, receptionist and cook. With the exception of the psychologists and cook, all staff members have recovered from substance misuse problems in the past.

Those Aborigines who came to Benelong's Haven for treatment originated from rural towns throughout New South Wales (NSW), Northern Victoria and Southern Queensland with a minority of residents originating from larger cities, such as Sydney, and remoter areas such as Tennant Creek. During the period of my fieldwork from 1998 to 2000, there were approximately 60 to 80 Aboriginal residents at any one time living in the centre. While the majority of these were men, the centre also accepted couples with children. A cumulative total of approximately 300 single men and 100 couples with children came through the programme during my fieldwork. The average length of stay for a resident was 60 weeks. Many were remanded to the rehabilitation centre after committing what the judicial system identified as an alcohol or drug related offence.⁸ Within the centre there are no prison guards or police surveillance and residents find themselves in a setting where everyone contributes to the maintenance and operation of the 'community'. Within this community there is both continuity and discontinuity. In emphasising the continuity there are commonalities in the interests of the people and the social system. Between its members is an attachment to a common body of symbols and a shared vocabulary of value (Barnard and Spencer 1996: 115). As such it sustains particular identities and in so doing it is a community with boundaries both real and imagined. As Barnard and Spencer have noted: "'community' describes the arena in which one learns and largely continues to practise being social" (1996: 116).⁹ Conflict is also part of the community's social life as is distance, difference and ambiguity in the identification between its members.

⁸ Whilst the term alcohol or drug related offence is problematic as it is specific to an Australian judicial definition, a judge's decision to remand an offender to a rehabilitation centre is usually made if the individual has had a history of alcohol and drug misuse and/or was affected at the time of committing the offence.

⁹ This is reinforced through Benelong's Haven's emphasis that it is a family rehabilitation centre. This has two meanings. One is that they accept families and usually these are a nuclear family unit including

Recently Aboriginal health initiatives have increasingly sought to incorporate 'cultural elements' into their treatment programmes (see Brady 1995a). What is exactly meant by 'culture' remains unclear and often has to do with the use of particular politicised and objectified elements that differentiate indigenous from other types of identity affiliations. Within the social sciences the subject of Culture is an incredibly diverse area of study. For many indigenous rehabilitation centres the use of culture to define specific treatment approaches is different to anthropological understandings of the subject, which have been defined differently throughout the history of anthropology. Sutton has recently defined culture as "the interplay between 'unreflective daily practice' and our partial awareness of what we are doing and thinking" (Sutton 2001b: 135). In indigenous rehabilitation centres culture is reconstructed within the treatment paradigm as an enabling force allowing patients to reclaim cultural vitality and wholeness. Often treatment modalities will include a variety of approaches, such as sweat lodges or smoking ceremonies. These are identified as relevant to indigenous people, both in Australia and overseas, such as First Nation/Native Americans, through common experiences with colonialism. Staff in Benelong's Haven have resisted the incorporation of sweat and smoking ceremonies developed by other Aboriginal centres, often under the guidance of First Nation/Native Americans (Brady 1995a). Rather, Benelong's Haven has continued to offer Alcoholics Anonymous (AA) and psychotherapeutic groups but within a context that emphasises Aboriginal 'spirituality'. Through a documentation of residents' experiences within the treatment programme I use the metaphor of 'learning one's story' to emphasise that treatment is a learned activity. Within the programme, residents have to learn the correct modes of behaviour in order to develop a new status associated with sobriety. This is primarily undertaken through 'sharing' relationships between residents, which are reinforced through the structure of the AA programme. However, the values and ideals of AA are combined with specific notions of Aboriginal 'spirituality' to outline a programme of

a male and female couple and their children. However, the use of the term family also refers to the sense of community between residents. Many residents would state that to live in the centre was to be part of one family, which was reinforced through a stress on 'caring and sharing' between its members.

recovery through which residents accrue different styles and practices to the formation of their identities (see also Miller and Rowse 1995: 19).¹⁰

Theoretical concerns: Contextualising ‘structure’ and ‘practice’.

In writing this thesis I have been concerned with giving the reader a view of the everyday experiences of Aboriginal social life in a residential rehabilitation centre. As such my main concern and interests have been ethnographic in nature. Nevertheless, this thesis relates to a number of theoretical themes. Perhaps the most obvious, and complex, are those debates over individuals’ relationships to the larger social system and structures within which they are enmeshed. The second relates to that body of work that discusses issues of identity. Of course, both of these themes are inter-related and throughout this thesis I document the ways in which identities are formed within the larger structure of the rehabilitation centre. Residents do participate in their own ‘structuration’ and in a sense this thesis demonstrates how the theoretical treatises of writers such as Goffman (1961), Bourdieu (1977), Foucault (1977) and Giddens (1984) are played out at the ethnographical level of ‘everyday practices’. Whilst Foucault (1977) was not directly concerned with the experiences of inmates in the ‘panopticon’, from an ethnographic standpoint I am interested in these aspects of people’s lives. Here my work attempts to show how individual practices and thoughts are themselves generative as well as generated by the social institutions that surround them.

Foucault has most famously documented the different forms of power through which human beings are constituted as ‘subjects’.¹¹ His studies of asylums (1965, 1976), clinics (1973), prisons (1977), and the body (1978) have shown that social institutions structure the identities made available to people throughout history. They are at once

¹⁰ This is not specific to Australian Aborigines and has been demonstrated for First Nation/Native Americans (See Weibel-Orlando 1989; Waldram 1997; Spicer 2001).

¹¹ Foucault states that his aim has been to create a history of the different modes by which human being are made into subjects (in Dreyfus and Rabinow 1982). In identifying the different modes of objectification of subjects, Foucault presents three main schemas that places human beings, not only in relations of production and signification, but within power relationships (Rabinow 1984: 7-14). The first are ‘dividing practices’ which are modes of manipulation that involve social and spatial exclusion of subjects through the mediation of science. The second is through ‘scientific classification’ and is related to development of various discourses to the status of science. The third mode has been called ‘subjectification’ and involves techniques of domination that are inscribed on ‘docile bodies’ (*ibid*: 11).

deforming and dehabilitating, constituting and limiting providing people with a narrow sense of possibility. Throughout this thesis it is possible to look at the ways in which residents of Benelong's Haven are constituted as 'subjects'. This is not limited to the residential rehabilitation centre itself but it is possible to analyse along Foucaultian lines the ways federal bureaucracy and state controls have sought to normalise domination and subjugation over Aboriginal peoples. Various techniques of domination such as legislative controls, imprisonment and welfare have served to reinforce structures of power. Within Benelong's Haven I could take the overly pessimistic view that both staff and residents are unknowingly participating in this process even when the bureaucracy of the white Australian society is not explicitly visible.¹² As Foucault has shown an essential part of the technologies of normalisation is the role they play in the "systematic creation, classification, and control of 'anomalies' in the social body" (in Rabinow 1984: 21). In the context of Benelong's Haven, residents are first informed that substance use is dangerous, an anomaly in Aboriginal social life. They are then instructed through the processes involved in the everyday life in the rehabilitation environment, of a different way to live without the use of alcohol and drugs. They are instructed about a philosophy of action, guided through the 12-Steps that closely approximates protestant middle-class values (see Madsen 1974: 157). Through participation in the programme, the norms, values and conceptual schemes are reproduced (consciously and unconsciously) by and for actors (Ortner 1994: 398). At one level it is possible to depict the appropriation of these social values and norms by residents as acquiescence to a white Australian society that is threatened by Aboriginal substance misuse and associated practices. Yet if I were to take this view throughout this thesis, I would be denying the experience and understandings of Aboriginal residents themselves.

If we examine life in the rehabilitation centre from the perspective of those people living within it we see a very different picture. Here the programme elements are viewed as part of regaining a cultural identity that is depicted as lost or taken away

¹² This has been argued to be the most diabolical aspect of Foucault's perspective. As Rabinow states: "Those who occupy the central position in the panopticon are themselves thoroughly enmeshed in a localization and ordering of their own behaviour" (1984: 19). Whilst Benelong's Haven is an Aboriginal owned and controlled rehabilitation centre it is federally funded from Aboriginal Hostels Ltd and the Commonwealth Department of Health (Benelong's Haven 2002). Even though there are non-Aboriginal residents and staff in the centre, the centre claims a specific Aboriginal identity.

through Aboriginal experiences of colonial domination. In such conditions notions of 'tradition' and 'culture' assume new, and newly meaningful, ideological forms. However, the appropriation of such cultural forms can be argued to be a further form of mystification through which "culture lies about the realities of people's lives" (Ortner 1994: 396). However as Ortner continues "the analytic problems is to understand how people come to believe these lies" (*ibid*). Lies is perhaps too strong a word to describe this case. Whilst incorporating many of the aspects and values of white Australian society, residents' assertions of cultural difference from white Australian society enables them to engage in a highly politicised and personal process of cultural identity reclamation. To see this process as merely another form of domination through which Aboriginal people are restricted to particular forms of Aboriginal 'culture' does not pay sufficient attention to the lives of a dis-empowered people as they grapple with their own position in society. However, I would agree with Ortner in the importance of understanding the process through which people are introduced, and incorporate, the socio-cultural to the self. In this thesis, the challenge lies in understanding how the Aboriginal residents of Benelong's Haven are at once constructed in conflicting ways as 'subjects' yet also find the means through which to realise themselves in coherent and subjectively centred ways as 'agents'.

The subjects in Foucault's writings have been criticised as lacking self-determination and 'agency' (see Giddens 1984: 154).¹³ Agency has been defined as possessing intentionality or consciousness over the possible choices between performing different actions (Barnard and Spencer 1996: 595). This can be contrasted with structure, which implies constraint on action (*ibid*). Giddens notes that all humans are likely to submit to discipline for only parts of the day and often will do so as trade-offs for rewards that are related to freedom from disciplinary processes. Giddens (1984) turns to Goffman (1961) in his analysis of 'total institutions' to examine the different processes that are inherent to prisons and asylums. 'Total institutions' are all embracing and impose a totalising discipline upon those who are placed within them. 'Adjustments' to the process implies a radical degradation of the self, which Goffman suggests is different

¹³ Foucault has argued that his aims were not to document the 'real life' in the prisons but to present a history of the various techniques of domination, which are related to a series of diverse practices and strategies (Foucault and Burchell 1991: 81). Foucault is interested in the "history of the 'objectification' of those elements that historians consider as objectively given" (*ibid*: 86).

to other aspects of society. This includes the different ways in which information is collected and used from inmates including: the eradication of private/public boundaries; forced and continual relations with others; and the control of the temporal seriation of activities (in Giddens 1984: 156). Goffman (1984) asserts that resistance by inmates are directed against the degradation of the self. This is part of a process of 'secondary adjustments', which include conversion, colonisation, and loyalty to the inmate group. Throughout this thesis I hope to show that there is a diversity of experiences and responses within the rehabilitation centre. While some residents chose to actively resist or engage in 'secondary adjustments' many do not. In fact, the majority embrace the reality put before them and I hope to explain their motivation to do so.

From a theoretical standpoint, the kind of approach that I emphasise throughout this thesis can be addressed in terms of the works of Giddens and Bourdieu. Through their respective theories of 'structuration' and 'habitus', Giddens and Bourdieu have examined the ways in which social systems are re-enacted and 'embodied' through everyday practices.¹⁴ Furthermore, they have illuminated the generative aspects of behaviour within such structures. As Ortner has stated, Giddens and Bourdieu accept that "society is system, that the system is powerfully constraining, and yet that system can be made and unmade through human action and interaction" (in Dirks, Eley and Ortner 1994: 15). The residents of Benelong's Haven are in an interesting position. At one level they are experiencing life in an environment that is attempting to reconstruct their knowledge of the world. It does this by reinforcing differences from the larger white Australian society and vitalising individuals to recreate a shared sense of Aboriginality through the act of re-telling the past. In this sense residents classify 'the properties and practices' of others, both white Australians and Aboriginal substance users (Bourdieu 1984: 482). In Bourdieu's theory of 'habitus' individual agency lies in the knowledge of the object and the "contribution this knowledge make to the reality of the object" (*ibid*: 467). In emphasising the constitutive aspect of knowledge, Bourdieu

¹⁴ I am over-generalising the similarities between the extensive works of Bourdieu and Giddens (which have changed over time). In response to the structuralist movement, Bourdieu has integrated a Marxist perspective (in his analysis of class and distinction) in the themes of habitus and praxis. He has provided ethnography into the practical (and particular) ways in which subjects enact, embody and assume public cultural forms. Giddens has often been more concerned with providing a more general social theory in his construction of themes related to 'structuration' and the constitution of society.

emphasises that subjects structure their world through a system of embodied schemes “which have been constituted in the course of collective history, (and) are acquired in the course of individual history and function in their *practical* state, for *practice*” (*ibid*, *original emphasis*).

While the Benelong’s Haven programme promotes a change in the values, perceptions and actions of those who participate within it, when residents leave they are confronted with a world that has not changed. In order to sustain their new status, residents often remain attached to Benelong’s Haven in some form. Many Aboriginal people either return for further treatment after going back to substance use and others simply return to enmesh themselves in the programme even when they have remained sober.¹⁵ However, an ‘unintended consequence’ of residents’ engagement with the treatment programme is the very reproduction of the larger structures and asymmetries of power between Aboriginal and white Australian society (Giddens 1984).¹⁶ This suggests that it is not substance misuse itself that is the issue here and the underlying problem for many of the Aboriginal people discussed in this thesis lies in the social, political and economic inequalities between Aboriginal and white Australian society including racism, lack of education and poverty. By finding the source of their identity within Benelong’s Haven, it can become difficult for some residents to live outside it within a marginal society that offers few opportunities. Others are able to maintain their status outside Benelong’s Haven by utilising the larger structures to develop their own individualistic style as ‘sober Aborigines’ in society. Reflecting this problem, Giddens has stated: “Structure is not to be equated with constraint but is always constraining and enabling” (1984: 25). At the heart of Giddens’ theory of ‘structuration’, is the central theme that history is explained by the “situated activity of practically-knowledgeable subjects” (Bryant and Jary 1991: 59). In outlining his theory of ‘structuration’, Giddens asserts that:

Structuration of social systems means studying the modes in which such systems, grounded in the knowledgeable activities of situated actors who draw upon rules and resources in the diversity of action contexts, are produced and reproduced in interaction (1984: 25).

¹⁵ In this sense, identification with Benelong’s Haven has created one avenue through which Aboriginal people are able to ‘make a difference’ in engaging in processes of transformation (Giddens 1984: 14).

¹⁶ See also Said (1979) and Hanson (1989).

Structure and action are conjoined in Giddens's (*ibid*: 25-28) concept of the 'duality of structure' where 'structure' produces the possibility of 'agency' at the same time that 'agency' brings 'structure' into being. In describing this process Giddens states: "The structural properties of social systems are both medium and outcome of the practices they recursively organize" (*ibid*: 25). Whilst there have been various critiques of this relationship (Dallmayr 1982), subsequent authors have suggested that the degree to which social agents know the social structures within which they are enmeshed is a matter for empirical inquiry (Bryant and Jary 1991: 59). In identifying this relationship, this thesis hopes to provide one such empirical context. Bourdieu and Giddens aside, within the local context of Australian Aboriginal literature, writings on identity have examined similar issues and should be illuminated in the context of this introduction.

Identity

In this thesis, I hope to show that individuals are able to accredit and interpret their daily life experience to a sense of 'who they are' in both conscious and unconscious ways. In this sense, identity has many different facets, consisting of both group and self-definitions, which are both subjectively and inter-subjectively constituted.

Linnekan and Poyer (1990: 15) have defined cultural identities as 'symbolically constituted' in that ascription to particular groups are cultural constructs rather than naturally given attributes. In this sense they refer to an Oceanic notion of identity that privileges environment, behaviour and situational flexibility over descent, innate characteristics and unchanging boundaries. In Australia, discussions over Aboriginality have referred to both aspects of these kinds of identities. These have centred on discussions concerning 'persistence' and 'resistance' (Cowlshaw 1988a, 1988b; Keeffe 1988; Hollinsworth 1992).¹⁷ Aboriginality-as-persistence is seen as being immutable and fixed in notions of descent. In such contexts, cultural knowledge is transmitted and reproduced 'in the blood' (Keeffe 1988: 72). Keeffe provides an

¹⁷ There was a particularly avid debate within the journal *Oceania* between Hollinsworth (1992: 137-155, 168-172), Nyoongah (1992: 156-157), Lattas (1992: 160-164) and Beckett (1992: 165-167) on this subject. Merlan (1998: 211) notes that discussions of the static or dynamic nature of Aboriginal culture have a specific context within anthropology associated with the decline in structuralism.

ethnographic example of a tutor at an Aboriginal cultural awareness camp in NSW who in response to a young boy's assertions "I'm not Aboriginal because I've got blonde hair and blue eyes" stated "Even if you've got one drop of Aboriginal blood, you're Aboriginal all the way through" (*ibid*: 69).¹⁸ Primordial constructions of identity have been discussed in larger debates on 'ethnicity' by scholars such as Barth who defines ethnic ascriptions as 'categorical', classifying persons in terms of their "basic, most general identity, determined by his origin and background" (1969: 14; see also Isaacs 1975). Such ascriptions are justified with real or historical support and the 'presumed identity', the belief in common blood, religion, language, customs or belief, takes on importance and creates belief in natural affinity (see Weber 1978: 388-392). In these wider debates 'ethnicity' is the preferred term and an ethnic group relates, "to a human group having racial, linguistic and other traits in common" (*Collins Concise Dictionary* 1982).

In the Australian literature identifying racial or linguistic traits common to all Aboriginal people has been problematic, both politically and due to the heterogeneity of the Aboriginal population.¹⁹ Aboriginality is constructed in such a way that it does not reduce identities to "illusory and idealist constructions of persistence and continuity" (Keeffe 1988: 76). Furthermore, due to the association of the term ethnicity with newer immigrant groups in Australia, Aboriginality is preferred as it identifies the different historical situation and consequent rights of Aborigines as the autochthonous people of Australia (see also Weaver 1984: 182-211). As Beckett notes "in a multicultural environment, the Aboriginal movement needs a past that gives it priority over those who came after" (1988: 167). In this sense, ethnicity has been critiqued as submerging issues, such as race and culture, within general discussions on social distinctiveness, thus recreating hegemony, reproducing dominant interests and failing to capture the diversity of identity affiliations. The term 'Aboriginality' is argued to support the existence and creation of distinct local forms amongst different Aboriginal groups without denying the possibility of more general pan-Aboriginal identifying

¹⁸ Lattas (1992) disagrees with the interpretation of this example, which suggests the persistence of cultural traits in primordial notions of blood. He argues that this categorisation reveals the "plasticity and mobile nature of bodily boundaries, where the body as the space of an imaginary community is continuously being reworked to produce new images of a shared essence and so as to take account of the power relations which problematise people's bodies" (*ibid*: 162).

¹⁹ See Keeffe (1988) for details of this debate.

characteristics (*ibid*). The term also has a historical reference relating to a political construction of ‘otherness’ that has been used by both the white Australian society to legitimate their difference from the ‘mother country’ and Aboriginal people to refer to selected features held by the indigenous population at first contact (*ibid*: 166).²⁰ As Beckett states “both are made out of the same mix of remembering and forgetting that one finds in the imagining of all nationalities” (*ibid*).²¹ Therefore many formulations of Aboriginality in Australia have permeated into the “institutions and administrative categories of the dominant society” and are maintained by both groups through mutual interaction (Linnekan and Poyer 1990: 12). Nevertheless the idea that groups distinguish their identity through the creation of boundaries is an idea that Barth (1969) himself considered important. Whilst many of the identities that I discuss in this thesis have a ‘political consciousness’, Aboriginality is “a specific, complex and contradictory ideology”, one that must be placed within a social context where identity is “constructed, contested, contradicted and belied” (Keeffe 1988: 76, 67).

In Australia discussions of Aboriginal identity have also stressed the notion of resistance, which can be seen as part of those theories that stress the instrumental nature of identities. This approach tends to regard identity as a position that is adopted and manipulated by individuals to achieve some specific end or as the outcome of a set of particular historical and socio-economic circumstances (Cohen 1974; Glazer and Moynihan 1974). Moreover, according to this view, identities are also constituted more markedly in processes of flux and change (Epstein 1978: 100). This suggests that Aboriginality must be viewed historically where “the categories of Aboriginality are simultaneously motivated in the bureaucratic world of the state and resistant to its determinants” (Kapferer 1995: 78). Keeffe’s definition of an identity based on resistance echoes such sentiments:

²⁰ The way in which primitivist versions of Aboriginality by non-Aboriginals has come to “fill a gap” in the “shallow colonial history” of Australian nationalistic ideologies is well canvassed (Beckett 1992: 166; See also Kapferer 1988; Lattas 1990; Markus 1990; Attwood and Arnold 1992; Wolfe 1994; J. Kapferer 1995; Attwood 1996; Reynolds 1996).

²¹ This was also put forward by Anderson (1983) in his highly influential argument that people maintain attachments for ‘inventions’ or ‘imaginings’ - such as race, kinship or ‘ethnic group identity’ - because they are often perceived as ‘natural’ and therefore unchosen. One can note that the usual focus of enquiry is the way in which ‘real or imagined’ cultural differences assume social importance, instead of cultural peculiarities, which shape identity. Hobsbawm and Ranger (1983: 12) also acknowledge that ‘invented traditions’ all use history to legitimate and cement group cohesion.

It is not only a specific set of ideological elements, but also a living set of cultural practices which are in a dynamic interaction with white society, and the cultural practices that characterise it. The elements that are stressed when this aspect is dominant are such things as resistance to white authority, political struggle and collective solidarity. The means to express these elements are drawn from the resources of the dominant society (1988: 68).

Amongst the Dhan-gadi people in Kempsey, Morris (1988, 1989) explains that actions of the state have, in part, structured Dhan-gadi identity. However the configurations of power have themselves been subject to subversion by continuous attempts by the Dhan-gadi to resist incorporation into an encompassing state system. Non-compliance with authorities, denial of information to authorities, participation in illegal activities and a refusal to become like 'whitefellas', came to be the central feature of life for many, but not all, reserve-dwellers. Cowlshaw (1988a) describes an 'oppositional culture' in western NSW as the active reproduction of racial separation and reaffirmation of Aboriginality with its own "distinctive vocabulary, family, form, pattern of interpersonal interaction and even its own economy" (1988a: 99). Kapferer (1995) indicates that whilst the forms of identity in the cultural performances of the Tjakapai dance group (Kurandah, northern Queensland) are largely a reflection of bureaucratic definitions of what constitutes genuine forms of Aboriginality, during performances there is considerable room for individual expression of identity. These "new structures are created through the category" and are generally individualistic, humorous and "turn accepted categories on their heads" (Kapferer 1995: 76). In this situation, Kapferer (*ibid*) explains, Aborigines are in such a position to begin to have some control over their context and to contest and develop their own identity constructs.

As such there is a tendency for studies to revert to either a 'resistance' or 'persistence' model to describe Aboriginality and this often provides an essentialist reading of difference that only serves to confirm otherness (Spivak 1996). A convincing ethnographic demonstration of resistance, or the evidence that such a stance is important, is not always provided. Moreover, the concept of resistance is sometimes vaguely and endlessly expanded until, as Cooper puts it, "it denies any other kind of life to the people doing the resisting" (Cooper 1994: 1532).²² Bentley (1987) has

²² Rowse (1990) suggests that such models of resistance suffer from 'political essentialism'.

suggested that primordialist/instrumentalist (persistence/resistance) arguments do not address the question of how people recognise the commonalities (of interest or sentiment) underlying claims to common identity. Nor do they test these at the level of the individual, where identity formulation and manipulation presumably takes place. As such both leave unexamined the micro-processes by which collectivities of interest and sentiment come into existence. Furthermore, the resistance/persistence model rests on distinctions of culture/biology, inauthentic/authentic and so on, which cannot be assumed *a priori*. These are essentially analytical categories that in ethnographic contexts interpenetrate into people's lives in complex ways. Identity is both constructed and lived and its various strands "all exist simultaneously, interacting and competing for the subjectivity of the 'individual'" (Keeffe 1988: 77; see also Ortner and Whitehead 1981; Moore 1994).

In understanding how the Aboriginal residents of Benelong's Haven play an active role in making and transforming their world, it is important not to forget that their efforts may fail, and that at times they experience themselves as powerless and displaced. To exclude or erase such experiences is to adopt an anodyne view of history that denies the violent and destructive aspects of colonialism. As my intention is to provide a more thorough and nuanced account of how Aboriginal people engage with, and manage the problem of substance misuse, an important concern of this thesis is to convey the affective qualities of their living experience. As Moore notes, while identity may well be made up by resistance and complicity, they are also "forms of subjectivity and types of agency" which must be studied within structures of difference (1994: 50). These structures, however "must be specified in context rather than assumed in advance" (*ibid*: 50).

Fieldwork in Benelong's Haven

An initial visit

I first visited Benelong's Haven late in 1997 for a period of two weeks after contacting Val and Jim Carroll and expressing an interest to visit the centre. At the time I was negotiating with an Aboriginal community in another part of Australia to conduct fieldwork. The community did not respond to my proposed dissertation research

enthusiastically (which aimed to examine identity and substance misuse in an urban Aboriginal community). Rather, community leaders made strict instructions that my research must focus on land rights issues. As time out from these negotiations, a contact gave me the number of Benelong's Haven and suggested that I ring Val Carroll and visit the centre.

When I arrived at Benelong's Haven both staff and residents welcomed me warmly. I did not attend the AA or psychotherapy groups for the first couple of days. I joined residents during their free time, played football, ate meals in the communal dining hall and participated in the nightly discussions around the fire. Perhaps my first impression was residents' willingness to talk with me about their lives in a frank and open way. It struck me that everyone had a story to tell, and furthermore, were eager to share their story. At first I thought this was because I was seen as a social worker to those who did not know my 'anthropological student identity', but I soon found out that sharing stories was something that residents spent a lot of time doing with each other. I also talked with staff about various issues related to substance misuse, the treatment programme and local Aboriginal issues. The staff also spent a lot of time quizzing me about my personal background, studies and my thesis topic. I initially had mixed feelings about whether this could constitute an appropriate field site. Whilst everyone was genuinely open to an outsider in their midst, I was aware that many were experiencing severe hardships in their lives. Not only emotional and mentally, but physically, in the case of those withdrawing from alcohol and/or drugs. I also noted that certain individuals did not want to be in this setting and were receiving serious reprimands from senior residents and staff.²³ Given that many residents originated from different regions within Australia this is a 'community' where many of the differences between its members are particularly evident. This problem seemed insurmountable. Some residents had come from as far away as Palm Island, others from as close as Kempsey. How would I make sense of this apparent heterogeneity? Furthermore, there seemed to be a continual flux of persons, leaving and arriving to the centre.

²³ I will discuss below my responsibilities regarding documenting residents' lives and their time in Benelong's Haven.

Would I ever be able to establish significant rapport with residents in Benelong's Haven, enough to enable me to gain adequate data?

Whilst there were significant differences between residents, there were also many commonalities. These were primarily defined through residents' identification of common experiences with substance misuse and affiliations to a pan-Aboriginal identity. Furthermore, the differences between residents and how these were worked out in the context of the rehabilitation centre is an interesting and viable topic of study itself. The fact that there was a small minority of residents who identified as non-Aborigines in Benelong's Haven was also a matter for investigation. With respect to the apparent flux of the centre, I was later to find that the centre went through particular periods of change and stability. The problem with my initial impressions was that they were based on a short visit. Too short to appreciate fully the processes involved in the treatment programme. In order to understand the flow of life within a rehabilitation centre (including the departures and returns of residents) it was very important to undertake the kind of methodology offered by long-term participant observation.

After two weeks I left Benelong's Haven and on my departure staff requested that I write something about my experiences. When I returned home I wrote a very general piece documenting the procedures of the centre and a description of some of the residents' experiences, social interactions and understandings of the treatment programme. I then returned to negotiations with my intended permanent field site. About a month later I was still not in the field and it did not seem likely that I would be able to undertake my intended research topic. I then received a letter from Val asking whether I would like to return to Benelong's Haven to conduct fieldwork in the centre. They were involved in the National Youth Suicide Prevention Scheme and needed a researcher to conduct interviews and help write-up their findings (see Nolan and Chenhall 1998). It seemed my decision was made for me and after receiving ethics approval from the London School of Economics in the United Kingdom and Newcastle University in Australia, I left for Benelong's Haven.

Arrival

I settled into life in Benelong's Haven quickly, although it took me some time to get used to the daily rhythms of the centre. I spent the majority of my time with residents in their daily lives but I was also involved in many discussions between staff. In the mornings I attended the treatment programme with other residents. In the afternoons I generally attempted to conduct more formal interviews with residents or wrote up my field notes. I spent a lot of time in the men's dormitory simply listening and participating in their discussions. I also participated in pool games, table tennis, football and cricket and joined residents in their trips to the beach and shopping activities. I was taught how to play Aboriginal country music. In the evenings I generally spent time with other residents whilst they sat in groups talking around a fire. Other times I joined residents in watching a movie. The kind of research I conducted with residents depended on how long they themselves had been in the centre. I did not approach new arrivals to conduct formal interviews but merely engaged them in casual conversation in the context with other residents. Once I became better acquainted with a resident and they began to settle into the programme I felt more comfortable in asking them about the possibility of documenting their story. Some residents became very involved in this process, others were not so sure and decided not to participate. I always respected such wishes.

I lived in various rooms throughout the property. For most of my time I shared one of the older houses to the north of the centre with some of the senior male residents. I also shared a house with one married couple for three months. But I also had my own room for a time on the main deck closer to the administrative office and men's dormitory. Every resident experienced such changes in their accommodation during their time in the centre. Due to the constant arrival and departure of residents, various rooms became available or other rooms were needed at different times. Every resident was expected to be able to move to accommodate these needs. I was no exception.

In the structure of this thesis, I move from a consideration of residents' experiences within the Benelong's Haven treatment programme to their point of departure from the

centre. In part, this structure is influenced by my own experience of fieldwork in Benelong's Haven, which consisted of a very gradual process of becoming involved in the daily life of the centre and eventually resulted in participation in the experiences of some residents outside the centre whether in the court room, their home community or in other institutions such as gaol. Such increased involvement within a community is an inevitable part in all anthropologists' experiences in the field as they become enmeshed within social relationships. Within Benelong's Haven I was asked to help out in various ways, other than my involvement in the suicide project. This involved driving residents to court, to Port Macquarie or the local supermarket for shopping trips. This became an important part of my fieldwork and was one of the ways in which I was able to interact with residents outside the centre. I was even asked by Val to accompany her to various functions in Sydney and in the local area.

During the period of my fieldwork it was necessary to balance the time I spent in the centre with the time I spent outside. Occasionally this was difficult. As I became more involved, it was difficult to leave. When I departed to see family in Melbourne, or to drive a resident to court, in my absence there was often a complete turn around in residents. This was often associated with some crises event involving the dismissal of several residents. Upon my return I walked around the centre and was met with strange glances as I looked for familiar faces amongst the new arrivals. Whilst relying on my experiences of travelling with residents outside Benelong's Haven to understand the process involved with residents' returns to their home communities, I did not accompany every resident that departed Benelong's Haven to their court hearing or to their home community. This would have been an impossible task. Therefore, my perspectives on 'returning home' are heavily informed from the stories of those residents who departed and subsequently returned to the centre.

Friendship, respect for the rules and 'positionality'

Whilst this thesis aims to give the reader an account of the Aboriginal residents within the centre, during my fieldwork I became closer to some residents than others. It was through these personal relationships that I was able to come to some deeper understanding of the variety of ways in which individuals experienced life in the centre. However, it was difficult to establish meaningful rapport with residents who

stayed for short periods of time and were in a considerable state of anxiety. As a white Australian in an Aboriginal organisation, close relationships had to be formed over time and with mutual trust. Therefore this thesis will quote from a small cast of characters, rather than present a sample of every interview and discussion I had. In particular I developed a very close friendship with David whose story will feature throughout this thesis. We arrived at about the same time in the centre and in our state as 'new arrivals', we shared a lot of time together discussing many topics.

As a 'single man' living at Benelong's Haven, I was naturally included with all other single men on the property and was allowed access into the men's dormitories.²⁴ Thus, the bulk of my time was spent with other single men. 'Married' couples spent a lot of their free time in their private rooms. Until I got to know couples well enough the entry of an anthropologist would not have been welcomed. A further difficulty was the fact that whilst I was able to talk with married men alone, I had difficulties in conducting interviews with women without their husbands being present. This was for a number of reasons. One, there was a rule on the property that no single man could be seen alone with a married woman. In the past this had caused fights between jealous husbands and single men. Not to be respectful of this rule would have potentially jeopardised my own standing in the centre. Even though I was not a *bona fide* resident, many other residents, particularly husbands, were uncomfortable with me spending long periods interviewing their wives. Some were wary of what kind of details their wives were telling me. Consequently, husbands were generally present in my interviews with women. However, with those couples who spent a long time at Benelong's Haven I was able to gain sufficient trust to interview couples separately. However this thesis lacks a rigorous analysis of the female perspective and it must be noted that where I present a female's viewpoint this is from a small selection of around a dozen females. As such, this thesis focuses on Aboriginal men's experiences within Benelong's Haven.

²⁴ The term 'single man' refers to a resident's status in Benelong's Haven. A single man refers to an individual who arrives without a female partner. A 'married man' arrives with his spouse (and children). The distinction between these categories is important in defining where residents sleep and what areas they are prohibited from going in the centre.

This illuminates the general issue of my position within the centre and my responsibilities in writing up this material. Residents told me that when they first saw me they thought I was a detective. Once this idea was dismissed I was thought to be some sort of social worker. I usually had to explain what an anthropologist was and what kind of things we did. After finding this out, residents were generally very keen to be included in my study. As I see it this leaves me with certain responsibilities to those I spent time with in the centre. Throughout this thesis I document residents' understandings of their alcohol and drug use and the hardship and conflicts that they encountered in the programme. Some of the stories that residents told me about their lives involved serious violence and substance misuse. Aboriginal substance misuse and violence is a highly politicised arena. Writing about Aboriginal substance misuse is something that has been criticised as only serving to further dis-empower Aboriginal people through the reproduction of negative and inferior stereotypes.²⁵ Others have argued that the telling of such stories should remain in the hands of Aboriginal people themselves. As Beckett has recently noted:

Indeed, it is sometimes implied that any non-indigenous mediation of the 'native voice' results in misrepresentation of difference, and, quite likely in its appropriation for some alien project (2000: 2).

I can only claim that this thesis has striven to present the views of those Aboriginal people with whom I lived for two years as closely as one 'white Australian' post-graduate student from the London School of Economics can achieve. In the end they are my views and not those of Benelong's Haven, nor those entirely of their residents. I take full responsibility for errors, misrepresentations or ill judgement. When I first gave staff at Benelong's Haven a sample of my own writings after spending two weeks in the centre, they were pleased that I had written the story of Benelong's Haven from the perspective of residents. They felt that I had captured the routine of the everyday life in the centre as well as bringing to light the concerns both of staff and residents. Too often past researchers had made fleeting visits and had merely been interested in the quantitative statistics associated with a subjective view of 'success'. As an anthropologist I was interested in the processes of treatment and residents' experiences

²⁵ See for example Sutton (2001b) and Tatz (2001) who recently wrote about these concerns. Tatz hopes that "journalistic, academic and party-political integrity will prevail over sensationalist attitudes, spite, or wilful misuse of this material" (2001: x).

and social relationships within the centre over an extended period of time. I have chosen to include some of these stories because I think it is important they be told. Throughout this thesis I also demonstrate the ways in which Aboriginal residents became 'empowered' through the programme to make changes in their life. These, and the efforts of Benelong's Haven staff must be given the full recognition they deserve.

Language and terms

Language is a significant source of identity formation for many Aborigines living in urban areas in Australia. Eades (1981, 1988) has argued that Aboriginal English is a language in its own right with similarities to indigenous languages in syntax, semantics and pragmatics. Eades (*ibid*) notes that while many people in urban southeast Queensland deny any real or distinctive Aboriginality, many Aboriginal and non-Aboriginal perceive communication differences and difficulties. Thus, many Aboriginal people complain that white Australians are "rude, noisy and ask too many questions...and...whites often complain that Aboriginal people are shy, ignorant, slow and uncooperative" (*ibid*). For Eades, language amongst urban Aboriginal people becomes important in demonstrating, developing and maintaining a distinct identity. This is also the case for Trigger, who notes that for those fringe-dwellers in Doomadgee, Northern Australia, language is "highly valued primarily because it is regarded as one's own" (1992: 109). In the current anthropological literature a focus on history has meant that many anthropologists are now turning to examine the ways in which Aborigines engage with an identity that is not "grounded in the archaeology, but in the *re-telling* of the Past" (Beckett 1992: 167; see also Beckett 1993, 1996, 2000 and Attwood 1987, 1989, 1990). This is not to revisit the positivist claim that history can compromise an objective account of the past, but to suggest that the past provides the materials and the tools through which individuals construct their sense of identity (see Maddock 1988; Beckett 1993, 1996; Merlan 1994).

The use of language, specifically 'Aboriginal English' is particularly relevant for the people that I discuss in this thesis (see Arthur 1996). They have been placed in a context where the 're-telling of the past' is seen as the way in which social relations and identity is specifically shaped in the present. Throughout this thesis I recount some of the different stories that residents told to each other and to me in order for the reader to

gain a picture of the emotive context of Aboriginal storytelling and life history. This is not, I hope, distracting and my aim is not to displace the voices of my informants out of their original context. Sometimes my conversations and inquiries with various residents did alter the structure of their answers (see also Beckett 2000: 3). With residents I knew well there were no clear divisions between formally structured interview periods and informal friendly discussions. Rather than being an obstacle to presenting an account of residents' thoughts, feelings and social relationships, such problems reveal the different and sometimes competing discourses that residents were attempting to disentangle in their own lives. In this context, language was an important tool that expressed identity and the emotion of an event within the environment of Benelong's Haven (see also Myers 1986). Furthermore, particular sentence structures, words and phrases reveal the uniqueness of urban Aboriginal English language forms. Throughout this thesis, many of the terms used by the residents of Benelong's Haven require explanation. Where possible I have defined these terms in the glossary.

A further note needs to be made concerning a more stylistic decision I have made throughout this thesis. In writing about Benelong's Haven I was struck early on that many of the people I am writing about are no longer in the programme. As the resident structure of the centre influences the way in which the programme is experienced at any one time, I did not think it appropriate to document the lives of residents in Benelong's Haven using the present tense. Thus when I refer to the action and beliefs of residents in the programme during the period of my fieldwork I use the past tense. However Val, Jim, John, Phil and the majority of the staff continue to be part of Benelong's Haven and I know that there is more stability in their views and beliefs as well as the programme itself. Thus when referring to staff I use the present tense. Such concerns are important in representing marginalised peoples in different times and places in a way that minimalises their objectification and does not reproduce a static view of institutions and particular events. As Clifford has noted: "While ethnographic writing cannot entirely escape the reductionist use of dichotomy and essences, it can at least struggle self-consciously to avoid portraying abstract, ahistorical 'others' " (1988: 23). Such concerns over the 'crises of representation' in anthropology have been important throughout the writing of this ethnographic text (Clifford and Marcus 1986).

Preview of the thesis

This thesis will move between different contexts in which residents of Benelong's Haven experienced, reflected, negotiated and attempted to work through their lives in the rehabilitation centre. I have attempted to structure this thesis to capture the flow of life in the centre. Thus I begin with a summary of residents' lives as they relate to substance misuse before they reached the centre, their initial admissions, their interactions in the programme and finally their departures.

I begin with the history of Benelong's Haven and highlight the importance that Benelong's Haven has had in the area of Aboriginal substance misuse for the past 27 years. In Chapter 2, I look more closely at the issue of Aboriginal substance misuse and stress that drinking and drugging is both a reflection of various responses to government policies at the same time as structured learned behaviour. Then I move on to discuss the relationship between alcohol and violence and how these emerge out of men's conflicting identities in their social world. In Chapter 4, I explore the process through which Aborigines proceeded upon entering Benelong's Haven and the emphasis on both resistance and accommodation to the new way of life before them.

In the next two chapters I examine residents' interactions within two of the treatment modalities in the centre, AA meetings and psychotherapy groups. In these contexts residents learnt how to re-construct their life story through the structure that these groups provided. Rather than resist this process, many residents willingly engaged, through their relationship with staff and residents. In Chapter 7, I examine processes of conflict and stability within the centre. Conflict between residents was an essential part of negotiating social relationships but did not disrupt the operation of the centre itself. I suggest that while residents resisted certain structures of the programme, they were accommodating of others. Disruption of events was imposed by staff induced 'shake ups', testing residents' commitment to the programme. In Chapter 8, I investigate how residents and staff recreated 'culture' through the programme. The re-assertion of certain objectified beliefs about Aboriginal culture, however, did not ease residents' concerns over the loss of their ancestral ways of life. Rather, it raised questions about the development of their own cultural identity in the present conditions of Aboriginal marginality and dispossession.

In Chapter 9 and 10, I address the process of leaving Benelong's Haven and the ways in which it is possible to understand residents' transformations in the centre. I demonstrate that the treatment programme provided residents with an important means to maintain an identity that was differentiated from white Australia. This was achieved through the creation of a cohesive moral community within the rehabilitation centre. However, such assertions of difference were also rendered problematic. This was because the communities and environments that residents returned had not changed and the structural inequalities between white Australian and Aboriginal people often became more apparent. In the final section of this chapter, I rethink the issue of recovery from substance misuse and argue that changes in residents' social routines, following on a decision to quit, were of central importance in understanding how they maintained their 'sober' status upon leaving Benelong's Haven.

Chapter 1

A history of Benelong's Haven

Stop a while and listen, I'll sing to you a song.
About some alchy Koori, who live in Benelong.
They all come into Kinchela, their minds all in a fog.
To get complete sobriety, to keep them off the grog.
They came from north, they came from south, some came from the west.
Where they mixed the old goom up, and drank it with the best.
Out there at West Kempsey, the nurses they would say,
To get complete sobriety, join a programme called AA.
Well there's Tillo and there's Kevin, Bernadette and Alex too.
And a cook called Kazza Williams, just to name a few.
Also Big John Williams, the lad from Broken Hill,
Who would say to make this programme work, you've got to have your will.
They think they got their problems beat, not to take another pint.
With the help of Jimmy Carroll and a lady called Val Bryant.
They pray to God each morning, to help them through the day.
With the love and understanding, of a programme called AA.
Benelong's Song: Recounted by John P 1998

In 1977, a group of Aboriginal people, led by Val Bryant (Carroll), slashed their way through long grass and weeds to a collection of run down, ram shackle buildings on the east bank of the Macleay river, 35 kilometres from the town of Kempsey on the mid-north coast of New South Wales. The then derelict Kinchela Boy's home, with holes in its walls and windowless frames, was to be their new home, a haven for those Aborigines who felt they had a problem with alcohol and wanted to do something about it. This haven in the countryside was to be an addition to the growing number of Aboriginal residential treatment centres that Val had already established in Sydney in 1974.

When I arrived at Benelong's Haven in 1998, there were some marked changes to the early descriptions of what was the first Aboriginal rehabilitation service in Australia, depicted in the three films *Benelong's Haven* (Australian Broadcasting Commission 1976), *Giving Away the Grog* (Barker and McKenzie 1983) and *The Haven* (Shaw and Brown 1986). The buildings had all been refurbished, the main hall had been rebuilt, along with two new houses. Trees had grown and long verandas stretched around the main buildings. However, there were also many similarities. Val and her husband Jim Carroll continued to run the programme, some of the faces of the residents were even

familiar from the films, although older, and the Benelong's Haven song could still be remembered and sung.¹ In presenting the history of Benelong's Haven, I will begin by relating Val Carroll's story. This will be followed by a discussion of the early history of Benelong's Haven and the structure of the centre today. At the end of this chapter I will place Benelong's Haven within the larger context of other residential rehabilitation centres that have their origins in the therapeutic community movement.

The founding of Benelong's Haven: Dr. Val Bryant (Carroll), OAM.²

Val Bryant was born on the Bowraville mission on the Nambucca River in NSW.³ Her family is part of the Gumbaingirr people who occupied the coastal belt between Nambucca and Clarence rivers before the coming of white settlers, mainly pastoralists, in the 1840s. The impact of white settlement on this group was devastating. Estimates of pre-contact populations in the 1840s for the Gumbaingirr were between 1,500 and 2,000 people (Morris 1989: 55 from MacDougall 1900/1: 116). In 1891, this figure had reduced to 500 (Morris 1989: 57). With the introduction of the Aborigines Protection Board in 1883, Aborigines were met with a statewide system of control that forced them on to reserves. Val's grandfather was the last in her family to possess the traditional knowledge. When it was evident that the white settlers were going to stay, Val told me that he decided to bury the sacred objects and not to pass on their

¹ The Benelong's Haven song was recounted to me by John P (also known as Uncle John in this thesis). The original author of the song was Cliffy, a resident of Benelong's Haven when the centre was located in Sydney in 1974. Throughout the years the song has been modified to take into account the staff and residents in Benelong's Haven at the time. John P told me that he substituted the names of current residents and staff such as Kazza who has been the cook for Benelong's Haven for over ten years. The song can be heard in the film *Giving away the Grog* (1983) and the ABC documentary *Benelong's Haven* (1976).

² What follows is derived from numerous discussions with Val over the course of my fieldwork. Information was also gathered from the discussions I had with Jim, John and some of the older ex-residents. The existing records including letters to various government departments, yearly reports, films, media articles and minutes of various meetings, have also added to my knowledge of the history of Benelong's Haven.

³ A mission was once used to describe an Aboriginal settlement that was affiliated and managed by one of the denominations of the Christian church (Arthur 1996: 159). When governments, and later communities, took over the management of the settlement, the name continued to be used and was applied to settlements that never had any Christian management. One resident told me when I was driving him to his house on the mission or "mish" on the outskirts of Kempsey to pick up some clothes to take to Benelong's Haven, "Ahh look at them lovely light on the mish, I always look at these lights comin' down the road...It has always been called the mish from the old days when you had to go and get your rations from the policeman".

Aboriginal language. Despite his land being taken from him by the government, he became a shipwright and lived among white people. For his family to survive and be successful he recognised that they must learn white Australian practices.

Val states that she was brought up unaware of the racial inequalities between Aboriginal and white Australian societies (Wilson 1977). For a long time her family had recognised that for survival they would have to adopt white Australian practices, yet this did not diminish their pride in their Aboriginal heritage. Val went to school at St Patricks College in Maxsville. It was here that she first encountered the Sacred Heart in the Catholic faith. The Sacred Heart was to have an important influence throughout her life. When in danger or sick at heart, she would pray to the Sacred Heart and she sees 'him' as her special guardian. When Val left school she found it impossible to acquire office work in Nambucca Heads. The only employment open to her was menial domestic duties in this small seaside town. She had few options but to work cleaning rooms in a local guesthouse. At the age of 17, she decided to leave Nambucca Heads to try for better work in Sydney. Whilst she was working as a nursemaid, living with her extended family in Sydney, Val became increasingly aware of the inequalities between Aborigines and white Australians. Her hopes of success were at a low point when she began drinking with her friends. As Val described:

I had been drinking for about five years up to then. I didn't drink very much, only about three or four beers and I'd be drunk. But my brain was very clear and I had a gift to carry that's why I didn't go very far. I wasn't on the streets. I had lots of girlfriends who used to lend me clothes and I used to go down to the woman's office every morning and get jobs washing dishes. I just wanted to wash my dishes and get my money and go and have another drink. I started going to meetings in March '63 and I had my last drink on Boxing Day '63.
(Val Carroll – Benelong's Haven)

In these Alcoholics Anonymous meetings, Val was the only Aboriginal woman present.⁴ In 1964, Val started at the GPO as a phonograph operator and trained as a teleprinter operator. She then began working at the overseas telecommunication office (OTC) in Sydney. In 1969, Val moved to Canberra and took a receptionist job in the

⁴ AA had been in Australia for some time by the 1970s. Lewis (1992: 127) found that as early as 1941 it was being mentioned in the *Medical Journal of Australia*. I will discuss the history of AA in Australia in more detail in Chapter 5.

Prime Minister's office. She was the first Aboriginal woman to work in a federal government building. But Val states that she soon felt unfulfilled in her work. She was compelled to achieve something in her life that would benefit Aboriginal people. Her drive was strengthened by her faith in the Sacred Heart. She returned to her old job at the OTC. She stayed on for two years and decided to go back to school to obtain her high school certificate at Sydney Technical College. She received an Aboriginal scholarship of \$1100 and completed her studies in May 1973.

At this time, Val was holding her own AA meetings in Redfern for Aboriginal people. It was here that she met Jim Carroll, her husband to be. For some time he had heard from others about an energetic Aboriginal woman who was holding AA meetings in Redfern. Jim decided to go to one of Val's meetings, even though he himself is of non-Aboriginal descent. He approached Val at the beginning of the meeting and asked that he not be called up as he was not ready to speak. Disregarding his plea, Val requested that Jim be the first speaker. From then on Jim came to the AA meeting each week and each time Val called on him to speak.

The turning point in Val's career occurred when she began working as a field officer for the Department of Aboriginal Affairs. In May 1973, she attended a political meeting in Redfern to listen to the then Aboriginal affairs minister, Gordon Bryant. As Val recalled it, a call was made for someone to work with 'Aboriginal alcoholics' and Val presented herself for the position. In August 1973, she began her new job with very little direction from Canberra. She started by going to different institutions, Langton Clinic, McKinnon Ward, William Booth, Campbell House, Morriset, Callan Park to visit Aboriginal people with substance misuse problems. Val also persuaded Aboriginal people in the Sydney area to accompany her to AA meetings each week. She was concerned that these people always returned to their drinking environment and in response to this she realised that she must create a halfway house for Aboriginal people.⁵ She explained:

⁵ In the 1950s in Australia, psychiatric services played the main role in the treatment of alcohol and drug addiction (Lewis 1992: 138). Amongst Aboriginal people alcohol use was controlled by strict legislative controls and as such drunkenness was treated as criminal behaviour. It was not until the mid 1960s that attitudes began to change with regards to Aboriginal access to alcohol and legislative controls were removed. At the same time special units within psychiatric services were established but consisted mainly of 'drying out' shelters with minimal exposure to treatment (*ibid*).

If I knew they were in a group I knew they could help each other; as the Aboriginal would share his last piece of bread or his last cup of tea he would share his sobriety.

(Val Carroll – Benelong's Haven)

By the end of 1973 Val was involved in the charitable Paulian Association through which she had initiated a 'Half-Way House Committee' designed to aid Aboriginal 'alcoholics'. At the inaugural meeting held on 19 October 1973 there were ten individuals present (Boylon 1973). This organisation provided the framework through which Val, and others involved, could make plans to establish a halfway house for Aboriginal people suffering from alcohol problems. The committee developed funding propositions to the Department of Aboriginal Affairs as well as contacting various local councils and solicitors to establish a protocol for the organisation of a halfway house. By November of 1973 Val was well under way in the organisation of a halfway house in the Ashfield area for Aboriginal people. In a meeting of the House Committee on 5 November 1973, she put forward that the proposed halfway house be named 'Benelong'.

Val searched for a suitable residence for six months with little luck. It was just before Easter 1974 that she found a suitable house. To this day Val tells the story to current residents of Benelong's Haven:

It was the week before Easter in '74 that I was looking around for a place to buy. Aboriginal hostels said I had to find a place and they would buy it. Every time I found a place they found some excuse why they couldn't buy it. The Friday before Easter '74, I said: 'Sacred Heart, Hostels won't buy me a place they're always telling me to buy a place but when I find one I can't have it. They always give an excuse'. So I said: 'Sacred Heart, what I will do, I will get the Sydney Morning Herald tomorrow morning and you put the place in the paper for me'. And the Sacred Heart smiled at me. So the next day I got the Sydney Morning Herald and Sacred Heart had put it in the paper. So I got the car and I went and saw the place, I saw the agent. I saw this beautiful place. At the time the Salvation Army were trying to get a new place for their rehabilitation centre in Surrey Hills. They never moved. The local community said they didn't want a rehabilitation centre near them. And there was me, a nobody, an Aboriginal woman of all things wanting a halfway house for Aboriginal alcoholics. I looked at this place. I said I must see the mayor of Marrickville to get permission to open my halfway house. He said 'Val you don't have too. Your Sacred Heart thought of everything, the house is already registered as a hostel.' So that was the miracle of Benelong's Haven.

(V Carroll – Benelong's Haven)

The Langton house opened on Easter Thursday 1974. The first resident arrived from the 'criminally insane ward' at Callan park on the same day. What Val calls the 'miracle of Benelong's Haven' has continued in stories of success concerning the development of Benelong's Haven and the experiences of its residents.

During the first six months Val ran Benelong's Haven with her own salary as a field officer of \$6000 per annum. On the sixth of June 1974, government officials visited and some funds were committed. Over the next six years, Val obtained a further two houses in Sydney. In December 1975 Grantham house began in Marrickville as a men's house. On 19 December 1981 another house in the suburb of Burwood was obtained and was set up as a women's house (Barrangaroo). By 1982, more than 1000 men and women from all over eastern Australia had been involved in the programme, and at least 300 claimed to have remained abstinent (Benelong's Haven 1975).

Throughout the history of Benelong's Haven there have been problems with limited funding. Until 1978 Benelong's Haven had received \$400,000 to meet all its costs, the majority of this going to operational costs. In 1977 Benelong's Haven received a grant of \$131,000 from the then Department of Aboriginal Affairs, a significant increase from the previous years grant of \$31,000. During this time, funding was the source of much dispute between the Department of Aboriginal Affairs, Aboriginal Hostels and Benelong's Haven. Benelong's Haven finally received a large injection of funds in 1986 and was able to upgrade the existing structures at the Kinchela Creek property.

Early results

At the beginning of 1976, Val was running three houses in Sydney with up to seventy residents involved at any one time. Between 11 April 1974 and 19 December 1975 the number of people admitted was 190. Out of that number 50 completed three months and 38 of these people were still sober at the end of 1975. The treatment programme was very similar to what it is today (see Appendix 1 for programme contents in 1977). The main difference was that there were AA activities every night of the week and frequent attendance to AA meetings in the local community. Benelong's Haven also provided training for its senior residents to pass on their knowledge of AA to others in their home community. They were trained to assist in court cases, organise group

therapy, write referrals and assessments and attend conferences. Engaging in outreach programmes and follow up support was also a part of the activities of senior residents who provided counselling services in the inner city areas of Kings Cross, Redfern and other outlying suburbs. Visits to families and transportation to AA meetings was part of this service.

In December 1975 Benelong's Haven produced a report. It set out five main aims:

1. To provide a suitable background for the Aboriginal who wishes to do something about his drinking problem.
2. To educate those who have a problem and are either unaware of it or are unwilling to do something about it regarding the effects of alcohol on the human body and personality.
3. To show Aboriginals who have a close association with practicing alcoholics how to cope with such a relationship.
4. To teach children of alcoholics how to cope in their situation.
5. To make sobriety the normal and acceptable standard of the Aboriginal people.

(Benelong's Haven 1975)

Once individuals within one community became interested in attending the programme at Benelong's Haven, Val preferred taking the old bus 'Bessie' to gather a group of people. Her motto was that Aboriginal people "get drunk in groups, so they should get sober in groups". Not only would individuals feel safe and at home with others they knew around them whilst at Benelong's Haven but they would be able to stay together and provide each other with mutual support once they returned home. The most notable of these visits was to Nambucca Heads (Benelong's Haven 1975: 6). After two years, there were twenty sober people living in Nambucca who had received treatment at Benelong's Haven. By simply being sober this twenty began to heavily influence the rest of the community. The reports states that there was a flood of referrals and another twenty became sober and the level of heavy drinking was dramatically decreased on the mission (*ibid*).

The second area that Benelong's Haven had a large impact was Palm Island (*ibid*). Their involvement began in 1976 when three people paid their fares from Townsville to Sydney for treatment. This initiated a long relationship with Benelong's Haven sending the bus to Townsville to collect those who wanted to do the programme. However, there was much political pressure from Queensland and NSW governments

for Benelong's Haven to stay out of Queensland. Nevertheless Benelong's Haven made twelve trips to Palm Island. At an average cost of \$500, Palm Islanders stayed on average three months and resulted in no net loss of NSW Aboriginal money. The total number admitted was 156 with 44 of these remaining sober after three years (*ibid*). At the end of three years the Palm Islanders set up their own programme on the island.

Twenty-five people were treated from Wallaga Lake from 1974 to 1976, with twelve remaining sober after five years. From Bourke there were 42 individuals with fourteen remaining sober after five years. From Enngonia twenty-one people came to Benelong's Haven with seven remaining sober after five years. The report ends by stating that:

During the operation of Benelong's Haven no organisation has sought advice from it regarding Aboriginal Alcoholism. We have watched with dismay the haphazard method of approaching the problem and the support given to people with no knowledge of alcoholism, who presumably will acquire knowledge with the lives of Aboriginal alcoholics. Contrary to beliefs of some Aborigines and some whites, an Aboriginal woman can bring expertise to an area. Not to accept this is to gamble with the lives of Aboriginal alcoholics. Careers should not be furthered at the expense of lives. Over two hundred years have been sacrificed at the altar of ignorance, prejudice, paternalism and incompetence.
(Benelong's Haven 1975: 12)

Kinchela Creek

The early years at Benelong's Haven was a time when Val and the residents of Benelong's Haven were extremely active (see Farquar 1980; *Macleay Argus* 1982; Goldie 1987). Some of the senior residents had jobs during the day, newer members followed daytime programme activities and in the evenings everyone joined up for AA meetings. Residents went to outside meetings frequently to hear other alcoholics' stories. Also, there was the continual fight for funds. In May 1976, the first national conference on Aboriginal Alcoholism had an important impact on the development of Aboriginal initiatives in this area. In this conference it was agreed that Aboriginal people needed an increased number of treatment centres because they were often unwilling to attend white Australian institutions (see Lewis 1992). This led to the development in 1976 of other alcohol and drug treatment facilities such as the Moree Aboriginal Sobriety House (MASH) and the Adelaide Women's centre. Associated

with these developments was the establishment of programmes in NSW, Queensland and Adelaide aimed at training Aboriginal alcoholic counsellors. Funds were generally contributed from the Commonwealth Department of Aboriginal Affairs. Val led various confrontations to government agencies with residents to demand funds for Aboriginal alcoholics. Angry letters were written back and forth to government departments, an Aboriginal Alcoholism Council was established, an ABC documentary programme made. These were exciting times indeed.⁶

What Val really wanted was a place outside the city, a place where she could take Aboriginal men, their wives and their children. Individuals would start in Sydney and then move to a country location where rehabilitation could continue with the entire family. On 6 November 1976, Val and Jim were meeting with the local land council regarding leasing the land on what was the former Kinchela Boy's Home.⁷ Whilst the Kinchela property was in a state of severe disrepair Val felt that it was perfect for their needs. Their application was successful and a group of residents from the Sydney hostels was brought up to begin working and living on the Kinchela property.⁸ One ex-resident at a Friday night AA meeting at Benelong's Haven explained this:

When we came here there was nothing here at the time, big empty shell no walls, no windows, there was nothin', we brushed our way in here, you know. And then we had to get it going. We worked seven days, Johnny (*Uncle John*) was here at the time, he knows all about it. Worked seven days a week, seven nights a week. Six in the morning till twelve at night, doing meetings, doing lectures, you know. There was no toilets, there was no water, there was nothing, absolutely nothing. We never had anything to live on because the places wasn't funded...Remember dances and that we had, we had all the

⁶ Since then there has been a general escalation of a variety of Aboriginal services dealing with a range of health issues for Aboriginal people throughout Australia (*ibid*; see also Reid and Trompf 1991). Between 1985 and 1988, the Commonwealth government funded a variety alcohol and drug projects under the title of the National Campaign against Drug Abuse (see Lewis 1992: 169). In the year 2000, Gray et al. (2000) identified 79 treatment services specifically for Aboriginal people. However, there has still been a general hesitancy of Australian Federal and State governments to provide financial support to Aboriginal alcohol and drug programmes, although residential centres do receive the bulk of available funding (Brady 1995a: 1489). Brady (*ibid*) notes that in 1992-3, the Australian and Torres Strait Islander Commission (ATSIC) provided A\$13 million on alcohol and drug programmes for 254,000 Aboriginal Australians. In Canada the equivalent figure was A\$54 million for 535,000 Indians and Inuit.

⁷ The Aborigines Protection Board established the Kinchela Boy's Home in 1924 as a Training Home for Aboriginal boys and girls (see Tandy 2002). Many of the children that came to Kinchela were part of the Stolen Generation (see Norst 1999: 19). They were not trained in any trades but went to school, which was on site until 1962, and were sent out as farm labourers or to work on the dairy on the premises. A total number of 351 children, 341 boys and 10 girls, passed through the Kinchela home prior to its closure in December 1969.

⁸ The 99 year lease was signed on 19 May 1980 by Val Carroll and John Ballangary.

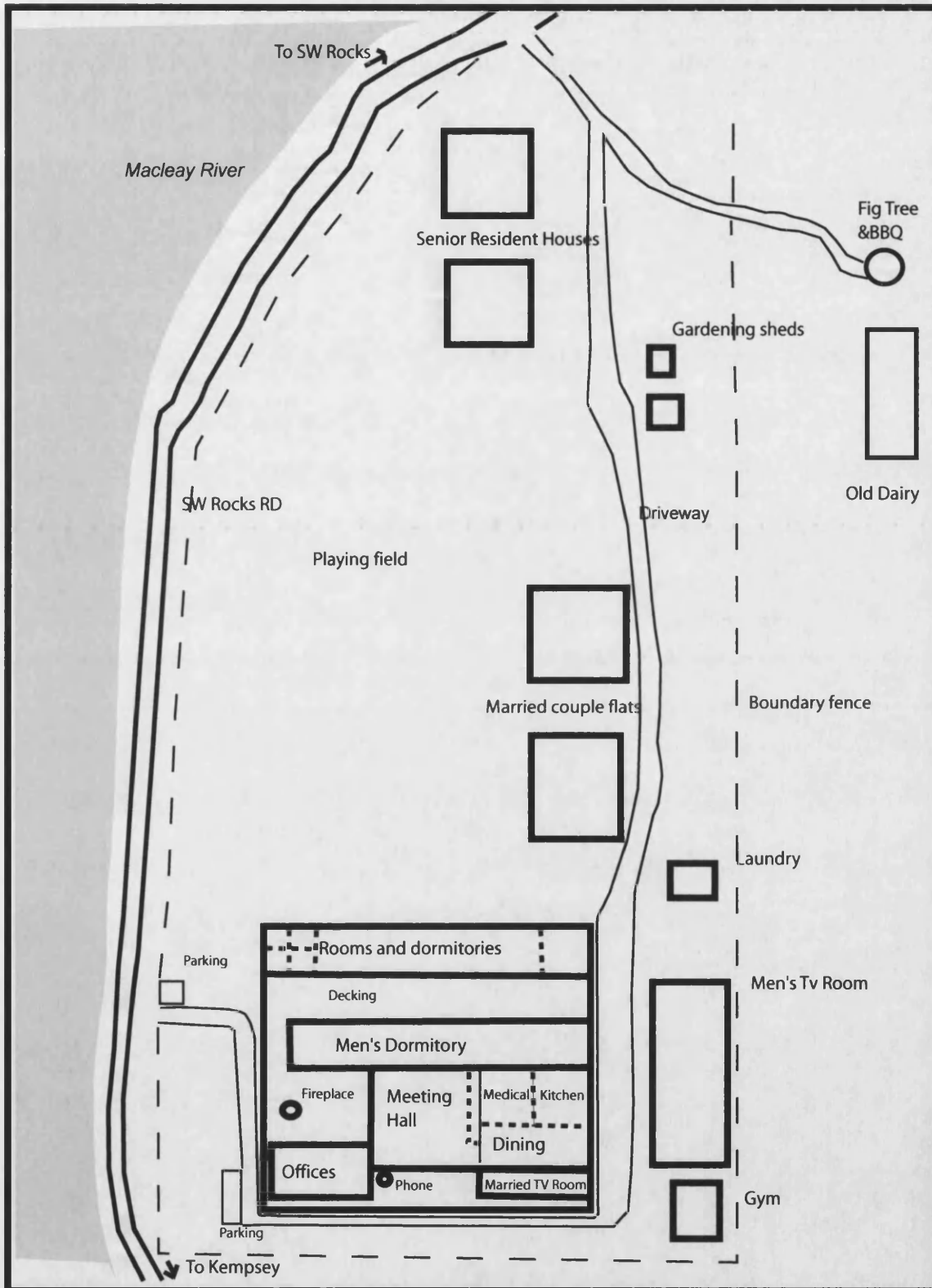
walls covered with those great stag things. Blocking all the holes up. Remember me and Johnny built the stage, same as this stage here built this one. First dance they had it collapsed. Everybody fell down, you know. We thought we were the greatest carpenters going. There was nothing here, nothing here. We had an old bus here too, and old bus called Bessie. We used to drive all around in it, you know, glory days. It had no seats in it. We had forty-four gallon drums for seats, mattress in it to sit on. Going to meetings, we'd be rollin' around. Breakin' down. Didn't have the luxury things, all that would come you know. Washing up, the old stove we had in here. Smoky stove in there, old wood stove. Couldn't even find your dinner when you went in there. Smoke! Eyes were like a red eye mullet. Smoke blowing off ya. But you know we survived it was good, good.

(Kevin, Bowraville)

As well as attending all groups and lectures, residents helped to rebuild the centre, patch up walls, erect washrooms, and make the gardens. Many materials were donated from the local community. The Department of Aboriginal Affairs contributed some funds for this purpose, but this was only enough to support around twenty individuals.⁹ Benelong's Haven reported that there were approximately fifty individuals at any one time living in the centre. When new residents arrived a bed had to be built for them in those first few months. The sleeping accommodation was made up of dormitories and couples were housed in the three houses, one to the front of the property (now demolished) and two across the field towards the north. The administrative section of the centre was housed in different sections of the centre during these first few years. First it could be found in a shed to the front of the property (now demolished) and then was housed in a section that is now used as single rooms for senior residents. Benelong's Haven gradually became self-sufficient growing its own vegetables and acquiring cattle to work through the dairy already on the property. Those who went through the programme during this time recall that they used to slaughter their own cattle for use on the property.

It was also a period of expansion for Benelong's Haven. Resident numbers increased and it was not uncommon for the number of residents to approach one hundred people. Both Val and Jim were invited to Western Australia in 1978 and Papua New Guinea in

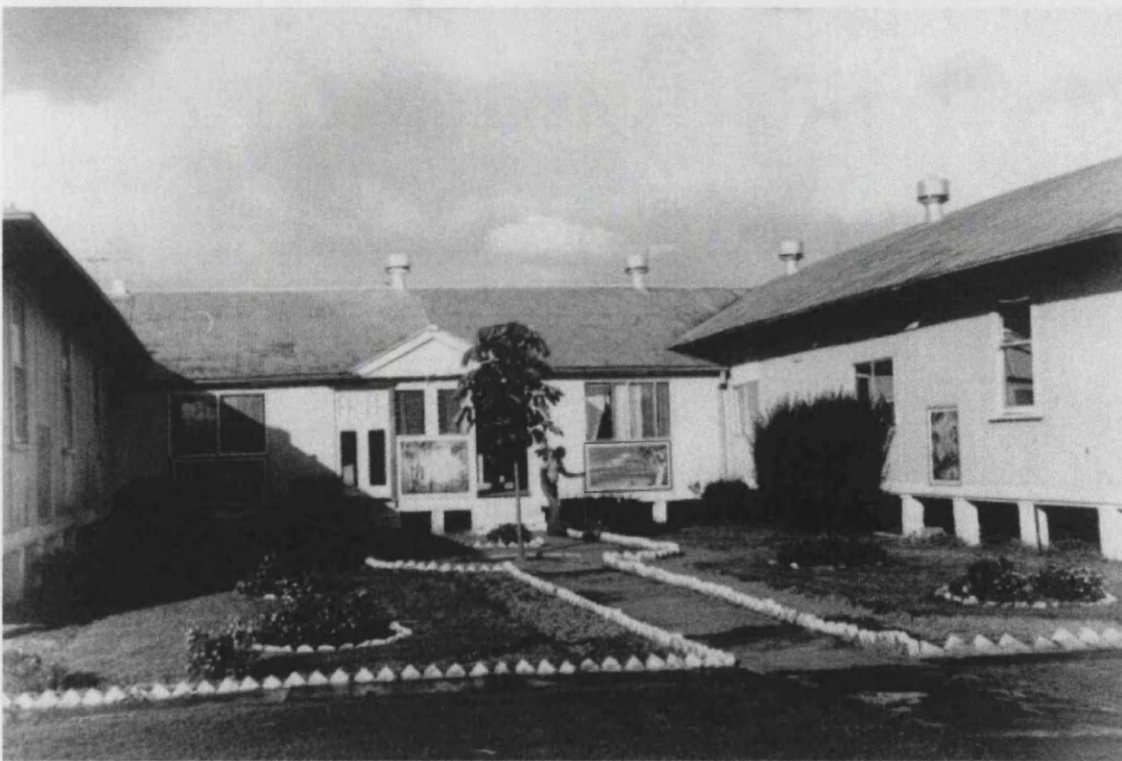
⁹ In 1975, Benelong's Haven estimated that it cost \$10 per week to house a single resident.



Map 3
Benelong's Haven. Kinchela Creek, Australia



Benelong's Haven in the early 1980's (provided by Val Carroll)



Benelong's Haven in the early 1980's (provided by Val Carroll)

1979 to set up similar rehabilitation units.¹⁰ In 1978 Benelong's Haven became a registered company under the New South Wales Company Act of 1961. Benelong's Haven became more organised and consolidated in their organisation and preparation of its results; its financial affairs and in its efforts to seek further funding.¹¹ In the early 1980s the Aboriginal Alcoholism Council (AAC) was spearheaded by Val and other ex-residents and interested Aborigines. The AAC aimed to set up a statewide system to address and provide adequate services to treat Aboriginal substance misuse. Val was elected the State President of this council and each local district, for example Nambucca Heads, had their own locally appointed president. Not only was Benelong's Haven involved in this council but also MASH (Moree Aboriginal Sobriety House Aboriginal corporation), Orana Haven (Brewarrina), Weimitjar Marli Yapitja (Broken Hill) and Namatjira Haven (Lismore).¹² The AAC called for a number of changes that oriented around Aboriginal ownership of the 'problem' of Aboriginal alcohol misuse. In one report this included:

- Increased knowledge of the harmful effects of alcohol misuse and acceptance of responsibility for recovery;
- The dissemination of information was to be consistent with Aboriginal culture, communicating on a personal basis rather than through lecture tours or white Australian education schemes;
- The removal of discussion of Aboriginal alcohol use from the political arena, which is seen as resulting in the creation of inappropriately funded schemes promoting a 'welfare mentality';
- The removal of Aboriginal alcohol misuse issues from the Department of Aboriginal Affairs who are seen as supportive of programmes that are not community controlled;
- The forced relationship with government and bureaucracy is recognised as the major stumbling block on the road to reducing Aboriginal problems with alcohol misuse.

(Aboriginal Alcoholism Committee 1983)

¹⁰ When Jim and Val travelled to Western Australia they helped establish 'Wandering Benelong', which was designed to run along similar lines as the centres in NSW. It later became 'Wandering Waardiny' after those from Benelong's Haven left Western Australia. There seemed to be some conflict between the Benelong's Haven people and the parties involved in Western Australia, but I did not pursue this line of inquiry. Gray (2001, *personal communication*) informs me that the centre closed several years ago. At present there is no residential treatment centre in Western Australia, although Noongar Alcohol and Substance Abuse Services plans to re-establish one provided it can gain the necessary funding (*ibid*). I am unaware of what happened to the programme in Papua New Guinea.

¹¹ Benelong's Haven's compiled a number of reports on the issue of Aboriginal alcohol misuse. These have remained unpublished. Much of this research was conducted by ex-residents of Benelong's Haven who collected data on the current state of those people who had undergone the treatment programme.

¹² The majority of these Aboriginal centres had been set up by ex-residents of Benelong's Haven themselves. This meant that there was a certain amount of unity in their perspective on substance misuse treatment.

Also outlined was the need for:

- Meetings of Aboriginal people who have recovered from alcohol misuse;
- The establishment of Aboriginal training centres for counsellors run by Aboriginal people;
- Consultation between the AAC and the Department of Health;
- Assessment of alcohol treatment programme;
- Consultation with independent substance misuse treatment.

(ibid)

The AAC also directly petitioned the Aboriginal legal services, the Drug and Alcohol Authority, the New South Wales Department of Corrective Services and the Magistrates court to allow court referrals to rehabilitation centres.¹³ Today, many Aboriginal people with drug and alcohol problems who have committed crimes are given a choice to engage in a treatment programme. This is partly the result of the Aboriginal Deaths in Custody Recommendations, however the fact that centres such as Benelong's Haven and the AAC actively petitioned magistrates is also important in documenting changes in Aboriginal sentencing.¹⁴ In 1983 Benelong's Haven gained 16 people who were going to be placed on prison sentences. They stated that it cost them \$4.00 a day to house each individual whereas the cost to the taxation system would have been \$84.00 a day (Benelong's Haven 1983).

Val's efforts over the years have not gone un-recognised. In 1978 she was awarded the Medal of the Order of Australia in the general division for her work in the field of Aboriginal alcoholism. In 2000 Val was awarded an honorary Ph.D. from the University of Newcastle for her contributions to the field of Aboriginal health. She has also been interviewed in various articles and journals and Benelong's Haven has been the subject of three films.

¹³ I never found out what happened to the Aboriginal Alcoholism Committee and this is an area that requires further research.

¹⁴ Attempts to send offenders to rehabilitation centres rather than gaol can also be seen as partly derived from new forms of sentencing such as the Griffith Remand.

Benelong's Haven today: Introduction to the staff, residents and programme

The setting

The Kinchela property which was leased to Benelong's Haven in 1976 has had a long association with Aboriginal people.¹⁵ When it became the site for Benelong's Haven in 1976, the residents worked with the existing structures and did the best they could to patch things up. Benelong's Haven received major funding in 1986 after which substantial changes were completed to the buildings. Unsafe sections had to be pulled down, including two sheds, the old dairy, and a house at the front of the property. In their place the main hall was rebuilt, all roofs and walls replaced, two new houses, a shed and washroom were built and the kitchen area was moved, expanded and remodelled.¹⁶ Perhaps the most noticeable change are the wide verandas that circle the main buildings enabling easy access, with the centrepiece being the communal fireplace on the main deck outside the office and main meeting hall.

The staff

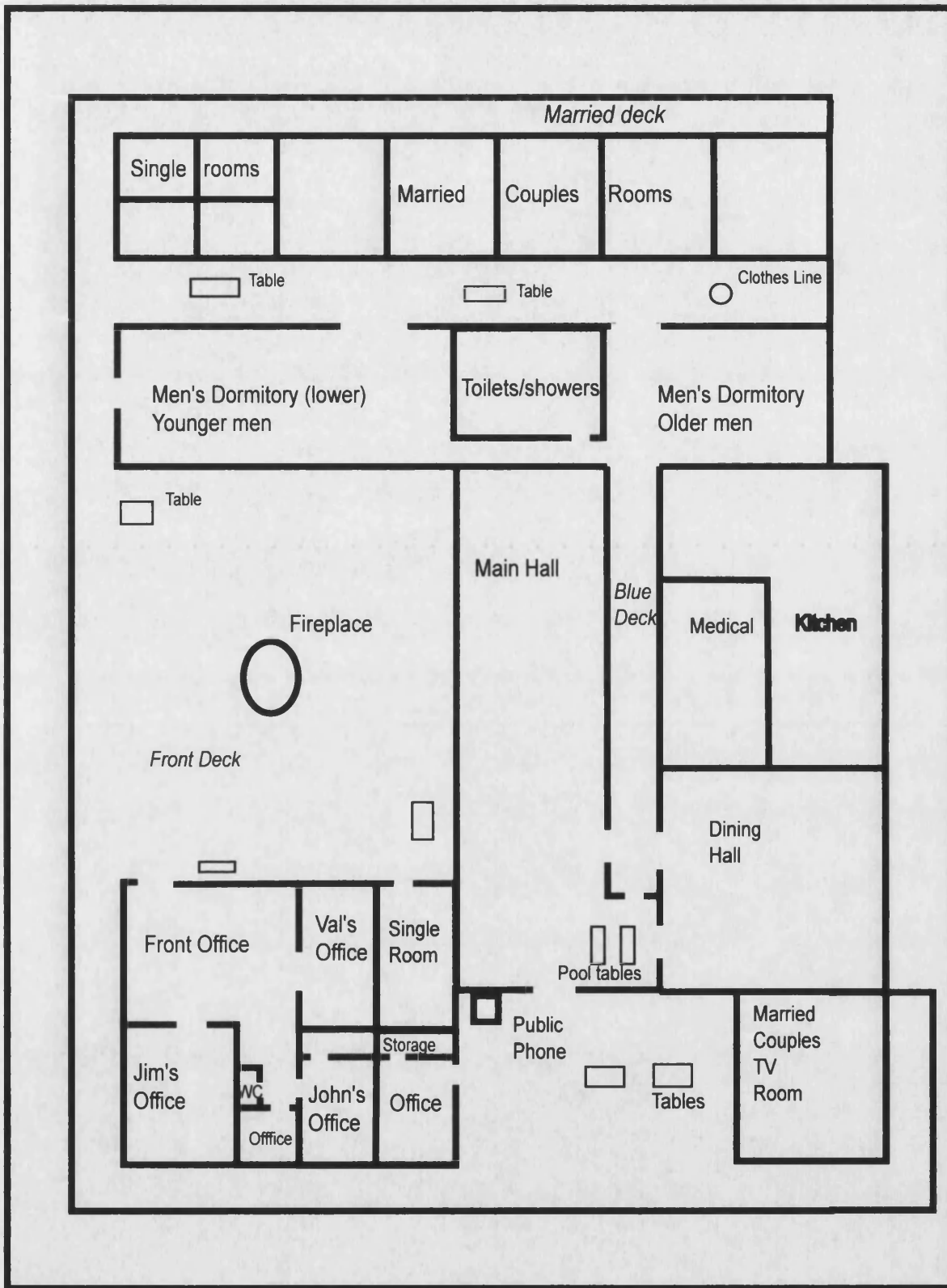
Val Carroll

It's a long uphill battle but you must keep your mind on Alcoholics Anonymous. You don't let other thoughts come into your mind. Don't worry about the money, don't worry about your cheques. If you do that you are gonna put yourself way behind. You haven't much time when you come to Benelong's to learn because three months goes very very quickly and you will find that at the end of the three months you don't know very much any more. It is very hard for me to talk these days and when I talk I don't sit up here and talk nonsense. And I don't tell lies either. I sit up here and I tell you exactly what's wrong with you and I tell you for your own good. If I don't tell you who is going to teach you? If you don't like it come and see me later and say Val I don't think it fair that you should go crook at me. And I would say if you don't like it, if you don't like the programme and the way I treat you go, go, go. But a lot of people got sober here.

(Val Carroll 1998. Main Group, Benelong's Haven)

¹⁵ Tandy (2002) has documented the Aboriginal history of this land.

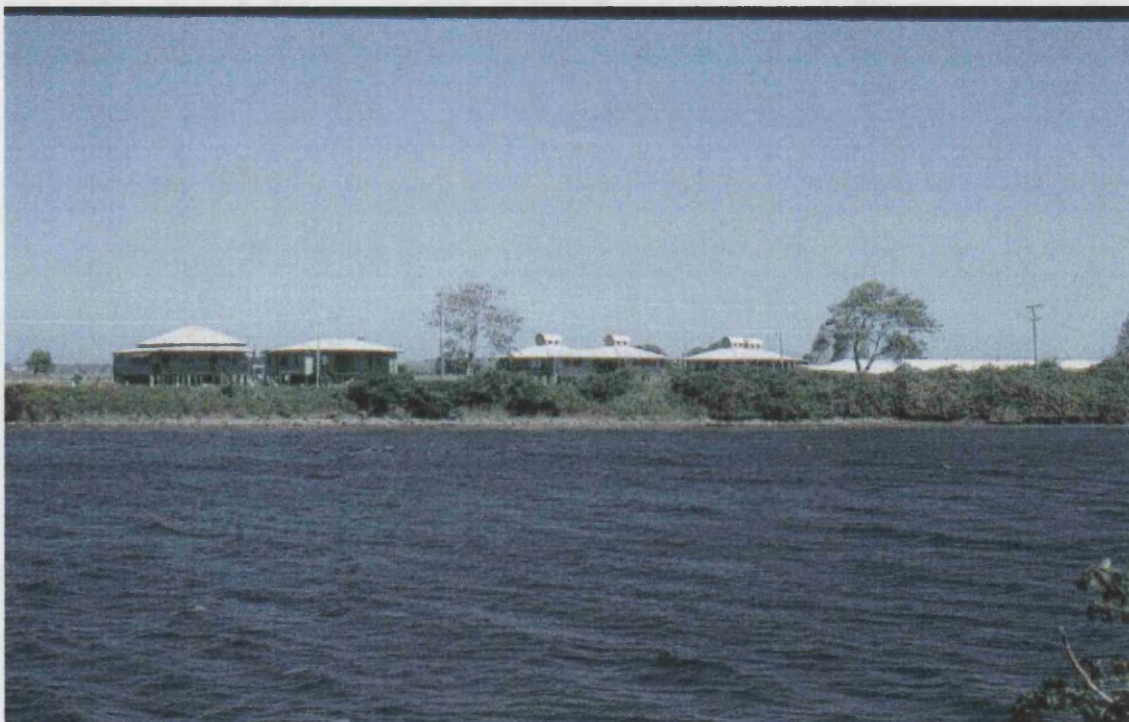
¹⁶ During my fieldwork I witnessed Aboriginal men who had originally been housed in the Kinchela Boy's home returned to see their old lodgings. Whilst they noted significant changes they could find enough in the present structure to remind them of the old buildings.



Map 4
Benelong's Haven Main Building



Benelong's Haven 1999



Benelong's Haven and the Macleay River 1999

Twenty-six years on, Val continues to run the meetings with the same force and determination that the older residents who were at Benelong's haven in the 1970s and 1980s still remember.¹⁷ Whilst Val's emphasises the importance of discipline in the centre, she also stresses the value of a 'caring and sharing' approach. As one ex-resident explained:

When I live at Benelong's, this lady whose name is Val, who I respect today, she was on my case all the time. If I done something wrong she was on my case. But if I done something good she also acknowledged it. Before I come to Benelong's I really didn't have anyone to acknowledge the good I done. Everybody always picked out the bad things on me.
(P, Sydney)

Val does not take the morning meetings as often as she used too. However, during my fieldwork it was a common occurrence for her to spring a meeting on the residents when they least expected it. She has always kept the centre running efficiently and according to a strict regime, expecting specific standards of behaviour on the property. No one is seen as outside these rules and like the other residents I often sat in my seat at morning meetings nervous of what I may be doing wrong. Val always makes it her purpose to talk to each resident and member of staff. She remains aware of events and happenings on the property. As she told me one afternoon:

I always have my ear to the ground. I know everything that goes on here.
(Val Carroll – Benelong's Haven)

Val's groups included spirituality meetings, music sessions and AA meetings. These were interspersed with instructions as to the correct running of the programme and the history of Benelong's Haven. As its founder, Val is always concerned about the presentation of Benelong's Haven to the public. She ensures that it is always running at the most efficient level, which includes keeping the buildings and gardens immaculately clean.

¹⁷ In the late 1980s Val suffered a minor stroke. She explains that it was caused by the stress associated with fighting with the government over funding issues. Despite this, she continues to effectively run Benelong's Haven, arriving at the centre for work everyday.

Jim Carroll

Her husband, Jim Carroll, plays a similarly vital part in the everyday running of Benelong's Haven. He has been working at the centre since its inception and today his main role involves: helping clients in their court affairs; an intermediary between police and residents; and resolution with Val of residents' problems on the property. As a recovered alcoholic himself, Jim leads 'main group' where he discusses various life issues related to alcohol and drugs. Jim is a pragmatist but a philosopher at heart. He is always willing to discuss the epistemological nature of alcoholism and addiction with anyone that wanders into his office through the course of the day.

Office manager

At the time of my fieldwork, Wardy worked as the office manager. Wardy was a resident himself in the programme some eight years ago and his role involved general office duties, including organising residents' social security payments. Once rent (AU\$90) and other bills (tobacco, shaving cream, razors, soap) were subtracted from residents' welfare cheques, Wardy distributed the remaining amount. Wardy also acted as an intermediary between residents and other staff, directing particular problems to Val, Jim or one of the psychologists where necessary.¹⁸

The psychologists: John and Maria

John is a white Australian and works as the psychologist and financial adviser on the property. Each day he has regular meetings with both Val and Jim about organisational, directional and financial issues after which he sees residents who come to see him for a range of concerns. John first started working for Benelong's Haven in 1982 and throughout his employment in the centre his role has changed. He began working as a builder, then a financial consultant and, after training, as a social psychologist. At the time of my fieldwork John's wife, Maria also worked as a psychologist at Benelong's Haven. Maria spent one day a week (Tuesday) in the centre providing counselling services particularly in the area of sexual assault.

¹⁸ Wardy left the employment of Benelong's Haven in 2001 and a senior resident took the position of office manager.

Grounds person

Phil works in the office when needed and in garden maintenance. Phil has not himself been in the programme having recovered from alcohol misuse by himself. His father was one of the first to attend the programme in the mid-1970s and he has strong ties of kinship to the local Aboriginal community in Kempsey and Nambucca Heads. Issues associated with the general behaviour, dress and organisation of residents are dealt with by Phil (as Val instructs him). Residents often come to Phil first when they have a problem in the centre. After consulting with Val or Jim, Phil then takes the appropriate action or redirects the resident to the office. His strong local Aboriginal identity and his ability to work both in the office and in the garden, often means that residents feel comfortable approaching him when he is mowing the lawns or tending a vehicle.

The cook

All residents and staff look forward to meal times in Benelong's Haven. Many residents commented on gaining a "Benelong belly" after eating the three main meals a day provided by Kazza, the cook. Of Fijian ethnicity, Kazza has been working in the kitchen for over ten years and is a strong member of the staff structure. She worked well with all residents and many sought her out to talk about various issues to do with life inside and outside the centre.

Informal jobs in the centre

Most of those residents who stayed for longer than three months were offered a job in the centre. These included:

Receptionist

The receptionist sat in the desk that directly faced the front glass doors to the office and was often the first person visitors or new arrivals would encounter in the office. This person's job was to answer the phones, induct new arrivals, call up residents or announce a group on the loudspeaker, and distribute tobacco, shaving material, toothbrushes and bedding. If any resident came with a specific problem, this person would direct the resident to Wardy, Jim or Val. For most of my fieldwork Rob held this office. When he left the centre, numerous other residents filled this position.

Manager

The manager's job was to act as the first point of contact for residents with various problems. If any problem developed on the property during meetings, or outside office hours, it was the manager's responsibility to take the necessary action. Whilst his actual power was fairly minimal (a manager could not tell a resident to leave the property), his authority lay in his association with Val and Jim to whom he was to report any problems. The manager would ensure that residents were not breaking any rules and turn the lights and televisions off at 10:30PM. Whilst the manager would usually report to staff in the morning, Val would often ask the manager, in public, if there were any problems on the property. The manager's job had the highest turnover and the majority of residents felt that this job was particularly stressful. Many managers enjoyed the power and prestige that came with the role, but they often had problems taking the responsibility for any inappropriate action they decided upon. Over the two-year period of fieldwork there were approximately eight managers. This does not count particular individuals who held the job more than once. Such individuals often resigned, were sacked or left the centre only later accepting the same position again.

Val's Assistant

Val employed a female resident to help in domestic duties in her home. This assistant would also be asked on occasions to accompany Val to meetings in Sydney or to other locations. Lisa held this job for the majority of the time she was at Benelong's Haven, however other female residents also held this job when Lisa had left or had been newly readmitted.

Drivers

As Benelong's Haven was some thirty kilometres from Kempsey, residents who became drivers undertook visits to the hospital, to the beach and the shops, picked up new arrivals and various other odd jobs. There were usually around three drivers on the property and one of them was assigned as Val's driver because she did not drive.

Kitchen hands

Two positions were offered to residents to assist the cook, Kazza. One worked during the week and prepared breakfasts. And the other, the 'weekend cook', cooked the

meals already prepared by Kazza for Saturday and Sunday. The kitchen hands were required to rise very early in the morning between 5:00AM and 6:00AM to begin preparing breakfast and were often given their own private room so as not to disturb others.

Cleaner

One resident was offered the job to clean the administrative offices in the morning, which took around 45 minutes.

The residents

Over the period of my fieldwork Benelong's Haven admitted approximately 400 men, women and children. At any one time, the number in the centre varied however it averaged at about sixty people. At times this grew to eighty and other times there were as few as fifteen people. Individuals came from all over Australia, however the vast majority came from communities within NSW including Kempsey, Coffs Harbour, Nambucca, Taree, Sydney, Gosford, Dubbo, Wellington, Burke, Walgett and Moree.

Single men

The majority of people who came for treatment were identified as 'single men'. This means that they entered the treatment programme without wife, partner or family. It was rare for any man to be without a partner outside the centre. Being labelled a single man was important in delineating the permissible areas an individual could go within the centre. It also identified sleeping arrangements, seating at meetings, TV room, and laundry time. Single men slept in a dormitory style accommodation and shared showers and toilets. The average age of single men was approximately 24 years. The majority had arrived as a result of a court order, after committing an offence which was viewed by the courts as alcohol and/or drug related. I have categorised these offences into three broad categories. The first was related to 'disturbances of the peace' and driving offences whilst drunk. These offences were commonly associated with practices that conflicted with white Australian norms, such as drink driving; offensive behaviour or failure to appear in court. Thus loud drunken behaviour on a railway station is commonly depicted as inappropriate behaviour in white Australian society. Such public drunkenness could lead to further offences being committed such as

resisting arrest if the police become involved. The second category involved direct attack on white Australian persons and their property. These included stealing; acquiring stolen goods; breaking into houses and armed robbery. This was the least common type of offence although there were number of men who had been caught stealing cars. The third type of offence was associated with violence directed to other Aboriginal people. Some men were on offences related to assault or violent behaviour towards other Aboriginal men. However, the most common conviction was related to spousal violence. Either a man had broken the conditions of an Apprehension of Violence Order (AVO) already taken out against him by his spouse or was awaiting conviction on other charges, such as grievous bodily harm or attempted murder. Breaking an AVO was perhaps one of the most common charges men arrived with. For those remanded to Benelong's Haven by the judicial system, the duration of treatment was approximately three to six months but was anything up to 18 months for more serious alcohol or drug related crimes. All the male residents that I talked with during my fieldwork had experienced incarceration.

Married couples

Married couples constituted around 30% of the resident population at Benelong's Haven at any time. Many 'single' men had a partner living in their home community and if she came to stay at Benelong's Haven they together were labelled as a 'married couple'.¹⁹ This meant a change in accommodation and adhering to the areas that a married couple could enter within the centre. For instance, married couples were not permitted in the men's dormitories nor into the men's TV Room, but they could use the married couples TV room. The only time single men were permitted entry into the married couples TV room was for the 'Psych Groups' and 'Big Book' readings. Married couples were further divided into those with children and those without. Married couples were housed either on the 'married deck' (an area of the main building used by married couples only) or in one of the two newer houses.²⁰ If in residence for over three months, a married couple, with or without children, could be moved to one of the two older houses to the north of the property. Generally there were a greater

¹⁹ Until recently single women were also accepted into the centre, however this is no longer the case due to many single men and women becoming emotionally involved and distracted from the programme.

²⁰ The new houses were built in the late 1980s after Benelong's Haven received funding. Each house had eight flats with bathrooms shared by two flats.

number of married couples who came of their own free will, rather than through the courts. Many were older with an average age of 32. Those who arrived on court orders did so either through the Department of Community Services or as a result of breaking an Apprehension of Violence (AVO) order. Usually this involved a man being physically (or verbally) abusive to his wife and breaking a previous court order not to do so. However, in one case a woman had broken an AVO taken out against her by her husband. Other married couples arrived when a man was remanded through the courts to Benelong's Haven and his wife chose to accompany him.

Programme of events

Breakfast and morning chores

The morning officially began at 7:30AM with the ringing of the breakfast bell. However, the kitchen hands had already been preparing breakfast since 6:00AM. All residents were expected to be showered, shaved and neatly dressed upon arrival for breakfast. Breakfast consisted of a choice of cereals and/or a hot meal (usually the previous nights dinner left-overs to be eaten on toast). A queue was made to the kitchen servery for those wanting hot food; single men first followed by married couples and children. Breakfast cereals were placed on a central table.

After breakfast, all residents had chores to carry out. The office was opened and the receptionist (in my time, this was usually Rob) began answering phone calls and addressing various queries and complaints made by residents. All residents had specific tasks including: washing up and cleaning the kitchen; sweeping the driveways and the decks; and emptying rubbish. Task allotment was decided by Val in consultation with the manager. Generally there were one or two people who have to be reminded to do their chores. During this time, Jim and Wardy arrive (around 8:30AM) and usually there are a few problems to sort either with new arrivals, events that occurred during the night or with the computer system.

Table 5. Summary of programme components

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday		
7:00AM	Rise (showers, bathroom etc)								
7:30AM	Breakfast								
8:00AM	Chores					Rise			
8:30AM									
9:00AM	Big Book	Big Book	Big Book		Shopping	Chores			
9:30AM						Excursion			
10:00AM	AA Meeting	Men's Group	AA Meeting						
10:30AM									
11:00AM	Free Time								
11:30PM	Main Group	Relationship Group	Main Group						
12:00PM		Parenting Group							
12:30PM									
1:00PM	Lunch and Clean Up Duties								
1:30PM									
2:00PM	Free Time & Various Organised Activities			Visiting GP	Shopping	Excursion			
2:30PM									
3:00PM									
3:30PM							Free Time	Return to centre and free time	
4:00PM									
4:30PM									
5:00PM									
5:30PM	Dinner and Clean Up Duty					Dinner and Clean Up			
6:00PM									
6:30PM									
7:00PM									
7:30PM	Line Dancing	Free Time		Line Dancing	AA Meeting	Free Time or organised activities			
8:30PM									
9:00PM				Free Time					
9:30PM	Free Time	Free Time							
10:00PM									
10:30PM	Lights Out								
11:00PM						Lights Out			

Big Book

At 9:00AM residents gathered in small groups to read the 'Big Book' in and around the married couples TV room. The division of groups were organised by the manager so that there was a balance of senior and new residents in each. Within these groups, individuals took turns to read sections of the Big Book. The Big Book (*Alcoholics Anonymous* 1976) is the main publication of Alcoholics Anonymous and tells various stories and provides a philosophy of action for alcoholics' recovery through AA. I will discuss this in more detail in Chapter 5. Residents were generally encouraged to read the instructional chapter "How it Works" which is written to include the reader by using the term "we". For example, "Our stories disclose in a general way what we used to be like, what happened and what we are like now" (AA 1976: 64). This chapter of the 'Big Book' documents the 12-Steps then proceeds to explain the concepts "God of our own understanding" and "personal inventory". Resentments, "the 'number one' destroyer" are also discussed in describing alcohol misuse as a "spiritual disease" (*ibid*). The 12-Steps are usually repeated in unison by all the readers at the end of the reading session.²¹ After the reading session ends residents generally returned to their rooms or made their way to the office to check for mail, to listen to the morning's events and discussions, or simply engaged in social conversation. Around this time, Val usually arrived.

The AA meeting

At around 10:00AM the commencement of the daily AA meeting was called. The AA meeting was held every weekday in the main hall. The culmination of AA meetings was a meeting held every Friday evening, which was open to AA members from the surrounding communities. I will reserve from documenting the AA meeting here as I do so in detail in Chapter 5.

Main group

After a forty-five minute break, the 'main group' met at 11:45AM. Generally this group was led by Jim Carroll, however it was also regularly taken by Val. On other occasions ex-residents were invited to return and speak. All residents gathered in the

²¹ The 12-Steps form the suggested path of recovery and a guide to living for resident and have to be "worked" into the practice of their everyday lives (see Madsen 1974: 170-1; Jensen 2000).

main hall sitting on chairs in a circle. 'Main group' had a lecture format involving the speaker talking about an issue related to alcohol and drug use, such as 'addictions', 'resentments', 'spirituality', 'shame', 'jealousy' and the '12-Steps'. The AA philosophy was a central part of the lecture and speakers discussed how the principles of AA could help residents. When ex-residents spoke they generally told their life story, focusing on how they came to Benelong's Haven and how they were able to maintain their sobriety upon leaving. Again emphasis was placed on the principles of AA. Main group broke up at 12:30PM for lunch.

Lunchtime and afternoon activities

At lunchtime residents gathered in the dining room and the process was similar to breakfast. Meals were varied but included fish, soup, rice and tuna, rissoles, meatballs or pasta bake (see Appendix 2 for example of a weekly menu).

After lunch there were no defined programme activities. Commonly, many residents rested for a great part of the afternoon. If Val was in her office she might call on various people to enquire how they felt they were getting on in the programme, or to assign someone a particular task. Later, at around 4:00PM, the men gathered to play touch football, or in the summer, cricket with the younger children. Others spent the afternoon talking in groups. Some helped out in the office or in the gardens. Various groups of men made boomerangs and didgeridoos or painted. Some afternoons, residents were taken to the beach and at different times other activities were organised such as reading and sewing classes. Sometimes Val held a sing-a-long in the afternoon. All residents were expected to contribute a song, poem or play an instrument. Other events included town trips to pick up various goods, or visits to the doctor and/or dentist. On Mondays and Wednesdays a short shopping trip was made to the Gladstone town store to allow resident to buy snack foods. On Fridays a longer shopping trip was made to Port Macquarie where residents were permitted to shop in a mall complex. On weekends residents were taken off the property either to one of the many local beaches or into a national park. On beach trips, residents generally stayed together in small groups. They played football, cooked meals, slept and swam. Evenings on the weekends were generally considered free time for residents, although on the odd

occasion a concert was organised amongst residents or a 'spirituality' meeting was called by Val.

Two nights a week instructors from the local Kempsey community taught 'line-dancing' to the sound of country and western music. Other nights were seen as free time and residents spent their time watching TV, playing pool or table tennis, or talking in groups around the communal fire on the 'front deck'. Val emphasises that it is important that residents do not spend the entire length of the day engaged in programme activities but have time to spend on activities of their own choosing. This was an important part of the 'therapy' at Benelong's Haven.

Tuesdays: 'Psych Groups'

The usual structure of the programme was changed on Tuesdays with residents' participating in the 'Psych Groups'. In the morning at 9:30AM, John and Maria held the single men's group (see Chapter 7). The atmosphere was relaxed with men being able to contribute freely. Each week various subjects were discussed such as anger, violence, and negative self-image. Before lunch the relationship and parenting groups were taken. The relationship and parenting groups were held for the married couples on the property as a forum for discussion concerning issues related to 'jealousy', 'love', 'anger', 'resentments', and 'family violence'. Within this thesis I have chosen to focus on the men's group as an example of the psychotherapeutic component of the treatment programme. Whilst I attended relationship and parenting groups, I was not able to conduct intensive interviews with the women. To give these groups their full justice such interviews would have to be carried out to gain the women's perspective.

Residential rehabilitation centres and 'therapeutic communities': The larger context

Whilst the political context of Aborigines emerging political self-determination in the 1970's is an important factor in accounting for the emergence of Benelong's Haven it is also necessary to illuminate the general context of the 'therapeutic community' movement. What are the essential aspects of residential rehabilitation centres? In what ways is it possible to identify the similarities and differences between various treatment approaches?

The general history of residential rehabilitation centres or 'therapeutic communities' can be connected to the development of various self-help groups established in the USA, Great Britain and Australia from the late 1960s. Self-help groups, such as Alcoholics Anonymous (AA), have been associated with the dissatisfaction that many felt with medical services as well as the desire of patients to participate more fully in the involvement of the treatment process.²² From a Marxist perspective such organisations are seen as evolving as a challenge to established social organisations that no longer meet current needs.

Residential rehabilitation centres and 'therapeutic communities' have developed differently in the USA compared to Britain, New Zealand and Australia. In Britain, Maxwell Jones developed the therapeutic community approach while treating shell-shocked members of the armed forces in London Hospital during World War II (Rapoport 1960; Jones 1968, 1976; De Leon 1997; Rawlings and Yates 2001). As therapeutic communities became adjuncts to psychiatric hospitals, they were used to treat a variety of psychopathic disorders. In Australia, New Zealand and the United States, therapeutic communities are exclusively used for the treatment of alcohol and drug addictions. Generally, they are not associated with psychiatric hospitals, although they may have professional psychologists and psychiatrists associated with their practice. Underlying these differences are the meanings associated with 'rehabilitation' and 'treatment' (Rapoport 1960: 12-29). The term rehabilitation was originally used in psychiatry to describe the restoration of a patient to a former capacity or condition associated with a 'normal status' (ibid: 17). Treatment was used to describe the process of curing, mitigating or arresting a 'disease'.²³ However, there has been a conceptual merging of these terms and both are commonly used to refer to personality change and

²² The enormous impact of AA was particularly significant in the development of alternatives for alcoholics. The founders of Synanon and Daytop in the United States, like Benelong's Haven, were heavily involved in AA before they became part of the therapeutic community movement. The principles of AA were often adapted to treatment programmes and used to ascribe a philosophy of action in the everyday setting of the residential rehabilitation centre.

²³ Both the terms 'normal status' and 'disease' are terms that need to be defined in their social context both being understood differently in various contexts and between different social groups.

adaptation to socially ascribed normative behaviour.²⁴ Rapoport argues that there is an implicit assumption within therapeutic communities that “treatment of individuals implies their rehabilitation” (1969: 24). In indigenous Australia, centres are generally referred to as residential rehabilitation (or treatment) centres and the term treatment and rehabilitation are both associated with a change in residents’ values, beliefs and behaviour towards an ascribed model of personhood (see Brady 1995a).²⁵

What are the essential properties of residential rehabilitation centres? In summary they provide an alcohol and drug free residential setting for treatment and social rehabilitation where the physical and mental discomforts of ‘addiction’ can be overcome with the understanding of former alcoholics and addicts who have undergone similar experiences (Carr-Greg 1984: 13). In many centres, there is a single ‘charismatic’ figure that acts as spiritual head of the organisation (Almond 1974: 36-40; Sugarman 1974; Manning 1989) Such individuals generate enthusiasm, loyalty and trust among their followers. As well as inspiring admiration, the forceful style of such leaders has often left them open to critical evaluations (Carr-Greg 1984). This is also true for Benelong’s Haven. Val’s creation of Benelong’s Haven, during a particular ‘crises’ period in the 1970s when there were very few alternatives for Aboriginal people, aligns with Weber’s model of charismatic leadership. Her motivation and commitment to Benelong’s Haven has ‘divine inspiration’ and on this basis she “is treated as the leader” (Weber 1978: 241). Residents witness the proof of Benelong’s Haven (and Val’s authoritative legitimacy is reinforced) through their awareness of the history of the centre and knowledge of the large number of people who have participated in the programme in the past. While residents want to make change in their life, their willingness to participate in the programme, and place the principles of the programme into practice, is partly a result of their ‘recognition of duty’ towards Val’s inspirational leadership (*ibid*: 240). Val is able to gain compliance from residents by exhorting them through personal revelation and the force of her will. Val’s leadership

²⁴ In Rapoport’s study of Belmont hospital in the late 1950s, he makes the distinction between treatment, which is aimed at changing a patient’s psycho-biological state and rehabilitation that changes a patient’s performative roles.

²⁵ Many therapeutic communities in Australia have been heavily influenced by the first centre in the United States, established in 1958, named Synanon (Yablonsky 1965). As a consequence there are many similarities between therapeutic communities in content, style and organisation of treatment. The

is also reinforced through renouncing the past where she rejects the role of alcohol and drugs in Aboriginal society and stresses the sufferings and wrongs committed against Aboriginal people by white Australians. This contributes to a dialogue, which focuses on the ideal achievements of sobriety rather than the demands of the material world (Morrison 1995: 287).

Both Benelong's Haven and other centres throughout Australia employ staff who themselves have participated in the programme or have recovered from drug and alcohol use through some other avenue. Generally the staff of the centre have the final say over who is accepted and will be in charge of ultimate decisions regarding programme events, discipline and making demands on residents. However, they generally delegate much of the running of the everyday organisation to more senior residents within the organisation.

Within centres there are generally a number of phases of treatment through which residents are depicted as proceeding. Whilst the exact timing and descriptions of these phases may vary, individuals are gradually made increasingly accountable for their actions until they are placed with significant responsibilities in the organisation such as running groups, involvement in administration and attending court sessions (see Carr-Greg 1984: 18).²⁶ In the majority of rehabilitation centres, an emphasis is placed on the notion that a large part of treatment is achieved through residents' constant and close interaction within the social environment of the community itself. Thus every activity and relationship is part of the treatment and that the theories and organisation of the programme are applicable to all residents (see Rapoport 1960: 52-53). As Rapoport states the "qualitative atmosphere of the social environment is itself considered important therapeutically" (*ibid*: 22). This is achieved within a highly structured environment with specific rules and expectations for behaviour. Prohibitions on drug and alcohol use, violence and sexual activity are strictly reinforced through residents'

specific label centres use is usually associated with the history of a particular centre and their links to American centres that mainly use the term 'therapeutic community'.

²⁶ Carr-Gregg (1984: 16) notes that the majority of programmes have a spiritual component and an adherence to a rigorous work ethic that serves to test the new arrival as to whether they are prepared to undertake the challenges of the programme (see also Chapter 7 of this thesis).

surveillance of each others' activities. Often these are accompanied by specific procedures for those who break the rules.

There are also significant differences between residential rehabilitation centres (see Rapoport 1960: 23). Centres differ in the degree to which residents participate in the organisation. Those that see 'work' as having therapeutic benefit will emphasise total involvement. Those that place the focus of therapy elsewhere limit the participation of residents. Centres also differ in the restrictions placed on the expression of public aggression towards other staff and residents. Those centres that view the outlet of aggression as therapeutic, allow for specific group contexts in which aggression can be released verbally (see Sugarman 1972). Others restrict the expression of aggression to private doctor - patient contexts. Within the context of this thesis, the most important difference is how substance misuse is perceived within different rehabilitation centres.²⁷ A centre that views substance misuse as a result of personality defects will often place emphasis on peer group therapy. Sugarman's descriptions of *Daytop Village* (1964) would be an example of this approach. In this thesis, I argue that staff and residents of Benelong's Haven construct substance misuse, and the notion of 'alcoholism' and 'addiction', as an 'illness' resulting from the loss of culture associated with colonisation and continued domination by white Australians (Kleinman 1980, 1988). This has important consequences for the way in which AA is utilised in the programme and integrated within an overall framework that emphasises the importance of regaining Aboriginal spirituality and culture as part of recovery from substance misuse. As Kleinman notes, illness behaviour is strongly shaped by its cultural context even when the "associated disease process can be diagnosed with an international nosology" (1988: 47). Thus substance misuse has a historical relevance where dispossession, conflict and marginality are understood by many Aborigines as having a continued impact on Aboriginal lives in the present day.

²⁷ There are a number of other differences related to the hierarchy between staff and resident, the role of discipline and the specialisation of staff roles (Rapoport 1960: 24).

Conclusion

This chapter has sought to give the reader some understanding of the history of Benelong's Haven, the resident and staff structure and the weekly schedule. It also located Benelong's Haven within an historical context associated with the development of residential alcohol and drug therapeutic communities. In the chapters to come I will examine in more detail the different facets of the treatment programme.

Benelong's Haven has experienced some changes since its creation 27 years ago. In the early years, Val actively sought out Aboriginal people who may have needed help. For many who met Val, it was the first time anyone had offered them an alternative to gaol or the 'mad house' (lunatic asylum or psychiatric ward). Val persuaded doctors in various hospitals and psychiatric asylums to transfer their Aboriginal patients to Benelong's Haven. She visited nearby communities and talked to individuals who were drinking excessively on the missions and in the parks. People began to hear about Val and her work. Community leaders from areas such as Palm Island wanted to send people to the programme. For the first time Aboriginal people from Kempsey, Nambucca Heads and Sydney were interacting in the programme with people from Palm Island, Tennant Creek, and Mt Isa. There was singing, dancing, concerts and balls. Numbers in the centre were also higher with the population of Benelong's Haven rising to over one hundred adults at particular times.

Whilst Val and Jim will always help those in need, there are no longer the bus journeys to far away places to pick up new residents. A greater number of services offered to Aboriginal people throughout Australia has meant that individuals often attend health centres in their own communities. However, rehabilitation centres have become increasingly involved in referral processes from the judicial system, offering alternatives to gaol sentences. Benelong's Haven accepts such referrals from courts throughout NSW and other states. In Benelong's Haven individuals who are being remanded for treatment may have different priorities to those of their parent's generation two decades ago. For some today, it is a way out of gaol. However this does not necessarily mean that these individuals are less concerned about their welfare.

During my fieldwork, many commented that they were glad that they had been remanded to Benelong's Haven, as they had never realised that such alternatives existed. In the next two chapters, I aim to provide some background explanation to alcohol and drug use and misuse as described by those individuals who came to Benelong's Haven.

Chapter 2

The “new Aboriginal way”: Drinking and drugging in Aboriginal society

Today is the new Aboriginal way, the drinkin' way, the fightin' way, the swearin', bludgin' way. I learnt a lot through me drinkin', we are pretty cunnin' fellas...but never had a life when I was drinkin', 'cause I don't know where I am.

(Uncle John, Bourke)

When talking with Uncle John, who was part of the first intake of people who came to Benelong's Haven in the 1970s, he gave his thoughts concerning the changes that alcohol has brought to Aboriginal social life. In his descriptions of what he called “the new Aboriginal way”, John and others that I spoke to, described the paradoxes associated with Aboriginal patterns of substance use. They explained that the Aboriginal drinking and drugging lifestyle, with its own distinct practices and beliefs, is a source of much enjoyment and learning for many. Whilst residents recognised that substance use was often associated with the development of an adult status and could be used as a form of resistance to white Australian practices, they also stressed it could lead to problems, mentally, physically and spiritually, for themselves, in their family relationships and in the broader context of the criminal justice system (see Reser 1990; Hunter 1993; Brady 1995a, 1998, 2000; Sagers and Gray 1998). In providing anthropological explanations concerning substance use within Aboriginal communities it is important to emphasise that it is by no means straightforward and is not the same between communities or between one individual and the next. Like any other social practice, different people point to different kinds of significant experiences in their descriptions about substance use (Sagers and Gray 1998: 13). This chapter is an attempt to bring together these ‘experiences’; to generalise about some of the ways the Aboriginal residents of Benelong's Haven understood substance use. By no means are their attitudes (or mine) reflective of all Aboriginal people and their statements must be read in light of context in which they were told. Nevertheless, the subjective ‘truth’ of residents' accounts cannot be doubted and I asked as many people as I could to tell me about their experiences.

The information concerning Aboriginal substance use was gathered from both formal and informal interviews that I conducted in Benelong’s Haven as well as from listening to AA meetings and conversations between residents. During the period of my fieldwork, I only came to know Aboriginal people who were attempting to change their lives away from the “new Aboriginal way” within the confines of the rehabilitation centre. I did not conduct extensive field research with Aboriginal people in their own communities. However, I did visit various townships throughout NSW, such as Kempsey, Port Macquarie, Nambucca Heads, Coffs Harbour, Grafton and Bourke. I usually travelled to these communities with the purpose of accompanying a resident from Benelong’s Haven to their judicial hearing. I was present on these trips as an observer only, by the invitation of the resident themselves and with the permission of Benelong’s Haven staff. During these trips I was able to interact with and witness other people affected by alcohol and/or drugs. Nevertheless, this was not accompanied with systematic anthropological field research as completed by such researchers such as Sansom (1980) in Darwin.

In this chapter I will first introduce the historical context of Aboriginal substance use and continue to document Benelong’s Haven residents’ experiences with alcohol, marijuana and heroin. I introduce one particular resident named David who is to become a central figure throughout this thesis. David played a large part in the development of my own understandings of the processes associated not only with substance misuse but with the processes of recovery within Benelong’s Haven. In Chapter 3 I intend to draw out the complexities associated with substance use, focusing on the relationship between alcohol and violence experienced by Aboriginal men and its relationship to Aboriginal sociality and constructions of the self.

Understanding patterns of Aboriginal substance misuse

Throughout human history, alcohol and other mind-altering substances have been variously conceptualised (Madsen 1974; Sourmia 1990; McMurrin 1994). First it is important to note that the classification of a substance as a ‘drug’ is entirely social. There are no intrinsic characteristics that distinguish a drug from a non-drug. Szasz defines substance misuse as a metaphor to describe, “socially disapproved pharmacological behaviour” (1974: 9). This suggests that it is important to take into

account that all behaviour has both a physiological and social basis, and that understanding, and experiences associated with use and misuse are socially and culturally defined (MacAndrew and Edgerton 1969; Spradley 1970; Everett, Waddell and Heath 1976).

Australian researchers have provided a variety of explanations to account for Aboriginal substance misuse. Many researchers emphasise that substance use can be both enjoyable and socially cohesive (Brady 1991; Hunter 1993; Siggers and Gray 1998). This has been suggested elsewhere as a general property of alcohol (Jellinek 1960). Jellinek asserts that drinking symbolically unites individuals or groups at the same time as reducing tensions and making social intercourse easier (*ibid*: 865). In Australia, this has an historical precedent where in the early years of British settlement, Aboriginal substance use was one way in which different Aborigines who were being relocated into mission or government controlled environments could find social cohesion and enjoyment in a world that was rapidly changing around them. As Hunter describes: "Consuming alcohol together functions as an act of identification...social networks thus being constituted and reconstituted along traditional group and activity lines" (1993: 102). In going beyond this understanding of substance use, it is important to understand the historical context of Aboriginal substance use and the role of legislative controls that have been imposed on Aborigines' access to alcohol by the white Australian society.

Early Aboriginal substance use and legislative controls

In the following section I will provide a brief sketch of the Aboriginal history with alcohol and drugs beginning in 1788. This does not represent a comprehensive account as other researchers have done so elsewhere but will present a general overview of some of the issues involved (see Siggers and Gray 1998; Brady 2000).

Benelong, the historical figure

But Baneelong, though haughty, knew how to temporize. He quickly threw off all reserve; and pretended, nay, at particular moments, perhaps felt satisfaction in his new state. Unlike poor Arabanoo, he became at once fond of our viands, and would drink the strongest of liquors, not simply without reluctance, but with eager marks of delight and enjoyment. He was the only native we ever

knew who immediately shewed a fondness for spirits: Colbee would not at first touch them. Nor was the effect of wine or brandy upon him more perceptible than an equal quantity would have produced upon one of us, although fermented liquor was new to him...His powers of mind were certainly far above mediocrity. He acquired knowledge, both of our manners and language, faster than his predecessors had done. He willingly communicated information, sang, danced and capered; told us all the customs of his country, and all the details of his family economy. Love and war seemed his favourite pursuits, in both of which he had suffered severely.

(Tench 1793: 35)

Perhaps it is apt to begin an historical description of Aboriginal substance misuse with the historical figure of Benelong himself who was the first Aboriginal man to come into sustained contact with British colonisers in 1788.¹ Benelong has become a popular figure in the history of Aboriginal and white Australian relations, with a number of important publications piecing together his life (Brodsky 1973; Cox 1973; Phipson 1975; Smith 2001). Within Benelong's Haven rehabilitation centre, Benelong has become a 'patron saint' of sorts. He is viewed as the first Aboriginal 'alcoholic' to have suffered from the effects of alcohol through contact with the British settlers. His tale is viewed as the archetypal alcoholic story of one man's conflict, and inevitable downfall. Benelong's close contact with the new colony and his substance use drew him into various conflicts with both the British and his own Aboriginal group. After his visit to Britain where he met the King and his subsequent return to Australia, Benelong became increasingly ostracised from Aboriginal society and that of the British (Brook 2000). His propensity to drunkenness was described as 'inordinate' and in that state "he was so insolent, menacing and overbearing" (in Cox 1973: 64). Benelong died in 1813 and his burial on what was the site of a Brewery at Kissing Point in Sydney, is depicted within Benelong's Haven as final evidence of the destructive potential of alcohol.

Legislative controls

It has now been largely documented that Aboriginal people were aware of the effects of psychoactive substances before the arrival of the British settlers. Watson (1988),

¹ Benelong has also been spelt as Bennelong or Baenelong amongst others. I use the spelling that Val Carroll emphasises.

Brady (1991) and Saggars and Gray (1998) have described the use of various 'bush' tobaccos such as *pituri* in Central Australia and other plant derived substances in Victoria, Tasmania and NSW. In Northern Australia alcohol was traded with Maccassan fishermen (*ibid*). However usage of these substances was limited and was strictly controlled to religious and important social occasions rather than used on an everyday basis.

Whilst it seems that Aboriginal people were aware of the effects of mood altering substances they were entirely unprepared for the sheer volume of substances that became available after 1788. Initial responses to alcohol by Aboriginal people, other than Benelong himself, were largely negative and British settlers actively encouraged its use among the indigenous population (*ibid*: 42). The fact that the economy of the First Fleet was, at first, based on rum, is indicative of the importance that alcohol had in those early years.² Accounts of this period describe the high levels of drunkenness (and violence) associated with both the convict and soldier populations (*ibid*: 43, see also Lepailleur 1980). In the early 1800s alcohol was largely unavailable in rural and outback regions. Bush workers interspersed periods of intensive alcohol binges in the towns with periods of relative abstinence in the bush. Combined with the destructive effects of colonisation, including dispossession, rape and death through disease and conflict, the use of alcohol took on new meanings within Aboriginal society.³ The excessive use of alcohol was often a means of providing temporary freedom from the effects of violence, capture and 'relocation'. In many cases the settlers used alcohol as a means of exchange with local Aboriginal populations; thus it was in the interest of some colonists to encourage Aboriginal demand for alcohol (Saggars and Gray 1998: 43).⁴

Legislative controls over alcohol soon became part of the colonisers continued intrusion into Aboriginal affairs. Saggars and Gray (*ibid*: 45) note that whilst alcohol prohibitions have been the source of continual debate within industrialised state-level

² Brady (1991: 177) also describes the introduction of tobacco, opium and kava into Aboriginal populations.

³ MacAndrew and Edgerton (1969) have described the significance of Western models of drinking behaviour upon colonised non-Western peoples.

⁴ Saggars and Gray (1998: 44) note that male colonists sometimes used alcohol as exchange for sexual relations with Aboriginal women.

societies, there was little disagreement amongst the colonists about the need for control in the Aboriginal population. McCorquodale (1987) has provided details of the prohibitions enforced by colonists upon the indigenous community in NSW in 1838. These prohibitions have been viewed as largely ineffective, with Sagers and Gray (1998: 47) explaining that some non-Aboriginal people were often able to make significant profits by illegally selling alcohol to Aboriginal people.⁵ While white Australians were rarely charged with these offences, Aboriginal people were often convicted of drunkenness. As Aborigines' freedom of movement were severely restricted by the state they had few places to drink privately, enabling a high degree of surveillance by the non-Aboriginal authorities (*ibid*). Constant surveillance meant that Aboriginal people drank stronger spirits and did so more quickly to avoid detection. Numerous scholars have suggested that these legislative impositions profoundly affected Aboriginal drinking styles and practices (see Sagers and Gray 1998). Gradually drinking rights were equated with notions of 'citizenship rights'. Prior to 1967 Aboriginal people of mixed descent were permitted to drink if they surrendered their Aboriginal heritage and limited their association with Aboriginal people.⁶ The various states repealed drinking legislations between 1957 and 1968. In 1967 the amendment to the constitution was made to allow the Commonwealth government direct control over Aboriginal affairs, counting Aboriginal people in the national census for the first time. Many Aborigines saw citizenship rights as signifying equality with white Australians (see Sansom 1980; Brady 1992b; Peterson and Sanders 1998). Hunter (1993: 90) explains that access to alcohol and the achievement of 'full rights' were seen as synonymous in Aboriginal communities in the Kimberly. This turned out to be entirely untrue and in some areas the increase in the public visibility of Aboriginal drunkenness led to more convictions and arrests (Eggleston 1976; Sansom 1980: 75; Brady 1991: 182).

Whilst the legislative controls over Aboriginal substance use have been removed and young Aborigines today have never known such restrictions, there are still high levels of heavy episodic drinking and marijuana use in many communities (Hunter 1993; Brady 2000; Tatz 2001; McKnight 2002). Use of amphetamines and heroin is also

⁵ Some of the older residents in Benelong's Haven who had worked on rural cattle stations in the 1950s and early 1960s recounted being paid with alcohol.

showing signs of increase amongst particular urban Aboriginal populations (Larson and Currie 1995; Larson 1996). Whilst historical factors have no doubt played a part in shaping Aboriginal substance misuse, scholars have invoked a combination of factors that could be separated into three main categories: the biological; the economic; and the socio-political. Rather than summarise these findings I will present them in the context of my own discussions concerning substance use with Aboriginal residents at Benelong's Haven. This discussion is continued in the following chapter when I discuss the relationship between alcohol and violence.

"Having a charge": Drinking in Aboriginal society

When I first asked residents at Benelong's Haven why they began drinking many replied that they simply did not know. With some more thought on the matter, most referred to the influence of relatives and peers (see also Brady and Dawe 1988; Spicer 1997: 309). As one twenty year old man from Bowraville stated:

Started drinkin' when I was eight, rum. Started to drink 'cause everyone else round me drank, my cousins, friends, brothers, sisters, uncles, aunties, grandmother. Could say really I had a taste of alcohol even before I was eight. Mum used to put beer in the bottles to get us to sleep. It worked too.
(B, Bowraville)

Many of the residents at Benelong's Haven had been raised on the fringes of white Australian rural townships where there was little incentive to remain in education, few opportunities for employment and a high degree of dependence on the state for welfare. Relationships between white Australians and Aborigines were generally one of mistrust and mutual ignorance, with Aborigines commonly referring to past violence and dispossession, associated with the arrival of white settlers, as a source of continued anger and frustration in the present. Some residents at Benelong's Haven had been removed from their communities, either to institutional settings or to live with white Australian families, as young children. Rob was one such example. He was taken from his parents at three months of age by family services in northeast Victoria and placed with a white Australian family in Gosford, north of Sydney. When Rob returned to northeast Victoria in his late teens, drinking was a means of reconnecting with his

⁶ See Brady (2000: 441).

Aboriginal family and peers.⁷ Often individuals asserted that picking up a drink went along with being Aboriginal, as one local Kempsey man described:

Most Aboriginal people were drinkers and I thought that's what the Aboriginal race were all about, you know, drinkin' and druggin'.
(C, Kempsey)

Whilst many residents of Benelong's Haven related to me that alcohol was part of their everyday experience, they also recognised that this was not the case for all Aboriginal people. However, those who did not drink were generally not part of a drinker's social group. Individuals found it very difficult to reduce alcohol consumption levels, as they did not want to be seen as different from their peers.

Some residents commented that perhaps alcohol was a biological problem that was specific to Aboriginal people. It is important to examine briefly this statement with regards to the larger research on the biological component of alcohol use. Theories that suggest differences in biology have generally been viewed critically within Australia. The aims of such research have been criticised as unethical, biologically reductionist and linked to ethnocentric views of the superiority/inferiority of different races.⁸ Studies have generally focused on the difference of metabolic rates of alcohol absorption into the bloodstream or on the release of neurotransmitters by the Dopamine D₂ receptor in the brain (which is stimulated by alcohol) (see Saggars and Gray 1998: 69-70). Such research has shown that there are biochemical and physiological factors that influence responses to alcohol between ethnic groups. However there is no evidence that these differences cause substance misuse or explain variations between populations in patterns and consequences of consumption (*ibid*: 70). In Australia the few studies that have been conducted amongst Aborigines have not found differences between Aborigines and other groups (Marinovich, Larsson and Barber 1976). Nevertheless, the 'disease' model of substance use has had a significant effect on both Aboriginal and white Australian understandings of alcohol and drug use.⁹ This has

⁷ At the age of 9, Rob was told the identity of his biological parents, however before he was taken to visit them they had both drowned in a river accident. Rob stated that this was caused by drunkenness. Rob completed primary school. After his girlfriend became pregnant in secondary school he stopped going to school and gradually became involved in using heroin.

⁸ Local press has often used such biological research to misrepresent Aboriginal problems with alcohol (Hunter 1993: 95).

⁹ This will be discussed further in Chapter 5.

often led to the development of particular stereotypes, which associate Aborigines with a biological susceptibility to alcoholism. Such assertions by white Australians are generally based on views of Aboriginal social life without recognition of the historical, political and economic impact of white Australian society on Aborigines. From the Aboriginal viewpoint, the 'disease' concept is sometimes articulated as part of a discourse that separates Aborigines from non-Aborigines, connecting indigenous groups around the world. Alcoholism is then depicted as part of the processes of colonialism. However, both viewpoints are social theories related to the ethnogenesis of social groups and not one based on the physiological differences between human beings.

A common theme in residents' explanations concerning their substance use was that there was nothing else to do but drink and that the excitement of drinking provided relief from the boredom of growing up in an Aboriginal community (see also Brady 1988; Spicer 1997). Here the general sociability of drinking was stressed with the procuring and consuming of alcohol being the subject of many a conversation, with emphases being placed on the Aboriginal way of doing things, particularly in the pattern of reciprocity, kinship, solidarity and hospitality of drinking groups. A first drink was gained either directly, by being given by an older relative, or it was taken from their home. Residents claimed that they began drinking anywhere between the ages of 8 to 15 years of age. Younger men or children would learn the techniques of drinking by spending time with older men in drinking areas, which included places in the countryside, in towns, or on dry riverbanks. Many residents at Benelong's Haven also described travelling to larger towns or cities with family where they met extended family and learnt how to drink according to Aboriginal rules and custom. As Brady has described, learning is an important part of Aboriginal drinking both in the sense of being taught and as an "initiation from a state of ignorance of the substance to knowing it through personal experience" (1992b: 701). Thus drinking is rule governed and it is important for the new recruit to follow the rules (see also Brady and Palmer 1984: 27). Following Van Gennep (1960), Brady and Palmer (1984: 69) have argued that Aboriginal drinking has ritual structure. In the pre-liminal phase drinkers mark themselves off in the organisation of the drinking party. During the liminal phase "the drunken state is absolute" (*ibid*). Separated from the rest of society drinkers' transformation are apparent in their mental state and drunken actions. In the post-

liminal phase the drinker returns to "ordinary experience and understanding" where the "other-world mind state of the drunk recedes" and is re-incorporated into society (*ibid*: 70). McKnight (2002: 17) has objected to this interpretation suggesting that whilst drinking in Aboriginal communities is ritualised, the liminal state in Van Gennep's model marks a transition from childhood to adulthood status and this is not the case for Aboriginal drinking. Nevertheless, Brady and Palmer's main point stands that Aborigines often feel that they are transformed through drinking and gain temporary empowerment in their relationship with others, in particular in their interactions with white Australians (1984: 18).

What follows is an account of David's experiences with alcohol in the northwest NSW town of Bourke. A resident of Benelong's Haven, he arrived two weeks before my own arrival to the centre and the following descriptions represents a summary of the many discussions we had during my fieldwork. David's story reflects many of the issues associated with Aboriginal substance misuse. Where appropriate I have related his comments from the many interviews I had with other residents during the period of my fieldwork. I have compared David's descriptions of drinking sessions with other males of various ages. Whilst there is variability in the styles of drinking in different regions, there is a general pattern that is similar to David's account.

A case study: David

Everyone David knew in Bourke drank 'grog' and smoked 'yarndi', it was part of everyday life.¹⁰ At first, David saw his parents drinking, and then his older brothers began drinking. Whilst David wanted to start drinking like his brothers it was not until he broke up with his first girlfriend at the age of 13 and stole a bottle of Bacardi, belonging to his mother, that he had his first drink:

But this was different girl you know. So I started drinkin' and when I taste this Bacardi it just done all wonder for me, umm. It was like fireworks comin' out of my mouth. Firework comin' out of my mouth, you know out of my head. Then I was just feelin' real good drinkin' this stuff, so yeah.
(D, Bourke)

¹⁰ Grog is the generic term for alcohol of any type. Yarndi is commonly used by Aboriginal people in NSW to refer to marijuana (see later section on marijuana use for more details).

For David and many others I spoke to, drinking reduced feelings of shyness enabling him to talk to anyone, particularly women. As one 23 year old from Walgett explained:

Thought I was tough. Grog would make me think that. Made me thought I was a man.
(W, Moree)

Another man from Kempsey stated that drinking was the only way to fit in with others and that it gave him the courage to interact in social settings. Many other residents suggested that peer pressure was a significant factor in their commencement and continuation of drinking (see also Brady and Palmer 1984: 36). Refusal to drink was often viewed as a rejection and betrayal of the drinking group, leading to stigmatisation and isolation (*ibid*).

David stated that soon after his initial experience with alcohol, he was enthusiastic to drink with his friends. He and his friends combined their Aboriginal student assistance money of \$3 a week and managed to persuade an older friend to buy a bottle of Red Rum - otherwise the alcohol would be taken from kitchen cupboards in their homes. Their main aim was to drink until they became heavily intoxicated (Langton 1992, 1993: 17; Saggars and Gray 1998: 14). When David turned sixteen he summoned up the courage and walked into a pub and asked for a beer.¹¹ He was not refused, the older men supported David at the beginning of his drinking career.¹² Sitting in the pub with the older men, David stated he began to "feel like a man". After school or during the lunch hour, David took whatever money he was able to borrow and headed to the pub to drink and to gamble on the 'cardies' (electronic poker machine card games). There was an art to drinking that David learnt from his older relatives. It was important to drink 'flat out' for the first hour to reach a high state of inebriation (about 10-12 375 ml glasses of beer). Once 'charged up', individuals slowed their drinking rate trying to maintain the level of drunkenness. To have a 'charge' is a common expression in Aboriginal Australia and describes the act of drinking. However, to have a 'charge'

¹¹ The legal drinking age in Australia is eighteen years of age. Ferguson describes that urban Navajo young men often begin their drinking activities in bars. However, "men of all ages can be seen participating in small groups outdoors" (1976: 163).

¹² In discussing the moral career of the mental patient, Goffman discusses the use of career to refer to "any social strand of any person's course through life" (1961: 119). He asserts that the concept of career

does not always imply the use of alcohol. I often saw individuals asking another for a 'charge' of soft drink or water. However, to be 'charged up' implies drunkenness.¹³ Other times, David drank in the parks or back lanes with the 'brothers' (groups of male friends). Specific regulations were associated with the sequence of drinking and volume allowed by each individual. These outdoor sessions began by drinking beer (approximately one to two cartons, 24 cans per carton) between four to six people. After this, between one to two 750 ml bottles of rum would be passed around the group, followed by a flagon (four litres of port). By drinking rum before the flagon, the otherwise unsavoury taste of cheap port was masked. The session was concluded with moselle (sweet white wine), which was described as "washing everything down". The whole session would last around four to six hours. These sessions would be carried out two to three times a week with smaller sessions occurring on other nights. There would be no drinking activities for two to three days during the week to allow the drinker to regain strength. A rest from drinking was usually indicated after a drinker 'choked' after a drinking session (including vomiting, shakes and delirium). The number of drinking sessions per week was also subject to the day on which 'social' arrived (welfare cheque) and whether one could 'get the price' from relatives or friends (borrow money for a carton of beer). There was always an art to borrowing money with the requestee referring to the importance of sharing amongst Aboriginal people in order for others to feel obliged to give up their money for grog. Promises to return the money were rarely kept unless the person actively pursued the requestee on a daily basis for the promised money (see Brady 1992b; Pearson 2000).

Gambling

Another way to secure money or grog was through the card games played under street lamps at night on the mission. Individual players often brought their own alcohol, which could be shared or exchanged with winning card players for money.¹⁴ Thus,

is linked to both internal matters of self identity and external ones of jural relations, styles of life as part of an institutional public complex (*ibid*).

¹³ This may have developed from the early British descriptions of 'charging' one's glass to the King as Tench describes: "A bottle of wine was prepared for the charge" (Tench 1793; see also Altman 1987).

¹⁴ Card games played were similar to 'kuns' as described by Hunter (1993: 243-44). Hunter explains that the relationship between gambling and alcohol is complicated (*ibid*: 245). He states that serious drinkers

gambling was a good way to gain credit from other people. A loser could borrow money to play a game. This could then be paid back with later winnings or at another card game. However, those individuals who lost at cards would generally be allowed a share of the alcohol bought from other people's card winnings. As Hunter (*ibid*: 259) discusses gambling is a "major focus of socialisation and discourse" which forms a "circle of indebtedness" between players.¹⁵ Another favourite form of gambling was the 'cardies' (electronic poker machine card games) found in pubs.¹⁶ Whilst associated with drinking in pubs, gambling on the 'cardies' was undertaken alone or in groups of two. Usually a large winning would sooner or later be discovered by others once a winner started buying things or told others about their luck. Young men, in particular, enjoyed boasting about their winnings and would spend all the money with close consociates within the day on grog and yarndi.

The integration of alcohol use with other forms of economic exchange is important in understanding Aboriginal substance use. One explanation in anthropology has been that substance use is a continuation of traditional forms of exchange, barter and credit amongst Aborigines. The best ethnography, to date, which looks at the full context of economic processes in urban Aboriginal life is Sansom's *The Camp at Wallaby Cross* (1980; see also Collmann 1979, 1988). Sansom suggests that an economic analysis of a Darwin fringe camp was difficult because the premises of the internal economics of the camp were not grounded on those of capitalist economics. Rather a 'voluntaristic philosophy of action' counterposed western philosophies of money. This philosophy of action constituted a 'grammar of services', whereby people with surpluses were meet with continued demands for 'help'. Once help was given the helper was making a long-term investment, but with a generalised potential to collect a return rather than a specific one. The rate of the return in a reclaimed debt was determined by the liquidity of the debtor, which depended on the circumstances of the relationships, and the

do not drink whilst gambling but reserve it for after gambling sessions. However, he also notes that heavy drinkers tend not to gamble as their "resources are consumed by alcohol" (*ibid*).

¹⁵ See Sansom (1980) for importance of credit in Aboriginal social organisation. Brady and Palmer have also argued that alcohol is an "Aboriginal business, which is, in its own right, an enterprise in which exchange transactions are used to develop a wholly Aboriginal network of relations of indebtedness and obligations" (1984: 71).

¹⁶ I was also told that it was important to watch other players on different machines to see how often particular machines 'paid out' money. If a person left a machine and it had not 'paid out' it was

powers of extraction, of the helper. People were able to resist claims by 'vectoring' cash allocated to some morally unchallengeable purpose (Sansom 1980).

Yarndi: "Makes you stress out"

Arthur traces yarndi (marijuana) to a Wiradjuri word 'nyaandi', meaning, "what's a name" (1996: 180). During the pre-contact era, 'nyaandi' was used in the context for something that had either been forgotten or could not be mentioned. It was also a euphemism for menstruation. At Benelong's Haven, individuals did not know the origin of the word, describing that it was simply the term Aboriginal people used for the substance. However the majority of residents had experienced the effects of yarndi in the past.¹⁷ Yarndi was generally introduced by a group of older boys or cousins who demonstrated the correct way to inhale as much smoke as possible. The smoke would then be held in the lungs so that an individual might experience what was described as a "head and body spin".¹⁸ One 20-year-old man from Kempsey described his yarndi smoking:

I started smoking because...don't know really. All me brothers in the house were smokers and I wanted to know what it was like. Curious. We used to smoke in the house about five sessions a day with me brothers. My cousin would give me an ounce and I would smoke half and sell the rest. I would have about four or five bongos a session. If I did not have yarndi I would really fret and stress out. Would go around town looking for it. If I couldn't find it, I would drink. Smoking made me relaxed and calm, not stressed out.
(S, Kempsey)

Regular yarndi users used alcohol to exchange or buy a supply of yarndi. This was usually from another Aboriginal person who either had contacts with white Australians (who were known to sell), or they themselves had grown or found a crop in the bush. Many people told me about trips into the bush, sometimes for up to a week, to search

important to take a turn on this machine due to a perceived notion that it would 'pay out' in the near future. This meant that players were continually observing the events and people surrounding them.

¹⁷ Tatz (2001: 109) describes yarndi as an obsession for many Aboriginal youth in NSW. He suggests that it is commonly used, cultivated and sold in many Aboriginal communities.

¹⁸ Hiatt (2000, *personal communication*) discusses tobacco use in Maningrada before the introduction of alcohol. He notes that when smoking tobacco from small pipes, Aboriginal men would ingest large quantities of smoke and keep it in their lungs for as long as possible with the express purpose of trying to knock themselves out.

for hidden crops of yarndi (see also Tatz 2001: 73). Others grew their own crops as one man related:

Used to go out the bush, and that, with me father and grow heaps of mad yarndi. Learn how to grow yarndi, was a way sort of survival. I was on the dole but you only get about 120 a week. That was only a quarter for me.
(E, Bogabilla)

Yarndi was generally smoked in a homemade bong or small pipe. Whilst the majority of people who had used yarndi also used alcohol or some other drug, I noted at least 20 residents who had a sole preference for yarndi. These individuals noted that they preferred yarndi to alcohol because it did not leave them feeling sick the following day. Also, yarndi was hard to detect and many talked about the advantages of this in avoiding detection from teachers, family and the police. Unless individuals had access to their own supply, or money to buy yarndi, it was more difficult to demand it from others due to the ease with which yarndi can be hidden. Thus smoking yarndi often involved stealing, and smoking alone, as one man described:

I stole marijuana off people I knew. Umm even my brothers, I stole it off them. You know I even smoked it on them. If they had it there, I'd smoke it. You know, I wouldn't take it and go and share it with the other mates. You know I'd sit there and smoke it myself. Umm, you know, I started to get greedy you know. I wanted it all for myself. You know, I didn't want to share it with anyone.
(B, Kempsey)

Whilst yarndi is also a means through which economic re-distribution occurs amongst Aboriginal people it has supported selling and making monetary profit. A group of Aboriginal men who came to the centre from Dubbo all emphasised that they had learnt to sell yarndi to supplement their fortnightly 'welfare cheque'. This was seen as an important source of revenue to buy material goods, give money to their children and ensured that they had a constant supply of yarndi.

Whilst yarndi made individuals feel relaxed and care free, a lack of supply was often cause for becoming 'stressed out'. Being 'stressed out' was an expression I heard used in a variety of contexts and was commonly related to perceived loss, or loss of control. Within Benelong's Haven residents, at different times, declared that they were "stressed out" because of some conflict they were experiencing with another resident. Alternatively, men would use the term when referring to particular events that were occurring in their home community. This included a sickness or death in the family or worrying over the actions of a wife or girlfriend. Being 'stressed out' due to not having

yarndi led to such actions as trying to 'talk up' friends or others to give them yarndi. Or in more desperate cases, stealing goods to exchange for yarndi. If yarndi was still unobtainable then various individuals talked about becoming violent:

I get all trembles in me legs and I just have to hit someone.
(A, Moree)

Individuals also talked about becoming violent and paranoid when smoking excess quantities of yarndi. As Ted, a 25 year old from Brewarrina noted:

Yarndi made me paranoid. I got real mad in the head. I used to get real wild me.
(T, Brewarrina)

This is consistent with those findings of Tatz who states "marijuana men...are prone to unexpected outbursts of violence" (2001: 73). David also used yarndi when drinking alcohol. In the following account he described the differences between grog and yarndi and the effect of combining both:

I always get paranoid whatever, you know paranoid. Like at a pub sitting down drinking me and the girlfriend and umm. If I already had like a couple of cones, a few cones, you know whatever ten cones or somethin' before I went to the pub. We sit down and you know then I start drinkin' and ah, yeah I just start getting paranoid you know. Everyone's looking at her not me. You know I start getting jealous and that. I get very jealous, I always get jealous. Sometimes I get agro, umm....Blind rage. Yeah, I get into them sometimes when I'm on yarndi. But not mainly on grog. You know I can still handle my grog, but I'll go home when I know I've had enough. I go home when I know I had enough grog. But when there's a mix in there it just ticks me off and I gotta drink more. Umm, my attitude just changes, it will keep changing. You know it will keep changing, I could be in the mood, then I could go into like a real angry mood. Then I can start getting real upset you know umm, my mood always change. But I don't always come back to that first mood.
(D, Bourke)

As David noted, the mix of yarndi with grog can involve changing moods, with feelings of jealousy, paranoia and aggression. Explanations concerning these changing moods and jealousy, particularly oriented towards women, will be explored in the following chapter. At this stage it is important to realise that violence and paranoia are often directed towards those closest and for young men in particular, towards their spouse or girlfriend (see Hunter 1993: 174).

Women's drinking

For reasons already stated the position of women at Benelong's Haven is not fully stated here. However later in this chapter I will give one case study of Lisa. There are some similarities in her story to those I heard from men, however women's drinking was different in several aspects. Women's role in the household, especially in rearing children and younger siblings, meant that drinking was often undertaken with the family, either directly with parents or with older cousins, aunts or uncles. However, women also went out drinking in public areas with other women and talked about "getting the taste for it". A woman generally had to be very careful if drinking with a group of men and this practice was generally avoided due to the sexual approaches of drunken men (see also Brady and Palmer 1984: 25). Another important factor in women's absence from drinking groups was childbirth. If a woman had her first child in her early teens the cycle of drinking did not establish itself as with men. Furthermore, pregnancies also meant that women sometimes actively avoided heavy drinking sessions. Once children were born however, a woman sometimes gave children to extended family for limited periods in order to go and drink.

Heroin: "Going your own way"

In the past ten years Benelong's Haven has seen an increased number of heroin users coming to the programme.¹⁹ Anthropological accounts of Aboriginal alcohol use are very difficult to extend to heroin use, which encourages a high level of criminal activity and personal, secret drug use. With the use of heroin comes a lifestyle that is more individualistic, rather than group oriented in the case of drinkers. In considering drug use, it must be noted that the majority of drug users at Benelong's Haven came from more urbanised areas, such as Sydney and Dubbo.

The Aboriginal heroin users at Benelong's Haven were adept in all aspects of heroin use and the complexities of the dealer – user relationship and the various ways to gain

credit (a good dealer was seen as giving the occasional loan of heroin which would help to develop a relationship of dependency of the user on the dealer). Mastery of heroin dealings can be seen in the following excerpt:

A lot of the heroin you buy on the streets. Like I was livin' in Cabramatta down there. A lot of the heroin you buy on the streets down there that's morphine. Morphine, codeine. Like 50% of the time if the junkie comes along and they don't know their gettin' ripped off. 'Cause their not gettin' heroin, their gettin' morphine or codeine.
(L, Dubbo)

Similar to alcohol, intravenous drug use has to be learned from more experienced users. For Aboriginal users this tended to be from older cousins or close friends. This learning period served to limit the frequency of heroin use, as individuals had to be in the presence of more experienced users "to get a shot" (injection of heroin/speed).²⁰ From my interviews it seems that after a first experience with intravenous drug use, there was a period of up to two years before individuals tried it again and committed themselves to sustained use. In many cases individuals began reusing heroin or speed after a significant event in their life, ranging from falling in with a new group of friends, being sent to gaol, or having a parent, sibling or close relative die.²¹ Once the technique of finding a vein and injecting oneself had been mastered, the frequency of use dramatically increased. Similar to attitudes concerning alcohol use, the emphasis was not on occasional use but as one man described:

You've gotta not just taste it, you gotta have a good binge at it.
(D, Coffs Harbour)

Many drug users talked about the addiction to the needle itself, the processes involved and the anticipation of getting the drug into one's system.

¹⁹ Intravenous drug use has been documented as increasing within Aboriginal communities (see Larson and Currie 1995; Larson 1996).

²⁰ Speed generally gives a person feeling of energy, sexual prowess and physical strength. However, after intake levels increased paranoia and hallucinations were common. One man explained chasing shadows around his house with a butcher's knife, puncturing the walls. He believed that a man was in the house.

²¹ Larson (1996: 16) reported that injecting drugs was common in prisons amongst the 77 sampled Aboriginal and Torres Strait Islanders in Brisbane. 11 out of the 21 participants who had been in prison said they injected whilst inside. Five participants stated that the first time they injected was in prison or a detention centre.

After the initial period of the body adjusting to heroin, which involves vomiting, headaches and stomach cramps, users talked about "going on the nod". Seconds after injecting, the user's head drops and he or she seemingly falls into a semi-conscious state. The user, however, is completely aware of outside events, but cannot interact with others. There is a feeling that "you just don't care about anything", one resident explained. As a heroin habit increases, individuals may not go on the nod but may experience effects similar to speed with increased energy. However, by taking yarndi straight after heroin, the full effects of heroin may be strengthened.

At its extreme, a user may be using three to four caps a day for \$50 each, in a town such as Dubbo or \$25 each in Sydney. This level of use is developed over a period of months. When I asked individuals the average amount spent on heroin use per week, a common figure was around AU\$300-500. However, as tolerance levels increased anything up to \$3000 a week could be spent (see also Larson 1996: 15-16). The level of criminal activity that needs to be carried out to support such a habit is so high that an individual finds him or herself under close surveillance or is arrested by the police within a short period of time. Particular crimes committed would include: housebreaking, stealing clothes and money from shops, receiving stolen goods and selling drugs (*ibid*). Whilst crime was often a necessity to support a drug habit, and gaol a consequence of getting caught, an important facet was the creation of a sub-cultural identity and status referent (Edmunds 1990). Many of the heroin users that were admitted to Benelong's Haven had adopted the 'heroin lifestyle' that has been referred to by other authors for other population groups (Agar 1973; Clayton and Voss 1981; Charles 1999). The badges of this sub-culture included wearing particular clothes and utilising specific language terms, amongst various other status referents. In order to contextualise Aboriginal heroin use I will introduce the story of Lisa, a 28-year-old Aboriginal woman from Dubbo.²²

A case study: Lisa

²² Lisa was in the centre with her boyfriend Martin. Both arrived, and left, the centre a number of times during my fieldwork. At one point I shared part of one of the older houses to the north of the property where I was able to participate in their daily lives to a greater degree than I was able with any other married couple.

Lisa began drinking and experimenting with cerapax and sniffing lighter fluid at the age of thirteen. She claimed she began her substance use to be part of her friendship group. One evening she sniffed lighter fluids at home and her parents discovered her hallucinating. In her own words she stated:

I was telling them there was spiders and things when there weren't.
(L, Dubbo)

Despite a serious physical reprimand from her father, Lisa continued sniffing lighter fluid. Her father would often go on drinking sprees, return home and get into a fight with her mother. One day, Lisa said she got fed up with the violence at home, put her schoolbooks under her bed and never went back to school. Instead she went out everyday and drank flagons of port with a group of girls. Within this group, Lisa stated that she often got physically beaten, as she was the youngest. Nevertheless, she continued to drink with the group as she stated she enjoyed the social life that came with it. Eventually her parents sent Lisa to her grandmother's house in the nearby town of Wellington. Her cousins, a little older than Lisa, were also in Wellington and she began to spend time with them. Here she had her first experience with intravenous drug use. In the privacy of the bathroom, Lisa's cousins would inject her with speed.²³ As Lisa stated:

I just hold me arm and get hit up with speed. I didn't know what a rush was at the time, all I know was that it was givin' me more energy to help around the house.
(L, Dubbo)

Lisa's cousins were dealing marijuana and speed and as she gradually began using these substances her alcohol use decreased. At the age of seventeen Lisa went to Sydney to live with another relative. Meeting up with her extended family in Sydney she was introduced to heroin by Aboriginal people in the area. As she began spending increased amounts of time with these people, she began using heroin and engaging in crime. As Lisa stated:

²³ Using survey based research administered by Aboriginal people, Larson (1996: 15) states that 42% (out of a sample of 77 people) obtained their drug from a friend, half of whom were Aboriginal or Torres Strait Islander. 43 out of 77 individuals stated that they received their drug from a dealer, only two of whom who were Aboriginal, the rest being white Australian or Asian.

I went out the door with 'em and started thieven' and then I got locked up for doin' break and enters.

(L, Dubbo)

During her first time in gaol, Lisa did not know she was suffering from heroin withdrawals and believed she had influenza. Her mother travelled to Sydney and paid her bail, however Lisa refused to go back to Dubbo and remained in Sydney. She re-offended and her mother again travelled to Sydney. This time Lisa went back to Dubbo. In Dubbo, she got into trouble with the police due to shoplifting. She was apprehended and refused bail. She spent three months on remand and received nine months gaol for stealing and drug related offences (supply and possession). Two weeks after her release, Lisa got into a fight and injured another Aboriginal woman. The court case proceeded for 12 months. During that time she continued drinking and smoking and using heroin intermittently. In the months preceding her court hearing Lisa increasingly turned to heroin. As she stated:

I caught Hepatitis C, through my usin' and I did not want my mother to know that there was somethin' wrong with me. 'Cause as I was drinkin' I was losin' weight and it wasn't too long until she would have caught on that there was somethin' wrong with me. So I got on to the heroin so she didn't know any different.

(L, Dubbo)

When Lisa got out of gaol she became involved with a man in Sydney who was a heavy heroin user and she soon moved in with him. He persuaded her to shoplift for him and during the time of their relationship Lisa was in and out of gaol a further five times. During her fifth sentence, her boyfriend died of an overdose. Upon her release her grandmother died and Lisa went back to Dubbo for the funeral. She decided to stay in Dubbo and with her cousins Lisa continued to use heroin and thieve. When Martin, her present boyfriend, came into her life, he was also using heroin and they set up a partnership of heroin use and crime.²⁴ This partnership involved 'thieving' and selling marijuana. In clothing shops, Lisa would thieve and Martin would keep watch. During break and enters, Martin entered the house whilst Lisa stood on the street. When caught

²⁴ Martin was in his late twenties and had spent five years in gaol between the age of 19 and 24. He had not used heroin until he got out of gaol when he discovered that his younger cousins were using. Feeling disconnected to the community and to his family he began using heroin with his cousins. After such a long period in gaol, Martin feels that there are few alternatives open to him other than drug use and stealing.

the individual who had the least charges at the time would take the blame from police to try to minimise the amount of time each spent in gaol.

Differences between heroin and alcohol use

A greater emphasis on the 'individual' was the main difference that both Lisa and Martin noted in comparing heroin with alcohol use. The acquisition and administration of heroin is an activity engaged in alone, whereas alcohol is funded and consumed by a group of drinkers. Whilst funds are pooled to buy alcohol, heroin users generally find the money to buy heroin and develop relationships with a dealer alone. Referring to the difference between alcohol and heroin use, Martin stated:

You go your own way...If someone asks you where you are going you say 'Don't worry about me, I'm just off'.
(M, Dubbo)

There are exceptions to this rule. For instance two people in a marriage type relationship, such as Martin and Lisa, can pool their resource and funds to gain heroin. Other instances where heroin users act together, I was told, is when there is a lack of heroin. Users may then help each other in exchanging pills or acquiring a car to drive to a reliable dealer. However, once heroin is found everyone will again go his or her "own way". Whilst importance is placed on individual autonomy, heroin users may also find themselves in a state of dependency on various unequal relationships. These may be to a partner, other drug users, or a dealer. Heroin users generally emphasised that as their tolerance levels increased, they became more reliant on these relationships in order to acquire their drug. The need for criminal activity to supplement their income became increasingly part of their daily life as the struggle to acquire the funds to "score" (buy heroin). Many individuals reach a point where they can no longer continue this activity. Lucas told me that he was glad to have been busted by the police as he felt he was "going mad". Heroin users also commonly asserted that they felt they encountered more conflict with their family. Lisa often referred to the distance she felt from her family, who were all drinkers, and disapproved of her heroin use. However, her times in gaol often acted to reaffirm family networks with her mother always travelling to bail her out.

Substance misuse as learned behaviour and as forms of resistance in response to powerlessness.

Whilst I have noted the differences between alcohol and drug use amongst Aboriginal people, it is also possible to find similarities when looking more closely at the social and political reasons underlying such use. I have already described the economic factors that support drinking and drugging networks. Socio-political explanations generally propose a spectrum of causal factors that look at substance use as learned behaviour in response to powerlessness and dispossession. MacAndrew and Edgerton (1969) support a learned behavioural approach where 'drunken comportment' and the beliefs associated with the drunken state itself are culturally determined (*ibid*; see also Marshall 1979). First described by Bandura (1973) social learning theory suggests that social activity is learned through observational and causal 'modelling'. Modelling involves attention, identification, observation and anticipation of consequences and symbolic rehearsal (Reser 1990: 20). Social learning theory has been described as particularly appropriate in explaining Aboriginal substance use, as Aboriginal learning strategies rely heavily on observational learning (*ibid*). No doubt there have been changes to the patterns of Aboriginal drinking since the arrival of the British settlers, but social learning does account for the continuation of particular styles of 'drunken comportment' across generations.²⁵ Residents at Benelong's Haven emphasised that they had to learn to drink and drug 'properly' and as I described above the influence of the peer group was an important part in learning correct methods and styles of use.

When examining the destructive aspect of Aboriginal styles of substance misuse, those theorists who stress the social element of substance misuse have often combined this with a political argument about the continued discrimination and powerlessness of Aboriginal people in their marginal relationships to the larger white Australian society (Brady and Palmer 1984; Sackett 1988; Hunter 1993). I will address this issue further in Chapter 3, when I discuss the subject of violence, however it is important to introduce the issue of powerlessness here. Proponents of this approach emphasise that

²⁵ I often witnessed this within the context of Benelong's Haven where young children would sometimes imitate drunken behaviour. This would involve staggering about, colliding with walls and in some instances hitting other people.

substance use can be a sign of resistance to the larger hegemonic forces of white Australian society. As Saggars and Gray (1998: 85) have noted Aboriginal societies are not isolates and have been in contact with white Australia in some areas for over 200 years. The environments in which many Aboriginal people live have been seriously altered through the effects of colonisation and any discussion of the cultural meaningfulness of drinking must take this into account. Tatz (2001: 34-7) argues that 'de-colonisation' has added to the present climate within Aboriginal communities. As Aboriginal people were dispossessed of their lands, mission environments were created and Aborigines from different regions had no option but to live in European designed community structures. Tatz explains that these communities were more akin to Goffman's (1961) 'total institutions' that allowed governments to survey, control and manipulate Aboriginal people directly.²⁶ After 1972 when the Labor party won federal office, these structures were largely dismantled and these institutions were renamed 'communities'. With this freedom came the provision of economic support and autonomy of a limited kind. However, there was little recognition that such communities had never been a voluntary association for those Aboriginal people forced to live on them and they were neither cohesive nor socially coherent (Tatz 2001: 36). In the past, the internal structure was provided either by the church or the state, but with their removal many communities have become "*disordered*", Tatz explains (*ibid, original emphasis*). Tatz attributes the present breakdown in many Aboriginal communities to "past and continuing colonialism, racism, oppression, landlessness, population relocations, and the destruction of cultures and environments" (2001: 35).²⁷

In the town of Diamond Well, Brady and Palmer (1984: 67) explain that as a consequence of colonialism Aborigines are in a state of dependence on the white Australian society. The Aboriginal council has very little control over their own affairs and Aborigines are dependent on the cash economy for subsistence and on the welfare

²⁶ McKnight (1986) has described such communities as 'supercamps'.

²⁷ In contrast, Eckermann (1988: 35; 1977) notes that Aboriginal community politics are similar to a state of 'balanced anarchy', where family interests must continually exert against the interests of other families'/individuals' and are kept in check by this process. Eckerman distinguishes between 'group' and 'community', suggesting that the latter refers to the collectivity of family groupings in one geographical region. Such a 'community' may have only limited reality to its Aboriginal constituents, with Aboriginal people viewing their collectivities often in terms of family alliances, which are fluid and go beyond any one locality and do not necessarily include all members in one 'community' (Eckermann 1988: 35; see also Beckett 1965).

system for access to money. Thus Aborigines have no economic resources of their own, other than those offered by the white Australian community; they have not developed an ideology that might lessen their needs and lack a group coercive force to make alternate demands. This powerlessness is a result, Brady and Palmer argue, of the unequal structural relationships of power between Aborigines and white Australians. Substance use in this model acts as a 'ritual time out' through which Aborigines express an alternative to compliance to white Australian values and beliefs. Sackett also supports this view and argues: "through drink Aborigines express their antipathy to the idea and practice of others administering their lives" (1988: 83). Collmann (1979) also suggests that drunkenness and the practices associated with drinking, including violence, enable Aborigines to enact personal images of power and independence.

Theories that stress substance use as a form of resistance do not, however, fully capture experiences of substance misuse and their inherent complexities within the lives of individuals. Substance misuse, as described by residents at Benelong's Haven did involve practices that opposed white Australian values and controls, such as public drunkenness and direct confrontation with police. However, as such this fails to capture the very real and often tragic elements of substance misuse. Furthermore, the resistance model does not adequately examine the conflicting ways in which communities and individuals support such practices and how these have emerged out of their relationships to the bureaucratic world of the state (Kapferer 1995: 78). As a mode of resistance, substance use leaves Aboriginal people in a position of powerlessness and leads to the perpetuation of cycles of drinking and arrests (*ibid*: 83). As noted by Brady and Palmer: "Because they (*Aborigines*) act out their expressions within the context of their very powerlessness they are ineffective in achieving any change" (1984: 72). One of the most recent ethnographies, which illuminates this point, is McKnight's *From Hunting to Drinking: The Devastating Effects of Alcohol on an Australian Aboriginal Community* (2002). McKnight provides a longitudinal perspective of social change on Mornington Island, focusing on the radical increase of alcohol consumption. He suggests that Mornington Islanders did not engage in harmful levels of drinking until there were significant political changes in the community with the establishment of the local government Shire, which replaced the missions in 1978. With the establishment of a beer canteen and as welfare money poured into the Shire with the imposition of

new institutions and regulations, the Islanders became aware that it was not necessary to work to obtain money. Drinking became the main activity and was supported by particular cultural features such as the stress on personal autonomy. However, it also resulted in increases in ill health, violence, self-mutilation, rape, suicide and incarceration. Mornington Islanders continue to drink at harmful levels and refuse to change their situation not so much as a sign of resistance to white Australia, although this is one consideration, but there are few alternatives amongst its members who lack coherence, a shared set of values and continue to allow white Australian bureaucratic control over their lives, land and welfare. Existing in a political and social edifice that has been entirely transformed through contact with white Australian society, McKnight presents a picture of powerlessness where Mornington Islanders have "drunk away their culture" (*ibid*: 216).

Problems with the ethnographic localised approach?

Saggers and Gray argue that there are a number of problems with studies that explain indigenous substance use in "terms of the characteristics, cultures or histories of particular individuals, groups or indigenous populations" (1998: 85). They put forward three suggestions as to why this is the case. The first is that such an approach fails to look at the similarities between different cultures in their substance use styles and practices. The second criticism focuses on their belief that such studies do not adequately examine the effect of outside forces on indigenous substance use, such as colonialism. Their third criticism is that by focusing on the internal characteristics that support demand of alcohol and/or drugs, such studies ignores the fact that levels of consumption are a function of supply (*ibid*).

These are important points. It is true that some of the best ethnographies describing Aboriginal substance use have not looked outside Australia (Sansom 1980). However, as this is an area of study in Australia that has only recently begun to burgeon, its internal focus must be seen as part of an effort to understand and attribute meaning to practices that were seen as meaningless earlier last century. Failure to recognise the effects of the larger Australian state must also be seen in this light. Furthermore, more recent studies have made comparisons with other indigenous groups outside Australia (Brady 1992a, 2000; Merlan 1998; Tatz 2001). There is no doubt that issues

of supply are important in understanding Aboriginal substance use, as recent ethnographies have also pointed out (Brady and Palmer 1982, 1984; Brady 1991, 2000; McKnight 2002). Siggers and Gray provide some important contributions in this respect (See Chapter Six of *Dealing with Alcohol* 1998).²⁸ Nevertheless, Siggers and Gray's critiques are largely ones that follow the 'emic/etic' debates that have continually resurfaced in anthropology (see Jorion 1983).²⁹ A balance of perspectives is what is surely needed. Whilst perspectives from 'without' are vital if we are to understand the larger historical, political and economic forces that underlie substance use, it is also one that does not account for the very real and personal experiences ('from within') associated with such use. Furthermore, I would argue that there is a need for further contributions into the specific contexts of Aboriginal substance use in local communities (Sansom 1980; Brady 1988; McKnight 2002). This is especially the case if anthropological accounts are going to have any practical applications for Aboriginal people themselves (see Tatz 2001).

Conclusion

This chapter has documented the ways in which the Aboriginal residents of Benelong's Haven understood their substance use. This is merely a small sample and is not representative of the total Aboriginal population of Australia. Not all Aboriginal people who drink or drug end up in a rehabilitation centre. For Aboriginal residents at Benelong's Haven substance use was a complex phenomenon having social, economic and political contexts. Substance use was capable of providing extremely heightened emotions and social cohesiveness, at the same time as causing conflict and emotional distress. I have shown how alcohol is learned and is supported by an Aboriginal exchange economy based on 'sharing'. The combination of alcohol with yarndi was also described and I suggested that many individuals experienced agitation and aggression associated with its use. I have also discussed heroin use amongst Aboriginal

²⁸ McKnight (2002) also explains how the Mornington Island Shire has a vested interest in maintaining a high demand for alcohol amongst Aborigines, as the canteen is its major source of revenue with 900 Islanders spending four million dollars on alcohol per year.

²⁹ Emic explanations are abstracted models, which form general rules to explain behaviour or practices. Generally participants themselves do not express them. Etic explanations can also explain general rules or abstracted models, however they are expressed by participants themselves and have some cultural and symbolic value within a particular local context.

people and demonstrated that it's use reinforces an ethic of 'individuality', rather than the 'social group', and involves economic relationships with outsiders that are unequal and not based on an ideology of sharing. Criminal activity is often an inevitable part of increasing levels of heroin use. However in understanding various forms of substance misuse common themes of powerlessness, discrimination and marginalisation from the larger white Australian society reoccur. As I shall show in the following chapter, conflict in men's relationships with family emerges from and reinforces the misuse of alcohol and drugs and can often lead to involvement in the criminal justice system.

Chapter 3

Aboriginal substance misuse and violence

Introduction

In this chapter I aim to examine the relationship between substance use and violence in the Aboriginal context. Whilst research has not provided conclusive evidence of a causal link between alcohol and violence for human beings, discussions with residents at Benelong's Haven concerning substance misuse inevitably led to the subject of violence (see also Reser 1990; D'Abbs 1994; Sagers and Gray 1998). Hunter has argued: "To assume that substance misuse causes violence...ignores context and fails to explain the particular expressions of violence" (1993: 174). In understanding this context it is important to differentiate between different forms of violence. One form, commonly associated with alcohol by my informants, is generally between men, is rule bound, and is a meaningful part of Aboriginal negotiations within social relationships (see Sansom 1980; MacDonald 1988). Whilst alcohol plays a part in motivating individuals to fight and air their grievances, this form of violence does not always involve substance use. The second form of violence is related to gang type fighting and has fewer rules than the first. Both forms of violence are important in men's formation of identity and in establishing networks of supporting social relationships. However these practices, combined with men's socio-economic position within their immediate family, often lead to the development of conflict in the domestic sphere, particularly with their spouses. Violence within the family is often more serious in nature, lacking the social controls and rules associated with fighting between men. While the relationship between alcohol and violence is a complex one, the purpose of this chapter is to demonstrate some of the ways in which both are interrelated in Aboriginal social life. It is important to keep in mind throughout this chapter that the initial motivation to begin substance use, such as peer influence, may not explain why an individual continues harmful levels of use (Walters 1999: 79).

In this chapter I again return to David who was introduced in the preceding chapter. David was remanded to Benelong's Haven on two charges of attempted murder after he attacked his girlfriend, her mother and then himself after a drunken family argument. His violence towards his girlfriend, and his own self-harm, were part of a

previous history of similar practices. I argue that whilst such behaviour is related to the structure of Aboriginal relationships with white Australian society, it is important to understand the interactional and personal significance of drinking and violence. That is, how drinking and violence affects the social relationships between the aggressor, the victim and the community (Collmann 1988: 170). An important element in such understandings is the construction of masculinity in the formation of men's identities.

Drinking and fighting: The social context of men's drinking groups.

Whilst drinking does not always lead to violence, it was commonly asserted by men at Benelong's Haven that fighting and drinking are two things that go together. Getting 'charged up' often holds connotations of violence and aggression. Fights are often between known people, either family rivals or even old family friends. It is usually the case that two opponents store their 'resentments', saving them until they are drunk, in order to fight and resolve their differences (see also Brady 1992a: 705). 'Resentments' were used by residents in Benelong's Haven to talk about the building up of negative feelings of wrongdoing between individuals.¹ For instance one person Jack may have said something negative about Terry in a public context. Rather than confront Jack immediately, Terry goes away and thinks of other occasions when Jack has wronged him in some way. Finally, Terry may strike out at Jack either physically or verbally using alcohol to fuel his growing resentment. This retribution is far in excess of Jack's initial act against Terry, which may not have been malicious in intent. Often resentments rest on a misinterpretation of an event and an individual's original intent.

As David and his cousin, who was also a resident at Benelong's Haven explained, fights might occur between two friends just to "test one another, to see who is the best". In their hometown of Bourke, spectators usually arrive to witness a fight and a good fight will be discussed for weeks, even years after the event (see also Myers 1986: 160). For the audience, 'witnessing' entitles ownership over the event and the

¹ 'Resentments' are constructed in the AA programme as particularly important in the context of alcohol and drug treatment. Many of the residents of Benelong's Haven had picked up this word from the AA programme itself, although I cannot rule out the possibility of its use outside Benelong's Haven. In AA, resentments are seen as the 'number one killer' and one of the reasons many return to substance use (AA 1939).

knowledge that can be procured from it for future community interactions (see Sansom 1980). As Myers explained for the Pintupi: “One motive for drinking alcohol in the contemporary settlement society is the excitement of the violent engagements that follow” (*ibid*). These engagements however are rule bound and reflect Aboriginal notions of social and physical equality, which emphasise the right to stand up for one’s self (MacDonald 1988: 188).

David and Chris explained how fights begin in the setting of the pub. They start with threats, swearing and shouting. One individual, who has a “cheeky mouth”, initiates the prelude to a fight by “mouthing off” at another individual. A third person may interfere stating “Shut your mouth up!” The common reply, “What you wanna have a go?” infers that a fight is about to begin. After the fighters have removed their shirts, the fight often begins outside the front of the pub. As both fighters begin to circle each other and throw punches they gradually move to an organised area, gathering more spectators along the way. This location is always used for the purpose of fighting and is situated out of the direct view of the roadside. The audience acts to control the fight’s movement and help prevent serious violence. Spectators can also become involved in fighting themselves as Chris explained:

About three, four go’s, the way down. You might see a fight here goin’, two fellas into it then next minute one will break out here. They’ll form a circle, then another one will break out here. That was all the way down to the street corner. Then you’ll see about three or four go’s there. Then the other ones that had the fight up there will say ‘You and me tomorrow too and they’d be swearin’ at one another you know. ‘You wanna be there ‘cause I’m gonna come and get ya, I’ll pull you out’.
(C, Bourke)

As Chris indicated, the fight may not finish that evening but may continue the next morning with an organised, refereed, bare-knuckle fight with three rounds.² This occurs if one individual believes the fight unfinished either because it was unfair, the fighters were too drunk, or there was some foul play.³ Whilst some fights can result in creating long-standing enmities, others can resolve ill feelings between individuals and form a sense of camaraderie between men. Chris continued:

² See MacDonald (1988) for the role of the referee amongst the Wiradjuri.

³ This could be related to Myer’s description of “squaring back”, which he states provides some “emotional satisfaction at the grievance” (1986: 171).

Then about 7 o'clock the morning you'll see little fires lightin' up at the back of everybody's houses. And you'll see all the cars pull up around the block with three or four cars in each yard right around. And then, you'll see one fight here, one fella referee them two there, them two having a go and then another circle formed here with people. And another one up here and might be another one up here. Say about four fights goin'. You hear all the people singin' out for these people, like them movies with the dogfights. None of this bouncing round shit, up and down goes. They finish when one goes down and doesn't get up. Then they go and tip a bottle of water over them, snap 'em out of it and then they get up and go off together and have a drink. And then it'll start all over again. One big circle you know. Like that there.⁴
(C, Bourke)

Police are rarely involved in such fights and if they arrive on the scene both spectators and fighters sometimes turn on the police (see Langton 1988). If the police attempt to apprehend one of the fighters, spectators may attack police throwing bottles, rocks and using direct physical confrontation.

Amongst the younger generation, fights after drinking sessions have begun to occur between rival gangs from different towns. Generally these have fewer rules than the more traditional boxing type fights between known individuals.⁵ Young men often talked about such fights as a defining moment in their life. The outcomes of such fights are more unpredictable and more likely to involve the use of weapons and excessive force. However, in many cases excessive force can be controlled through the persuasion of more experienced fighters to stop the fight if some people are seriously hurt or knocked unconscious. Berndt also found this to be true in Western Arnhem Land stating: "Someone will try to halt a disturbance before it goes too far" (in Maddock 1984: 229-230).

Fighting: The construction of identity and negotiating social relationships.

For young men drinking and fighting is an important part in ascribing the status of manhood. Holding one's own in a fight is seen as important in negotiating a man's identity. This is often fostered early in a man's life with an older relative (often an

⁴ Chris described this process animatedly, using his hands and feet to draw in the dirt to explain the organisation of fights.

⁵ Many of the younger men at Benelong's Haven stated that fights in their parents' generation were more organised, followed boxing rules and were undertaken at specified locations. Whilst this continues

Uncle) initiating a fight with them to strengthen or toughen them up. When Dave from Coffs Harbour turned eighteen his five brothers took him outside and started fighting him. Whilst Dave was severely beaten the fact that he fought back demonstrated that he was old enough to call himself a man and importantly his brothers said, could now “drink like a man”. However, drinking and fighting are not just about being accepted as a man. Such practices are also a means to express emotion, reinforce social values and perceptions of men’s drinking groups, and ensure that social life is negotiated and re-constructed.

Langton (1988), MacDonald (1988) and Martin (1993) have noted that fighting relates, amongst other things, to individual autonomy and notions of morality that create and maintain the social order. These have been shown to have links to traditional Aboriginal society where violence was often a socially approved response to specific social situations (D’Abbs 1994). Violence was associated with conflict resolution and social order, ensuring that small bands were spread out over available land resources. Reser (1990) argues that contemporary notions of Aboriginal violence and aggression are also related to traditional institutionalised forms. For the Pintupi, Myers explains: “Fights provide drama in lives lived entirely in public” (1986: 160). This is managed in the light of ever-present relatedness, which Myers describes as an “expansive, overlapping set of individual networks of kin...which demands interaction, reciprocity and exchange” (1986: 159, 163). In explanations of fighting in ‘settled’ Australia, research has argued that violence can maintain principles of reciprocity and equivalence (MacDonald 1988). Whilst a ‘fair fight’ brings some resolution to a social relationship, this is often temporary. MacDonald notes that fighting amongst the Wiradjuri “enables the resultant tensions to be lived with but does not necessitate their resolution, which may imply revolutionary change to the social order” (1988: 191). The following account documented during my fieldwork within Benelong’s Haven reveals that whilst fighting maybe initiated by drunkenness, alcohol does not necessarily cause violence. Rather, fighting is related to alcohol use through the possibilities that they both offer in the negotiation of social relationships.

today, especially the act of “sorting it out when sober”, many youths described these formal rules as in decline. I was told that today young men fight “anyway with no rules”.

Garth and Cory

Whilst I was undertaking fieldwork at Benelong's Haven, a fight broke out one day between a married man, Garth (30, Kempsey) and a single man, Cory (22, Kempsey). I was surprised that the fight had erupted, as I was not aware of any ill feeling between the pair. Neither had I seen any previous arguments between them. In fact I had never seen them talk to each other. I soon found out that Cory and Garth were not communicating with each other at Benelong's Haven due to a previous encounter. Three years earlier, Cory had intervened in a drunken fight between Garth and a younger man, at a party at the mission on Greenhills, in Kempsey. Garth had arrived at the party drunk and had attempted to fight anyone who approached him. Cory confronted Garth at the party stating that he should "pick on someone his own size". Cory then removed his shirt, thus challenging Garth to a fight. After a series of bouts, Cory knocked Garth to the pavement. A crowd had gathered to watch the fight. After his fall, Garth got up and returned to his feet and headed to his car stating that they would have to finish it later as "there were too many eyes on him". By withdrawing from the fight Garth was avoiding the shame connected to losing.⁶ Additionally, Garth also referred to an unseen mystical force emanating from the eyes of the onlookers that he described as strengthening Cory.⁷

The following morning, Garth arrived at Cory's house to finish what he believed was an unfair fight, but this time in a sober state. Again Cory won and so the fight was considered ended (at least by Cory). Now by coincidence both Garth and Cory were undertaking the Benelong's Haven programme. Garth had already been to Benelong's Haven on a number of occasions as a 'single man'. This time he was accompanied by his wife and shared a room with her on the married deck. Cory resided in the single men's dormitory and combined with his expertise on the football field, he became

⁶ See later in this chapter for a discussions concerning 'shame' in Aboriginal society.

⁷ The eyes are seen as having an important force in Aboriginal society. Through the eyes, there is a perception that a wrongdoer can influence events to their benefit or take control of an individual's thoughts and bodily movements (see Reid and Trompf 1991). The significance of the eyes could be interpreted as part of an Aboriginal belief in the power of external forces described later in this chapter.

popular with the other single men. Garth had also experienced a high degree of popularity on his previous visits to Benelong's Haven. However, now his married status removed him from the men and Garth felt that he was unable to establish close bonds with others in the dormitory. He came to believe that under the direction of Cory, the younger men were negatively talking about him behind his back. After aggressively confronting one of the single men in the kitchen (who withdrew quickly), Garth proceeded to the men's dorm where he initiated a fight with Cory. Cory did not retaliate merely blocking the punches that Garth threw at him until he withdrew. Subsequently, Garth was told by staff to leave the centre for breaking the rules.

What I want to point out is that in this social context, Garth's perception of his himself as a popular, well-respected individual, was threatened by his exclusion from the men's dormitory. As a result he resorted to violence to assert his autonomy and to renegotiate his social relations in the centre. However, the consequence of his actions further alienated him from residents and resulted in his dismissal. It further strengthened Cory's position and both residents and staff commented that Cory had done the right thing by not retaliating.

This section has shown how fighting is a feature of everyday social life and is important in the "negotiation of identity" for many Aboriginal men (see MacDonald 1988: 188). Whilst this realm is rule bound, groups of males who drink and fight together in their home communities lack the social constraints and expectations that came with kin networks. These men felt that with the aid of alcohol, they could be "anyone they wanted", I was told. However, fighting was not simply caused by alcohol use. Rather both activities were related in that they enabled men to ascribe to particular identities and statuses as experienced adults.⁸ For the men at Benelong's Haven various problems emerged from increases in their alcohol use. As well as diminished funds and the need to borrow money from others, residents experienced deteriorating physical and mental health. Such difficulties placed strains on relationships with immediate family and for some resulted in violence directed at their spouse. I shall discuss this in

⁸ Reser (1990) also describes that in North Queensland violent behaviour was both expected and legitimised as part of binge drinking.

more detail in the following section. However first what about drug users? Is violence associated with drug use?

Drug use and violence

Those residents, who identified as drug users, explained that they began their use in similar ways to alcohol. It was learned and used as part of an acceptance into a group of people. Rob, the receptionist at the time of my fieldwork in Benelong's Haven, described that when he came to the streets of Redfern he had to start taking heroin to "fit in with others". As a drinker, he was not on the same "wavelength as them people", he stated. I used the example of Lisa's story in the last chapter for a particular reason. There seems to be a greater equality between the sexes when it comes to heroin use. As I described, Lisa and Martin, worked as a team in acquiring and injecting heroin. They both had less contact with family members than drinkers. In part, this is a result of the effects of drugs, such as heroin, itself. Without adequate income a growing heroin habit is incredibly difficult to sustain without engaging in criminal activities. In the pursuit of such funds, individuals often alienate friends and family. Heroin and speed, makes you "greedy and you want more and more, the only important person is yourself", I was told. Violence did occur in such partnerships, and in many cases individuals found it very hard to get out of such relationships due to their exile from family and their co-dependence on their partners to acquire their drug.⁹

The social context of family violence

I first started learning about family violence when residents began talking to me about their experiences with blackouts after drinking and drugging. During a blackout an individual experiences continued activity with attendant memory loss (see Ferguson 1976: 163). Men claimed that in a blackout they were more likely to become violent towards others. Commonly this violence was extreme in nature and directed towards immediate family, specifically their spouse or girlfriend. This form of violence

⁹ A common cause of violence often involved men's perception that their spouse was going behind their back to gain drugs elsewhere.

emerges out of men's perception that they are caught between two social contexts, that of the family and that of the drinking group. Before I discuss the concept of blackouts to the significance of family violence, I will continue the story of David to illustrate one ethnographic instance.

Becoming a father and the drinking group

David dropped out of school at seventeen and he ascribes this not to drinking but to his girlfriend becoming pregnant. She was 15 years old and David felt motivated to remain in the relationship due to his protective feelings of jealousy. He was also concerned about his image as a father; fathers do not go to school but to work, to pubs and they drink. However, her parents intervened and forced her to have an abortion.¹⁰ David was devastated, went on a series of extended binges and attempted suicide by trying to hang himself on a clothesline. Within a few months, David was secretly meeting his girlfriend and again she became pregnant. This time they decided to hide the pregnancy from her parents until it was too late for an abortion. In this relationship David talks about the struggle between becoming a man and having to get a job to support his girlfriend and wanting to be with the 'brothers' drinking.

Being a father was you know, keep doin' what youse was doin', you know. 'Cause mainly all the fathers were doing that you know, all the older guys would have kids leave the mother at home and end up at the pub. So yeah I thought that way.
(D, Bourke)

When David's girlfriend's parents found out about the pregnancy they resigned themselves to supporting the young couple. David moved into his girlfriend's family home. However, he tended to spend more time with his friends drinking than with her. Whenever he did come home, he was drunk and would become violent declaring that his girlfriend was having affairs with other men. The morning following such an incident David could not remember anything, stating that he was in a blackout. During these blackout periods David described that he was not himself. When it came time for the birth of his child, David had not seen his girlfriend for two weeks. After the birth he disappeared again for another drinking spree, to celebrate his fatherhood. This time

he was gone for a week. By this time his girlfriend's parents were furious and after a drunken brawl between David and his father-in-law, he had an order from the courts preventing him access to his girlfriend or his child. Again, David attempted suicide. This time he tied a thin rope around his neck and jumped from a tree. The attempt was unsuccessful as the rope broke.

Soon after this David left Bourke to complete his high school education. After being away from Bourke finishing school and then undertaking a Technical and Further Education (TAFE) course in Sydney, David returned home. During his time away, David rarely drank. Occasionally, he would join his university student friends and drink and play pool, however there was no binge drinking or violence. David missed his home, his family and Bourke. On his return he secured a job for the Aboriginal and Torres Strait Islander Committee, as a receptionist and was soon in a relationship with another woman. She became pregnant a few months after they met. David saw other women during this time and one non-Aboriginal woman became pregnant during their liaison. David believes that his Aboriginal girlfriend found out about his affair and proceeded to starve herself, causing a miscarriage. Despite this loss, David continued to live with his Aboriginal girlfriend.¹¹ From that moment on David had feelings of extreme guilt, shame, resentment and anger towards his Aboriginal girlfriend. He blamed her directly for the loss of their child and he began to increase his drinking. After a particularly violent, drunken blackout episode, David had an Apprehension of Violence Order (AVO) placed on him, preventing any further violent or abusive behaviour towards her. To break this order meant a gaol sentence. The couple stayed together and David felt obliged to be bound to her due to the experience of the miscarriage. However, he became increasingly unhappy, resentful and bored within the relationship. Increased drinking and smoking yarrdi provided time out from the strains of the relationship. David's girlfriend was increasingly threatening him, stating that she would tell the police that he had been hitting her and would get him "sent" (sent to gaol). The situation was becoming explosive. Then one night in the pub, after an earlier argument

¹⁰ I was unable to learn the details of this event.

¹¹ His non-Aboriginal girlfriend delivered a baby girl; David was not present at the birth and did not see his daughter until she was one year old.

with his girlfriend, David blacked out. He woke up in the Bourke hospital with a self-inflicted chest wound and two police guards standing over him. A few days later in court, David was charged with two counts of attempted murder against his girlfriend and her mother. After long negotiations with David's family, the court judged David at risk of suicide. They remanded him to Benelong's Haven as an alternative to gaol before his sentencing was to take place in one year's time.

As blackouts were often described to me as a feature of this type of violence, it is important to investigate this phenomenon more closely before I provide an explanatory model of family violence from a men's perspective.

Blackouts and shame

Residents at Benelong's Haven described blackout as periods of time during a drinking or drugging session when an individual engages in some activity but does not remember that activity. One resident described this in more detail:

When Sydney blacks out you can't see anything.¹² But to us a blackout is like stepping into a black hole. Like the Bermuda triangle, you step in and you disappear. You miss the rest of what you last think, the last thing you done. Don't get the memory back, people have to tell you what you have done. Your mind just goes. You don't know what you're doing when your mind has gone. Usually get violent or just walk about. Can't predict it. You can all be sittin' around the pub and no one can predict your going into a blackout.
(T, La Perouse)

A blackout could occur at any time and whilst they were most frequent when individuals mixed yarndi with alcohol, others stated that they went into a blackout after a few sips of beer only. For many, blackouts were hard to explain, they were unpredictable and often had no relation to the actual amount imbibed. As one Kempsey man argued:

Blackouts all over the place. I couldn't help having a blackout. Just happened. Don't know how, don't know why, just happened.
(C, Kempsey)

¹² Tom is referring to the city of Sydney.

Some researchers have noted that being drunk absolves responsibility for violent behaviour within particular Aboriginal communities (see Brady 1988; Siggers and Grey 1998). However I noted that this was not always the case. Many individuals stated that they received serious reprimands and felt 'shamed' after drunken violent behaviour. In some cases, particularly those involving severe cases of violence, blackouts permitted behaviour that would normally be beyond acceptable levels of violence.

Aboriginal concepts of shame

Shame is used in a variety of contexts in Aboriginal Australia, both in the drinking and drugging environment and in other areas of social life. Arthur defines shame in Aboriginal English as "embarrassment; fear; a sense of having transgressed the social and moral code of society, intentionally or unintentionally" (1996: 107). The concept of guilt in Australian English focuses on individual internal processes that regulate behaviour. In Aboriginal society shame is regulated by an external referent, where individual's behaviour becomes regulated through public forms of social coercion. In relating shame to fear one man described to me:

If someone asked you to sing in front of a crowd, you would be shamed. If walking along a street and there is a mob on the street and you trip over, shame.
(P, Dubbo)

Some individuals explained that they felt shamed when a private conversation was later made public to a group of people against their wishes. One man described his shame when news of his illicit affair was made public. The man had confided in a close friend and this person later made this news public in front of another group of people.

A person could also feel shame over the effects their actions had on their family members, as described in the following statement:

My mother used to be too shamed to walk down the street for fear of hearing what I had done. I felt shamed too, you know, to see her like that.
(N, Taree)

Shame can also refer to an individual not wanting to share their feelings with other people for fear of a negative response or that their feelings could be made public. For

example, Peter felt uncomfortable sharing his feelings with his family at a relative's funeral, stating:

If I go up for the funeral, I will do no good, as there will be big family arguments. I'm too shamed to share my problems with people.
(P, Palm Island)

This can be extended to situations where there is no personal guilt or if the person is receiving positive social attention (see Arthur 1996: 106). In Aboriginal society gossip can play a large part in bringing shame to an individual. Many people expressed to me the shame they felt when their own personal affairs became everyone else's business. Shame from such gossip can play a large part in maintaining the status quo and in preventing people from engaging in disapproved activities. It also makes individuals wary of sharing their personal feelings with others unless they can be confident of the security of that information. At Benelong's Haven, one man felt shamed about an incident involving relations he had with a married woman and he left the property for fear that gossip would get back to his girlfriend who was residing in a nearby town.¹³

The concept of shame has an important historical concept as Peter also explained:

When white man came and took our kids away and dressed them up in white dresses and shorts, they laughed at each other dressed in these new clothes. This is where they got shamed. People carry on the shame. When something happens to them, they're in a tight spot. You walk into a bank and want your money, every one is in the bank and they say your money is not here. You feel shamed. Because they're talking loud and every one can hear. You walk in to a pub and get drunk and the publican knocks you back a beer, you feel shame. Get angry with the bloke. Get angry with the person who make you shamed. Makes you feel emotional, humiliated. Don't know whether to cry.
(P, Palm Island)

Morris (1989) has argued that historically shaming took on the role of an oppositional practice that acted to subvert the appropriation of European ways of life among community members. Shaming acts as a 'levelling device' where conformity to European standards implies a rejection of Aboriginal identity. In this respect, shaming directed hostility to those who attempted to approximate European values (Morris 1989). Yet there are also instances of Aboriginal people shaming those individuals who represent traditional Aboriginality and are seen as 'myall'; as ignorant of white

Australian practices such as writing or correct usage of English.¹⁴ However in both circumstances shaming acts to ensure group conformity to the norms and values of the collective communal authority (Merlan 1998: 206). In this regard, the notion of shame is not so much a sanction against exhibitionism or deviancy but the reverse; a sanction against attracting attention that may render one vulnerable to criticism or ridicule. These aspects of internal group control are also a manifestation of the wider mechanism of European control and dominance whereby the capacity to “remain inconspicuous becomes a virtue” (Morris 1989: 155).

The role of shame in blackouts

For residents at Benelong’s Haven, shame has come to play an important yet ambivalent part in their actions and feelings associated with their substance use. During my period of fieldwork, the most common expression I heard can be exemplified in the following statement:

When I was drinking may have done something the night before, you know, and feel too shamed to walk down the street and see people. But I wouldn’t know about it, you know, so it’s okay.
(F, Redfern)

In a blackout, by entering into a state where they believe they are no longer themselves, individuals are able to negate shame, and blame, for their actions at both the public and private level. At the public level I often heard individuals chastise others about actions they could remember performing whilst drunk. However, if the drinker could not himself remember his actions, then it was common for friends and relatives to excuse his behaviour. Ferguson writing about the Navajo Indians also discusses blackouts and states “ ‘blackout’ drinking gives *carte blanche* to some drinkers for behaviour in which they would seldom engage when sober. Freedom is found in a state of oblivion which many of the drinkers said they sought” (1976: 163, *original*

¹³ Merlan (1998: 205-206) suggests that shaming can be seen as a social process that deters Aborigines from entering into relationships with unknown people with whom they have no relationship.

¹⁴ Arthur (1994: 161) found that the word ‘myall’ originally came from the Dharuk language of the Sydney area. It was used in the early nineteenth century by Aboriginal people to describe foreign Aboriginal groups and by white settlers to describe Aboriginal people who were unfamiliar with European ways. It travelled beyond NSW where it was used by both white settlers and Aborigines to describe people outside the frontier.

emphasis). At a more personal level, individuals such as David and many others I spoke with, argued that they drank to get into a blackout. As David declares:

I always loved blackouts. That was the only reason I drank 'cause of the blackouts, so I didn't worry about anything else. Sometimes I don't like to remember what I did the night before. Why remember if you don't know it?
(D, Bourke)

Thus, it was understood amongst men at Benelong's Haven that being in a blackout often resulted in unpredictable, sometimes violent behaviour that they would not want to remember.

From an early age, residents learnt to associate drunkenness with violence. As David described witnessing his older brothers' behaviour:

They'd bring their girlfriends home and bash 'em, you know, and I thought violence was pretty good 'cause ahh the police were never involved.
(D, Bourke)

However, blackouts did not always result in violence. In some cases individuals said they simply walked about and did nothing. Importantly drinking and blackouts involved the experience of different ways of being, as David claimed:

Brother, we're the best actors in the world. We got more personalities, that it's not funny. You know, you could be like umm Jerry Seinfeld, you could sit there, drinkin' and blabbering on. Then umm, you talk to people, then someone will come and say something and then automatically you're Mike Tyson. You wanna kill this bloke. You wanna get him out of your face. You don't want him there, you know. Then after you do that, it's like you automatically change back to, umm, to like umm, what's his name, like Casanova, you know. It's just all these personality changes we have got 'cause we go through stages in our lives that, you know. If we can lie to ourself, we can lie to anybody in the world. Even our own parents, our sisters, our brothers, nieces, nephews, uncles, aunties, you know. You can lie to anybody you know. It's just umm we can do these things, you know we're the next actors in town. We can act out things pretty good you know. I think all of us, we deserve Oscars.

David explains the variety of roles made possible when drunk and the perceived freedom gained within these various roles and the temporary removal from existing social relations. Brady notes that "the drunk is not himself, and assumes an altered persona", which accounts for their lack of responsibility with regard to their own actions (1984: 70). Drinking and going into a blackout enables individuals to experience other ways of being, thus relieving them of responsibility for their actions. Implicit to the theme that blackouts involve a disassociation from a coherent self, is the

notion that an individual's behaviour emerges from outside the self. This can be compared to the descriptions of 'external attribution bias' as described by Reid and Trompf (1991: 226) and Reser (1991: 227). Reid and Trompf (1991) note that in a western context there is a tendency to see events as the result of individual intentions and motivation. This fits with the view that human agency is important in the causation of events. In Aboriginal society, explanations and causes of events are often seen as residing outside the individual. For example in traditional Aboriginal society death was often explained through supernatural agents or sorcery (Warner 1937; McKnight 1999). In many Aboriginal societies today such external attribution is still important to account for unexplainable actions and events. Within Benelong's Haven the force of an outside agent, such as the 'feather-foot man' or a 'tribal blackfella', was used to account for unexplained illnesses amongst residents.¹⁵ The natural world was also seen as providing signs for the occurrence of events. Seeing an owl for example was interpreted as signifying a death in the family. The effects of alcohol and drugs also fit into this view. Many residents spoke of the spirit of the bottle as the cause of their violent actions during periods of blackout violence. Others suggested that during blackouts some unseen force, "perhaps the devil" David explained, caused their violence. In discussing family violence it is important to examine Aborigines historical and structural relationships with the larger white Australian society, as well as identifying the elements within Aboriginal socio-cultural domains that support such violence.

Interpreting men's violence

Residents' descriptions of substance use and violence were often contradictory and ambiguous. At times residents would assert that violence had always been a feature of Aboriginal social life and at other times men showed intense remorse and regret over their actions.¹⁶ It is possible to look at two main approaches to this issue, although in

¹⁵ A 'feather foot man' has been defined as 'a person with 'clever' powers used on a mission of revenge' (Arthur 1996: 36). For those at Benelong's Haven a 'feather foot man' was usually denoted as an elderly 'tribal' man in spirit form.

¹⁶ Bolger (1991) suggests that Aboriginal men's assertion that their violence is part of traditional Aboriginal society is an example of 'bullshit traditional violence'.

ethnographic contexts these different explanations interpenetrate into people's lives in interrelated ways. The first examines men's violence within a structuralist paradigm, which examines the larger historical and social structures of Aboriginal society within the context of white Australian colonisation (D'Abbs 1994: 7). The second examines men's position within a socio-cultural paradigm and analyses the personal and interactional significance of drinking and violence (*ibid*).¹⁷ In explaining the different facets of substance misuse and violence, it is important that such descriptions are not constructed as an essentialised part of culture. In his analysis of Puerto Rican drug dealers, Bourgois claims that their structural exclusion from mainstream society is a 'cultural affair', born of contradictions between "white yuppie power and inner-city scrambling jive" in the service sector (1995: 143). He constructs an inner street culture, where his characters are unwilling to compromise their street identity due to inherited cultural values imported by their parents' migrant experiences in the manufacturing industry. Bourgois received criticism for this claim most notably from Shatz (1995) who claimed that racialised dynamics of a recession era explain Puerto Rican structural exclusion and not some cultural embedded practice associated with a traditional Puerto Rican cultural preference for factory work. In the following section I discuss elements of Aboriginal men's social life that supports violence. However, such an association is not an essential part of Aboriginal culture and has must be situated within a history of continuing social, economic and political inequalities between Aboriginal and white Australian society.

Structural context of men's violence

One interpretation is that substance misuse and violence are related by both being a response to powerlessness resulting from Aboriginal inequality and structural exclusion from the white Australian society. This interpretation was introduced in Chapter 2 when I discussed explanations for Aboriginal substance misuse. However, it is important to re-address this framework, as it is one that has been used in the literature to discuss violence. Within Benelong's Haven one man from Brewarrina explained his community's experience of powerlessness:

¹⁷ D'Abbs (1994) emphasises a fourth interpretative framework, the biomedical. This thesis does not examine the pharmaceutical properties of alcohol and the effects these have on human functioning.

Violence was a way of life in a little community. It was mainly from the alcohol you know, it's like white people had things you know that black people couldn't buy you know, like motorbikes and that. You know you get guys that steal the motorbikes and some cars and then they burn 'em. Umm you know and they always want to fight to prove their self. Fight white people and a lot of fighting between brothers and sisters. That's the only way they found a solution and their solution was to knuckle it.

(C, Brewarrina)

At Benelong's Haven many of the residents, particularly men, were conscious of the fact that annexation of land and loss of language and ritual has meant a drastic loss in their economic, social and ritual roles.¹⁸ This sense of loss was strengthened through their dependency on the white Australian society for their livelihood and the observation that white Australians "had things" which Aboriginal people could not obtain. For Collmann (1988) drinking and violence is not a manifestation of cultural values but the result of the impact of certain structural features arisen through the impact of white Australian political and economic forms, particularly the welfare state. Contemporary Aboriginal authors, such as Pearson (2000), have described the damaging effects of a welfare mentality amongst some Aboriginal people. Such dependency on the state has meant that even where "Aborigines are dissatisfied with their subordinate status", they are "powerless to remedy the situation" (Brady and Palmer 1984: 69). Drinking and fighting are related in that they represent periods where it is "possible to demonstrate the existence of alternatives to compliance with power, and sometimes to briefly realise them" (Brady and Palmer 1984: 69 see also Boyatzis 1976).

This interpretation has been supported by Martin (1988, 1993) who examined the role of autonomy and aggressiveness in a remote Queensland settlement that was experiencing profound changes with the increasing presence of institutional and material forms of white Australian society. He argues that alcohol consumption established a ritual domain in which Aboriginal people could establish power over others that they could not do so in mundane life. It also enabled a degree of autonomy from the demands and obligations of the relationships in which individuals were

¹⁸ I do not wish to understate the terrible effects of colonisation on Aboriginal women with regard to rape, loss of land and control in economic, political and spiritual domains.

enmeshed (in D'Abbs 1994: 76-77).¹⁹ Whilst Martin asserts that the connection between alcohol and violence is not a causal one, both arose out of an emergent set of cultural practices in which drinking and violence were mutually interrelated and implicated in the production and reproduction of distinctive social and cultural forms. However, such practices only further perpetuated Aboriginal dependency on white Australian institutions.

McKnight's (1986, 2002) observations on Mornington Island are also relevant to this discussion. McKnight (2002: 19; 1986) has argued that violence was an endemic part of Lardil social life, although limited and ritualised, before the arrival of white Australians. Violence intensified amongst Mornington Islanders when numerous tribal groups were brought together under the establishment of the settlements. Other factors that contributed to an increase in the level of violence were changes to the age-structure of the community (with an increase in the number of young people) and the reduction of elders' powers whose authority had been undermined by the missionary environment and administrative practices. Nevertheless a dramatic rise in violence was associated with the establishment of the beer canteen and subsequent increase in demand for alcohol. Both were related to the growing powerlessness of Mornington Islanders associated with the administrative practices of the Shire local government as I described in Chapter 2 of this thesis. McKnight states that "there is precious little of interest in everyday life except to drink, fight, kill oneself or someone else, and go to prison" (*ibid*: 211). However, he argues that if drinking is to be interpreted as a means of temporary empowerment from their unequal relationships with white Australian society then it is not clear why Mornington Islanders' drunken violence is directed towards other Aboriginal people. McKnight proposes that 'Western' psychological theories of projection and displacement of frustration cannot be assumed to account for the Aboriginal context or that it applies to "socially institutionalised situations involving entire communities" (*ibid*: 19). Whilst the structural explanations do illuminate Aborigines unequal position within the larger society they do not address the specific nature of the relationship between substance misuse and violence. The majority of scholars suggest that the relationship is not a causal one. However, the

¹⁹ Alasuutari (1996) writing about Finnish blue-collar workers, argues that substance misuse is an example of the 'logic of freedom'. In her view, drinking represents a freedom, of sorts, for those blue-

question of the nature of the relationship remains. Could it be found in those explanations that focus on the Aboriginal socio-cultural context?

The socio-cultural context

The anxiety model

Reser (1990: 38) suggests that substance misuse and violence are themselves part of a coping strategy used to deaden anxiety at times of uncontrollable stress (see also Schaefer 1976: 291). Reser (1990) and Hunter (1993) have suggested that Aborigines, particularly young Aboriginal men, are experiencing acute forms of structural and psychological marginality (see also Martin 1987; Brady 1988). This, Reser (1990: 37) suggests, is due to a variety of factors related to marginalisation within the community itself (for example absence of parents in providing subsistence and nurturing roles and low employment). In this view substance use emerges as a coping mechanism to minimise stress and associated negative emotional states (*ibid*). However, such an interpretation suffers from the kind of critique offered by McKnight (2002: 19). Nevertheless, Reser suggests that there are particular convergences between the anxiety model and Aboriginal substance misuse and violence.

Reser suggests that alcohol related practices have similarities with Aboriginal modes of expression and communication in terms of spontaneous and aggressive emotional communication. As he states:

Alcohol use directly connects with feelings and intensity of social interactions, and allows for heightened and dramatic expression, while at the same providing 'time out' in terms of sanctions and consequences (*ibid*: 38-39).

Reser notes that alcohol does not cause violence. Rather, excessive alcohol consumption is used as an individual and collective way of coping with a spectrum of conflicts, contradictions and stressors (*ibid*: 54). First developed by Horton (1943) the anxiety model has been criticised by a number of anthropologists who point out that it does not explain why other modes of reducing anxiety, instead of substance use, are used (Field 1962: 48). However, others such as Field have sought to rework Horton's

collar men who experience powerlessness both in the domestic sphere and in the workplace.

original theory. Field (*ibid*) has demonstrated that in a number of cultures, drunkenness increases where the authority of the male in the household is lessened or ill defined and where the nuclear family is less integrated into larger kin structures.²⁰

The anxiety model does have merits but it must not be applied uncritically in explaining the facets of substance misuse. Importantly, the nature of the relationship between substance misuse and violence remains unclear in this model. Reser suggests that both are related through their association with Aboriginal emotion and communication styles. However this does not explain why drunken violence is oriented towards other Aborigines. Many anthropologists have shown that in some circumstances substance misuse is not a response to cultural stress and anxiety. For example, in various remote Aboriginal communities within Australia, high levels of substance misuse co-exist with strong adherence to 'traditional' Aboriginal law, custom and religion (Brady 1995a).²¹ Also, the cultural stress and anxiety model does not account for those Aboriginal people who were raised in drinking environments but have never used such substances themselves or those Aborigines who drink but do not become violent. The anxiety model fails to explain for the varieties of experience Aboriginal people have with alcohol and drugs and removes the element of choice in a decision to drink or drug. Whilst residents within Benelong's Haven had varied and sometimes conflicting reasons to explain their substance misuse, the majority asserted that it was not just about problems of racism and inequalities of power within white Australian society but was also related to their personal relationships amongst family, to their sense of self and had both positive and negative elements. It is important that these 'emic' perspectives not get lost in the search for meaning at the more general sociological level. In the following section I will suggest one interpretation of the ethnography I have presented in this chapter where it is possible to clarify the relationship between substance misuse and violence. In this context men's violence directed towards other Aboriginal people is an expression of the conflict that many

²⁰ There are some aspects of Field's findings that do not fit with Aboriginal substance misuse. He suggests that drunkenness in periodic drinking bouts is related to variables indicating a personal rather than corporate organization. Aboriginal drinking is largely a corporate activity.

²¹ Levy and Kunitz (1971) found that the highest levels of drinking amongst Navajo peoples in North America was amongst those groups that were most traditional and least 'acculturated'. Drinking levels were low amongst those Navajo living in the most 'acculturated' reservation areas (*ibid*: 109).

experienced in their failure to meet certain expectations associated with the multiple subject positions they adopted in their daily lives (see Moore 1994).

Conflicts in identity

The processes involved in ascribing identity and 'becoming a man' for many young Aboriginal men, such as David, is fraught with tension, ambiguity and heightened emotions. The complexity of attitudes and individuals' perceptions of their own substance misuse must not be oversimplified and associated health problems must not be underestimated. As David described:

You know I couldn't handle things sometimes you know. It was just what it was doing to my brain you know. I couldn't remember sometimes who people were or what their name were. I couldn't remember if I put something down. It was just, you know, brain washing me this alcohol was. But I just kept drinkin' more of it.

(D, Bourke)

There are a variety of explanations to account for 'why' individuals continue using alcohol and/or drugs, despite experiencing deterioration in physical and mental health. In examining these explanations one factor that emerged from my discussions with residents at Benelong's Haven was a perception that drinking and drugging practices offered a degree support that was not provided elsewhere. Many residents did not start drinking or drugging until they experienced some negative event in their life. Whilst some individuals had witnessed the destructive effect of alcohol on their family, such as Grisham from Walgett who witnessed his father physically attack his mother after a drinking session, the continual persistence of his peers to join the drinking circle eventually became too difficult to resist. "The boys kept comin' for me, everyday," Grisham stated. Others also related the impact of witnessing disturbing events to explain why they started drinking or using drugs. One man described receiving a beating when he told his parents about observing an uncle sexually abusing a younger cousin. He described that he turned to alcohol, as there was no other way to release his emotions. The support of his drinking peers was stronger than the desire to stop drinking or seek help from family or some other service. Whilst this support explains why men continued to engage in substance use, such activity created conflict in ascriptions to their personal identity within the family environment.

David, and the other men at Benelong's Haven, often felt caught between two social contexts within Aboriginal society. The drinking group represents the first level of social identification and has been discussed in the first half of this chapter. In this group, men seek the high life of drinking, fighting and male camaraderie. Whilst this realm is rule bound, groups of males who drank and fought together lacked the social constraints and expectations that came with kin networks. These men felt that with the aid of alcohol, they could be "anyone they wanted" and regularly asserted their autonomy from others.²² Reser (1990: 37) has argued that Aboriginal men's aggression is an aspect of 'compensatory machoism'. This is set within a context where men are excluded from critical subsistence and nurturing roles where Reser states:

It is increasingly the case that ritual *rites de passage* for males, which assisted in marking sex role differentiation and adult male status, are no longer conducted, nor have other such markers emerged, with the possible exception of deviance, substance abuse and incarceration (*ibid*: 37, *original emphasis*).

For the men at Benelong's Haven increasing levels of alcohol use, problems of funding their drinking and deteriorating physical and mental health, led to increased conflict in the intercultural and intracultural domain with the police, with their family and with their spouse or girlfriend.

The second level of social identification is the Aboriginal family. This includes matrilineal and patrilineal relatives and those created through marriage. To be part of a particular family through consanguinal, affinal or classificatory links involves having a large number of relations spread throughout the community, the district and the state. Reciprocal obligations when meeting family members redefines relationships and through shared experiences, builds strong connections. The importance of family networks has been widely discussed by other anthropologists (see Keen 1988). Reid and Trompf state:

²² Reser argued that the self-construction of Aboriginal youth in North Queensland appeared to be changing towards a less collective, more individuated self, while emotional experience and coping conformed to a traditionally-based model of expressed and often violent emotional reactions to specific situations (in D'Abbs 1994: 59).

The self in an Aboriginal context, incorporates in an almost literal way one's family and extended clan group, to such a degree that the quality of interpersonal relationships can be intensely involving and consequential (1991: 257).

They describe “‘who’ a person is in an Aboriginal cultural context is a nexus of relationships, a set of bounded expectations, obligations and human connections” (*ibid*: 256). Through the creation of extended families, greater networks of kin can be made through which individuals can make social and economic exchanges. Furthermore, starting one's own family is intimately tied with men's identification with manhood. In urban Aboriginal society, control of women and the social economic and reproductive resources they bring, enable boys to become men.²³ For men, having children demonstrates virility and manliness, but it also enables access to welfare money in the form of child support via their spouse.²⁴ This source of relatively secure and non-contingent income requires control of the assets of women. Monies received were necessary to support family and disagreement over the allocation of money within the household was a factor in men's attempts to keep their welfare money for drinking purposes only. As it exists, the system not only entrenches dependency but also creates an asymmetry of resources that predisposes to conflict. These circumstances serve to undermine men's self-esteem and encourage hostile dependent relationships between couples. Men also described that family restricted their autonomy in the following ways: the endless obligations to share on a daily basis; attribution of respect to elders; supporting family in the public arena; and meeting the demands of spouse(s) and children. These expectations and responsibilities conflict with the values men encourage in their drinking groups. However males are also reliant on them in order to gain status as an adult.

Moore describes that violence often occurs as an “outcome of the individual's inability to control other people's sexual behaviour, that is, other people's management of themselves as engendered individuals” (1994: 67). She notes that violence often occurs

²³ A helpful analogy is Marshall's (1979: 89-94) use of 'machismo' for describing young male Truks in the eastern Caroline Islands of Micronesia. 'Machismo' is gained by drinking excessive amounts of alcohol and by dominating others through fighting and seeking complete authority over women (*ibid*: 89).

²⁴ Mothers are able to gain extra welfare payments through state funded child support. Various men at Benelong's Haven asserted that it was to their benefit if they could initiate a relationship with a woman with children as they would be able to gain access to this added income.

where one person is likely to experience direct material loss, either in terms of social status or access to economic resources (*ibid*). Where individuals take up multiple subject positions and are unable to meet the expectations associated with these identities, Moore notes that individuals may be 'thwarted' and experience crises in their inability to sustain their self-identity (*ibid*: 66). In David's case, the death of his unborn children through abortion and miscarriage and then the court order preventing contact with his living child, severely disrupted his sense of self. His suicide attempts were certainly related to these losses (see Hunter 1993). With regard to his present girlfriend, he felt both intimately attached through their shared experience of the miscarriage and angry in his belief that she had miscarried on purpose after his relationship with another non-Aboriginal woman was made public. These emotions, together with his reliance on her income, reinforced his engagement and identification with the drinking groups. From one perspective, by going into a blackout and attacking his girlfriend and her mother, David was bringing his two worlds together in an attempt to bring some resolution to the shame and entrapment he felt. At the time of the blackout he was not 'himself' and was thus standing outside his kin network. His final act of attempted suicide reinforced his status as being outside all social relations. However, through violence David was also (re)creating and (re)defining his relationship with his family (see also Collmann 1988). In the past, violence, or the threat of violence, enabled a makeup period where David and his spouse would become closer, he would stop drinking for a while, to heal the emotional and physical wounds. Kin relations would be renewed. In this case however, David's violence was so extreme and outside the bounds of acceptable behaviour that the police became involved. Nevertheless, as I shall show in a later chapter, when David did return to Bourke for his court case, he re-established his relationship with his girlfriend and her family.

It is important not to over-emphasise the point that violence can act to re-formulate social relations. Not only does this disempower the role of women but could also be used to support family violence. Whilst in some cases family violence did involve a reassertion of family relationships, the point of this chapter has been to show that the relationship between alcohol and violence is complex and determined by larger social, political and economic factors. Whereas other sorts of violence, such as men's fighting, is rule bound and to some degree structured, the essence of family violence is that it is

uncontrolled and occurs during 'blackout' periods when men perceive that they are not in control of their actions. Whilst all of the men at Benelong's Haven claimed that alcohol caused their violence towards their partners, one must accept the possibility that drinking merely facilitated a controlling relationship and that any re-negotiation afterwards was short-term, a lull in the storm.

Conclusion: Problem deflation and going to a rehabilitation centre

Anthropologists have generally paid less attention to the detrimental effects of Aboriginal alcohol and drug use in their efforts to attribute meaning to such practices (D'Abbs 1994). D'Abbs et al note that this is the result of anthropologists' commitment to the "social and political justice for Aboriginal peoples and the desires not to harm the 'Aboriginal cause' " (1994: 79). As I noted in the introduction to this thesis, this viewpoint was criticised by Room (1984) who claimed that anthropologists were guilty of 'problem deflation' and had failed to address the social problems connected with substance misuse in tribal societies. Room also reminded anthropologists that the complexity of attitudes and people's perception of their own alcohol and drug use must not be oversimplified. In Australia, Gibson (in Brady 1991: 187-8) and Langton (1993) have also criticised anthropological constructions of substance use as a normal part of Aboriginal culture and argue that this is a harmful distortion of Aboriginal values. They argue that stereotyped images of the 'drunken Aborigine' have only reinforced paternalism and strategies of domination over Aboriginal peoples' affairs by white Australian institutions and bureaucracy.

Whilst the larger structural and historical factors have contributed to Aboriginal dispossession and powerlessness, this chapter has stressed that in order to fully understand substance use and violence it is necessary to examine the internal socio-cultural domain of Aboriginal social experience. In this domain I have shown that particular forms of violence associated with substance use, such as men's fighting groups, are rule governed and structured according to particular principles. This violence is part of the everyday life for many of the Aboriginal men I interviewed at Benelong's Haven. Rather than being a direct cause, substance use is related to men's violence as part of a general system of identity ascription to a particular group of people and to particular forms of masculine behaviour. Such violence often acts to re-

negotiate men's social relationships and is important for assertions of autonomy from others. Yet Aboriginal men experienced conflict in their lives precisely because of the importance they place on their drinking groups and ascription to fighting. Specifically men often experience conflict in the domestic realm in their attempts to balance their family life and their status as fathers with the practices and ideologies of their drinking group and set of peers. This conflict is exacerbated by men's dependency on women for economic support and inequalities in their relationship with the larger white Australian society. Violence directed towards those closest and to the self, is both a way out and a way to re-negotiate their social relationships.

How do such individuals recognise that they have a problem and decide to go to Benelong's Haven? Many do not make this decision for themselves.²⁵ For those who came to Benelong's Haven of their own free will, they had decided (or been persuaded) that they needed to remove themselves from their home community and their drinking or drugging peers to do something about their problem (see Merlan 1998: 201). In some cases, a family member brought an individual to the centre, however it was also common for a representative of an Aboriginal legal aid service to bring an individual. There were many others who sought help by themselves or had seen family members return home from Benelong's Haven. Seeing such individuals sober and knowledge of the history of Benelong's Haven, was often motivation enough for a decision to undertake the programme. Many were coming to Benelong's Haven for the first time. Expectations were varied; some expected a miracle cure, whilst others saw it as an escape from gaol. Many had few preconceptions and some expected a rehabilitation centre to be just another institutional experience, more like a boys' home than a gaol. Whatever the expectations, success in settling into the treatment programme was achieved through following a particular learned process, which is the subject of the next chapter.

²⁵ Family and the police often make it for them. Aboriginal families will often turn to the police for help in situations involving serious violence (Reid and Trompf 1991).

Chapter 4

Admissions and arrival to Benelong's Haven

This chapter explores the processes through which new residents proceeded upon arriving to Benelong's Haven. When individuals first arrived at the centre, residents commented that they all looked the same, ill and withdrawn. Residents asserted that new arrivals were still "grog-sick" or withdrawing from drugs and thus needed to be looked after. They knew nothing yet of the programme, the residents, or the world of the rehabilitation centre. Vital to residents' descriptions of the newcomer was that they were as yet without story and had not established their new sober status. This chapter describes one man's induction into Benelong's Haven and his process of admission into the centre. Also discussed are the initial reactions of new residents to programme events such as 'Line dancing' and how individuals negotiated social relations and behaviour through their participation (or non-participation) in such activities.

Arrivals

The bus dropped Roger at the Kempsey depot late in the afternoon. He was still wearing his standard gaol issue green tracksuit, having only left Bathurst Remand Centre the previous day. His journey had been long, the coach travelling through Dubbo, Sydney and then up the Pacific Highway to Kempsey. He was unshaven, his hair long and matted. He had no luggage. I had accompanied Phil, the grounds person of Benelong's Haven, in the 'little bus' to pick up the new arrival.¹ We found him sitting alone waiting.

"You Roger?" Phil asked.

"Yeah I'm Roger," he answered.

"Come on then brother, let's get you to Benelong".

The drive to Benelong's Haven was a quiet one. Roger was tired, having spent a full day and night on the coach. He was asleep in minutes.

¹ Benelong's Haven owns two buses. The 'little bus' carries between twelve to fifteen people. The 'big bus' carried between eighteen to twenty people.

Phil drove through farmland toward Benelong's Haven, the road following the Macleay river, passing through the small town of Kinchela Creek and past the Hat Head National Park turn off. On a bend in the river lies a collection of buildings that make up Benelong's Haven. The most dominant aspect of the centre is the long, dormitory style dwellings, organised around an inner courtyard and a row of four houses standing on stilts to the north.² There are two signs outside Benelong's Haven, on either side of the driveway entrance. One in green, states *Benelong's Haven Aboriginal Family Rehabilitation Centre*. The other to the left is an Aboriginal dot painting showing three camps around a central fire and reads *Wailbri – Nyenamagalu Buma Wongngu; English – Living Without Alcohol*. Both signs indicate that this place is distinctly 'Aboriginal' attracting Aboriginal people from different areas in Australia.

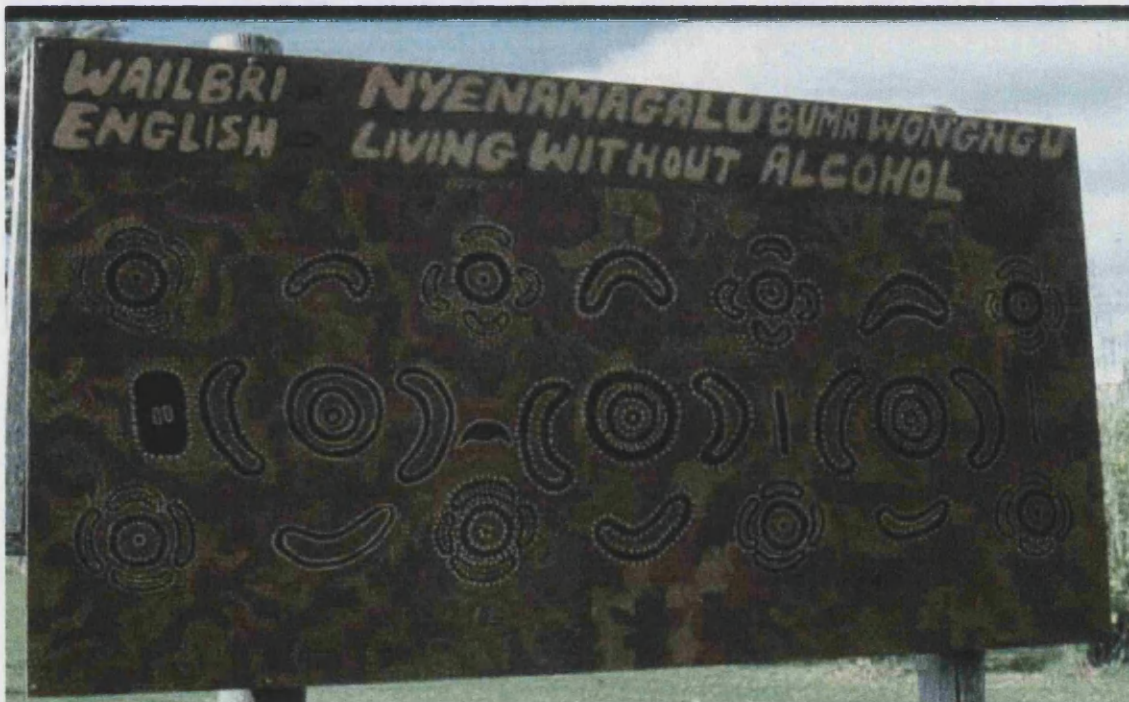
Phil turned the bus into the driveway of Benelong's Haven, Roger awoke and we together made our way to the office at the front of the main building. The office was alive with activity created by those at work and by those just sitting reading the paper or having a 'yarn'. Phil introduced Roger to Wardy the office manager and to Rob the receptionist, then disappeared to continue his grounds work. After answering a phone call, Rob invited Roger to sit at the large round table beside his desk and introduced himself as a resident who was also undertaking the programme. He shook Roger's hand in the urban Aboriginal style; an European handshake followed by a 'flip' where the bases of the thumbs remain clasped, palms still together, but fingers swivelled upward in a new grip. The emphasis is on the final part of the shake, which is held for a few seconds.³

² The houses stand on stilts to protect them from the occasional flooding of the Macleay River directly across the road.

³ In examining the ways in which residents become part of social relations in the centre, I often noted the significance of handshakes as an initial part in affirming a common identification between residents (Chenhall 2000). The way in which Aborigines greeted each other varied by gender and geographical location and signalled identity and affiliation within Aboriginal society. Whilst it is evident that the Aboriginal handshake is socio-political in origin, and can be associated with the styles of African Americans, it is important to stress the importance that hand signalling has had in the history of Aboriginal Australia (McKnight 1999: 156-171).



Benelong's Haven Main Sign, 1999



Benelong's Haven Sign Painted by Wailbri Residents, 1999

Rob informed Roger that there were a few procedures to complete before he could be shown to his bed in the men's dormitory. First, the Benelong's Haven rules were read out formally. Rob read them slowly and deliberately (See Appendix 3). Rob then handed Roger sheets, a towel, soap, toothbrush, toothpaste, razor, a packet of Ox (a brand of loose tobacco) and rolling papers. Preliminary details were entered into the computerised database including: name; date of birth; address; next of kin; and court details.⁴ Roger was then invited to have a cigarette outside whilst Rob called one of the other senior residents (Ed) to complete the induction. Various residents passing the office approached Roger and greeted him. The few words exchanged were mainly oriented towards finding out where the new arrival was from, who was his family and which gaol he had come from. The same style of handshake immediately signalled acceptance, familiarity and shared Aboriginal identity. Ed finally appeared and was told by Rob to give Roger a bed in the lower men's dormitory, with the other younger men.

Entering into the men's dorm, Roger was immediately in a more relaxed atmosphere. Ed introduced him to the 'boys' whilst showing him to a spare bed.⁵ The 'boys' lounged around at various places in the room about thirty in number, engaged in various activities. Some listened to music, others read sporting magazines; a few were asleep on their beds. A country and western tune was being played on a guitar missing two strings and an older and younger man sitting together at a table were painting Aboriginal designs onto pieces of chipboard. Two young men were sharing a cigarette just outside the door, talking quietly together. The men's dormitory is a long narrow hall structure about twenty-five metres long and five metres wide. Separated by a bathroom with showers and toilets, one end of the dorm is reserved for the older men. This is a relatively smaller area and the beds are close together, sleeping between six and ten people. The older men prefer to be away from the younger men to have some quiet in the afternoons and evenings to sleep.

⁴ Benelong's Haven has developed their own computer system programme using File Maker Pro an Apple Macintosh programme, which records basic information about residents. Residents are permitted to see these details and some individuals are taught how to use the system. If the resident chooses to stay in Benelong's Haven for an extended period of time further details concerning the details of his/her alcohol and drug use will be entered into the computer system.

⁵ The term 'boys' was used for a group of Aboriginal men of around the same age. This group could be made up of individuals aged from 17 to 38.

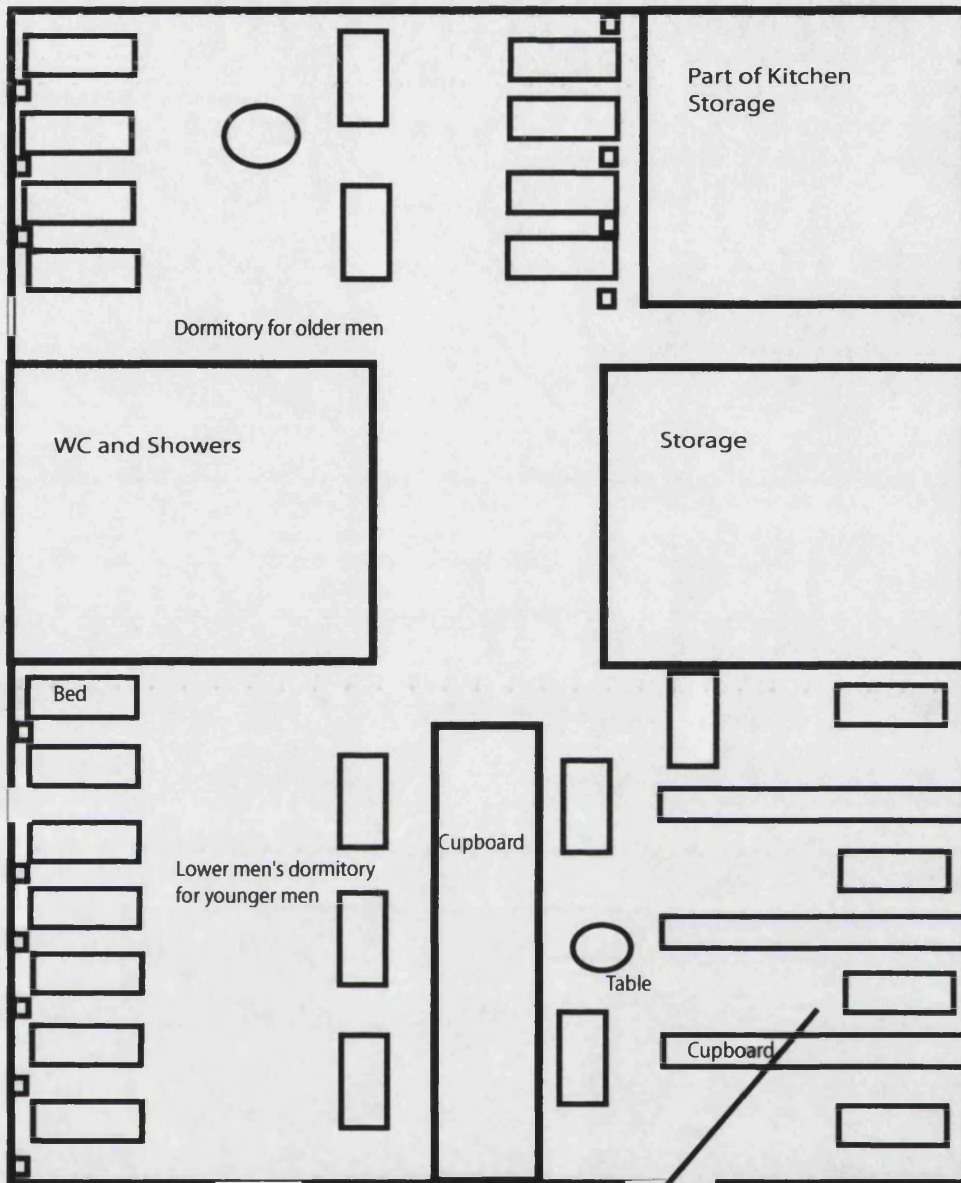
The other end of the dormitory, where Roger entered is much larger and accommodates the younger men. Running down the centre is a row of waist high cupboards in which each resident can store his clothes. Those who have been residing in Benelong's Haven for some time have their beds on the side of the dorm where roof high cupboards, interspersed every metre, allow the men to create their own private space. Within such spaces each man collects his own set of material possessions. These may include a stereo, guitar, or set of paints. On the walls men hang various pictures cut from magazines (Aboriginal footballers are the main theme). On the wall beside the bed, a space is reserved for photos of family, mothers, fathers, sons, daughters and extended kin. On the other side of the dormitory the beds are closer together and each person is visible to the other. This is where newer residents are given a bed. When longer-term residents leave, it is up to newer residents to claim a more private sleeping area on the other side of the dormitory.

The men in the dormitory greeted the new arrival, shaking hands and asking where he has come from. While Roger was born in a small town near Dubbo, he spent much of his time in Bourke and surrounding communities in the far northwest corner of NSW. Roger had also completed three 'lagons' (gaol sentences) in the past. Spending time and developing friendships in various towns and gaols, Roger saw some familiar faces in the dormitory. Charley in the bed closest to the door, he knew from Bourke and from various drinking parties. Roger also recognised Shane. He had met him during a 'lagon' in Bathurst two years prior. It was common for new arrivals to already know people at Benelong's Haven. For those who did not, links were searched out through extended family connections, friends or through shared experiences in gaol. There was always a lot of talk, joking and swapping of stories and news from home or specific gaols. Inevitably a new arrival had one question to ask, Roger included.

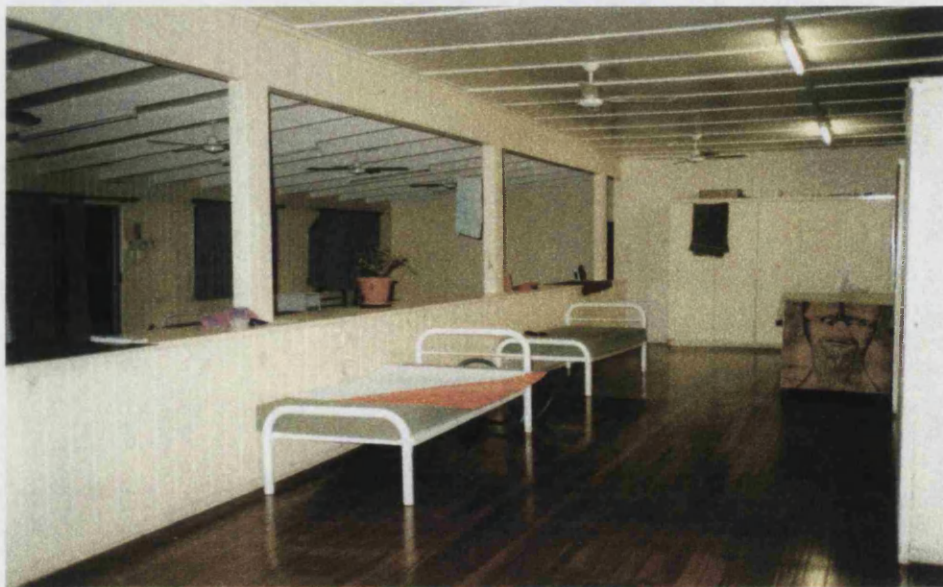
"What are all these rules, bra"?

The other men responded with "Nothin' bra, you'll get used to them, they all right, ey. Come on, it's time to go and have a feed".

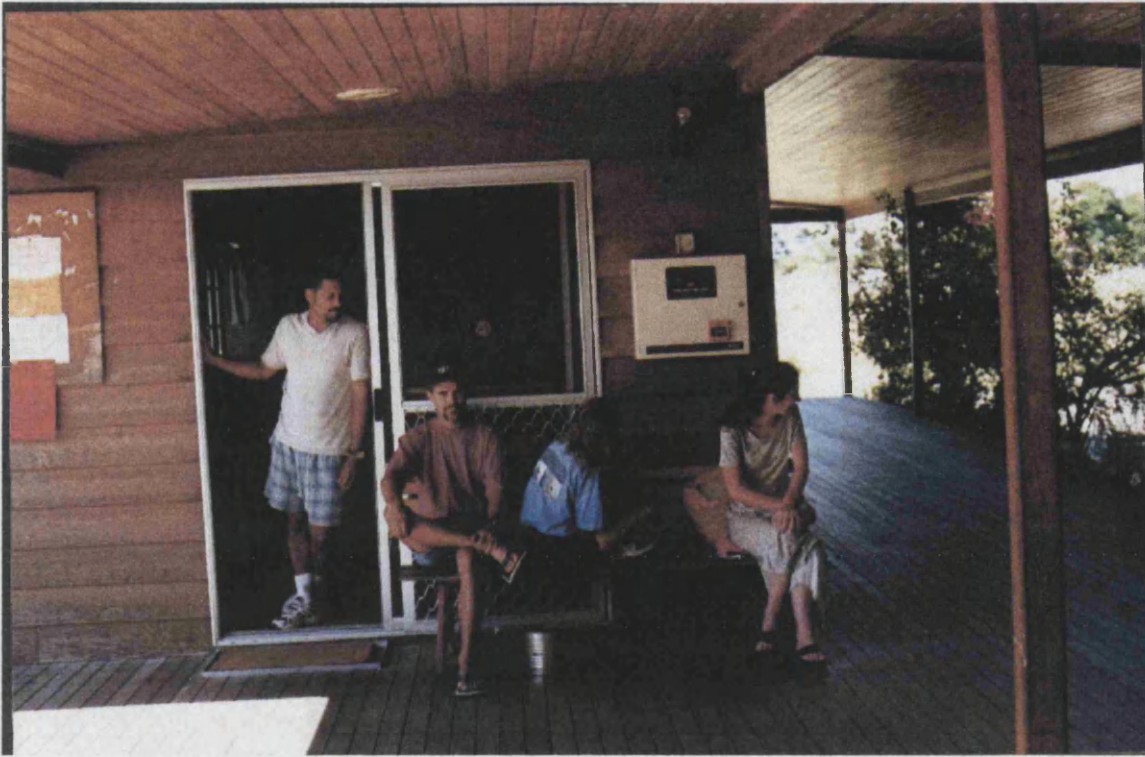
The dinner bell had signalled the evening meal. Getting a 'feed' (a meal) was always an important part of the day.



Map 6. Men's Dormitory



Interior of Men's Dormitory



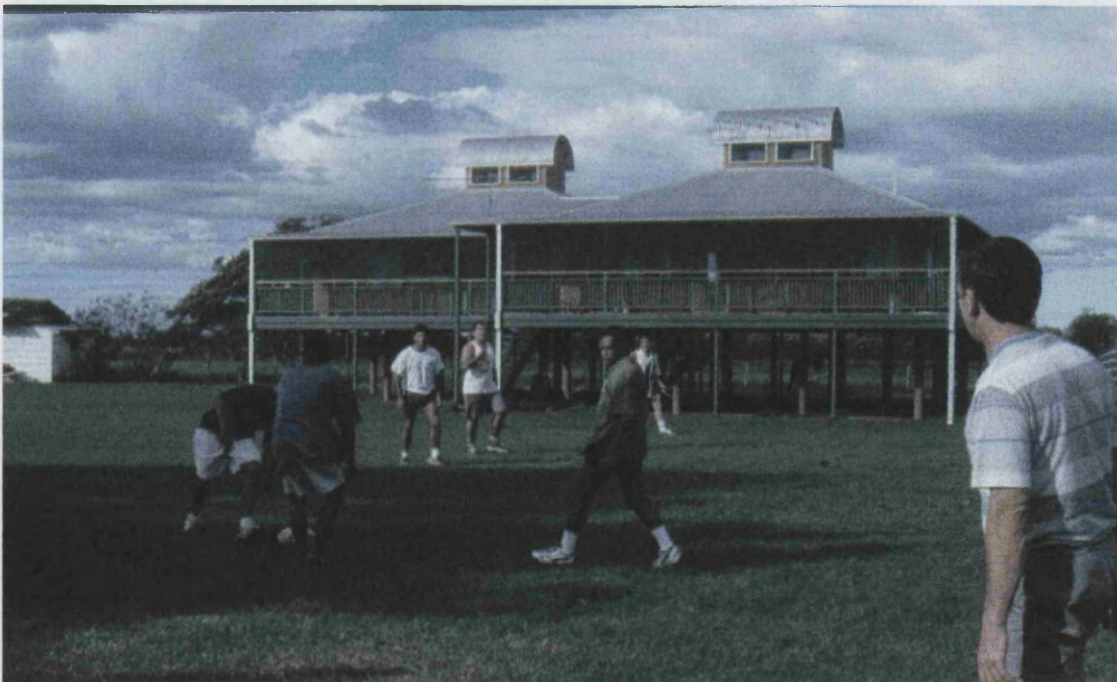
Main Office, Benelong's Haven 1999



**Men's Dormitory, Benelong's Haven early 1980s
(provided by Val Carroll)**



Men playing football on field, Benelong's Haven 1998



**Men playing football on field, Benelong's Haven 1998
(married couples' flats in background)**

Benelong's Haven's formal admission criteria

The admission process is a daily feature at Benelong's Haven. Prospective residents must fill out an admission form and wait for approval before they can be admitted to the centre. The admission form asks for general details including, name, date of birth and current address as well as several other pieces of information. These are viewed by the office manager and then taken to Val or Jim for final approval. When a new application is assessed there are a number of key pieces of information that are important to an applicant's approval or rejection. These are aimed at assessing whether the individual will fit in with others and benefit from the programme. For instance, staff ask for the number of different rehabilitation centres the prospective resident has been too in the last five years. If this number is high then it may indicate that the resident has been on a 'rehab shuffle' meaning that they have been expelled from various treatment programmes and have used such centres as a way to keep out of gaol. Such cases are generally interpreted as indicating that an individual is not serious about living a 'sober' life. In policy, Benelong's Haven also does not accept individuals departing gaol on parole. Staff stated those on parole did not participate in the programme and were only interested in a fast way out of gaol. However, during my fieldwork particular individuals, already known to Val and Jim, were permitted entry. Questions related to psychoses and current prescribed medicines are also seen as important. As Benelong's Haven is a drug free rehabilitation centre, acceptance of any person is conditional that they are not on any mood-altering drug, including anti-depressants and painkillers, prescription or otherwise.

Admissions are generally refused if the prospective resident is:

- A single female without an accompanying partner;
- An individual with a high prescription of mood altering drugs (anti-depressants, methadone) and is unwilling to cease their use;
- Those on parole after long gaol sentences;
- Individuals who have been to Benelong's Haven before and were known to be 'troublemakers'.⁶

⁶ During my fieldwork one man applied to return to Benelong's Haven after he had left the centre and began drinking again. He had been involved in a drunken brawl and those individuals who had been on

Despite these criteria, most people who applied to Benelong's Haven were accepted and during my fieldwork I rarely heard of individuals being refused. A common comment made by staff was that whilst other rehabilitation centres either have long waiting lists or stringent entry requirements, Benelong's Haven would accept anyone at any time. There was always room, I was told. This included non-Aboriginal people and during my period of fieldwork there was always two or three non-Aboriginal residents at any one time.

For those in the judicial system, their Aboriginal legal-aid solicitor first contacted Benelong's Haven. The Aboriginal Legal Service in Kempsey had a close working relationship with Benelong's Haven and 'Six-month Ernie', the Aboriginal legal solicitor would often call or drop into Benelong's Haven about a prospective resident.⁷ At other times Benelong's Haven received a distressed call from individuals in need of help. However, after being accepted into Benelong's Haven, individuals did not always arrive. Many of the residents stated that before coming to the programme they wanted to have one last drink or drug and spend their last 'social' (welfare cheque) on a final binge. Others went to other rehabilitation centres and there were a number of cases where individuals were apprehended by the police on their way to Benelong's Haven for previous offences.

The application procedure ensured that staff were prepared for a resident's arrival, that they were aware of a resident's background, and could make the necessary preparations. This included organising a vehicle to pick up a resident and preparing a bed or room (if a family), all of which involves briefing the manager and other senior residents. This information was usually dispersed amongst other residents until most people in the centre knew about the arrival. If the newcomer had been to Benelong's Haven in the past there was always a period of anticipation and excitement about their arrival and curiosity concerning the events that had led them to return to the centre.

the other side of the fight had already arrived to Benelong's Haven through a court order. His application was refused.

⁷ 'Six-month Ernie' received his name from the local Kempsey Aboriginal community and referred, somewhat jokingly, to the length of sentence his clients received in court. It is important that in attributing the Aboriginal legal aid solicitor with a nickname, the Kempsey Aboriginal community were incorporating him into their own sphere of personal relationships. This is attested by the fact that Six-month Ernie had been working with the Kempsey Aboriginal community for a number of years.

After the first few days of settling in and becoming acquainted with other residents, a new resident was always invited by Val and Jim into their office to have an informal talk. At first a new arrival was wary of such an encounter and said little. However, they were soon made to feel relaxed once Val or Jim began to ask them about their family, their home and their problems with alcohol/drugs. They reaffirmed the new arrival that they were in the right place amongst liked minded people.

In the first few days of their admission new arrivals generally followed the lead of other residents (as I shall describe below). However, there were some recurrent reactions to the centre, which are worth mentioning. As I have already stated some were unsure whether to expect a strictly controlled gaol like environment and were at first on their guard when meeting staff and more senior residents. In fact when meeting some of the more senior residents, newer arrivals often mistook them for staff. When these senior residents talked about their own alcohol and drug problems new arrivals were often unsure how to interpret this. Some were filled with hope and were eager to learn how senior residents had become so confident and knowledgeable about substance misuse. Many new arrivals were shocked to learn that some residents had been in the centre for over a year. They expressed relief at the sight of no bars, high fences or any other kind of visible institutional type features. The surrounding countryside all invited a relaxed country atmosphere.⁸ More senior residents instructed those individuals who conducted themselves with a gaol type attitude (acting the 'tough man' and using intimidation to get things from others) that it was not necessary to behave in this way at Benelong's Haven.

While many new arrivals were unconcerned about their organisational affairs and were happy to stay away from the administrative section of the centre, others expressed concern, in some way or another, about money and contacting their family. For those who arrived from gaol, they were anxious about receiving their 'pay out' money. Others wanted to organise their 'sickness benefits' as soon as possible.⁹ Many expressed a desire to use the phone to speak with a solicitor, to their family or to their

⁸ Others felt that the centre was more like a 'boy's home', which was reinforced through their discovery of the centre's past as the Kinchela Boy's Home.

⁹ Inmates are generally paid a nominal amount when they leave gaol, which they call 'pay out'. Residents were also placed on sickness welfare benefits upon entering the centre.

wife or girlfriend. The majority of residents were told by the office manager to wait a few days until they had settled into the centre. Sometimes an argument ensued. As Val can see all proceedings through the windows that connect her office to the main administrative section, the new arrival is called into her office on such occasions. With a mixture of respect, concern and unshakeable firmness, Val informs the new arrival that she is the boss, that she founded Benelong's Haven and that they will be allowed their request in time. Any efforts to continue with their present attitude and behaviour will result in their expulsion from the centre.

Those new arrivals who had never been to a rehabilitation centre in the past were often anxious about the style of treatment. Many had heard various rumours and were unsure what was expected of them. Some anticipated some form of immediate physical treatment upon arrival. Notwithstanding withdrawal symptoms many were experiencing associated health problems related to poor diet and various physical injuries. Residents were generally denied physical treatment by the office staff unless their condition seriously warranted medical attention. I often heard the office manager informing a resident along the following lines:

You never worried about going to a doctor when you were on alcohol and drugs, what is the rush now!
(Wardy, Benelong's Haven)

As many residents arrived without having gone through the required detoxification, those seeking pain relief from withdrawals could only be offered analgesics by Wardy who would state:

We cannot give you anything else. This is a drug free rehab. Talk to the others who did it cold turkey.
(Wardy, Benelong's Haven)

Some were enthusiastic about their initial experiences within the various treatment groups and felt enlightened about the content. Others were generally bewildered or did not listen to the proceedings. Instead they focused on their problems in the outside world.

Problems with arrival: Five cases

The example of Roger's arrival gives an indication of the processes involved for many of the 'single men' who arrived at Benelong's Haven. His was an ideal case in that he already knew some of the residents from his gaol experiences and from his home community. In looking at the various ways in which people arrived it is important to look at the types of social environments they came from, their intentions upon arrival and their willingness to engage with those around them. Not all arrivals were easy and for some resulted in a quick departure.

Case one

Jane could be seen walking down the south west Rocks Road towards Kempsey waving at Benelong's Haven for up to a kilometre away. She had walked out the front gate yelling abuse wildly in the direction of the office with her two children behind her. Jane had arrived that morning with her two children to join her husband who had arrived a week earlier. Staff had given her permission to not attend groups for the day. However, Jane insisted on joining her husband in the programme activities. Whilst remaining quiet throughout the first half of one group, she suddenly yelled out accusing everyone, and in particular the staff and her husband, of trying to take her children away. "Everyone was in on it", she said. She immediately stormed out of the group, gathered her children, yelled at staff in the office and left. She continued to shout all the way out the front gate and down the road. For various reasons some individuals who arrived at Benelong's Haven did not stay long. In this case, Jane was already under pressure by the Department of Community Services (DOCS) to give up alcohol and marijuana with the threat that her children would be removed from her. Her husband had got into trouble with the police and DOCS requested that both spend time in a rehabilitation centre. I had seen other new arrivals who behaved in this way. They accused staff and other residents of seeking to control them or take something from them either in the form of money or children. After their departure residents told

me that these people were 'gwan'gy' and were suffering from the effects of marijuana and alcohol.¹⁰

Case two

The worst of the heroin withdrawals were over. Mark and Jeraldine had been in their room for the last three days since their arrival from Sydney. They were in the room next to mine in one of the older houses to the north of property and I had only seen them as they ran to the toilet suffering from heroin withdrawals. In the last two days they had started attending AA meetings and main group. They had been to Benelong's Haven twice before.¹¹ However, this time was different, they both said. During their time away from Benelong's Haven they had both increased their heroin use. Mark had been involved in crime and their kids had been fostered out by DOCS. By coming to Benelong's Haven they were making an attempt to demonstrate to DOCS that they were doing something about their heroin use. After five days, Mark and Jeraldine crept out of the house and caught a taxi to Kempsey. In Kempsey they obtained heroin and marijuana and walked for two hours back to Benelong's Haven. Meanwhile the manager had noticed their absence and various residences reported that the couple had left. Mark had told several residents about his plans to go and obtain drugs. On their return Mark attempted unsuccessfully to sell yarndi to other residents after which both he and Jeraldine broke into their house, which had been locked by staff. There they waited for a response by staff. When the manager was notified they were told to leave immediately.

Case three

Fred had not stopped pacing around the buildings since he arrived. He walked the loop around the central buildings, tried to make a phone call on the public phone, and then continued walking. Fred made no attempt to talk with the other men in the dormitory when he arrived. He spent most of his time sleeping. The men in the dormitory stated

¹⁰ Gwan'gy has been defined as stupid or soft in the head (Arthur 1996: 98). Arthur states that it is derived from the Wiradjuri word 'giwang', meaning "the moon that is lunatic" (*ibid*).

that he was 'stressed out' and thinking too much about the outside. When I approached him he was extremely wary of me and once it was clear who I was, he said that Benelong's Haven was worse than gaol. He referred to the rules, not being able to use the phones and staff's refusal to quicken the process of processing his welfare money. The police had forcibly removed Fred after a violent episode with his wife. He had been in the police cells in Port Macquarie over the weekend and on Monday morning the judge remanded him to Benelong's Haven. Fred was worried about the whereabouts of his wife and children and the result his violent actions would have on his relationship. Whilst he asserted that he had an alcohol problem he did not want to be in a rehabilitation centre. But he did not want to go to gaol either. After a few days, Fred started to talk with the other men, and began talking about the AA programme and other groups. He contacted his wife who suggested that she might come and live with him in a few weeks. Fred decided to stay after many long conversations with a few of the male residents in the dormitory.

Case four

Rob was coming back again for his third time in Benelong's Haven. He had telephoned Val and asked if he was allowed to return. Val responded:

Of course you can come back! Do you want us to pick you up?
(Val Carroll, Benelong's Haven)

A car was sent to pick him up at Kempsey railway station that same evening. Rob arrived thin, gaunt, hardly recognisable since his last visit three months ago when his figure was somewhat fuller. When Rob last left he had achieved a high level of responsibility within the organisation. His bed was already set up when he arrived and many of the senior residents who knew Rob were waiting to greet him. On his arrival everybody received him warmly. Residents were eager to hear what had happened to him since he left Benelong's Haven. They had heard that he had 'busted'. The morning after his arrival Rob was in Val and Jim's respective offices talking about what happened during his time away. Val told Rob that he would have to start the programme all over again and remain in the men's dormitory.

¹¹ Mark and Jeraldine first met each other when they were at Benelong's Haven in 1993. This was when

Case five

When David arrived at Benelong's Haven it was also his third time in the centre. He had lived in the centre as a young boy with his parents who were part of the first people to go through the programme in the late 1970s. After a drinking binge session in Bourke in 1991, David's sister had found him lying in a street gutter. She then brought David to Benelong's Haven and he stayed for one year. In 1998 David arrived in a more serious condition. A self-inflicted stab wound to the chest meant that he had to rest for the first two weeks. David had attacked his girlfriend and her mother and then attempted suicide in a highly intoxicated state.¹² Subsequently the courts had remanded David to Benelong's Haven. David later stated that when he first arrived he was extremely perturbed about the preceding violent episode, of which he had no memory, and was worried about his future. Thoughts of suicide played on his mind. Two weeks after his arrival David went into the men's bathroom late one night and swung a towel over a beam. Standing up on a chair and placing the loop around his neck, David later said that he could not kick the chair away. Something was stopping him. He took this as a sign that it was not his time and he immediately went to one of the senior residents to tell him what had just happened. The next day he talked with the staff about his attempted suicide. After this, David asserted that he began to take a positive view of his situation, formed stronger relationships with other residents and started participating in groups.

These five cases demonstrate some of the various ways in which individuals entered the programme. Goffman (1961) also notes the variability in attitudes of patients who arrived to 'total institutions'. As he states:

Entrance...can sometime bring relief, perhaps in part because of the sudden transformation in the structure of his basic social situation.... In other cases, hospitalization can make matters worse for the willing patient, confirming by the objective situation what has therefore been a matter of the private experience of self (*ibid*: 124).

Benelong's Haven accepted single women in the programme.

¹² See the previous chapter for details of this event.

In Benelong's Haven some new arrivals found it very easy to immerse themselves with residents. The relief that many felt upon arrival to be amongst other Aboriginal people in a similar situation was evident in many of the discussions I heard amongst residents. Other residents, too worried about the outside world, did not find it so easy. Unhappy in their new environment, they distanced themselves from others, stating that they did not know why the courts had sent them to the centre and that they did not have an alcohol or drug problem. Sharp (1975: 83) has noted that new arrivals to rehabilitation centres experience a form of 'cultural shock' and suggests that this is due to the distinctiveness of rehabilitation centres from everyday life and their prevailing norms of democratisation, permissiveness, reality confrontation and communality. However, not all new arrivals to Benelong's Haven experienced such 'cultural shock'. Rather there was a diversity of responses, which often depended on the events leading up to their arrival.

I must also mention that while Benelong's Haven was a rehabilitation centre for Aboriginal people it also accepted non-Aboriginal people. In fact at any time there was up to three to four non-Aboriginal residents. In general white Australians were well accepted into the centre by other Aboriginal people. For many it was the first time that they had spent a considerable amount of time with a non-Aboriginal person. Connected by an identification with alcohol and drugs as a common problem, strong friendships grew between Aboriginal and non-Aboriginal residents. Upon arrival Aboriginal residents used a different tactic to get to know the new non-Aboriginal arrival. Instead of focusing on family, links were established through knowledge of various towns or gaol experiences (see also Chapter 8). Common interests in sport (and playing 'touch' football) encouraged the establishment of social relations. Sometimes a non-Aboriginal resident did not fit in. Some made no attempt to connect to others and kept their distance from other residents. Many were unsure how to conduct themselves in the environment. I saw one extreme case where a white Australian man, after twenty minutes in the centre, ran off down the road towards Kempsey. Some of the men later told me that they had known him in gaol and he was always "looking for a fight with a blackfella", hence when he "saw all the black faces he made a run for it".

Dancing and the importance of learning one's way

This section began by giving a description of one man's arrival to Benelong's Haven. Central to all residents' arrivals was the induction to the Benelong's Haven rules. This was a source of major concern for many new arrivals and for the returned members perhaps a reminder of why they had left the last time. Sitting in the Bathurst gaol yard before he left, Roger was told by other Aboriginal prisoners: "Nah bra don't go there, they have all these rules and they make ya dance". This was a common theme heard by many residents before they came to Benelong's Haven. However, it must be noted that these comments were often second or third hand, having passed from individual to individual in various communities, gaols, lockups and health centres.

Upon arrival, many individuals were shocked to learn that two nights a week a required activity was Line dancing. Some bluntly refused to participate. Others acquired strange injuries on the day of dancing and stated that they could not take part.¹³ In Line dancing dancers form rows and in time with country and western songs perform various steps in unison. The emphasis is on the footwork of particular dance forms and the hands are held on the waist only occasionally being brought up to clap together at the end of certain moves. In Benelong's Haven men and women danced together, however it was common for the women to all gather at the furthest end of the hall and the men to dance closer to the front stage. When asked why new arrivals did not want to dance, a common expression was that they felt "too shamed to dance". New arrivals were generally uncomfortable with the thought that they would be made to stand out from other residents engaged in an activity with which they were unfamiliar. In some cases they were permitted to watch part of their first Line Dancing session. From one perspective, Line dancing represents residents' loss of control over their own bodies. This is also evident in other elements of the programme including: not being allowed to have long hair and to spit; prohibition from the married deck; and provision of a weekly urine analysis.

¹³ A doctor's certificate was usually required to legitimise an injury. A few months before I left a new rule was made that those residents who believed that they were unfit for Line dancing were also considered unfit for Friday shopping trips. Numbers of injuries decreased rapidly after this. Those who

These externally imposed rules were difficult to reconcile as new arrivals were unsure how other residents interpreted and worked within these rules. By expressing concern about the rules and refusing to dance was one of the ways in which newcomers engaged with other residents as a 'new arrival'. They could then discover the socially appropriate practices within the centre without jeopardising future relations with other residents and risk being shamed. By observing, the new arrival learned how people danced and more importantly how they interacted. Certainly you could watch and pick up the technical moves of various dances but in learning how to dance observation enabled the new arrival to view the social relations formed through dancing and the behaviour permissible within the two hour dancing programme. More senior residents were then able to coax the new arrival into the activity and hence into social relationship with others. In this sense dancing was about communication of sets of acceptable behaviour and relations with others.

This very same argument could be also extended to the rules. The concern for the new arrival was not so much about not being able to spit or wear long hair (although for some I must say this was a concern). It was more about the unfamiliarity with the ways in which residents negotiated social relationships and appropriate behaviour within the centre. By not dancing and by expressing concern over the rules, new arrivals placed themselves temporarily outside the external rule bound environment to gauge the ways in which the rules and dancing were negotiated by other residents and the social relationships lying behind these. Of course this led to conflicts with staff. However, through such conflict the new arrival was able to test particular boundaries and assess the degree to which staff and residents negotiated within the rule framework. More often than not the new arrival was dancing by the second night and enjoying it. At first the newcomer would be turning the wrong way, bumping into people and clapping at the wrong moment. This caused some embarrassment. However the new arrival had some idea of the social relationships and appropriate practices whilst dancing with others and so felt safe and not shamed. Gradually many residents enjoyed the sense of mastery over certain moves and the ability to play and transform with different styles.¹⁴

did have serious medical conditions were exempt from dancing, however they had to be present to watch the activities.

¹⁴ A group from Benelong's Haven visited a line-dancing club in the local community.

Whilst I want to be careful in comparing Line dancing to traditional Aboriginal dances forms, most forms of dance, if not all, are about communication (see McKnight 1999: 227).¹⁵ Line dancing was also about developing relationships with others within a particular context of learning how to perform various moves. Similarly learning the rules was a communal process and involved negotiation between people. Rules had to be learnt and mastered, like Line dancing through social communication.

Forgetting the outside world?

An important question in the ability of residents to stay at Benelong's Haven was the degree to which successful immersion in the rehabilitation environment depended on their ability to forget the past, and their relationships with others, in the outside world. This is an argument that Reed has made in describing inmates immersion into a gaol environment in Papua New Guinea (see Reed 1995). Throughout this thesis, I argue that it is not forgetting but rather remembering, or rather renegotiating, reconstructing, reformulating and recalling stories of the past in specific ways, which enables residents to stay in the treatment programme.

To return to Roger whose arrival I documented earlier in this chapter. When Roger arrived he had spent the last two months in Bathurst Remand Centre. Roger was serving time after breaching an AVO that had been taken out against him by his wife. The events leading to Roger's apprehension by the police were recounted to me as follows.¹⁶ He returned home after a drinking sessions with his friends. An argument ensued with his wife where he was accused of spending too much time away from home drinking with his friends. The argument proceeded and Roger stated that he

¹⁵ A note must be made concerning the question why Line dancing, rather than Aboriginal dancing? When I first arrived I also wondered at this. Whilst I did not directly ask Val and the staff, it became clear that Aboriginal dancing had a very different meaning than Line dancing. Whilst groups of men gathered throughout the period of my fieldwork to learn Aboriginal dancing, they did so as part of a process of cultural reclamation and to make a statement concerning their affiliation with an pan-national Aboriginal identity. This is quite different to 'traditional' Aboriginal dancing, which as McKnight describes, is "religious thought in action" (1999: 227). Within Benelong's Haven some residents felt that Aboriginal dancing was dangerous for urban people due to their lack of knowledge about traditional law and the specific rules and meanings behind dances. In contrast, Line dancing was seen as something relatively easy to learn, everyone could join and there was a lot of laughter. It was also performed to country and western music a favourite of many from the rural NSW areas.

raised his hand at his wife but did not hit her. Instead he left the house for a few days. In the meantime, his wife rang the police and informed them that Roger had hit her, thus breaking the conditions of his AVO. Roger was apprehended and was sentenced to Bathurst Remand Centre to complete a three-month sentence. He appealed the court's decision whilst he was in gaol and requested referral to a rehabilitation centre. The appeal was successful and Roger was permitted to go to Benelong's Haven for a minimum period of six months. Roger stated that he recognised that he had an alcohol problem, and whilst he attributed some of the blame to his girlfriend, he wanted to come to Benelong's Haven to undertake the treatment programme. During his time in gaol, Roger stated that it was important to forget about his wife, his daughter and everyone on the 'outside' who meant something to him. He immersed himself in the activities and social relationships of gaol life so that he would not get "stressed out and do his lagon hard". It was described to me that those inmates who have a difficult time in gaol are those who allow the events on the outside to impinge on their general well being making them 'stressed out'.¹⁷ Being 'stressed out' had behavioural implications such as aggression, violence and irrational behaviour.

Whether individuals truly forget those important to them in the outside world when in gaol, I cannot wholly verify. Perhaps part of this forgetting is related to regaining control over lost time. Various men told me that when they were in gaol they perceived time as progressing at slower rates than outside the gaol. As a consequence they found it difficult to predict the activities of friends and relatives. Subsequently, individuals in gaol sought ways of regimenting their time through participation in a variety of activities such as education courses, weight lifting, painting, drug taking or immersion in the system of drug exchanges.¹⁸ Participation in drugs had the double effect of keeping an individual occupied in drug exchanges at the same time as blurring their perception of time through drug use itself. Inmates could also develop a large network of social relationships in gaol to use as a source of information to keep up with outside events. Far from forgetting the outside this was all about gaining as much knowledge as possible about various events at home and in the local community. News gathered

¹⁶ I had no way of independently verifying this story and Roger's reconstruction of his story must be read in light of his present circumstance.

¹⁷ When talking about gaol life, residents made the distinction between 'inside' and 'outside' the gaol.

¹⁸ See Chapter 10 where I discuss the system of drug exchanges in gaol.

from visiting family members, letters, phone calls, and other inmates, were shared between inmates.

In Benelong's Haven, forgetting about events and people on the outside was very difficult. There were constant reminders of events outside the centre such as family events (birthdays, funerals), phone calls and the anticipation of visits. More importantly new arrivals discovered, very soon after their admission to Benelong's Haven, that residents spent a lot of time talking about the past, their Aboriginal identity and history and their relationships with family and friends. However residents did not immediately enter into such practices. During the first few weeks Roger kept quiet in public areas, stayed with the other men and followed their lead. He asserted that he had to get used to the place and how the programme worked. Part of this process was about standing in opposition to some programme events, such as Line dancing. In turn the new arrival was drawn into social relationships with other residents. As one resident told me:

I had to know the guys before I done the programme. I couldn't jump into it until I know who else is doin' it and how they are doin' it .
(B, Kempsey)

There were other social practices within the centre that Roger encountered in his first days at Benelong's Haven that reminded him of the outside world. Three of these were songs, nicknames and stories. They were not part of the official programme structure but residents engaged in these practices to express an Aboriginal identity within the centre. Thus residents brought with them social forms that were part of a history of Aboriginal political and socio-economic experiences within Australian society.

Songs, stories and nicknames

Songs

There was essentially three forms of music that could be heard at Benelong's Haven. The first were songs that had been written by residents in the past and had become part of the official Benelong's Haven history. The Benelong's Haven song presented at the beginning of this thesis and the 'Carney and the Frog' (see Appendix 5) were presented to me by Uncle John and told stories of drinking and Benelong's Haven. On arrival

very few people had heard these songs before and outside the context of the formal programme residents did not sing them. However, the words and the meanings behind the words were commonly referred to by various residents to express a continuity of Aboriginal experience with alcohol and drugs.

The second type of music enjoyed by specific residents was African American rap music, such as 'Tupac Shakur'. This was usually restricted to those residents from more urban areas. A small group of men would sometimes gather together to listen to this music and would point out to me the various lyrics and make comparisons with their own experiences with those of African Americans. Confrontation with police, incarceration, violence, sex and drug use were all themes that individuals mentioned in reference to this style of music. Due to the lyrics of violence and substance use, rap music was banned at Benelong's Haven. However, various individuals could still be heard playing it at times.

The most popular form of music was country. Aboriginal people throughout Australia have developed their own country music style and tradition.¹⁹ In explaining the difference to American forms of country and western music, residents told me that while Americans sing of 'love loss', Aboriginal people sing about the results of contact with the British settlers. Songs focus on experiences of incarceration, loss of land, culture and substance misuse. I often found a resident sitting alone on his bed listening to his favourite country songs, another on the stage in the main hall playing the guitar and singing. Listening and playing music for some represented a means of escape from other residents to sit and think. For many listening to music conjured up past memories and feelings. More generally, however, music was a group activity. Regularly groups of residents gathered in the evenings to play and sing their favourite songs.²⁰ The same song was often sung up to twenty times in one evening with various residents entering the hall to sing a piece of the song. Even those playing pool at the other end of the hall joined in at the chorus to one of their favourite songs by Roger Knox or Harry Williams, such as 'Blue Gums calling me back home'. With themes of incarceration

¹⁹ Country singers include Roger Knox, Bob McLeod, Jimmy Little, Harry and Wilga Williams, Vic Simms, Bobby McLeod, Herb Laughton, Mac Silva, Kevin Gunn and Bobby McLeod to name a few.

²⁰ Residents would use the small PA system and Benelong's Haven owned guitars, bass guitar and a drum set.

and loss of culture, such songs united residents and framed a common Aboriginal history since British settlement.

Nicknames

Acquiring a nickname was also part of the practices that created and sustained social relationships between residents and involved the sharing of past and present experiences. At first I was unaware of the use of nicknames at Benelong's Haven. However, as I began to spend time with people, I noticed a range of nicknames being used away from the staff. Some knew of other people's nicknames from previous contact and in private would call the person by this name.²¹ Others, however, earned their nickname through telling memorable stories about their past or through particular actions during their time at Benelong's Haven. Sharing stories about one's past with others in Benelong's Haven, brought these experiences into the present and created strong social relations between residents. These shared experiences were then remembered through the attribution of nicknames, reflecting particular actions or emotions during that experience. As one man asserted:

Nicknames show the funny side of things between ya friends. You might have had funny experiences with people here you know and giving each other nicknames remind you of experiences later on. Some other people, you know strangers, may come up and ask why you calling him that name. We all start laughing then and say 'No, you don't wanna know that, that our business, our joke'.

(K, SE Queensland)

From the above quote it can be seen that nicknames are a private matter, differentiating one group of people from another. Outside Benelong's Haven, nicknames have a variety of uses and are employed in a range of social situations. For example, when engaging with police, individuals may take numbers as their names when calling warnings out to others, thus prohibiting police from identifying specific individuals. Within Benelong's Haven nicknames were used to avoid staff identifying the real

²¹ Nicknames were not unique to the Benelong's Haven setting and are used widely in both urban and traditional Aboriginal settings (Thompson 1936; McKnight 1999: 64-68). Aboriginal residents' at Benelong's Haven had extensive knowledge of other peoples' nicknames not only from their own town but also throughout their local region. It was quite common for individuals to know others only by their nickname and not by their Given name. Importantly, nicknames were acquired through sharing memorable experiences with a group of people. Whilst these shared experiences often included drinking parties, criminal activities, fights and sexual experiences, they were also based on observations of social interactions between people and the peculiarities associated with an individual's behaviour.

identity of individuals. For instance, when talking about some event that occurred on a previous night, which perhaps the staff would not approve, a group of men referred to people by their nickname only. The re-telling of a story was thus limited to a specific group of people, who then become privileged in using the nickname. Such exchanges opened the way for other types of exchanges such as food, cigarettes and clothes.

Nicknames were thus a means of expressing familiarity between people in Benelong's Haven. Whilst a resident may share a story associated with a particular nickname, this name may be attributed with a new meaning reflecting their common experiences in Benelong's Haven. One man related a story to a group of men concerning acquiring the nickname Joe. The story was a humorous one about mistaken identities and those privileged to hear it could be heard later referring to this man as Joe. However, after a day or so this group of men were all calling each other Joe and by the third day, Joe would be placed after the end of almost every sentence they spoke in informal settings. It was often described to me that the use of nicknames in this way ascribed an 'Aboriginal way' which was different to white Australian practices:

Lot of weird names out there bra. Call them by their nicknames. That's how they know ya. Everyone calls each other by their nicknames. They're not formal. Like we call you Richy Rich, Anthrop, or Kunta. Not Richard, not formal like that.²²

(D, Bourke)

As a 'levelling mechanism' the importance of nicknames in Benelong's Haven is also evident. A nickname allowed for the expression of individuals' peculiar habits or past experiences in a controlled format that stressed the humour behind the name. Whilst nicknames acknowledged that all residents had a past, which they brought with them

²² Within the first six months my Given name Richard was used, but this was soon shortened to 'Rich' or 'Richy Rich'. As people became aware of who I was and what anthropologists do, my title began to reflect my expertise, thus I became known as 'Anthrop'. Whilst, this name was used for the duration of my fieldwork it was often reserved for more formal settings either in the main office or amongst newer residents. It demonstrated to others that I was part of their group, had shared personal information thus creating social ties with people, and could be trusted. When I started joining residents on court trips to their various home communities, I received names to reflect those experiences. Thus 'Eggplant' was attributed to me due to my practice of eating a toasted eggplant sandwich in one particular town. The use of this name was reserved only to those present at the time and was used in personal settings. In the last few months of fieldwork I was attributed the name 'Kunta', which meant Aboriginal friend. There was humour in this term as it explained the strangeness of my position as a university student from the London School of Economics enjoying the company of Aboriginal people.

into the centre, this could be shared with others and new meanings associated with names could be formed reflecting new experiences.

Stories

Most nights a group of residents could be found telling stories, either around the fire or at one of the tables on the decking surrounding the main buildings. Whilst many subjects were discussed, they usually centred around two essential themes of personal experiences. These stories included those concerning fighting, drinking and drugging, and those associated with Aboriginal 'cultural experiences'. Often discussions were contested and focused on the minute details of actions. There was no strict ordering to determine who spoke and individuals attempted to start their story at particular points in another's dialogue. This meant that at times there were two (or sometimes more) individuals trying to tell their story at the same time, each interrupting the other whenever they stopped for breath. Finally one would give in to the other. One person's story was not a description of a single event but involved many events and many experiences threaded together along a multitude of themes. This meant that one story was never completed but parts were used as jumping off points for the development of other stories either by the speaker himself or through the interruption of other speakers' stories.²³ Interspersed with these stories one individual usually had a guitar and a song would be sung leading the discussion into other kinds of stories, such as experiences in gaol, of racism, and so on.

Favourite stories told at Benelong's Haven included discussions concerning the arrival of the First Fleet in Australia. For example, one night a discussion occurred between a few men from the northwest corner of NSW concerning the arrival of Captain Cook. After much discussion, about whether it was the First Fleet or Captain Cook who brought the diseases, they concluded that he did kill many Aboriginal people with guns. However, soon after these events, Burke and Wills arrived to help the Aboriginal people. They gave some camels to the Aborigines after which everybody got along

²³ Fireside stories differed from those stories told in the official part of the treatment programme in that they were constantly interrupted and were regularly unassembled (see Chapter 5). However, the development of particular themes in these stories were often used as part of stories told in AA meetings. They also acted as a kind of testing ground in which those topics that were unsuitable for an AA meeting could be told.

very well. After the first invasion by the British in their region Aborigines were very frightened. However, whenever they saw white people arrive with camels they knew everything would be all right.

The other types of stories focused more specifically on the continuation of 'Aboriginal' cultural experiences. These stories must be seen in the light of forming a collective Aboriginal identity, which articulated the continuance of culture with respect to white Australian domination and assimilation. They were listened to attentively and after each speaker had said their piece others would contribute with similar stories. For example, one discussion began with various men explaining the significance of natural signs to Aborigines, such as an owl or a black crow signifying death in the family. One man added that he ran over a black kangaroo with his car, killing it, and the following day his mother died. Some of the men argued that these animals might have been totems of their ancestors. While the knowledge of these totems had been lost, they continued to have an effect on modern day urban Aboriginal life. Another man who told a story along these lines extended the discussion.

There is this special tree where late at night it is possible to see the face of an old lady in its bark. When you look at her, she turns into the face of a dead family member. During the day the sap coming from the tree solidifies into the likeness of faces. One night with a group of friends drinking at the tree, John kissed the face of the old woman in the tree. After this he went running off into the bush and did not return. So we decided to get into the car and drive down the road looking for him. We found him in on the side of the road. His eyes were rolled back and he did not move. We left him on the side of the road, drove back to town leaving him on the road. We were scared. In town we decided to return to get him but when we got back to that tree he was gone. We couldn't find him. We went back to town and got another car and some more people and we found him walking back along the main road. He didn't remember anything and believed he had woken up at the tree and started walking back to town as everyone had left without him.

(T, Wilcannia)

Those listening to this story concluded that the old woman in the tree had punished John for transgressing a 'tribal rule' (kissing the face of a dead relative) and the conversation proceeded into a discussion surrounding experiences of being visited by ancestors. Trevor said he had seen a 'tribal feather-foot' man with ash all over his body running into the bush one night, ducking and weaving between the trees. After this he saw many figures standing in the bush. Later when Trevor asked his grandfather he was told that a massacre of Aboriginal people by white Australians had occurred at this

spot in the past. Others related seeing various spirits at Benelong's Haven. One man had seen a 'tribal blackfella' dancing beside his bed gesturing towards him. Others had seen small children running along the decks at night.

Such stories enabled residents to form their own discourse, alongside that articulated in the treatment programme. Whilst private conversations were also important and were the basis for the formation of friendships (to be discussed in the following chapter), such group discussion enabled residents to formulate their own stories in a group context. This was a shared dialogue that reaffirmed their position as Aborigines and as privileged to certain experiences and knowledge. Maddock (1988) has also discussed the relevance of myth and history in Aboriginal society. He states that the value of such myths "lie less in enabling the past to be reconstructed as in giving a 'reading' of an Aboriginal sense of themselves, or of their past, in relation to the outside world" (*ibid*: 21). In Benelong's Haven, the re-telling of such stories was a communal effort. They were essentially a 'symbolic representation', a description of an alternative system of beliefs and experiences that is both political, historical and social (*ibid*: 28).

Conclusion: New arrivals as people without story

After a period of time 'doing the programme' at Benelong's Haven, residents stated that it was possible to see a new arrival's 'real' personality emerge, not one clouded by alcohol and/or drugs. From my own observations, I noted that almost every new arrival appeared tired, worn out and ill from sustained substance use and from the effects of withdrawing from their drug. This was not only emphasised in looks, but in the way in which individuals physically carried themselves. Heads were bowed and faces were grim. This was particularly noticeable for residents who had been to Benelong's Haven in the past and were returning to re-attempt the treatment programme. I had difficulty recognising some of these returned residents who had extreme weight loss. Newly arrived residents cited various experiences to explain why they were feeling emotionally and physically unwell. These included a combination of the effects of substance misuse and withdrawal from alcohol and/or drugs as well as the events leading to their admission. Others provided very little to explain their story. A common expression was: "I want to do something about my drinking" or "I got into a bit of trouble". This was accepted by other residents who declared that the newly arrived was

not ready to talk and was yet to discover their story. Upon hearing other residents discuss their substance misuse in AA meetings, new arrivals often felt anxious and nervous about their own involvement. Roger spoke to me about this on his third day in the centre and stated that he was very frightened about getting up in front of everyone and telling his story. "What would I say?" he asked. After talking with some of the other residents he began to relax and realise that he may indeed have a story of his own to tell.

Chapter 5

Alcoholics Anonymous meetings: Learning to 'share' and the development of Aboriginal stories of substance misuse

Chairperson: Fred, would you like to share?

(Fred approaches the stage and stands at the microphone)

Fred: Good morning everyone, Fred, addict, alcoholic.

(Long period of silence where Fred and audience do not speak)

Ten years old when I first started smokin' pot.

Then speed, speed for about five years.

Then after that had a go at the heroin.

Usin' that for a while.

(Silence)

Started drinkin' alcohol at about 15.

Like to give that away.

While I was drunk made me a totally different person.

The way I treated people, carry on.

I just sick of usin' the gear, people losin' respect for me.

(Silence)

Started usin' full on after me brother past away, we was real close.

Been thieven' for it, anything just to get on. All you think about is where you getting' it from and how ya going to get it. Who your gonna rip it off.

Sick of doin' that, gettin' locked up.

(Silence)

Thought it would be easy to stand up here but it's not as easy as it seems.

Stuck for what to stay.

(Silence)

Uncle John *(from audience)*: Don't worry about it.

Fred: Maybe next time I come up it will be easier to share with you.

(Applause as Fred returns to seat)

Extract from Alcoholics Anonymous Meeting, Benelong's Haven.

Above is an example of a new arrival's first 'share' at a morning AA meeting at Benelong's Haven. To be asked to 'share' at an AA meeting involved telling a gathered group of other 'alcoholics' and 'addicts' one's own life story. In front of a group of fifty residents Fred was nervous, his sentences short and punctuated by long moments of silence. In these moments he gazed out beyond the assembled group through the glass doors to the fields beyond Benelong's Haven. The audience sat uncomfortably until the oldest member in the group, Uncle John, spoke out "to not worry about it". This signalled to Fred that the audience recognised his first attempts and were aware of his status as a new arrival. There would be more than enough time to listen to more experienced talkers and develop his own story. Sharing one's own story with others was a central part in the everyday life at Benelong's Haven. Upon attending their first AA meeting, new arrivals were often shocked to learn that after two weeks they would be asked to stand on the stage and tell their story to all residents.

A new arrival often declared that they did not have a story and if called up in a meeting they would have nothing to say. Many new residents stood silent on being called to their first share, mumbled a few words and sat down again. A story had to be developed and shaped during a resident's stay. Fred's first attempt to share demonstrated his struggle to formulate his story within the AA framework. However, after only two weeks he had not yet grasped the structure of an AA share.

This chapter discusses the formation of stories through one particular treatment modality, the Alcoholics Anonymous meeting. I aim to show the different types of shares residents developed and employed and the kinds of themes that emerged from these stories. Similar to the descriptions of AA meetings in other contexts, the development of AA stories in Benelong's Haven provided a means through which the interpretation of past events was socially negotiated. As Cain notes the AA story is a tool of subjectivity, a "mediating device for self-understanding" (1991: 215). In a more general sense healing achieves its efficacy through a transformation of experience, which is "created out of the effective enactment of culturally authorized interpretations (Kleinman 1988: 134).

The Alcoholics Anonymous meeting

What follows is a description of the customary procedures involved in a Benelong's Haven Alcoholics Anonymous meeting.¹ At 10:00AM an announcement is made over the loud speaker: "Could everyone make their way to the hall for this mornings AA Meeting. Don't be late please". Residents make their way across the front deck, passing the office, into the main hall. In front of the stage rows of seats are assembled into two groups. To the right facing the stage single men sit, to the left married couples. Newer residents are asked to sit in the front and the more senior to the back. There are some negotiations concerning who sits where, the older residents having their favourite seats and the newer arrivals having to be told to move forward. Other couples arrive after having dropped off their children in the single men's TV room to

¹ I present this description of an AA meeting in the present tense. Whilst membership has changed, I am fairly certain that the structure of these groups have remained the same.

the babysitter.² When the Chairperson enters he sits at a desk, which has been placed on the stage next to a microphone. The Chairperson announces that everyone must place their hands on their laps facing upwards and close their eyes to meditate. The Chairperson is always a senior resident and this responsibility oscillated between various residents whilst I was at Benelong's Haven. After a few minutes the chairperson signals that the meditation period is over and calls on the secretary, another senior resident. The secretary opens the meeting:

Good morning everyone my name is...(Given name)...and I'm an alcoholic/addict. I'd like to welcome you to a Monday morning Benelong's Haven AA meeting and I'll start with the rules.

The Benelong's Haven rules are read out (see Appendix 3) after which the AA preamble is cited (see Appendix 4). The secretary instructs the audience that they must 'share' for ten minutes and must relate what their alcohol and drug use "used to be like, what happened and what you are like now; look for the similarities and not the differences". The Chairperson is then introduced, who in turn, welcomes everyone in the same manner and selects the first speaker to 'share' his or her story. The selection of speakers was organised earlier by the Chairperson, in conjunction with Val, and is written in a large blue diary that rests by a clock on the table. Generally, each resident is expected to share at least twice a week.

Speakers must begin their share in the AA style, stating their name and alcoholic/addict status.³ The next sentence usually begins with "It started for me when I was...." and the speaker is expected to continue with their story. Speakers finish by thanking everyone for listening and return to their seat whilst the audience gives applause. Generally, a senior resident is chosen to open the meeting, to set the scene for others to follow. This is followed by newer arrivals, and the meeting ends with a more senior resident who is a good speaker. In each meeting approximately seven to eight individuals share.

² At one time Benelong's Haven employed someone from the local community to look after the children during residents' meetings. When she was unavailable the women on the property would take turns to look after the children.

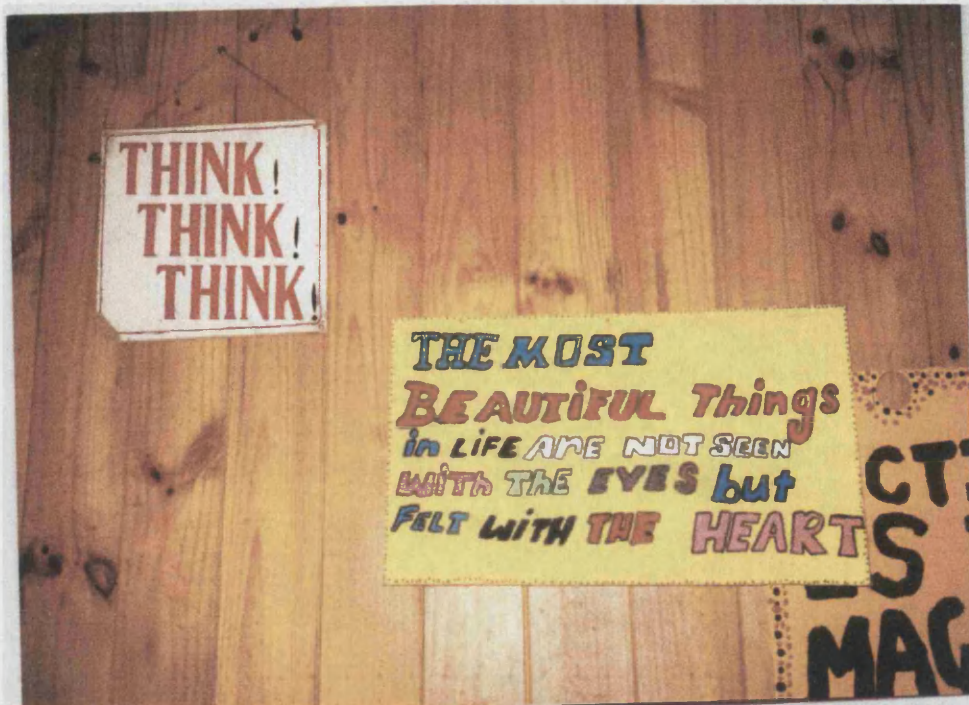
³ Val encouraged speakers to also state whether they were 'gamblers' or 'gossipers'.



Friday Evening AA Meeting, Benelong's Haven 1999



Main Stage. The 12-Steps and Traditions, Benelong's Haven 1999



AA Cliches, Benelong's Haven 1998



Main Group, Benelong's Haven. Early 1980s (Macleay Argus)

At the halfway point in the meeting the audience reads out the 12-Steps. Some know the steps off by heart whilst others read them from the printed wall hanging behind the stage (see Appendix 4). At the end of the meeting at 11:30AM the secretary closes by thanking those who shared and apologising to those who did not get an opportunity to speak. The meeting ends with all residents standing to repeat in unison the serenity prayer:

God grant me the serenity to accept the things I cannot change and the courage to change the things I can and the wisdom to know the difference.
(AA 1976)

During the period of my fieldwork at the end of AA meetings, some residents returned to their respective quarters and others gathered together to get a cup of tea and talk about the meeting.

Benelong's Haven AA meetings in the larger community

The AA meeting at Benelong's Haven was similar to other meetings I witnessed in the local community, but it was run with a more relaxed informal air.⁴ 'Cross talk', where participants speak out from the audience during a share, was strongly prohibited in outside meetings (Makela et al 1996: 149). However this was not always the case at Benelong's Haven. Whilst the order of events in a meeting did have a specific structure these were often negotiated between senior residents and the Chairperson. This was especially the case if the Chairperson was new and forgot to direct the meeting according to custom, or a speaker had taken longer than usual to share his or her story. Also, a senior resident may interrupt proceedings to avoid a situation that would become shameful for the speaker. The formalised greeting style by the audience, "Hello...(Given name) followed by the speaker's statement "Good morning my name is ...(Given name)...and I'm an alcoholic", which I observed in AA meetings in the surrounding community, was not undertaken in the Benelong's Haven AA meeting. Also eye contact between the speaker and audience was rare in Benelong's Haven compared to outside meetings. Residents at Benelong's Haven interpreted the notion of anonymity, which is an important facet of the AA philosophy, in two ways. At one

⁴ Makela et al. (1996) gives some examples of cross-cultural variation in AA meeting styles.

level, many individuals stated that anonymity was not realistic as everybody in their home communities knew that they were at Benelong's Haven, while other more senior residents stuck to the anonymity rule as a matter of AA principle. In reality, anonymity usually meant identifying yourself by your Given name only, avoiding the use of Surnames. However, anonymity also meant that speakers were not distinguished from each other, thus reinforcing the importance of group principles.

Alcoholism, addiction and Alcoholics Anonymous

The term 'alcoholism' and 'addiction' has received an enormous amount of attention in the academic literature. It is impossible to do this justice within the context of this thesis and I would point the reader to a number of relevant authors (Roueché 1960; Fingarette 1988; McMurrin 1994). Alcoholism and addictions have often been associated with the notion of degeneration. In the mid to late 1800s, Morel (1857) and Morgan et al (1895) argued that certain members of society suffered from a 'pathological deviation of a primitive type'. Whilst such conceptions contributed to an early medical model of alcoholism, they were in essence moralistic and were preoccupied with the physical, intellectual and social decline associated with alcohol and drugs.⁵ There is no doubt that understandings of alcoholism at this time were racial and class based developed by the educated classes to account for and reinforce their position in the western post-enlightenment world. Alcohol and drug use was depicted as a danger to the social fabric undermining the very basis of society (Sournia 1990: 100). This view was used in a variety of ways to support the class-based society of Europe, such as the restriction of immigrants and the control of the working classes (*ibid*: 98-112).⁶ Whilst the theory of degeneration fell out of favour in the later 1800s the association of 'alcoholics' with moral and social condemnation continued.

⁵ Cheats, swindlers and the immoral were seen as having a hereditary predisposition to degenerative states. Such states induced immoral behaviour where individuals lacked self-responsibility. Alcoholism went along with these states and such individuals could be found in factories, hospices, slums, mental asylums, prisons and reformatories.

⁶ The reasons why one substance is labelled a drug, and another is not, has been explained as resulting from the determinations of certain powerful groups in society who for different reasons have an interest to control the use of particular substances (McMurrin 1994). This may be for economic interest, to aid in social control, or to enhance the status and prestige of particular occupations.

Problems associated with alcohol and drug gradually became more fully incorporated into a medicalised view from the late 1700s. In 1785, Benjamin Rush's asserted that addiction to beer and spirits was a 'disease of the will' (Valverde 1998). Sufferers from this disease were incapable of controlling their consumption leading to habitual drunkenness. Abstinence was the only cure.⁷ By the mid-nineteenth century views concerning alcohol increasingly focused on its potentially harmful effects on the human body. In this view, alcoholism could be found amongst all peoples and was essentially an organic process that was specific to individuals. Towards the end of the nineteenth century the 'disease model' asserted "that those who 'lost control' of their drinking suffered from the 'disease of inebriety'" (Brady 1991: 184).

Throughout the twentieth century, the disease concept in alcoholism studies remained a contentious debate. As Douglas (1987) and O'Reilly (1997) have both concluded the cross-cultural variability in the motives, consequences and dynamics of substance misuse is inconsistent with the absolutist version of the disease model. Nevertheless, the formation of popular movements, such as AA, have greatly contributed to the way in which society views addiction. Bill W (a New York stockbroker) and Dr. Bob (a surgeon, in Akron, Ohio) developed AA, both of whom had severe drinking problems.⁸ Both had experiences in the Oxford Group Movement, an evangelical Protestant movement that stressed spiritual renewal. The basic ideals of AA were adapted from the principles and practices of the Oxford Group with a specific focus on the alcoholic's inability to control drinking. However, AA's origins can also be found in the traditions that were dominant in American thought in the 1800s with the Washington society and the temperance movement (see McCarthy 1959; Pittman and Snyder 1962; Blumberg and Shipley 1978; Kurtz 1979, 1982; Maxwell 1984; Blumberg and Pittman 1991). In 1939 the AA movement had one hundred members and an organisational structure was created, the 'Alcoholic Foundation'. In the same year the organisation's main text the 'Big Book' was published. The 'Big Book'

⁷ In Sweden, Magnus Huss wrote several treatises defining the concept 'alcoholism' (see Sourmia 1990: 43-50). His concept of alcoholism was the first to systematically classify damage that was attributable to alcohol that he placed as one form of poisoning alongside a range of others. It involved "cumulative pathological psychic, motor, and sensory symptoms which develop in those who have consumed excessive quantities of alcohol over many years" (in Sourmia 1990: 47). Huss was, however, also profoundly influenced by a view of degeneration asserting that drinking threatened Swedish manhood.

⁸ The history of the mutual help Alcoholics Anonymous movement has been well documented (see for example Alcoholics Anonymous 1939; Denzin 1993; Makela et al. 1996; Wilcox 1998).

documents the history of AA and offers a practical approach to recovery as documented by AA members themselves.⁹

The AA philosophy understands the disease of alcoholism to be progressive and eventually fatal, leading an individual through a series of progressive stages to institutionalisation, gaol, hospital and/or death. Although it does stress that alcoholism is a disease and not indicative of 'weak will', the AA programme, set out in the 'Big Book', focuses on the subjective experience of the alcoholic rather than on any objective identification of alcoholism itself (see Jensen 2000: 146). Alcoholics are not 'treated' but 'work' a spiritual programme, which is reinforced by the collectivity. Thus, AA is based on the idea that alcoholics themselves can provide their own treatment. By regularly meeting together and engaging in the AA programme individuals form part of a group of like-minded people. Through the fellowship that this group provides, many scholars have argued that AA is a supplement for the lost effects of drinking (*ibid*: 59). Whilst this may be the case, the AA group also provides a practical course of action, reinforced through the 12-Steps, which individuals can integrate within their daily lives. At the core of its philosophy AA outlines four main principles (see Antze 1987). First, a member of AA must recognise a loss of control over their life because of alcohol and/or drugs and to identify as an alcoholic. Here the 'alcoholic' accepts that he/she cannot be cured but only arrested. Second, having admitted powerlessness over alcohol, AA members are expected to believe in a higher power of their own understanding. In principle AA is not tied to any religion, however its historical roots are embedded in Christian and Protestant traditions, and this is reflected in its ideology and language. Kurtz (1979) has described the revisions that have been made to the 12-Steps over AA's history in order to accommodate the worldviews of other people in other cultures. Antze (1987) has described that AA members who avoid religious affirmations in accepting a higher power, are encouraged to think of the group's combined membership as the power greater than themselves. Third, the alcoholic is given some indication that theirs is a spiritual condition and as a result they are prone to certain defects of character including resentment, fear, anger,

⁹ Since the publication of the 'Big Book' world wide numbers in AA have dramatically increased with an eighteen fold rise in official membership between 1953 (111,000) to 1990 (1,994,000) (see Makela et al. 1996: 25-27). Further specialised groups have also formed such as Narcotics Anonymous, AI-Anon and Gamblers Anonymous amongst others.

dishonesty and self-centredness (Wilcox 1998: 83-102). Fourth, the AA member must be compelled to surrender to their alcoholic identity and to recover along spiritual lines, which “bestows retroactive purpose on his suffering and shows his life to be a matter of divine concern” (Antze 1987: 172). Gratitude, honesty, acceptance, tolerance, patience, openness and humility are all traits that AA members strive to achieve ‘one day at a time’. By not drinking for ‘one day at a time’, AA members are not burdened by the wrongs they have committed in the past and the seemingly impossible task of complete abstinence in the future. By applying AA directly to daily life, AA suggests to ‘keep it simple’ where members must accept the “complex nature of existence in the world without wanting to control this complexity” (Wilcox 1998: 100).¹⁰

Alcoholics Anonymous history in Australia and amongst Aboriginal Australians

AA was being mentioned as early as 1941 in the *Medical Journal of Australia* and in 1944 Sydney became the first location outside North America and Hawaii to establish a branch (Lewis 1992: 129). Various persons both psychiatrists and medical superintendents mainly attached to mental hospitals suggested that AA had a great deal to offer to those suffering from alcoholism (*ibid*: 127). By 1948, there were ten branches in Sydney and 200 members in an international movement of 50,000 people. Debates in the early 1950s between the advocates of AA and psychiatrists centred on whether alcoholism was a psychiatric condition or a biological disease.¹¹ Lewis (*ibid*) describes that the Federal and State governments strongly supported the use of AA because of its relative low costs and self-provision of after care. It then became accepted as part of the outpatient treatment of alcoholics and in some cases part of inpatient treatment. The Salvation Army and Methodist Missions also played a large role in the advocacy of AA and by the 1950s AA played a role in treatment facilities in psychiatric services. The growth of AA in Australia can also be attributed to specific individuals such as Silvester Minogue, A. V. McKinnon and Father Thomas Dunlea

¹⁰ At the same time that AA was gaining popularity the work of Jellinek (1946, 1960) and others contributed to understandings of alcoholism as a disease of different ‘pathological types’. His work contributed to the inclusion of alcoholism as a disease in the categories of the World Health (which would later be removed). Contemporary scientific understanding of alcoholism and addiction are characterised by much complexity and variety with an emphasis on the individuality of each case (see Sournia 1990: 155).

¹¹ See Lewis (1992: 128) for details of this debate.

who approached various government departments for support in promoting the growth of AA. Their efforts were largely successful and helped initiate the movement to the United Kingdom and Ireland (*ibid*). In 1957, AA had 101 groups in New South Wales, with 53 groups meeting weekly in Sydney (*ibid*: 128). Part of AA's success can be attributed to the growing official concern with alcoholism as general consumption and alcohol related problems in Australia increased during this time (*ibid*: 132). This was associated with the establishment of new services mainly in general hospitals.

As far as I am aware, Val was the first Aboriginal woman in Sydney, if not Australia, to hold an Aboriginal Alcoholics meeting in Redfern in the mid-1970s.¹² Through her own recovery in the AA programme Val felt that it was particularly applicable to Aboriginal values. She was also aware that many Aboriginal people were uncomfortable attending AA meetings where white Australian participants were in the majority. Many of the older Aborigines I spoke with who had been to AA meetings in the 1970s commented on being conscious of their racial and socio-economic difference to what seemed the well dressed, well spoken white Australians who would arrive in "flash cars and smart clothes". The creation of an Aboriginal AA meeting must be seen as part of an Aboriginal response to this problem. As Jilek-Aall, has noted for the Coast Salish North American Indian AA meetings, "their motive for seeking abstinence is not so much seeing anything wrong in being drunk, as having the desire to stop the constant interference by White authority into their private lives" (1981: 152).

The use of AA amongst Aboriginal peoples has been met with some criticism on the basis that the confrontational and public confessional style of AA meetings does not fit Aboriginal norms of behaviour (see Brady 1995a). This argument was also put forward for the Coast Salish Indians on the Northwest coast of America (Jilek-Aall 1981: 151). However, Jilek-Aall demonstrated that the strong support AA has received among the coast Salish Indians was, in part, due to traditional rites, such as the 'Confession dance' held at potlatches in times of deprivation, either in times of famine, epidemic or forced socio-cultural change. She concludes that the confessional style of AA was not new to

¹² Gilbert's (1977) edited volume of life stories describes Aboriginal people who discovered AA in the 1970s.

Coast Salish Indians, but was known to have a traditionally self-healing purpose (see also Slagle and Weibel-Orlando 1986; Antze 1987).

Like the Coast Salish Indians, Aboriginal notions of egalitarianism appeal to the AA group where there are no established leaders.¹³ In traditional Aboriginal society, grievances were regularly aired publicly, usually in the evening as people sat around their campfires. To some extent the performance was stylised, inasmuch as the plaintiff stood at his or her campfire, walked backwards and forwards, perhaps carrying weapons, and set out the complaint in a loud voice audible throughout the encampment. Normally people fell silent and listened, with occasional interjections (Lieberman 1985: 29; Hiatt 1996: 93). The closest approximation to a confessional type meeting can be found in the Arnhem land concept of 'makarrata', where a man acknowledges that he has inflicted an injury on someone and allows the injured person and/or his relatives to throw spears at him (Warner 1937: 174-6; Hiatt 1987; McKnight 1999). While there is no personalised notion of sin, confession, or redemption in the 'makarrata', it is clearly an admission of liability by an individual or kin group and a willingness to accept some degree of punishment in the interests of reconciliation.¹⁴ Whilst an individual who submits to AA is in some sense following the same tradition, this is not the same as those self-healing rights as described by Jilek-Aall (1981) and Antze (1987). However, the group format style of AA was important in defining an Aboriginal approach to treatment. Published in the *Aboriginal Health Worker*, Val has stated: "He cannot go into alcoholism the Aboriginal way (IN A GROUP) and out the white man's way (ONE BY ONE)" (Bryant and Carroll 1978).¹⁵

Many new arrivals in Benelong's Haven were worried about the shame associated with speaking at an AA meeting. However, upon sharing, shame was never something that I heard new speakers mention. The fact that an AA meeting involved a group of people with common problems, and the fact that anyone could be asked to share, meant that an

¹³ The style of AA meetings has some similarity to Lieberman's (1985: 3-5) discussion of the morning discourse in the Central Desert where individual speakers take 'turns' to build on a public narrative which air grievances or relate community news. This discourse acts to achieve congenial fellowship and consensus without personal authorship.

¹⁴ I am indebted to Hiatt (2000, personal communication) for this clarification. Miller and Rowse (1995: 23) found in their evaluation of CAAPU that staff emphasised that AA was aligned to Aboriginal notions of self-review.

¹⁵ This is discussed further in Chapter 8.

atmosphere of trust, equality and respect was emphasised. As one 33 year old man from Kempsey described:

You gotta jump in the deep end here. There's no gettin' in the background thinkin' 'Oh no, I'll talk after six months'. Or three months. You get into it straight away. All in the same boat. The longer you hold off from it the harder you find it to get up on stage. You get up there and the Polar Bear boom froze ey? You know when people are lying when they get up there. Start ummin and ahhing and they go like this and he said 'oh well, I could play football'. What's that got to do with your problem? You get up there and do it. Course we're all good footballers. Who gives a stuff.

(C, Kempsey)

The fact that individuals were not allowed to come and go as they pleased, that the meetings were structured in particular ways, and that only trusted outsiders (preferably AA members themselves) were allowed to participate reinforced the ritual nature of meetings.

Residents' understandings of 'alcoholism' and 'addiction'

Throughout my fieldwork I often heard residents and staff mention the term 'alcoholic' or 'addict'. Not only did residents repeat the phrase "Hello my name is...(*Given name*)...and I am an alcoholic" in AA meetings, but residents discussed what it meant to be an 'alcoholic' or 'addict'. Within the programme distinctions were not made between alcohol and drug users. Supporting this, residents often stated, "We are all addicts". In some cases, however, the older men in Benelong's Haven argued that drug users were different to alcohol users.¹⁶ Nevertheless, all residents understood that they referred to the same condition. Both referred to a condition of 'powerlessness' over the issue of controlling their alcohol/drug use. When talking with one resident about the subject he described that if being an 'addict' meant being unable to stop drinking or drugging, then he was an 'addict'.

In attempting to explain why one person is an alcoholic and not another I heard a variety of explanations. At times this became a vibrant topic of conversation, with individuals arguing their point vehemently. One group of men related to me that white

¹⁶ Ex-residents who had been drug users often talked about the unwillingness of AA groups in local communities to accept them as members, persuading them to go to Narcotics Anonymous groups instead.

Australians are more familiar with drugs and alcohol because they have had a longer historical association with them than Aboriginal people. They compared the large rates of Aboriginal substance misuse with the virulent spread of diseases within indigenous populations when the First Fleet arrived in 1788. However there was disagreement over this issue. In one particular discussion I had with a group of men, one resident protested against the use of the word 'disease' arguing that Aboriginal people were no different to other people. Another suggested that this was a different type of 'disease'; one caused by cultural loss and continued racism. No doubt this is an emotive issue, however it is important to stress that explanations for the widespread use of alcohol and drugs amongst Aborigines were varied. What residents agreed on was that the term alcoholic/addict and the phases of alcoholism explained in the 'Big Book' fitted their own experiences. Furthermore, the disease concept of alcoholism was generally interpreted as a social 'illness' related to colonisation and continued socio-economic marginalisation from white Australian society (see Chapter 8). In Kleinman's definition disease is put forward by a 'practioner' and refers to the alteration in biological structure (*ibid*: 5). Illness refers to "how the sick person and the members of the family or wider social network perceive, live with, and respond to symptoms and disability" (*ibid*: 3). Cultural understanding shapes illness experience in this framework. Similar to O'Reilly's examination of AA narratives, the understanding of alcoholism in Benelong's Haven was "probably more a matter of symbols than symptoms, a completely mediated imaginative field rather than a testable medical hypothesis" (1997: 4). In the following section I document the ways in which residents incorporated the symbols and narrative forms of AA to formulate specific types of 'shares' in AA meetings.

Different types of 'shares' within Benelong's Haven

I was able to identify four kinds of shares that were developed by residents: the 'newly arrived'; the 'drunkalong'; the 'old-timer'; and the 'initiate'.¹⁷ These types are not

¹⁷ These terms are my own construction except for the 'drunkalong', which was used in the Benelong's Haven programme. However, the 'drunkalong' maybe a local interpretation of what Rudy refers to as a 'drunkalogue', which she states refers to that part in an AA testimonial that discusses "how bad it was before" (1986: 38). Thune (1977) has also used the term old-timer to refer to experienced members of AA.

discontinuous but with experience AA participants could move from one to another. By identifying these different types of shares I hope to show the processes through which residents proceeded in learning their story and echo the findings of Thune (1977) who suggests that newcomers to AA use more experienced speakers' stories as models for their own.

The 'newly arrived'

In Benelong's Haven new residents were unfamiliar with AA and had yet to formulate their story. They had arrived with their own preconceptions of a rehabilitation centre and AA, some having experienced meetings previously in gaol, in their home communities or other rehabilitation centres. The general view of AA upon arrival was often negative, although, the majority of newly admitted residents had very little, if any, direct experience of AA. Many commented on being extremely anxious and nervous about standing in front of others and that they did not have a story. Some stood at the microphone motionless unable to speak. If this occurred, the person was directed by the Chairperson to say the opening phrase, indicating name and alcoholic status, and sit down. Applause followed. New residents' early shares were slow, deliberate and there were many silences. Maxine's share, another new arrival, was almost identical to that of Fred although somewhat shorter.

Maxine: Oh gosh. Hello. Maxine alcoholic. Started when I was young.

(Silence)

Into the flagons

(Silence)

Sittin' in parks and drinking and umm

(Extended silence)

Uncle John: Don't worry about it

Chairperson: Take your time. Just relax.

(Silence)

David: If you can't share 'sis' don't worry about it.

Maxine: Yeah excuse me sorry.

(Applause)

(Alcoholic's Anonymous Meeting, Benelong's Haven)

In this case the Chairperson did not have much experience in conducting AA meetings and a more senior resident in the audience intervened to reassure the new arrival. Those individuals who continued to have problems in forming their story were still called upon and if unable to speak would be encouraged to listen to other speakers' shares.

The 'drunkalong'

After a few more shares individuals generally started to feel more relaxed and confident in telling their story. They had begun to hear events in other residents' stories that were similar to their own experiences and were more comfortable standing in front of the group. Gradually they built up a wealth of alcohol and/or drug related events, which were recounted in chronological order from their first alcohol or drug experience onwards. However, what distinguished a 'drunkalong' was that the speaker continued to focus their story on the intricate details of their drinking or drugging experiences. They also related events from various periods throughout their life in no particular order and this led them to recount other experiences that were not alcohol or drug related. The speaker focused on the minutia of individual action, such as:

I went up to the pub. Then, got meself a few smallies. Carried them down the road. Saw Charlie. I owed him a couple so he come along. But first I went back to me house....
(G, Wellington)

The story continued with no conclusion in sight. Running over their allotted ten minute period, the share dragged on with the speaker oblivious to the Chairperson's gentle tapping on the clock indicating that their time was up.

The 'drunkalong' speaker had yet to "start doing the 12-Steps", residents stated, a phrase that illuminates the importance of action in AA. This was also emphasised in the morning lectures and meetings that were chaired by Val and Jim. Jim's analogy was to a footballer who believed he could play football by only reading and thinking about football. "Doing AA", Jim stated, involved not only thinking about AA and reading the 'Big Book', but was about practicing AA in the context of residents' everyday social relationships. In opposition to this, comments such as "doing his own programme", or "off the programme" referred to residents who were viewed as not applying AA principles to their everyday lives. An individual who was "off the programme" obstructed programme events and publicly criticised staff and residents' actions in the centre.

The 'old-timer'

On Friday nights an AA Meeting was held at 7:00 PM in the main hall. The highlight of the week, this meeting was open to AA members outside Benelong's Haven. Many of the visitors who came to this meeting had gone through the programme themselves, some of them in the late 1970s when Benelong's Haven first opened. Other AA members from the local community, both Aboriginal and non-Aboriginal, were also known to attend the meetings having heard about Benelong's Haven from previous residents, or from driving past the centre on their way to South West Rocks. Generally these speakers have had a long association with AA and have told their story many times. The structure of their share is similar to a standard AA narrative, which has been reported by other researchers (see Thune 1977; Alasuutari 1992; Hanninen and Koski-Jannes 1999). However, each segment of the AA narratives, shown in the following extracts, need to be placed in their social context. For example, in Aboriginal society excessive drinking may not be defined by the amount of alcohol intake, but by the infringement of social norms. Also, isolation does not necessarily indicate that individuals spend more time by themselves but is an assertion concerning the quality of social relationships. For instance, somebody who spends the majority of their time trying to borrow money to buy alcohol or drugs was often described as not respecting their social relationships, even though they were in the constant company of others. With these factors in mind a standard AA structure has been constructed as:

- Excessive drinking
- Isolation
- Hitting Bottom
- Experimentation (search for solution)
- Joining AA
- Recovery and decent life
- Gratitude

(Hanninen and Koski-Jannes 1999: 1840).

In general, old-timers' shares reflected the AA ideology in condensed form, often using the 12-Steps to guide their story. Thus a segment of their share, which discussed the inability of an individual to break away from using heroin or from the drinking group, is linked to the First Step, indicating powerlessness. At Benelong's Haven, the 12-Steps were a pivotal part of the programme. Residents were continually relating their life experiences and their present thoughts and actions in terms of the steps. I often sat

late at night whilst a resident talked to me about a realisation they had into one of the meanings behind a particular step. From the perspective of residents, the First Step was perhaps one of the most important and fundamental. Powerlessness was something that many stated they understood well in their experiences with police, in lock ups and with health services.

In examining an 'old-timer's' share in more detail, I will turn to an excerpt from an ex-resident who had come to Benelong's Haven in the mid-1970s:

Good evening friends my name is...and I too am an alcoholic. I'm pleased to be here sober tonight and grateful to God as I understand him and grateful to the fellowship of Alcoholic Anonymous. I was just sitting back there thinking, it was on the 12th of November '76, that I went to Benelong's Haven and I started my journey in sobriety. And that makes it my 24th anniversary of sobriety you know and I'm thinking that's why I say I'm grateful to God as I understand him and grateful to this fellowship of Alcoholics Anonymous. And, of course, Benelong's Haven because without getting to Benelong's Haven. Without sitting in a room full of Aboriginal people I believe I would not have stayed sober. I would not have got to this programme.
(B, Bowraville)

This speaker reaffirmed three components of AA. The first is thanking God of one's own understanding and the fellowship of AA. The second emphasises a personal journey in sobriety, which in AA is accompanied with a spiritual enlightenment. Third there is recognition of the importance of other fellow Aboriginal alcoholics. The concept of God in AA has often been misrepresented and widely interpreted as evidence that AA is a religious programme (Kurtz 1979). At Benelong's Haven the emphasis was on a God of your own understanding. For residents this God varied. For some it was the traditional Christian God, for those who came from areas where traditional law and beliefs continued it was the totemic ancestors and for others, it was the river, the sea or a particular tree.¹⁸

The next segment of an 'old-timer's' share described their gradual decline into substance misuse:

And so my story was that you know I started off drinking on weekends, I ended up a seven day a week drinker. I drank for the effect because it gave me the courage to mix with other people. Every time I got drunk my personality changed, it changed for the worst. I would be a loud abusive person, always

¹⁸ See Chapter 8 for more on this discussion.

looking for fights and arguments and always ending up on the worst end of the stick. I couldn't understand you know on a Sunday morning sick, sore, sorry and remorseful, the unknown fears there. Afraid of the sunlight. Afraid of mixing and meeting and talking with people. Towards the end of my drinking all I was doing was living to drink and drinking to live because my whole life revolved around alcohol. I had no feelings, I had no love, I didn't care about myself. I did the things that I wanted to do.
(B, Bowraville)

Reaching the lowest point of alcohol use, the speaker then talked of her first introduction to AA and Benelong's Haven. Travelling with her sister one day to Church, the speaker prays to God for help and the thought of Benelong's Haven crosses her mind.¹⁹ At first she stated:

I didn't want to go to Benelong's Haven because I didn't want the stigma of an alcoholic being attached to me. At that time I didn't know what an alcoholic was you know. It was just a drunk....I got to Benelong's Haven. I was shown this programme by sitting in a room, morning lectures and listening to those 12-Steps being read out, the thought for a day being read out. People telling me how the programme worked and I've learnt how to stay away from that drink for one day at a time. And I learnt these through living experiences.
(B, Bowraville)

However, in every AA member's tale there was the inevitable slip up when they leave the programme and return to their home community. This time the speaker related that it only took her nine hours of drinking to reach the same level prior to coming to Benelong's Haven. The following day after waking up "sick, sore and sorry", she returned to her bottles of beer which she planted in the grass to keep cool overnight. Sitting there, Benelong's Haven came back into her mind and she realised that:

The important lesson I learnt was that the first drink did the damage and I look at those two bottles and I knew then that if I wanted to continue drinking I could take those two bottles and if I wanted to stop I had to do somethin' about these 12-Steps. And believe you me it wasn't easy, because I had no belief in a power greater than myself, I had no other AA members that I could talk to. What I had to do was look at around at the environment. I looked at the green grass, the beautiful flowers, the earth. You know these are the things you know I had to question myself about. Who could make a beautiful flower? The colours in the flowers? The colours in the trees? All those things. I couldn't, man couldn't, so there must be a power out there greater than myself. And I chose to believe in that power and I chose not to take those two bottles that morning.
(B, Bowraville)

¹⁹ Many residents talked about having been lead to Benelong's Haven by some unseen force.

From that point on, the speaker was resolved to return to Benelong's Haven and undertake the programme again:

Continue going to meetings. Continue what the steps suggested. You know to do those steps I had to take them down from that wall and apply them to my life a day at a time and stay away from that first drink. Read that thought for a day book, the Big Book.
(B, Bowraville)

In the final part of her speech, the speaker turned to all things she had gained since stopping her drinking and leaving Benelong's Haven, working as a teacher with Aboriginal children, getting married, going to AA meetings, learning to share, care and love for her relations.²⁰ A belief in a high power greater than herself and her belief that alcohol was a disease and not "a shame thing" legitimised and reinforced her need to go to AA meetings on a weekly basis.

All residents valued the 'old-timers' shares on Friday nights. After the meeting, everyone gathered to have tea and biscuits and the residents were given a chance to talk with the older members about AA and their own stories. The old-timers not only demonstrated that AA worked in practise but it also enabled residents to establish social relationships with AA members in the surrounding community whom they could contact once they left Benelong's Haven. Furthermore, the old-timers provided a model for the AA share, enabled residents to see the larger historical picture of Benelong's Haven and acted to legitimise the programme itself.

The 'initiate'

'Initiate' sharers were generally those individuals who had been at Benelong's Haven for a number of months (usually over three months) and were recognised as committed to the programme. Staying for a long period of time in Benelong's Haven did not necessarily guarantee that a resident would become what I would call an 'initiate'. A number of factors contributed to a change in a resident's story, including: how relaxed and safe they felt sharing their story with others; whether they had been listening to

²⁰ In main group, Jim and Val emphasised that AA was not so much about gaining things but about getting back things, which had been taken away by alcohol or drugs.

other shares; and who was present at a particular meeting.²¹ I have distinguished the 'old-timer' and the 'initiate' for a number of reasons. Both the 'old-timer' and the initiate had few problems in talking in front of an AA audience. Both were adept at managing themselves in AA meetings often knowing the 12-Steps off by heart. In many instances their shares followed a similar pattern in describing the downward spiralling nature of their alcohol and drug use. However, the important difference was that 'initiates' had yet to develop their story into a fully-fledged AA narrative, which included reference to a higher power and a journey of spiritual enlightenment leading to the arrival within the AA fellowship. The development of an 'initiate' story was often profound both for the audience and the speaker him/herself. The 'initiate' came away from AA meetings on what they called "a high" indicating feelings of euphoria, relief and happiness. Many related that sharing was "better than any drug" they had ever experienced.

'Initiates' began their share by explaining that their substance was a result of particular social factors as one man explained:

'Cause my uncle drank it and every time he drank it he went mad and bashed his girlfriend and this and that. He was just a complete nut but I loved the guy for it 'cause I wanted to be like him. So I started drinkin' the stuff too with him.
(F, Wilcannia)

As the story progresses, the focus on social factors changes to a perception that alcohol or drugs makes individuals do various things:

The heroin would make me sit around on the nod and that. You know I didn't like that it would make me rob people. Make me hang out, you know. Used to go off me head when I couldn't get it, just spin real bad.
(L, Dubbo)

Just last year I picked up yarndi. The boys said to me come on Uncle, come on brother have one, one won't hurt it will really relax you. Sure enough it really relaxed me, it made me walk around the streets of Palm Island naked.
(P, Palm Island)

²¹ On Tuesday the Relationship Group was held at the same time as the single men's AA Meeting and I had to make a choice which group I would attend. The single men would try and talk me into coming to their group stating that I would hear different things to the normal share, as there were no women present. This was true to a point, with single men being slightly more explicit about their actions and feelings when describing their own experiences with alcohol and drugs.

As substance use increases, other areas of residents' lives became increasingly difficult to manage, with problems at school, in their relationships with family and with the police. There was an increased concern with loss of respect for self and family. "When I get drunk, I drink to get drunk and I lay down anywhere, I don't care me", one man from Palm Island explained. Descriptions indicated concerns over a sense of dislocation from the world and from social relations in general, as one man described:

In the end part there I was going mad from it, losing too much sleep, umm, started seeing things, seeing shadows. It was like people were hiding from me. Umm, people trying to do sly things behind me back you know. I think they'd be up to something you know. Just seemed mad it was. When night come along I'd see shadows, I'd see someone duck in the bushes something like that. Nearly killed me women you know, umm I just spun one night. She wouldn't stop yelling at me one night, you know, and I thought she had the devil in me you know. I had a knife you know. These things play on me mind you know. 'Cause when I take a drug like that I don't know what I'll do, I'll do anything.
(L, Dubbo)

Having come to Benelong's Haven, either through the courts or from the advice of others, speakers reflected on their time thus far focusing on their current state of mind, such as "me head is starting to clear right out" or "memory is getting better, I can think straight now". Reflecting on when they arrived, speakers focused on their individual progression through the programme and their plans for the future. This was oriented to the potential difficulties they may face when going home. This involved a reassessment of self and past actions as one man reflected:

I had my chances I blew a lot of them. I am grateful to look back on my life and see how pretty stupid it was. I blamed anything in town, every body. Even blamed racism that was in town. Drugs, alcohol and violence. I grew up with all that stuff. I blamed it. That was part of my life. I blamed it for the way I turned out. But now I realise that none of that stuff drove me to what I done. I picked up a drink on my own accord. No one forced me to drink. I picked it up myself. I ended up in this mess on my own. I got no one to blame I am in it myself. To be honest with myself today and realise I have a drinking problem and now to this very day I realise I done the wrong to family friends you know mates. I done a lot of harm to everybody in my life.
(D, Bourke)

What is interesting about the 'initiate's' share is that very little reference was made to the types of explicit references to AA and to a higher power made by 'old-timers'. However, their stories share certain similarities, such as the descriptions of dislocation from the self and the 'hitting bottom' experience. Instead of revealing some spiritual conversion, 'initiates' usually asserted statements of personal responsibility and

acceptance of past wrongs. This was reflected in their decision to stay at Benelong's Haven. "I have to do it for myself, I'm here for myself to get myself straight", one man explained. A general structure evolved in an 'initiate's' share, which can be summarised into three main segments:

1. Substance misuse as social interaction (other people are active force);
2. Substance misuse as separation from self (alcohol/drugs are the active force);
3. Substance misuse as part of the individual (individual is the active force).

From one perspective, this structure indicates the development of speakers' own understandings of substance misuse, from placing it in its social context, to a perceived loss of control and to acceptance of personal responsibility. Cain also gives an example of an AA story, which has a "getting honest" stage (1991: 241). However, from Cain's perspective this reflects an incomplete AA story. Whilst this is also true for those residents who went on to modify their share once they had more experience in AA, it does illuminate the various frameworks that speakers used to understand, and share with others, their alcohol and drug use.²² It also indicates that a share was not simply a matter of adopting a typical AA structure and repeating it. Rather, shares were situated in real-life experiences and individuals had to formulate their own story through interpreting what others have said and what they themselves select from their memory.

'Frames': An emphasis on learning and interpretation.

As other researchers have shown, AA involves the "systematic manipulation of symbolic elements within an individual's life to provide a new vision of that life, and of his world" (Thune 1977: 88). The majority of residents I spoke with were in the process of learning, what they called, the "AA way".²³ Many new arrivals stated that

²² It is true to say that from the point of admission, residents were engaged in a continual process of reconstructing the past. When talking with other residents and staff, in attending meeting and lectures and going to AA meetings, the newly arrived began to re-construct the past. This was all undertaken within the context of the treatment programme and the influence of AA and other programme elements such as 'Psych Groups', morning meetings and discussions with staff and other residents.

²³ Antze (1981) has provided an excellent analysis of the symbolic action in AA, where he suggests that the logic underlying AA is similar to those found in tribal cults of affliction and possession as discussed by Turner (1957).

they had not been aware of the full extent of their problems associated with their substance misuse before they arrived to Benelong's Haven. Through listening to other residents' stories and participating in AA groups, substance misuse was reconstructed as one of the major problems in their lives (Antze 1987: 156).

As I argued earlier, a key element I noted from observing AA meetings over the period of my fieldwork was the change of stories from a social to an individual perspective. The 'newly arrived' and the 'drunkalong' speaker referred to social factors surrounding their drinking with a predominant emphasis on the actual social situations within which drinking and drugging took place. In her study of Finnish blue-collar alcoholics, Alasuutari (1992: 1) identified this focus as an everyday frame. The everyday frame "focuses attention on the place and function of drinking in social action" (*ibid*: 1). However the 'old-timers' presented a very different story. Their share described a spiritual journey in which they reached a point removed from all social relations with family, described as 'hitting bottom', through their ever increasing drinking and drugging practices. At the very bottom, sitting in gaol or during the morning after a heavy drinking session, a spiritual revelation was experienced where they discovered their higher power, travelled to Benelong's Haven and accepted AA and their alcoholic/addict status. Alasuutari identified this as an alcoholism frame, which "shifts attention from the situation to individuals and their drinking habits or style" (*ibid*: 2). The alcoholism frame depicts heavy frequent drinking as something different to normal behaviour, which in turn, is related to a disease of the will that cannot be cured but only managed and handled (*ibid*). The alcoholism frame provides individuals with an interpretative framework that justifies their inability to drink or drug and the need for continual commitment to the AA tradition.

However, the 'initiate' used a mixture of both frames, they did not conform completely to the alcoholism nor to the everyday frame. Theirs was a story in learning. In this sense, it is not a simple matter of adopting one frame or the other but these had to make sense to the participants. This was achieved through the process of learning to share but it was also the result of participants' interpretations of AA. Participants' construction of their stories involved a process in which aspects of a particular frame were chosen to inform on past experiences, which were themselves constituted within the context of their present position within Benelong's Haven. In this light, individual

choice and learning styles of participants were emphasised as well as the overall structuring effects of life in the rehabilitation centre.

Whilst I have presented a seemingly clear division between the different types of stories presented in AA meetings, learning one's story was not always so clear-cut. While AA imposed specific structures on the construction of 'shares', there were ambiguities and contradictions within individuals' stories. This illuminates the concern that Spicer (1998) expresses over narrativity as a reflection of experience.²⁴ Spicer argues that people, specifically North American Indians in his study, do not always make sense of their world through coherent narrative forms. In fact he argues:

A preoccupation with narrative...has...tended to focus our attention on how people have made sense of their experiences to the exclusion of how their interpretations may have failed (*ibid*: 139).

Spicer suggests that coherent narratives, involving a "grasping together" of disparate elements of a story, are neither necessary nor an inevitable way to talk about illness (*ibid*: 140). In fact such narratives (this would include those of the AA type) preclude a coherent notion of the self. Spicer suggests that the coherent narratives, often found in the context of alcohol treatment programmes, do not represent the experience of substance misuse, which generally lack coherence and plot resolution.

The purpose of this chapter has been to demonstrate how the larger structures implicit to the AA style informed residents' constructions of their past experiences. As I have demonstrated new arrivals' stories were often fragmented and incoherent. By listening and communicating with others, residents learnt how to re-structure past experiences into an AA format. The various meetings and groups influenced this process and, as I shall show throughout this thesis, were formulated through their relationships between residents and with staff. Importantly, the development of coherent stories was aligned with concepts of reclaiming a sense of wholeness and cultural vitality (from fragmentation to wholeness). However within the context of residents' informal interrelationships the formation of stories was a negotiated process, one that was formulated from a variety of different sources. In the following three chapters, I

demonstrate the different ways residents negotiated their story within the context of the treatment centre. In response to Spicer, I would agree that residents' narratives outside the context of Benelong's Haven might indeed follow different forms. I cannot comment on whether narratives are a 'natural' way to represent human experience, but in the case of Benelong's Haven they were an important part in understanding substance misuse and in forming particular identities and social relationships.

Conclusion

This chapter has demonstrated how residents engaged in a process of 'learning their story' through AA meetings. Whilst the AA framework shaped their stories, learning to share was an active process of re-constructing the past. Importantly, these stories were learnt in a social group, which sought to re-interpret, and make explicit, the role that alcohol and drugs had played in residents' lives. These were, as I was told by residents, "laid out straight" in the 12-Steps. The steps gave a clear guide to residents documenting what they must do to achieve and maintain sobriety. Cain (1991: 217-221) argues that the incorporation of AA propositions to participant stories is evidence of a restructuring of identity. Furthermore, identity reconstitution in AA takes place through reinterpretation of the self and one's life through the vehicle of the personal story (*ibid*: 233). In Benelong's Haven, as residents gained more experience in AA, their shares moved from a reliance on 'social' factors to describe their substance misuse to one that stressed individual responsibility and acceptance. This involved the strategic deployment of stories to generate context appropriate identities. Variability between stories represented different understandings of AA and substance misuse but also represented residents' self-interpretations of their past experience. However, this chapter has not established whether residents' processes of 'learning their story' involved sustained identity transformations, that is whether AA stories (and the treatment programme in general) were integrated with residents' sense of self. This will be the subject of Chapter 10, where I argue that a simple transformation of identity through placing AA principles into practise fails to take into account a number of factors related to the way in which residents experienced treatment in the centre and the environments they returned once they left Benelong's Haven. Importantly,

²⁴ By narrative Spicer is referring to the way in which people represent experience to others.

individuals were able to hold different perspectives that became relevant in different social contexts. Thus in examining the development of an identity based on 'sobriety' it is important to examine the different ways in which individuals interpreted, and actively engaged with, the structures placed before them. The subject of the next chapter is oriented to continuing an in-depth exploration of the treatment programme from the perspective of the 'Psych Groups'.

Chapter 6

'Psych Groups': Men's group and individual counselling

Residents at Benelong's Haven referred to the 'Psych Groups' as that part of the treatment programme which, as one man explained, dealt with "your emotions and feelings, stuff like anger and that". The 'Psych Groups' occurred every Tuesday and represented a change in the usual routine of the treatment programme. The groups were divided into a men's group, which involved all the male residents on the property, and was followed by a relationship and parenting group for the 'married' couples. At the time of my fieldwork John and Maria, both white Australian psychologists, led the men's group (9:30AM to 10:30AM) with Maria facilitating the relationship and parenting group (11:00AM to 12:30PM). Individual counselling also occurred on Tuesdays and in the afternoons senior residents were permitted to seek counselling with the psychologists.

The first part of this chapter focuses on one particular men's group held in December 1999 and will demonstrate the various ways in which participants interacted and attempted to reach a consensus on the issue under discussion for that week (the advantages and disadvantages of anger). My aim is not to make an extended assessment along psychological lines as to whether the 'Psych Groups' had any psychotherapeutic effect. Rather, I intend to show that whilst residents were required to attend all groups and their discursive interactions within the groups were informed by a therapeutic structure, which had to be learnt and upheld by the therapists and senior residents, the majority of residents actively participated and supported the structure and form of these groups. This does not mean that all residents passively accepted all conclusions reached through the discussions held in the groups. Rather, the emphasis was on residents' efforts to find their own answers to various problems. However, as I shall show this is one of the central elements of psychotherapy.

By extension the second half of this chapter focuses on the role of individual counselling in Benelong's Haven. I utilise one case study where a resident expressed anxiety over a particular dream experience in a psychotherapeutic sessions with the psychologist. This particular session is illustrative of the acceptance that many residents placed in the unequal power relationships between therapist and resident.

Why was there so much trust I ask? The answer lies in the social relationship that the therapist is able to create with his patients.

Aboriginal mental health

Generally, the use of psychotherapy amongst indigenous peoples has been viewed as problematic (Vargas and Koss-Chioino 1992). Issues related to self-disclosure (including talking out feelings, fear and anxieties), keeping a scheduled appointment and the intrusive, presumptuous nature of the psychotherapeutic encounter has been cited as inappropriate in indigenous contexts. Also notions of self-process and insight, which are critical to psychotherapy, have been criticised as inapplicable for indigenous populations whose model of mental health is often related to connectedness to community, to family and the 'indigenous network' (*ibid*: 248).

The study of Aboriginal mental health in Australia has been limited, oriented to mainly remote communities, and as Reser notes "assessments of the mental health status of Aboriginal individuals and communities have been framed in ethnocentric terms" (1991: 219).¹ There have been two main approaches to Aboriginal mental health. One examines the effects of colonisation on indigenous cultural psychopathology. Such discussions examine Aboriginal self-injury and suicide (Reser 1991; Hunter 1993); substance misuse (Kamien 1978; Brady 1991); depression (Cawte 1965; Hunter 1993) and domestic/family violence (Kahn 1980; Bolger 1991; Burbank 1994). The second examines understandings of mental health from the Aboriginal perspective and tends to ignore larger processes of change associated with colonisation. Cawte (1974) has identified specific 'culture bound syndromes', although McKnight (1999: 221-226) has challenged his general conclusions, and ethnographic data, on the subject.² Reser

¹ Berndt and Berndt (1951) have discussed the notion of abnormality in a specific Aboriginal society in western Arnhem land and have shown that these do not correspond to psychological models on the subject.

² McKnight (1999: 223) has two essential criticisms of Cawte's explanation of the 'cultural specific syndrome' called 'markirri' sickness on Mornington Island. First, Cawte provides little evidence to support his argument that the sickness, caused by the mixing of landfood and seafood in strange countries, is culturally specific to all hunting and gathering societies. The second criticism is oriented to Cawte's 'phenomenological displacement theory', which describes the sickness as a spacing mechanism designed to preserve territoriality. McKnight suggests that this explanation says little about the nature of the specific ethnographic context of this conflict and merely illustrates that there is a sea-land dichotomy (*ibid*: 222).

(1991) has reviewed the indigenous psychologies that are specific to Aboriginal people in Australia and has asserted that some of the most important cultural differences are based on different notions of personhood and emotional experience. As Reser notes:

In Western cultures, socialisation is in the direction of internal emotional control, or suppression of feelings. In an Aboriginal context, communication, meaning, and support depend to a greater extent on expressing feelings, and structuring social reality through feelings and expressive behaviour (*ibid*: 252).

Whilst Reser's division between the emotional and social contexts of Western and Aboriginal society is too neatly divided along internal/external controls, it is important to note that due to a variety of historical, environmental and social factors, Aboriginal people are immersed in larger networks of social relations than the majority of white Australians. Due to the public nature of people's lives in Aboriginal society, Reser suggests that the "communication of how a person is feeling" is very important to the way in which the self is defined through social relationships (*ibid*). Whilst it remains unclear whether this is specific to Aboriginal people, the identification of indigenous psychologies is reminiscent of Benedict's (1934) 'cultural configurationism', which sought to identify the emotional themes or gestalts of specific cultures.³ Benedict argued that 'culture' shaped personality, resulting in divergent definitions of deviance and by extension sickness. Not only does this approach simplify the complexity of socialisation within society, it also over generalises the differences between different societies and the variability of personalities within one society.⁴ In Reser's defence, perhaps he is talking in propensities rather than absolutes, although his theory requires additional ethnographic evidence in both Aboriginal and western contexts to support his case. However, for the purpose of this chapter, the contention is that psychotherapy, which often focuses on the internalities of emotions and thoughts, is inappropriate for

³ Benedict (1934) contrasted the personalities of three cultures: the Kwakiutl of the Pacific Northwest, the Zuni of the American Southwest, and the Dobuans of the South Pacific. She characterized the Kwakiutl as 'dionysian' because they appeared megalomaniac and prone to excess because of their vision quests involving torture and potlatch ceremonies involving conspicuous consumption and destruction of material goods. In contrast the Zuni were 'Apollonian' because they appeared peaceable and restrained by moderation with low-key ceremonies that reined in sexual license. The Dobuans were paranoid because they appeared preoccupied by sorcery and were suspicious of each other for stealing potatoes.

⁴ Such models often used crude and over-simplified explanations from psychology. See Bock (1980) and D'Andrade (1990) for arguments against the cultural and personality approach.

indigenous peoples because their thoughts and emotions are related to the affective quality of external social relationships.

There has been very little analysis of the ways in which these issues are being addressed within Aboriginal communities and/or health settings. This chapter argues that while certain elements of psychotherapy can be problematic for Aboriginal people, this is not because of its focus on the internalities of emotion and thought. Rather, the environments in which Aboriginal people often experience psychotherapy are controlled by white Australian society reinforcing inequalities in status and power. Aboriginal people are often introduced to psychotherapy in contexts not of their own choosing either in correctional facilities or medical centres. In Benelong's Haven, psychotherapy was not optional however it was conducted within groups of individuals who had considerable say over the topics under discussion. Whilst they could not challenge the form of such groups they did negotiate its content. By contrast, individual counselling was entirely optional and those who sought continued treatment did so through the development of stable and trusting relationships with the psychologists. This chapter is concerned with illuminating how psychotherapy can work, despite inequalities in power between white Australian psychologists and Aboriginal residents, in the ethnographic context of Benelong's Haven.

The men's group

What follows is a description of one men's group that occurred in December 1999.⁵ The manager of Benelong's Haven announced the commencement of the men's group on the loudspeaker.⁶ As the men arrived in the married couples TV room they took up their seats, which were arranged in a circle around the walls of the room. The room itself is glass walled on two sides giving anyone inside a view of the fields surrounding Benelong's Haven. It is also enables those from outside to see in and thus avoid the

⁵ I attended every men's group for the period of my fieldwork and was given permission to tape record the group.

⁶ All men on the property are required to be present and group size varied from 15 to 40 men. There had been a group for women in the past, however this was ceased for a variety of reasons. One was the reduction in numbers of women after single women were no longer accepted into Benelong's Haven. The second was that various disputes had arisen between different couples, usually initiated by the men, concerning what had been said in the women's group.

area when the men's group is being held. Some of the men talked and joked about various events, a few sat slouched in their chairs, eyes closed or fixed on some point outside the windows.

The meeting started when both John and Maria entered the room, greeting the residents and welcoming any new arrivals to the centre. If anyone was missing, a senior resident was asked to search out the missing person, unless informed that the person had departed the centre.⁷ Every week, John introduced himself to any new arrivals asking their name and hometown. At first a new arrival was generally suspicious of such questions. However, John proceeded to ask if they knew, or were related to, a particular family from that region with whom he was acquainted. In many cases the new arrival would know that family and would state the relationship. This process of introduction located the new arrival into a particular kin network and personalised the relationship between therapist and resident. After this, John made a series of jokes about whether various residents were 'new' to the programme. A common reply after John jokingly asked a senior resident whether they were new was: "Yes, I'm new everyday".⁸ Others swapped names with each other until the group was in a general state of laughter. The conversational tone continued for a few more minutes with short discussions concerning activities on the weekend, some piece of news or other topical events. In this particular group, John interjected at this point to clarify his position and the purpose of the group:

Although we have a lot of fun in the group, we have a structured programme. This appears to be unstructured sometimes but we always try to get something out of it towards the end of the group. The essential thing is that you all have the ability to say something. Therefore you should use that ability and say something whenever you can. You all have the ability to listen therefore you should all listen as much as you can. You all have a massively powerful brain. Each one of you has one. The best way you can develop in these groups is to focus on what is happening, right. Whatever you say becomes the knowledge, you the group make it happen. We are both psychologists. We help what you want to change about your behaviour, not what we want you to change. What you want to change, it is your choice to change. Burke is providing the knowledge and when he provides the knowledge here on the floor he might help Brian or someone else in the room.
(John, Benelong's Haven)

⁷ As John and Maria were not full-time staff at Benelong's Haven they were sometimes unaware of residents' departures from the centre.

⁸ This can be seen as an example of a resident's acknowledgment of the AA therapeutic dialogue that stresses the 'one day at a time' philosophy.

John and Maria then asked participants to think about the topic discussed in the previous week. The group generally had to be prompted but once an individual indicated the subject, others contributed, providing some of the examples that were discussed in the previous week.⁹

Discussing respect and anger in the 'Psych Group'

After these lengthy introductions, Maria revealed the topic for discussion, the advantages and disadvantages of being angry. She first asked the group: "What advantages are there to being angry?" What constitutes anger was not defined and participants were expected to call out their responses whilst John wrote these on a white board. Those who were familiar with the group format began calling out statements, whilst the newer members sat quietly, watching the interactions. Responses included: "Protection"; "Letting off steam"; "Be respected"; "You get space"; "You get a lot of peace"; "Get control of the situation"; "More time to get drunk on your own".

At this point Cedric entered the conversation asking what another resident, Martin, meant by "Be respected". Martin stated:

By gettin' respect you'd see that they're angry and you'd respect that they're angry and you wouldn't say nothin' to make 'em more angry.
(M, Dubbo)

One resident, older in age, who was relatively new to the centre interjected forcefully:

But what if he was really wild, hey? I wouldn't give him any respect, any control, I wouldn't respect him as a person. I mean if he's gonna act like this, I would not give him space. He might get security, I mean he might feel good but this is a negative.
(K, Sydney)

Other participants joined the new resident and began talking about the negatives of being angry. Quickly, John and Maria interrupted and stated that the group had not yet covered the advantages of being angry and would move on to disadvantages soon. "Oh

⁹ Group topics are cyclical and rotate every six months.

is this hypothetical talk?", someone exclaimed and everyone laughed. One resident brought the group back to the discussion by describing that pleasure was a positive of being angry.

You might get pleasure over standing over others because you know he's not gonna do nothing 'cause you're angry.
(J, Nambucca Heads)

Two men immediately proclaimed, "Anger would be power". John continued to write on the white board as Maria repeated what people had said and added her own comments. Others made further additions such as: "Stand overs"; "Happiness and unhappiness": "The rush" and everyone suddenly started talking at once. John quietened the group telling them to listen to him whilst he expanded on the idea of anger as a rush, comparing it to the high associated with substance use. Others interjected at the beginning of his mini-lecture asking whether he was talking about endorphins. Martin interrupted them, "Yeah, I wanna hear this, come on", and everyone fell silent. As an example, John stated that people may get angry in the men's group and this would have an effect on their concentration. Mark interjected, "I would just walk out me". Again everyone began talking at once making it impossible to pick one dialogue out from another. Uncle John, commenting about the noise, said the room had become like a pub. Laughter ensued. At this point one resident interrupted and told a personal story of the benefits he received from being angry when his baby died. John related this to the way in which some people may use anger to achieve various outcomes, security, pleasure or privacy.

At this point Peter from Palm Island entered the conversation. Participants fell silent to listen to him speak.

I would like to say something on that John. I identified with all that because where I come from, it's all there. And the main problem where I come from is respect, there's no more respect. They don't care who you are and what you are. And I lived with that for the rest of my life when I was up on Palm Island. And, ahh, on Palm Island the main problem there is jealousy. You know the people up there they got funny style of living up there. One person don't want to see the next person doin' good for themselves. They'd rather pull you down on that same level as them. It happened to me.
(P, Palm Island)

Some of the other men confirmed they have had similar experiences in their own communities. John began to talk, but Peter interrupted claiming:

And I got very angry, 'cause when I was 'ere a couple of months ago I was talkin' about my boat. Well there's no more boat there. It got smashed. The boys, my nephews smashed it. Ran over a reef and now I've just lost control, you know. And ahh, I just got a machete and split 'em. Because I had all this thing in me you know.
(P, Palm Island)

John affirmed Peter's anger and reminded the group that they were focusing on feelings associated with anger and the issue of forcing people to give respect through anger. Peter added that if nobody was going to respect him, he will not "stand up and respect them". Another man related his own story describing a period when he abstained from alcohol use and was able to save money. Then his family arrived and pressured him to share his money and to drink again. John stated that the discussion had brought up a lot of emotions among participants and assured everyone that there were no right or wrong answers. Everyone interpreted anger in different ways according to their own feelings over time, he concluded.

At this point, Maria re-entered the conversation by summing up the main points discussed and directed the conversations towards the disadvantages, or 'costs', of anger. Responses from residents included: "You only have a single train of thought"; and "A closed mind". Maria gave an example of the effects traumatic events in childhood could have on emotional development. David entered the discussion stating "I agree with that" and talked of the anger he felt at school after he witnessed "something happen".¹⁰ At the time, he felt he could not talk about what he saw with anyone. He stated that his anger grew, which he then directed at his class teacher. Another man added to David's story by talking about being expelled from school for being the class clown. John asked the group whether a barrier was placed before them when they were at school.¹¹ Somebody mentioned racism, which was followed by general agreement and one man stated: "If anyone said 'black' to me I would punch them, all the anger would come out of me". "Drugs got me there for me", another man asserted. John re-phrased the question and asked what "got people to this state in the first place". Peter again talked about the problems he had at home, the physical

¹⁰ David referred to witnessing an act of sexual abuse.

¹¹ In the previous week's men's group, Maria had expanded on the idea of a 'barrier' to 'normal development'. She stated: "As a powerless child you cannot express that anger, to express it to the person you need to. We are talking about all the things that pull you down. This leads to shame, of not

beatings he received from his father and the frustrations that he took to school. Uncle John asked:

Are we really racist, if we wanna feed we go to a whitefella shop, so we usin' them. We talk about it. 'Cause we too lazy to go out.
(J, Bourke)

The group then focused on the specific losses of being angry, providing short punctuated answers: "Losing friendship"; "Loss of respect"; "Loss of control"; "More or less loss of everything". Again the group came back to the problem of respect. One sub-group of men, led by Martin, talked about the respect an individual can acquire by being angry towards others. However, another sub-group, led by David, argued that they would not give respect to an angry person. "No loss to me", one individual stated. Again an animated conversation burst forth until Martin spoke out loudly:

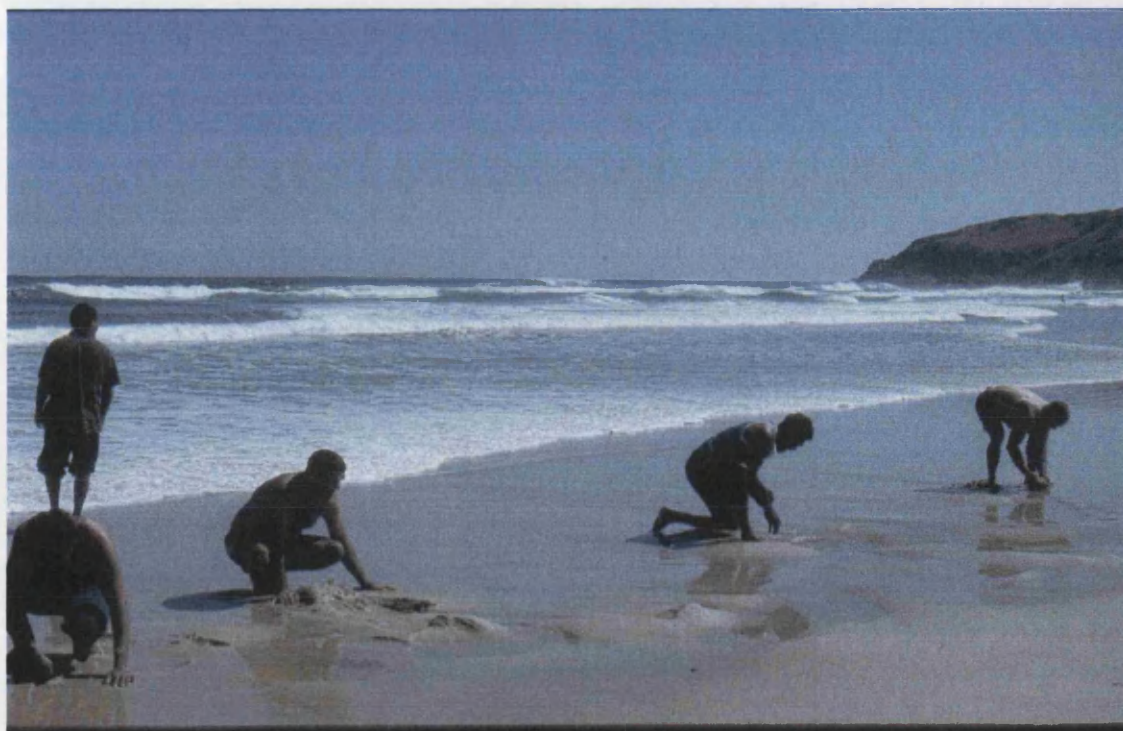
I'm tellin' youse now if I walked in 'ere with a gun and I put it to youse heads youse would respect me. Don't worry about that. I'm tellin' youse, you would. Whatever any of youse say you would. If I was out of control and I walked up and put a gun there and I said if you move I will blow your head off, youse wouldn't start getting cheeky would you...(His voice fades and is lost into the rising eruption of voices within the room)
(M, Dubbo)

The conversation died out as a resident entered the room, late, after completing a duty for Val. He had missed the group and John made a joke about how this argument would not have happened if he had been there. This interruption enabled John to acknowledge both points of view, stating that it is the angry person who thinks he is getting respect. A couple of the men stated that this respect is a kind of fear. David again disputed that there was any respect involved in fear and another resident argued against him and the debate erupted for a second time. However, it was nearing the end of the hour and John stopped the discussion, concluding that there are different kinds of respect. He asked whether the respect an angry person receives is of a different kind to other forms of respect. The group ended at this point with John stating that they would continue this topic in the following week.

fitting in, of putting on a front, fear of failure, fear of being put on. A person who has a lot of shame is very sensitive to someone saying something and is quick to ignite".



Men's Group Excursion to Hat Head National Park, 1999



Searching for shellfish. Men's Group, Hat Head National Park, 1998



Local Competition Football, SW Rocks 1998



**Local Competition Football, SW Rocks
T-Shirt reads 'Belong's or Bust' 1998**



Football Practice, Hat Head National Park 1999

Introduction to group psychotherapy and organisation of 'Psych Groups' at Benelong's Haven

The psychologists

Every Tuesday, all residents looked forward to the appearance of John and Maria. Upon their arrival various residents would greet them on the front desk where topical events were discussed in a light-hearted friendly manner. Whilst John worked at Benelong's Haven three days a week, Maria worked on Tuesdays only. This meant that whilst they were both intimately connected to Benelong's Haven, as non-Aboriginal professionals (who had never had problems with substance misuse themselves) they were outside Aboriginal kin networks and the everyday activities of the centre. A married couple, John and Maria are certified Psychologists from Port Macquarie. Both have worked extensively with Aboriginal families in various communities throughout NSW. John has had a long association with Benelong's Haven, starting from his employment in the Department of Aboriginal Affairs between 1975 and 1982. In 1983, John began working on a part-time basis for Val and Jim. Since then he has had different roles within the organisation from builder, to financial adviser and now as psychologist. In 1994 he began leading the men's group and taking individual counselling sessions. Maria had been invited into Benelong's Haven as an expert in sexual assault counselling and ran the relationship and parenting groups as well as individual counselling. During the period of my fieldwork, both John and Maria were willing to talk to me about the structure and theories guiding their psychotherapeutic approach to the residents. With the permission of Val, John and Maria allowed me to attend the groups, however I did so as an observer and only rarely was I asked to speak.¹² In return, John and Maria were interested in an anthropologist's insight into the groups and I was able to discuss various issues brought up in the group each week. In examining John and Maria's approach to the psychotherapeutic programme, it is important to look at their guiding theories. First what are their views on Aboriginal mental health, which are guided by a confluence of various theoretical approaches, including Cognitive-Behavioural and Motivational therapy. As psychotherapy was

¹² I did participate in therapeutic activities if the group broke into smaller groups.

oriented, it is also important to look at the historical antecedents to group psychotherapy.

Guiding theories for therapy in Benelong's Haven.

John and Maria hold a particular model of residents 'mental health' that influences their approach to therapy. This model suggests that residents have experienced difficulties in their personal lives resulting from substance misuse and a range of other factors. Depending on the individual these other factors included: Problems in forming stable relationships; experiences of racism; emotional trauma resulting from various forms of violence in childhood and adult life; low self-esteem; aggression; and depression. Underlying this, the psychologists' central focus was, as John stated in a men's group: "What put all that anger there in the first place". By this he meant the underlying factors supporting a range of emotions, beliefs and practices.

The therapy itself, however, did not adhere to any one strict psychological approach. One important element was that offered from the perspective of Cognitive-Behavioural Therapy (CBT). In psychology, this theory suggests that cognitive processes involved in symptom-formation may be unconscious as well as conscious and that people can be self-destructive because of negative convictions about themselves, the world and their future (Stevens 1998). Such negative convictions are understood to have developed through learning and to be maintained by reinforcement. CBT aims to change an individual's behaviour and cognitive processes through a range of techniques such as identifying and challenging negative assumptions and encouraging individuals to monitor their response in the light of what they have learnt in the therapeutic situation. An important element of CBT used in the Benelong's Haven 'Psych Groups' was the 'ABC principle'. A stands for the event, B the beliefs or interpretation of that event and C is the consequence, i.e., how an individual reacts behaviourally following B. The main focus of the men's group was to focus on B, the interpretation of an event. This orientation can be said to formulate the basis for the structure for all discussions in the 'Psych Groups'.¹³

¹³ The therapeutic structure embodies a number of factors, which are believed to have a beneficial effect on group members. Following Bloch and Crouch (1985: 246), these factors include: acceptance a sense

Group psychotherapy: historical influences

In examining the psychotherapeutic component of the Benelong's Haven programme, it is also important to ask why group therapy was the predominant technique employed. To examine this it is important to look not only at economic issues but also to look at the traditional role group therapy has had in the history of residential rehabilitation centres.

The confluence of intellectual developments and social needs after the Second World War contributed to the rapid growth of group psychotherapy in the United States. After the Second World War interest in the use of the group therapy developed in response to two very different sets of problems. A broader segment of the population was seeking analytic treatment, many of whom could not pay for extended individual therapy several times a week.¹⁴ And there was an increasing awareness that there were patients in psychoanalytic treatment three, four or even five times a week who were not progressing in their daily life. With regards to Benelong's Haven, as with many other residential rehabilitation centres, the large numbers of residents often means that other forms of more individualised styles of therapy can become costly and time consuming. This is particularly the case for Benelong's Haven whose relatively small budget does not permit a large staff to offer every resident a rigorous and individualised psychotherapeutic treatment regime. However, underlying this economic reality, the group style of therapy conforms to Benelong's Haven's emphasis on the importance of group support in the AA programme. With this in view it is the group and not the individual that allows residents to progress in the programme. Foulkes and Anthony (1997 [1967]: 34) also emphasise this point and argue that it is groups (rather than individuals in psychoanalytical thought), which is the prime unit of human

of belonging and value in the group); universality (participants realise that they are not unique in their problems); altruism (participant can be helpful to others); instillation of hope (optimism about benefits received from group); guidance (receive advice, instruction in group); vicarious learning (observes therapeutic experience of fellow group members); self-understanding (learns something about himself through interpretation or feedback); learning from interpersonal action; self-disclosure; and catharsis (effect of talking in group about personal information). While various participants in some form or another may individually refer to such factors they are, nevertheless, an ideal that the therapist strives to achieve.

experience.¹⁵ They also argue that group psychotherapy intensifies and amplifies the social and interactional aspects of human behaviour. Thus, in a group setting a person is understood to be acting out unconscious conflicts. They set out three essential preconditions of group therapy:

1. The group relies on verbal communication;
2. The individual member is the object of treatment;
3. The group itself is the main therapeutic agency.

(*ibid*: 15)

Foulkes and Anthony outline three basic approaches to group psychotherapy. The first is based on “*relief* through expression” and has a cathartic element; the second involves “*restoration* through participation and acceptance” and takes its form as “encounter groups”; and the third is oriented towards the “*liberation* of creative forces in the individual, the *liquidation* of old fixations in development by laying bare disturbing conflicts and bringing them to awareness and resolution” (*ibid*: 15, *original italics*).

The first two approaches can be seen in those therapy groups organised around the Synanon therapeutic community model such as Daytop village on Staten Island, USA in the 1960s and 1970s (Sugarman 1974). Encounter groups at Daytop Village involved residents meeting twice a week to air their grievances to others in the house. Participants aired grievances aggressively by screaming, at ear-splitting volume, abuse at another member of the group. Each group member became the focus of such a process and everyone was expected to contribute after the initial catharsis to assess a person's progress and the changes required for that person to continue in the programme. Sugarman notes that this provided a “legitimate and carefully regulated outlet for verbal hostility and aggression” (1974: 69) with a group leader and a therapist acting to co-ordinate the group. The encounter groups forced a person to:

¹⁴ This was particularly the case for understaffed military hospitals who were forced to use group treatment to deal with the large number of psychiatric casualties.

¹⁵ See Rawlinson (1995: 51) for detailed discussion of group analytic concepts, drawn from Foulkes (1964) in the context of Therapeutic Communities.

Listen to others telling him how they see him behaving, pointing out how certain problems that he is complaining about are the result of his own behaviour, and confronting him about how he feels about himself (*ibid*).

These groups were confrontational, aggressive and acted as a "safety valve for the release of feelings" in the highly structured community (*ibid*). Sugarman argues that they were also essential to the personal growth of the resident. Whilst the therapist appears to take a minor role in encounter groups, he does offer insights to explain a resident's behaviour. In this way, the therapist engineers the group process to reinforce dramatically the points he is making and to influence residents to act immediately upon the insight. At the time, this style of therapy was largely reserved for those suffering from alcohol and other drug problems who were depicted as unaffected by ordinary therapeutic principles and processes (Miller and Rollnick 1991: 6). However, today many therapists argue that encounter groups are unhelpful and yield more harmful, damaging and adverse outcomes (*ibid*: 6-7).

At Benelong's Haven, the intended effects of group therapy fit well with Foulkes and Anthony's (1997: 34) three basic approaches. Perhaps most important was the third, which involved the freedom to speak one's mind, to be creative, and through such principles as 'ABC' bring to awareness and resolve various conflicts. However, 'Psych Groups' differed from those documented in other rehabilitation centres such as Daytop village. At Benelong's Haven, direct hostility and confrontation between individuals in the 'Psych Groups' was actively discouraged. Whilst people were free to talk about their emotions, beliefs and behaviour with regards to their experiences outside the centre, problems with other residents could not be aired. As Benelong's Haven was a small tight knit community there were conflicts between various personalities (see Chapter 7). However, if such conflicts developed to physical violence, or interrupted the operation of the centre itself, it was deemed a housekeeping problem and was the responsibility of Val.¹⁶ Direct confrontation between participants was seen by the

¹⁶ The only time a serious confrontation posed a threat to the 'Psych Group' was early in my fieldwork. One man, Jack, criticised Murray for being angry all the time, followed by a verbal insult. Murray's response was to threaten to throw a chair at Jack. John intervened stating that the men's group was not about resolving personal differences on the property. Before leading into a general discussion on anger, he informed the two men that if their personal differences could not be resolved outside the group, they would have to take their case to Val. Various men related stories of participating in 'anger courses' in

psychologists as working against the therapeutic process, which attempted to establish an open and friendly environment through which individuals could speak out without fear of reprimand, hostility or exposure to others in the group. Occurring once a week, the men's group had a 'time out' function away from other programme activities and gave the male residents the opportunity to interact with each other (and with the psychologists) in a different social environment.

Reaching consensus: The importance of 'what if's' and a 'communal voice' in residents' experiences of the men's group.

What I have called the therapeutic structure was acknowledged by the psychologists to be an ideal model and was rarely formalised or explicitly documented for residents or other outsiders. The organisation and experience of 'Psych Groups' was informed by John and Maria's guiding theoretical framework in psychology and through their experiences of working with Aboriginal people. In the group therapy described above, the psychologists' aims were to demonstrate that there are both positive and negative aspects to anger, that anger can be associated with childhood experiences, and that everyone interprets anger in different ways according to their feelings over time. However, both John and Maria were open to change in the content of any group and the emphasis was placed more on the initiatives of the participants. This is an essential part of group therapy where the group is deemed as having therapeutic effect rather than any one individual (Foulkes and Anthony 1997). Nevertheless, a formal therapeutic structure was still important and the psychologists attempted to direct the group conversation towards particular conclusions deemed to have some therapeutic end. However, just as the psychologists had particular goals in mind, the participants themselves were concerned with reaching consensus on specific issues, which remained unclear in group discussions. Qualifications by the residents temporarily led the group away from the subject discussed, and at times challenged the content of the group discussion itself. However, they did not directly challenge its form.

gael where they were encouraged to punch phone books to let out aggression. They reported that this often heightened their aggression.

'What if's'

After the subject of anger was introduced the group described in this chapter began with John and Maria asking participants to call out their response to the question: "What advantages can be gained from being angry?"¹⁷ A series of statements by participants circulated the room as John wrote the responses up on the white board. In this case a newer resident argued against Martin and Cedric with a 'what if' statement and various other participants began to introduce comments which threatened to divert the discussion. John and Maria interrupted the conversation and re-qualified the aims of the group. Another participant supported John and Maria verbalising his realisation that they were using 'hypothetical talk'.

An essential component of the 'Psych Groups' was the requirement of participants to comment on hypothetical social situations put forward by the psychologists. 'What if' comments often diverted the psychologists' intended discussions into debates over contingent external factors and the complexities of social interaction. For example, in June 1998, the men's group was discussing a hypothetical situation presented by John and Maria involving the experience of being given the wrong change after buying some item in a local shop. The majority of men interpreted this as signifying racism. The shopkeeper had short-changed them due to their Aboriginality, inferring they were incapable of basic numeracy skills. Aggressive or abusive action was concluded to be the only way to respond. The men argued that there was no choice. John put forward the suggestion that whilst a person's reaction to an event occurred virtually instantaneously, and seemingly without thought, before action an individual makes a very rapid interpretation of that event (Point B in the 'ABC' principle). He concluded that the men's aggression towards the shopkeeper was the result of an interpretation they had made based on many factors, including past experiences in shops and knowledge of the shopkeeper. However, an interpretation it was and did not necessarily reflect the shopkeeper's attitude. Perhaps, John argued, the shopkeeper purposefully

¹⁷ This follows an approach developed from motivational interviewing where individuals are asked to comment on the positive and negative aspects of certain behaviour or emotional state, in order to make some assessment on the benefits of one or the other (Miller and Rollnick 1991).

did this to everyone or he was just bad at counting. However, John's main point was that in everyday life actions are based on interpretations of events, and this process is so fast it appears to be unconscious. Through awareness of the process it is possible to stop and think about possible alternatives to the social situation before a certain course of action is taken.

Rather than accept this explanation several participants declared 'What if' cases, which, at first acted to undermine John's explanation. 'What if's' included: "What if the shopkeeper had all his mates in the shop and they were all laughing at you"; "What if he swore at you and called you a name"; "What if he always short-changed you and none of them white people". To finalise this exchange another participant gave an example from his hometown of a white Australian shopkeeper who was known to have a dislike for the Aboriginal community and "always tried to rip us Kooris off". Eventually some of the more senior residents came up with an example to re-interpret John's point. They referred to the experience of having a stranger stare at them in the street. Whilst many in the group interpreted this as a sign of aggression and were thus motivated to confront the stranger, senior residents argued that perhaps the stranger had recognised them and was trying to remember their name or had seen them score a goal in football last week and were too shy to talk to them. Whilst the 'what if's' did disrupt John's narrative they did not, however, pose a threat to the therapeutic process. However, in any group discussion, it was important for participants to reach their own understanding of the concept under discussion. 'What if's' acted to contextualise the therapist's abstract example, which was often removed from its social context, in order to test the boundaries of the proposed concept. 'What if's' brought complexity to human social interaction and included considerations of social, political, economical and racial factors.

'Hypothetical talk' and 'what if's' did have some impact on the interactions between individuals in the groups. They enabled participants to speak publicly about their thoughts, feelings and behaviours without standing out from the group. The public acknowledgement and mutual sharing of these issues enabled participants to recognise common experiences, such as their experience of racism in interacting with white Australians. Whilst these processes at times disrupted the integrity of the group and its therapeutic development, they were resolved through negotiations between

psychologists, senior residents and newer residents and did not undermine the groups' foundations.

A 'communal voice'?

As the above example of a group process demonstrates, responses to the psychologists' comments or questions often resulted in responses being called out simultaneously. At first, a few senior residents offered statements, and then gradually all participants were calling out their responses in unison. Often particular statements were picked out by various participants as the most important, and were repeated by different individuals. This can be contrasted with participants offering their own personal experiences where 'turn-taking' was strictly adhered to and interruption was discouraged. However, personal stories also clarified a group's consensus on particular issues by reflecting shared experiences, such as racism or alienation in the classroom.

When John or Maria did not intervene, the discussion moved forward by the statements made by a number of key players. These statements interrupted a particular flow in the conversation to redirect it in another direction, or enabled John or Maria to make a comment. In particular four key players emerged in the group presented above: Peter, David, Martin and Uncle John. At one moment, Martin stopped the group discussion stating, "Yeah I wanna hear this, come on", so that they could listen to John give his ideas on anger. Uncle John demanded silence when he made a joke stating that the volume of the group was like being in a pub. Whilst there was general concern for reaching consensus amongst participants' responses in the group, these key players also created divisions between participants and problematised the topic under discussion. This illuminated the differences of opinion between participants and an unwillingness to concede to others in the group discourse. This is particularly interesting for my general theme throughout this thesis of 'learning one's story' as it demonstrates the way in which residents could express their opinion without threatening group stability.

The discussion of respect

As noted earlier the subject of respect was brought up through the interchange between Martin, Cedric and a newer resident at the very beginning of the group session. After

John and Maria's intervention, the group soon returned to the notion of respect with the speech made by Peter from Palm Island. Peter announced that he had "something to say" on the particular subject, signalling to the group that he was going to make a personal comment. Peter had an important position amongst other residents at Benelong's Haven. After eight years away from Benelong's Haven, Peter had returned after a 'bust' when his wife died. Peter was the only person from far northern Queensland who was at Benelong's Haven during the period of my fieldwork. For other residents who came predominantly from the more urban regions of NSW, Peter was viewed as more traditionally oriented than most. Originally from the Alice Springs region in Central Australia, Peter's father and his brothers had gone through the 'law' prior to his father taking up police work on Palm Island.¹⁸ Peter had many stories of returning to Alice Springs with his father, of seeing the "real wild blackfellas", the rituals, the dances, and of hunting and rounding up cattle upon the pastoral stations. Peter's father had decided that Peter was too "soft" to go through the initiations, that he would not be able to follow all the rules.¹⁹ Peter commented that he was the "myall one" in the family; he will never know the traditional knowledge and was worried who would protect him when his father dies. However, Peter also stated that he wanted to be like "everyone else" and become a responsible sober community member in Palm Island and acquire a job. "I don't want to go back to the Dreamtime and not be in control of my life", Peter told me. This lack of perceived control over one's life is an interesting interpretation by Peter of traditional Aboriginal culture and demonstrates the variety of responses Aboriginal people have towards their perceived and desired role in society. Despite this, Peter was still acknowledged by other residents to know more about traditional Aboriginal culture because of his family's links to Alice Springs.

With his personal statement Peter returned the group to the problem of respect and in particular his own experiences of jealousy between individuals in his community. Despite interruptions by the psychologist, Peter continued to make his final point that

¹⁸ In this case the law is that body of religious knowledge passed down by older to younger men through an initiation process.

¹⁹ When I asked Peter what he meant by the term "soft" he replied that this referred to his status in his family as the youngest, and hence, most protected child. He had grown up under the watchful eye of his father, he stated, and this had made him "too soft" with regards to gaining knowledge of "tribal ways".

“if nobody is going to respect him” he “will not stand up and respect them”. Here, Peter provided an alternative viewpoint to Martin’s statement and suggested that anger comes from the lack of respect others (his nephews) have for him and his property. For Peter, respect was important for success in social relationships between individuals. Loss of respect led to feelings of anger, implying a denial of that social relationship. When the concept of respect was brought up for the third time, the group separated on its opinion on the matter. On one side, David argued that he would not give respect to an angry person: “Don’t care about him, no loss to me”. Again an assertion that anger leads to the denial of a social relationship. On the other side, Martin led a group that rejected the ‘respect of social relationships’ argument and put forward the idea that anger and physical force provide ‘respect’ in the sense of restricting personal autonomy.

The fact that both groups were led by quite different personalities was significant and reflected the various backgrounds and life experiences of different residents. From the inner suburban areas of Dubbo, Martin was a heroin user, dressed in Nike gear and identified with a ‘street wise’ urban identity. His lifestyle reflected an acceptance of many of the values associated with materialism. As a heroin user, Martin had become adept at the process of ‘scamming’, ‘robbing’ and ‘break and enters’ to fund his own personal drug use. These activities, it could be said, involve a devaluation of the notion of respect for others’ property. At the same time, Martin embraced many of the values of white Australian society with its emphasis on individual success and consumerism through the acquisition of material possessions (i.e., a large car, stereo, brand name clothes). In contrast, David was from Bourke and Peter from Palm Island, both of which are remote in location. Both used alcohol and marijuana only, listened to country and western music, dressed conservatively and placed importance upon the family, their land and values related to ‘sharing and caring’. For Peter and David, it was the relationship between family that was important and any acquisition of material wealth was to be shared amongst these people. Both were concerned with upholding these as part of Aboriginal cultural values.

The differences between these key players are illuminating in demonstrating the divisions amongst Aboriginal people themselves over what constitutes Aboriginal values. Schwab (1988: 83) demonstrates that whilst kinship is at the base of identity for

most Aborigines in Adelaide, identity is also portrayed, expressed and articulated through distinctive Aboriginal styles.²⁰ Trigger (1986) uses the word 'domain' to capture the very distinct networks of interaction that divided Aborigines from non-Aborigines in a Queensland settlement. These domains or styles consist of a whole complex of components, which together provide a means of identification and orientation, directed both outward to non-Aboriginal society and inwards to the Aboriginal community. Understanding and participating in the local Aboriginal style sometimes provides a means by which persons can overcome the perceived ambiguities of their identities. For example, one range of more visible styles of urban Aboriginal identity is the utilisation of particular styles and colours of clothing and accessories, identification with particular types of music, deportment, body language and etiquette. Style itself, however, is but a visible manifestation of a pervasive cultural system, including values, attitudes and understandings which are seen as unique by Aboriginal peoples, giving form and texture to everyday life. However, the conflict between the two groups in the above discussion over respect illuminates the local differences between the attitudes and beliefs of Aboriginal people in different regions of Australia.

Whilst some weeks the participants in the 'Psych Group' divided over a particular issue, this was not always the case. At other times, consensus was easily reached whilst other groups saw different factors dominate a group divide (i.e., age, economic, political differences). These divisions rarely resulted in lasting amenities between group participants. Outside the context of the 'Psych Group', shared Aboriginal identity and a mutual substance misuse problem were stressed above other differences. However, the different understandings of what constituted Aboriginal values between residents, demonstrates the difficulties in a theoretical approach that attempts to identify common core emotional and social themes specific to one society. What is interesting within the context of this study is the way in which such differences were

²⁰ McKnight (1997, *personal communication*) has suggested that many Aborigines articulate three levels of Aboriginal kinship. One is with all Australian Aborigines and is defined by conceptions of shared blood (i.e., being a 'brother' or 'sister'). The second is one with a number of potential kinship links, 'fictive' or 'real' with a wide variety of peoples in different specific locations throughout Australia. The third are the immediate ties by kinship within the close family and community.

negotiated and re-interpreted within the context of recovery from alcohol and drug misuse.²¹

Residents' experiences of the 'Psych Group'

In the above section I have spent some time deconstructing the intricacies of the 'Psych Group'. I have shown that the attitudes expressed in the group can be seen, from one perspective, as illuminating particular divergences in the values and beliefs of Aborigines from different localities. But the question can still be asked what was the general experience and understanding of the 'Psych Group' from the perspective of residents? Did all residents engage within the group so readily and so expertly as I have shown in the above description?

As stated earlier many residents arrived with a distrust of white Australians and figures of authority, particularly in institutional type settings. For many of the Aboriginal men in Benelong's Haven, negative experiences in the past with social workers, parole officers, psychologists and counsellors in gaol had a significant impact on their initial expectations of the 'Psych Group'. Unlike the AA meetings, which were organised and conducted amongst the residents with minimal staff presence, two white Australian professionals directed the 'Psych Groups'. Many of the new arrivals were apprehensive that the 'Psych Groups' would involve a process of direct confrontation where the psychologists would "try and get into our heads and twist things", one man described. However, it was often the case that as a new arrival witnessed the contributions of more senior residents, they felt more willing, not only to listen to what was being said, but to actively engage in discussions. Also, new arrivals more readily accepted confrontation and challenge to their statements when it came from fellow group members. Although some men did not speak in group at all, it is important to not interpret this as disinterestedness, or distrust of others, as one man explained:

First, I don't know, first month I was just always in a daze sort a', just day dreaming, thinking about the outside but after. After I been here for a while I just, I don't know I been listening a bit more. That's why I don't ask many questions in the group, I just got to sit there and listen.
(K, Moree)

²¹ See Chapter 8 and 10.

When I started attending the 'Psych Groups', I was struck by their difference to the AA meetings. In the 'Psych Groups' participants were loud, animated and sometimes argumentative. Pervading this atmosphere was a joking familiar air amongst the participants. Particular residents spoke more than others. Some formed a clique of sorts and whispered jokes to each other, whilst others typically took opposing viewpoints. Sometimes various individuals grouped together after the 'Psych Group' to discuss further a particular issue. Residents often told me that the groups "made you think more". What kinds of thoughts they may have been alluding to can be revealed in the following explanations made by residents. One ex-resident on a return visit to Benelong's Haven declared that whenever he found himself in a situation, where in the past he would have reacted aggressively, he now stops and thinks about the 'Psych Groups' and considers less violent action. Another individual still in residence stated:

I don't know it just makes me, I just think about things, remember little things out of groups and think about them. You know like, you know when situations happen I suppose I just changing me thought a bit you know. Before, I used to just do things without thinkin' about it or worrying about the consequences but now I just...I don't know change. Just change me thinkin' pattern I think.
(C, Wellington).

However not all residents walked out of the groups so happy or enlightened. Some individuals did not remember the content of a group discussion the day after its occurrence. Others deemed the groups to be irrelevant to everyday life, did not see the point of talking about these issues and believed that in dangerous social situations the fastest possible conclusion is best achieved with the fists. One discontented individual declared to me:

The Psych Groups make it sound too easy, you know. Back home, Aboriginal way is much better. Fists talk louder and clearer, ey?
(B, Brewarrina)

On another occasion I approached a disgruntled looking group of three men who were sitting on the deck outside the men's dormitory. As they saw me approaching their conversation stopped. After a period of relative silence, I asked what was going on. They looked a bit uncomfortable saying that it was nothing, until one man voiced their concern with the men's group. Over the past few weeks the group had been focusing on issues related to anger and these men believed that other residents and the psychologists had not been "talking straight, not proper way". They expressed

difficulties in understanding the group and felt that participants and the psychologists “kept changing their opinions”. On this day the three men had come out of the group believing that the psychologists had informed them that it was better to act on their anger with violence. Perhaps, one man stated, John and Maria were getting all their information “from computers whereas it should come from the heart”. I had observed that these particular individuals had been fairly silent in groups for the past few weeks and when they had tried to speak they had been interrupted by some of the other residents. They had not been able to provide their own ‘What if’ scenarios or personal stories to make the group ‘real’ and understandable for them. Instead they had become angry towards their fellow group members and had failed to understand the group’s main conclusions. In any group session there were always a few words and concepts that John or Maria had to explain to the group and sometimes these passed unnoticed. However, miscomprehension was only part of the problem that these residents experienced. They felt that they had lost their ability to tell their personal stories and to be heard in the group. Such story telling was an important part of the sociality of the group and individuals formed their opinions through these processes. These residents eventually spoke with John about their concerns. Subsequently, John actively sought the help of these men to define particular words (such as empathy and interpretation) and as a result they regained their ‘voice’ within the group and used these openings to provide their own stories and ‘What if’ scenarios. In this case it was not the actual group structure and process that they were resisting. Rather it was in their perceived inability to be heard within the group, “to talk straight” and “from the heart”.

In this chapter I have argued that far from representing foreign modes of social interaction, ‘Psych Groups’ were accepted, and actively participated in, by Aboriginal residents. Whilst the psychologists directed the flow of dialogue with a therapeutic end in mind, and participants were expected to conform to certain rules and discursive styles, residents worked within these boundaries to develop understandings of the issues under discussion. Whilst unanimity in the group discussion was a desired outcome of the group, conflict was an essential process in order to contextualise and illuminate the complexities of social life, both inside and outside the group. It is possible to relate various themes of the ‘Psych Group’ to the principles of ‘symbolic healing’ as discussed by Moerman (1979) and Dow (1986). Dow (*ibid*: 58) suggests that western psychotherapy shares a common language with other forms of healing in

providing the following: suggestion or persuasion; catharsis; and social restructuring. Similarly, the 'Psych Group' at Benelong's Haven enabled residents to realise different interpretations of the world through the persuasive force of the therapist and other residents and they permitted individuals to express their feelings in a controlled and safe environment. It also provided a social setting through which residents could re-structure their relationships with others.

The dynamics of the 'Psych Groups' did change, as did the level of participation, with the arrival and departure of different residents. Overtime, this often meant that the psychologists had to preserve the content of the group at a level that new arrivals would be able to follow. Within the group structure it was assumed that senior residents would be able to act as guides for the newer arrivals unfamiliar with the process. In turn, senior residents, familiar with the topics under discussion, were permitted to seek individual therapy. It is to this aspect that I now turn.

Individual counselling

Individual counselling could be sought in a number of ways in Benelong's Haven and every resident was entitled to individual counselling after a period of two months. During that time it was considered by staff that residents should settle into the routine of the centre. Sometimes a resident approached either Val or Jim with specific problems they were experiencing. Val or Jim then made a decision whether this was an appropriate concern for the psychologists. Issues related to depression, anxiety or suicidal thoughts were referred to John or Maria. However, if a resident was experiencing anxiety over conflicts with other individuals in the centre, this was usually dealt with directly by Jim or Val. The conflicting parties would be brought into either Val or Jim's office where their problems would be discussed until some resolution was made. Thus there was a division between housekeeping matters and those that were seen as resulting from experiences outside the centre. Alternatively, a resident could approach John or Maria and ask for an individual counselling session. These residents arrived voluntarily with a specific problem that they were experiencing

and usually expected some solution to be offered by the psychologist in their favour.²² What follows is an example of one such meeting.²³

After one particular men's group, Edward approached John, the psychologist, to ask if he could arrange an individual counselling session after lunch.²⁴ Edward had been sent to Benelong's Haven by the magistrate's court, after assaulting his girlfriend when in an intoxicated state. He had no memories of the event, stating that he was in a 'blackout' at the time. Edward had spent one month in a remand centre before his sentence was appealed and he had been sent to Benelong's Haven. Edward's arrival was not dissimilar to that of other residents. He was suffering from the effects of prolonged alcohol and marijuana use and was extremely worried about the events leading up to his arrest. He missed his family, including his girlfriend. Edward was pleased to be out of gaol, however never having experienced rehabilitation centres, he was unsure how to conduct himself in his new surroundings. After six months in the centre, Edward had contacted his family, but not his girlfriend. He had settled into the programme, developed an AA story, made friends, played football and had taken on various jobs in the centre.

Edward arrived in John's office soon after lunch. John sought to make Edward comfortable by indicating where he should sit, near to him. At once, Edward began to speak urgently. He described an emotionally disturbing series of dreams about attacking his wife and emphasised his distress by adding that he was experiencing headaches. Edward's speech was emotional, and various hesitations underlined his anxiety. John asked how he felt about these remembered events:

Edward: Ah well how I feel, um. You know if...I'm...um...You know I just sort of...I feel like I'm. I don't really wanna remember it. I don't want to remember it.
John: Why because it's...

²² Curtis and Stricker (1991: 31) have argued that patients enter therapy with some degree of expectation that they can be helped. This may result from the positive reputation of the therapist; a general view of therapy in general; and the understanding and optimistic stance of the psychologist him/herself.

²³ I am indebted to Dr. Roseanna Pollen for assistance with the interpretation of this therapeutic encounter.

²⁴ Edward referred to individual counselling as "come and have a talk". Whilst the counselling session did occur, Edward is a fictitious name and certain pieces of information have been omitted to protect the individual concerned. Both Edward and John gave me permission to record and use the information from this private counselling session.

Edward: 'Cause umm you know I, it, you know, I just wanna forget it. You know, I wanna forget. I don't wanna remember it. 'Cause umm, you know, I keep thinking if um, if I can remember this now you know, it might just, you know, actually I might remember it. I might remember it again, you know one night in the future somewhere. Umm, you know, laying with a girlfriend or somethin'. You know, it might have an effect on my relationship. I just sort of feel, I feel like I really don't wanna remember these things but umm, they just been coming back to me and I been a bit worried about it.

John assured Ed that this it was quite normal to be anxious or worried and reassured him that the best way forward was to talk about his problem. Edward continued expanding upon his fears stating that he was "fearful for myself, in remembering what happened". John asked why he felt fearful and Edward replied "You know, I don't know. I could like. In my sleep I could relive it". The discussion then proceeded with the following interchange:

Edward: In my sleep, you know, and actually do damage to myself. You know, like I might hurt myself in some way. Like if I'm, if I'm, sleep, dead sleep to the world, and I'm. I relive what happened you know and I sort of like, it'll like, it'll re-enactment of it. On myself but, but I'm in a sleep. You know, I just feel fearful of myself sleeping.

John: You think it might happen while your sleeping?

Edward: Yeah, you know I might actually do it to myself in my sleep.

John: That's extremely unlikely.

Edward: It is?

John: Yeah.

Edward: Right. Good.

John: That's extremely unlikely to happen while your sleeping.

Edward: Well, that's that fear we just kicked him out anyway.

John: Kick that out the window.

Edward: Yeah, all right. You make me feel a lot better now Johnny.

In this section John picked up on a specific anxiety - that Edward thinks he might harm himself in his sleep. John avoided the issue oriented to Edward's fear of being violent again - in general - not just in his sleep. Rather he decided to reassure Edward that he would not be violent in his sleep. John adopted an expert role and reassured Edward that people do not harm themselves in their sleep. Edward accepted the role of someone who should be pleased to be reassured and in a short exchange they mutually reinforced the roles of reassurer and reassured.

The session continued and it was apparent that Edward's anxiety was not resolved. He described his dreams again with an added disturbing feature, that he believed his dreams were prescient:

Edward: Yeah. 'Cause I don't know what to expect. Like umm, I seen, I don't know how I, how I, how I can say this...um. I don't know John, it's like um, it's like you know when I asleep I can see...

John: You can see it clearer than your seeing it now?

Edward: Yeah, see it clearer but it's not now or then, it's comin'. You know, um how...

John: You mean your seeing the future?

Edward: Yeah, something like it there mate you know um, who was it? There was a thing on TV um, and I'm, I actually heard about it already you know. I sort of knew about it. But ah I didn't, I didn't actually know about it in life but you know I knew about it in my dream. I sitting there watching TV and it come on the news and you know I'm sittin' there I seen this, I know what was going on here.

John did not investigate the nature of Edward's claim to prescience. Instead he offered Edward a small lecture - teaching him about the importance of self-love and by prescribing a technique of relaxation. Edward was compliant with this approach, allowing John to take him through the relaxation technique. Throughout this John reinforced his message, stating that to have self-pride and self-esteem Edward must build his strength by applying these techniques. After the exercise Edward exclaimed "Yeah that's relaxin'. I feel like I wanna play touch (*football*) now". John finished the session by explaining that Edward should expect the nightmare to return but this time he should be ready to apply the techniques he has just shown him.

Interpreting individual therapy

The above scenario represents a successful therapy session and while residents approached John with different problems, the approach and outcome of the treatment remained fairly constant. Occasionally there were residents who did not respond to therapy. Some residents had ulterior motives in seeking counselling such as requesting John to write a formal letter to the Department of Community Services, or an application for gaining council housing. Also, many residents with specific anxieties or other problems never approached John for therapy either because they left the centre within two months or they sought the advice from senior residents.

Many residents were already well versed with psychoanalytic explanations, through their past experiences with 'Psychs' in gaols or in the local medical service.²⁵ In the individual counselling sessions, John did not search for such underlying causes and instead attempted to motivate the resident to make their own decisions and conclusions regarding their future and to provide techniques to lower stress and anxiety. This approach is in line with 'motivational interviewing' techniques (see Miller and Rollnick 1991). In this approach, therapy concerns itself less with insight into personal psycho-dynamics but places emphasis on the positive and negative contributions that the patient's definition of their own perceived symptoms are making to their life as a whole. It uses advice, suggestion, and motivation to help render a symptom less 'dysfunctional'. Paramount to John's approach in individual counselling was the emphasis on listening, the expression of emotion, and the development of a trusting and friendly therapist – patient relationship. This is especially important in the context of Benelong's Haven where the expression of feelings, and listening to others, was an essential aspect in the formation of social relations. Links can also be found to Aboriginal culture in general. As Reid and Trompf note the expression of feelings are paramount in Aboriginal societies:

To not show proper feeling in interaction with others is to question the relationship and to violate not just an expectancy, but to threaten a severing of connectedness, which is critical to the sense of well being and self (1996: 252).

At Benelong's Haven counselling sessions relied on the development of a close and positive relationship between John and his client and this was fostered by John's willingness to participate in activities and spend time with residents outside the routine of the treatment programme. John could often be found talking with various residents about topics other than psychology (such as football and Aboriginal sports people) and engaged in activities with residents outside the main office (such as playing table tennis in the men's TV room).

Whilst the emphasis in individual counselling is on listening and providing the tools and motivation for change, John controlled the therapeutic encounters. He made sure

²⁵ One resident explained to me that a psychological explanations would be along the following lines: "I drink and bash my wife, because my father wasn't around and my Uncle bashed me".

that counselees knew that he was a trusted friendly person and that he could teach them techniques to control their anxiety. While the latter are perhaps in general 'a good thing', as the patient could self-administer the technique, the inequality in the relationship (anxious patient - reassuring expert) was an inevitable consequence and often fostered dependence on the psychologist. In this respect, residents were told what to think and feel, an experience, which they have encountered in other institutional settings. This unequal power relationship between the white Australian psychologist and an Aboriginal resident means that the expression of a 'patient centred' explanatory model of illness is subsumed and dominated by the therapist's knowledge (see Rogers 1951; Bloor, McKeganey and Crouch 1988: 190-198).

Littlewood and Lipsege (1997 [1982]: 306) have argued that whilst ethnic matching in therapy is possibly significant, it is more about the ability of the therapist to understand and empathise with a patient's personal experiences.²⁶ Notwithstanding this it may be conceded that the patient – therapist relationship is an unequal one in counselling and status differences of various kinds can become prominent at different times. John himself has had a long history with many Aboriginal people throughout NSW and has a good knowledge of Aboriginal life and their families. His ability to communicate with residents and interact with them outside the office was an important factor contributing to the development of trusting relationships between psychologist and patient. Brady (in Sutton 2001b: 149-50) suggests that a 'doctor – patient' relationship has often been very successful in the treatment of Aboriginal substance use. She argues that Aboriginal social networks often support drinking practices, through 'levelling procedures', which are reinforced through gossip, group pressure and shaming. These often contribute to strong disincentives to interfere in people's business (Brady 1995a: 1491). The doctor lies outside these networks and provides a private and personal environment which can "give an Aboriginal patient an 'excuse', a solid reason, from an authorising 'other', a person who is outside of the person's immediate social network" (in Sutton 2001b: 150).²⁷

²⁶ Littlewood and Lipsege (1997 [1982]: 306) have argued that marginalised Asian Americans prefer a more directive and active therapist who gives specific advice rather than a traditional passive therapist of psychoanalysis. Elsewhere, Littlewood and Karem (1992: 38) note that family system therapy makes no assumptions on what constitutes a 'problem' in an individual's psychopathology.

²⁷ Kline and Roberts (1974) also found this to be true for those American Indian people within a residential treatment programme in Mendocino State Hospital, California.

The quality of the psychologist - patient therapeutic relationship is not however specific to this case and has been documented in the larger psychological literature (see Curtis and Stricker 1991). Whilst Freud (1958) was primarily concerned with the transference aspects of the therapeutic relationship, Ferenczi (1932) was the first to consider the role of the analyst's personality and experience in the treatment process. Rogers (1957) wrote extensively on this subject and argued that the therapeutic relationship comprises the essence of the change process. Zetzel (1956) also suggested that the 'therapeutic alliance' is dependent on the patient's capacity to form a stable trusting relationship with their psychologist.²⁸ Within psychology there has been much controversy over what is meant by the therapeutic relationship (Langs 1976). However, there has been a general consensus, which recognises that the psychotherapeutic process does involve a 'real' and 'personal' relationship (Lipton 1983). Within anthropology, Dow has suggested that symbolic healing inherent to western psychotherapy is "based on a model of experiential reality that can be called its mythic world" (*ibid*: 59).²⁹ In the case presented above John asks Edward to present the experiential reality of his world. This is then re-interpreted by John and he provides Edward with reasons to accept a different 'reality' and a way to control his fears. As Dow explains through the therapeutic relationship, the "patient accepts the healer's definition of the patient's relationship to the mythic world" (1986: 60).³⁰

Within Benelong's Haven residents often used individual counselling as a catalyst to bring certain problems they were experiencing out into the open, in a safe and controlled environment. Of course the psychologist could not pass the intimate details of residents to others in the centre. The important point is that residents often used the platform of the individual counselling session to then talk with other

²⁸ Greenson (1967) describes that the therapeutic relationship is dependent on two processes. One is based on an 'authentic' liking, trust and respect between patient and psychologist and is described as more personal. The other process involved in the therapeutic relationship is that affected by transference. Transference refers to the unconscious transfer of experience from one interpersonal context to another. It refers to the reliving of past interpersonal relations in current situations (Fiscalini 1995).

²⁹ The concept of the 'mythic world' of the patient is similar to Kleinman's (1980, 1988a) explanatory model. These refer to the culturally specific understanding of a patient's reality.

³⁰ Dow (1986: 60) explains that western psychotherapy places the 'mythical world' in the mind of the patient who is asked to talk about it in the psychotherapeutic setting. In magical healing, including shamanism, it is the healer who makes explicit the mythical world whilst the patient remains passive.

residents in the centre about the same problem. By first approaching a psychologist, who represented an 'expert' and who was not involved in the daily social interactions of the centre, residents were able to avoid the fear of what other residents thought (and may say to others) about them. However, they would only do so when they had established a trusting relationship with the psychologist. Feeling more at ease after individual counselling, residents often approached others in the centre with whom they would continue talking about their feelings, leading to the development of strong friendships.³¹

Conclusion

The psychotherapeutic components of the treatment programme at Benelong's Haven, including both 'Psych Groups' and individual counselling, were structured so as to avoid any actual present anger and violence in the centre. Perhaps it was safer for the psychologists to do so in the confined spaces of the centre. After all John and Maria did not live on the property, nor were they present everyday. It would be the senior residents and Val and Jim who would have to sort out any resulting conflicts. Nevertheless, John and Maria were viewed as part of Benelong's Haven and their contributions were valued equally with others working in the centre.

In the 'Psych Group' I have shown how participants were able to explore issues that they themselves considered important, within the context of the topic under group discussion. Participants willingly entered into 'hypothetical talk' and accepted the therapeutic structure. Within this structure participants were free to bring into the discussion social, political, economic, and racial considerations. In the example of the men's group presented in this chapter, I have also discussed the ways in which divisions in the group (manifested through key players) often made it difficult for consensus to be reached between participants. In this particular ethnographic case, the division of the group over the issue of 'respect' reflected differences in Aboriginal cultural experiences. The differences between the values and beliefs of those residents from remote areas in Australia compared to those from more urban areas became an important underlying feature for differentiation within this group.

³¹ See Chapter 8 for an extended discussion on the nature of friendship in Benelong's Haven.

I have also discussed individual counselling within Benelong's Haven and demonstrated how the therapy offered could be seen as fostering an unequal power relationship, fostering dependence, between psychologist and resident in the clinical setting. However, this was offset, to some degree, by the psychologist's strong personal relationship with residents. The emphasis on a strong 'therapeutic alliance' corresponded with the importance placed on the expression of feeling within Benelong's Haven and more generally, within Aboriginal society. The psychologist-client relationship also represented a viable way through which residents could address their anxieties without leaving themselves open to shame and gossip from other residents. As we can see from the above therapeutic encounter, Edward's relief at John's reassurances was real and after a series of similar therapy sessions his anxiety about the dreams decreased. Residents were very enthusiastic and supportive of the counselling sessions. For many it was the first time that they had experienced a psychotherapeutic encounter where their opinions and feelings could be heard. Many residents stated they had never before developed a relationship with a psychologist who listened, offered very practical advice and was willing to spend time with them.

In essence this chapter has demonstrated that whilst the use of psychotherapy amongst indigenous populations is problematic in the sense that it represents one aspect of control and domination over 'subjects', indigenous people themselves can interact within these structures intelligently and constructively. In Benelong's Haven residents did enjoy psychotherapy and were aware of the structures and processes before them. To merely construct psychotherapy as 'controlling' avoids the more central (and ethnographic) issue concerning the ways in which individuals work within these structures to express personal feelings and emotions, to gain personal insight and to negotiate social relationships. Psychotherapy is not inapplicable due to some indigenous psychology that restricts Aboriginal people from self-introspection and insight. Whilst the group nature of the 'Psych Groups' supported Aboriginal residents' emphasis on the importance of group solidarity within the centre, this must be viewed as part and process of the treatment programme as a whole, which stressed 'cultural' reclamation and revitalisation. As I shall demonstrate in later chapters, residents deployed a somewhat stereotypical, but all embracing, view of 'culture' as a symbolic part of the healing process.

Chapter 7

The 'Shake ups': Discipline and mutual support in the Benelong's Haven

A Christmas 'Shake up'

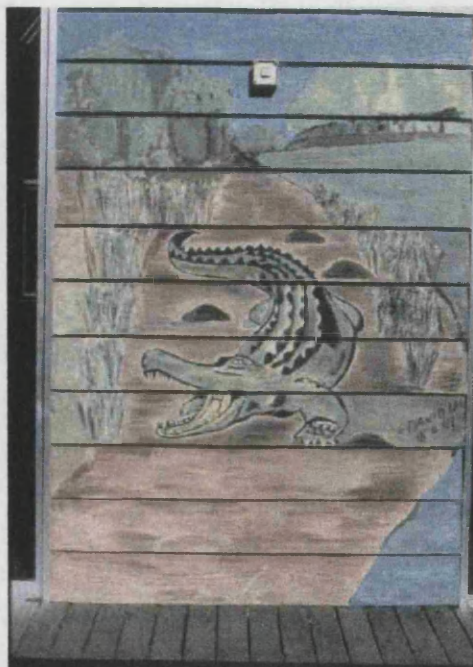
Christmas was a busy time at Benelong's Haven. As well as the normal programme of groups and meetings, residents decorated the centre with coloured lights, tinsel and other similar Christmas decorations. Val bought small gifts for all residents to be distributed by Santa (played by a senior resident or staff member) on Christmas day, before a large festive lunch. However, in 1998, five days before Christmas, a group of eighteen residents were expelled from the property, leaving only fifteen individuals in the centre. A report had been made to Val concerning drug use on the property. A newer resident who had been to Benelong's Haven several times previously, had been organising night time marijuana and heroin deliveries just outside the front gates. He had, in turn, been selling the drugs to various residents. Some of the senior residents, Martin and Lisa included, were involved. Once the news was out, many of the newer residents involved left as quickly as they could, knowing that they would be caught by urine analysis tests. However, many of the senior residents who had also been using drugs chose to stay on the property hoping, that at worst, they may receive some reprimand rather than expulsion from the centre. Val assembled the remaining suspects on the front deck, sitting in the sun, outside her office. One by one she asked them to come into her office to tell her the truth about the reported activities. At first, each resident denied involvement in drugs. Val left them sitting outside all morning. All other residents and staff were not permitted to speak or interact with them. Gradually, one by one, individuals decided to go into her office and confess. Val told them to pack up their belongings and leave the property immediately. Martin and Lisa were the last pair sitting on the deck with their heads bowed. They were perhaps the most senior residents at Benelong's Haven, having been in the programme for over six months. Finally, Lisa went to Val and said that they had also used heroin over the past few days. Val instructed them to "pack their bags and go". Following this abrupt upheaval and mass departure there was a general period of tightening of social controls, enforcement of rules and re-organisation of roles and privileges. One senior resident told me that he called this a 'shake up' period.



Putting up Christmas Decorations, Benelong's Haven 1998



Paintings on Main Building
Benelong's Haven 1999
(painted by residents)



Introduction

In the last two chapters of this thesis I have described residents interaction within the formal aspects of the Benelong's Haven treatment programme. New arrivals soon realised that behaviour considered normal in other institutional environments was inappropriate in Benelong's Haven. As I noted in Chapter 4, acting tough and attempting to 'stand over' other residents was strongly frowned upon by senior residents. If rules and social behaviour were not followed the only option was to leave or to follow the lead of others. Upon arrival, residents began a process of learning by listening to others and sharing their own stories of substance misuse and related life experiences. The common emphasis on sharing in all aspects of the treatment programme created a sense of common experiences amongst residents and contributed to the formation of a cohesive and self-contained community (see also Sugarman 1974: 106). At one level, residents accepted the model of expected behaviour projected by Benelong's Haven. Through AA and 'Psych Groups' residents made attempts to reconcile this ideal model of personhood with their own life story and sense of self.

It was also possible to recognise different voices in Benelong's Haven: those that were not so accepting of the ideals of personhood put before them and those that struggled with the way the centre and the programme sought to influence their thoughts and actions. This chapter examines what happened outside the formal aspects of the treatment programme and investigates how residents and staff constructed the terms of membership within Benelong's Haven. Was the uniformity and cohesiveness, I have so far described, carried through to residents' activities outside the context of groups and meetings? Here I will discuss some of the social practices undertaken by residents and how these related to the larger social organisation imposed by staff through the system of job allotment and privileges. Whilst examination of the social organisation of the centre must take into account the surveillance and discipline inherent to the centre itself, there were many ways residents sought to maintain social relations and develop their own meaningful practices within the centre. As the above example demonstrates not all activities amongst the residents conformed to the rules of Benelong's Haven and often resulted in 'shake up' periods where social relations within the centre went through periods of change.

The debates on the structuring effect of discourses of power related to various institutional forms is most famously linked to the work of Foucault (1973, 1977, 1978). Foucault isolated techniques of power that operate through specific 'regimes of practices'. These practices are not just governed by institutions, or prescribed by ideologies, but possess their own specific regularities, logic, strategy and reason. Whilst various programmes of conduct have both prescriptive and codifying effects on subjects they are hidden within the logic of the practices that appear natural and unproblematic. Goffman's (1961) 'total institutions', such as asylums, prisons and monasteries also described the way in which the imposition of discipline and the engineering of institutional personalities strip away an individual's sense of self and replace it with an institutionalised self. Goffman, however, pointed out that individuals will resist such attempts at structuration and will subvert power through various adjustments. Whilst both Foucault and Goffman note that the structuring effect of institutions are reproduced by subjects themselves it is important to look at this process more closely within the context of residential rehabilitation centres.

Within residential rehabilitation centres, it has been argued that behaviour is structured and reproduced through voluntarism, rather than direct coercion. (Nash 1974: 46). In Phoenix House, New York, this included an emphasis on the following factors: few institutional structures such as bars or high fences; less staff-resident dichotomy; acceptance of the norms of the organisation; no physical coercion; freedom to leave the programme; no routine dehumanisation; and increased contact with the outside world (ibid: 46-51). In the context of Benelong's Haven matters were made more complicated by oscillating periods of voluntarism and coercion in which residents' commitments to the ideals of the programme were 'reinforced' during certain periods and 'tested' at different ones. Rather than being destructive to the community, this process of 'oscillation' became a vital part of residents' experiences of the programme.¹ This constant state of change also illuminates two countenances of Benelong's Haven, one that stressed discipline, authority and conformity and the other mutual concern and comradeship. Whilst residential centres do allow a greater degree

¹ Rapaport (1960) also used the term oscillation to refer to the highs and lows of the 'flux'.

of freedom to its residents, than for instance gaol, this chapter provides one ethnographic context in which it is possible to see the more implicit way in which such centres are able to motivate residents to participate in their own structuration whilst maintaining group cohesion and acceptance of the norms of the organisation.

Rules and privileges

In one main group meeting during the month of July in 1999, Val began by telling the story of Benelong's Haven. At one point she stopped the story and asked a question related to her previous comment. There was no response. She continued:

Val: When I ask questions I don't like to repeat myself, I just like to ask once. And I expect an answer. This is where discipline comes in. And if any of you dare yawn while I am speaking, you'll be out on your ear. Right. Now, do you know what I am talking about?

Residents: Yes Val

Val: Martin sit down the front here. Come on get closer. You're not answering. Got a special chair for you. You see when you come to my meetings discipline is required at my meetings to listen properly. And I sit up here and I look down at you and I can tell who is listening and who isn't listening. And if someone isn't listening and I ask them a certain question and they can't answer it, out, out, out. Are you chewing something? All right. So, I went home then.... (*Val continued the story*)

(Main group – Benelong's Haven)

Discipline was a central feature of the treatment programme. If residents wanted to avoid conflict with staff it was important that they adhered to the rules. As already outlined in Chapter 4, on arrival residents were read the official Benelong's Haven rules which placed restrictions upon space, time, movement and behaviour in the centre (see Appendix 3). The Chairman in the AA meeting read these out daily and every month the main group meeting was devoted to an explanation of the rules by Val, Phil or Wardy. Some of the rules are more straightforward than others. For example rules about time, such as the specification of the hour individuals must rise in the morning (Rule 14), and the necessary preparations they need to make before arriving to breakfast, at the proper hour (Rule 15) are very straightforward. Other rules specify the types of behaviour expected towards staff (Rule 2) and between residents themselves (Rule 4). Space and movement around the centre is also structured, outlining where residents are not permitted to go (Rules 8 and 9). Some rules are more difficult to interpret such as the prohibition on wearing black coloured clothing (Rule 7) or sunglasses (Rule 17). Many of the rules developed out of past conflicts between staff

and residents. The rule concerning sunglasses developed out of a series of conflicts between staff and a resident who insisted on wearing sunglasses in group meetings even when he was told to take them off. As the resident would not comply with the request, sunglasses were banned for everyone on the property. This process was often discussed amongst residents, who would refer to the mistakes made by others in the past and the effect this had on the entire population in the present.² Whilst there was a certain lack of clarity with regard to some of the rules, decisions made by staff were generally accompanied by an explanation to residents. These explanations were not open for debate (even though some residents made an attempt) and had to be accepted.

Added to the formal rules there were a number of other rules that did not make it on to the formal list but were learned by residents gradually in an *ad hoc* way. Unwritten rules included: all residents must complete their assigned work roles before 9:30AM; prohibition on watching daytime television; and no entry into the kitchen.³ In these cases senior residents or the manager generally corrected new arrivals' improper actions. Perhaps the most important rules that have not made it on to the formal list are those that restrict residents' interactions with outsiders. Whilst residents were permitted visitors, Benelong's Haven stipulated that a visitor could only be a family member and they could only arrive in the afternoon during the week. Visits on the weekend or after 5:00PM, when staff were not present, were not permitted. The only other outsiders allowed on the property were those invited for some special reason, e.g., a visitor from Aboriginal hostels, the probation and parole officers or ex-residents of Benelong's Haven who were sober. All other visitors were led to the main office where they would be directed to Val. When new arrivals were taken to town, or to the beach on weekends, senior residents kept them under a degree of surveillance. Specific shopping areas and beaches were chosen by staff to minimise contact with potentially harmful outsiders. In the past people from the local community had offered residents

² A further example is a rule that banned fishing across the road on the riverbank. When a group of men were caught smoking marijuana whilst on the pretence of fishing, this activity was banned for others. This continued for years after the event occurred, long after the culprits (and most of the other residents living in the centre at the time) had left. When a new set of residents in the centre attempted to lift this ban some years later, there was resistance by staff. It was only through strict controls on numbers, and who could attend, that fishing was re-instituted.

³ Residents were not permitted to watch television during the day because in the past individuals had become so concerned with the daytime soap operas that it was perceived by staff that they were no longer focused on the programme.

alcohol or drugs. The only time residents interacted with outsiders for any length of time was in the open Friday night AA meetings.

Residents were informed that the rules served to make Benelong's Haven a safe and healthy environment. For staff, the rules ensured that residents would not become preoccupied with pursuits that would take their focus off the programme. The rules supported the treatment programme, emphasising the development of self-discipline and responsibility. Many senior residents repeated this ideology exclaiming to me that in traditional Aboriginal society before the arrival of the First Fleet, there were very strict rules. They asserted that Benelong's Haven was teaching people how to accept rules and responsibility as part of their lives. Similar to other types of institutions, residents within Benelong's Haven found that they were in a tightly 'structured' and 'structuring' environment. Structured in the sense that every aspect of life was routinised by a single authority in a single place. This routine was shared with a large number of others in a similar position and was scheduled by explicit rules and a group of 'officials' (see Goffman, 1961: 53). The environment was 'structuring' in that to proceed through the system and become a success, individuals had to conform to the ideals of Benelong's Haven.

Residents' monitoring and surveillance of each other's behaviour was one of the main forms of social controls on the property. If one individual became aware that another resident had broken a serious rule, such as substance use, then that individual was required to report this activity. Anyone who did not report such an activity was seen as sharing the guilt of the offence and received similar punishment. The tension between informing on others, and the loyalty expressed through not informing, was one of the major conflicts that many residents experienced throughout their time in the centre. Some residents could be heard using the gaol term 'dog' to refer to those residents who reported illicit activities to staff.⁴ Whilst relations within the centre were described as egalitarian in nature, particularly when both residents and staff expressed their common 'addiction' to alcohol and/or drugs, the rules supported an underlying status system, which was expressed through the gaining of privileges. Upon arrival

⁴ The term 'dog' is used in gaol to refer to individuals who inform on other inmates illegal activities to prison guards.

newcomers quickly became aware that particular residents had different privileges. Some had various material possessions such as a television or stereo. Others had their own private room with shower, toilet and basin and others were allowed 'weekend leave'. A few residents worked for the organisation itself and appeared to have a close relationship with staff. New arrivals were told that they would be able to acquire privileges after they had spent three months in the centre. This three months period was viewed by staff as providing sufficient time for residents to begin to come to some understanding of the treatment programme. However, these privileges had to be first asked for, and then granted, by Val and this usually involved some negotiation. Privileges were mostly gained through acquiring a formal job in the centre.

Jobs were offered to residents when positions became available either because a resident was dismissed, resigned or left the programme. After noting who has been in the centre for over three months, Val asks the potential worker to come to her office where they are asked whether they would like the job. When residents received a job they were being told that they were doing well in the programme and could be trusted to take certain responsibilities that affected the welfare of the community as a whole. Each job was seen as demanding particular personality traits so that the manager and receptionist jobs were often given to the more flamboyant and sociable characters. Kitchen hand positions tended to be given to quieter individuals who did not mind the early hours. Generally a person who had shown reliability in, say, a kitchen hand job would be offered a job with more responsibility such as manager. As has been described for many cultures "work is 'about' control – physical, social and symbolic" where work tends to involve the "control of one person or category of people over another" (Wallman 1979: 1). In Benelong's Haven residents were directed to work for staff and such work was viewed as part of the process of treatment.⁵

⁵ Not all residents gained work in the centre, yet were able to access various privileges. For instance, Lucas constantly refused any work offered to him during his twelve-month period of residence, yet he acquired a television and various other privileges. Many residents recognised that having a job could lead to potential problems, not only conflicts with staff and other residents, but could also be distracting from the programme itself. Lucas developed his own position within Benelong's Haven through his dedication to painting (Aboriginal designs on didgeridoos and on chipboard). As he did not create conflict within the centre, performed his chores and learnt to share (and was seen as occupying himself during his free time with his painting) staff did not force him to accept any work positions.

Status and authority

The Benelong's Haven status system involved the granting of role attribution and privileges that served as symbols of prestige within the group. They also made life more comfortable for those granted them. This system essentially divided the group into new arrivals, senior residents and those who had a job. To some degree this created a hierarchy within the centre with more senior residents, and those with a job, stating that they could inform new arrivals on the proper course of behaviour in the centre. Whilst such a hierarchy has been noted in other therapeutic communities such as Daytop (Sugarman 1974) and Matrix (Weppner 1983), new arrivals to Benelong's Haven were not treated as 'emotional babies' and listed on a 'pop sheet' on arrival denoting rank and privilege in the overall system (*ibid*: 197).

Privileges were actively sought from staff, and if rebuked, another resident would be eager to try and gain this privilege. I heard some residents claim certain privileges stating they had completed three months in the programme. Privileges for single men included ownership of a television or stereo and for married couples moving to one of the older houses furthest away from the administrative office. Those who stayed longer than six months were allowed weekend leave. Payment for those who had jobs on the property was in the form of 'free rent', that is Benelong's Haven paid the costs of resident's food and lodging.⁶ This meant that a resident had an extra A\$90 per week from their social security payment. This could be used to buy such material possessions as a television, stereo, clothing, magazines or 'tailor makes' (pre-rolled cigarettes with filter). However, privileges were not officially publicised and residents found out about them from more senior residents or were told by staff after making some request.

The length of time a resident had been in the centre and the level of privileges and job roles they had acquired during that time often acknowledged a perceived higher status in the programme by staff and residents. However, as I shall argue below differences in status at Benelong's Haven were under a continual process of being undermined. One avenue through which status was expressed was through senior residents' preference for a particular seat in the dining room or in the television room. Any new arrival

⁶ Normally rent is subtracted from resident's social service fortnightly welfare payment.

sitting in their seat would be told to move. Differences in status emerged in other ways too. As a single man spent a longer period of time in the centre it was within his right to claim one of the sought after beds in the men's dormitory after the departure of a resident. These particular beds afforded an individual a certain degree of privacy with cupboards on either side compared with other beds, which were laid out in single file (see Chapter 4). Having a certain amount of space around his bed, an individual could place a small table, a chair and a few other items. On the chair he could place some of his acquired possessions, perhaps a stereo, a didgeridoo or a painting. Posters and photos of friends and family could be stuck to the wall. With increased cupboard space a resident could fill them with clothes, shoes or other items. Senior residents also demonstrated their status through their familiarity with staff and would freely walk into the main section of the administration office to sit at the large round table and read the daily newspaper or talk with staff.

Senior residents also held status through their knowledge of the rules and the treatment programme. They actively referred to the rules in order to correct newer resident's behaviour and/or actions and to demonstrate their support of the ideals of Benelong's Haven. Thus, a senior resident such as Uncle John may call out to a resident who was swearing loudly in a nearby conversation, "Hey no swearing allowed, you better not let Val hear you speak like that". Whilst senior residents were constantly monitoring new arrivals, and these corrective comments to other residents could be compared with the 'pull-ups' described in other therapeutic communities, they were nowhere near as systematic or pervasive in the Benelong's Haven setting (Sugarman 1974; Weppner 1983: 189). As I have stated in a previous chapter the relationship between new arrivals and senior residents was generally one of support and friendship. However, it was not uncommon for a senior resident to acquire a certain amount of prestige from being able to help others newer to the programme. One man known as the 'Chief' had a high degree of prestige amongst residents and was commonly approached by newer residents to sort out their problems because of his perceived understanding of life issues. Also, I often arrived at the balcony of Martin and Lisa's room to find them deep in discussion with another couple imparting their knowledge of the centre and some of the ideals of AA to a new arrival.

Status, however, was not necessarily associated with power over others. The staff legitimised a senior resident's authority and as such it could be taken away just as quickly. It is true that a senior resident was likely to receive more support if he/she conflicted with a newer arrival than any individual who had not done his or her three months. However, this was not always the case and, in favour of the new arrival, staff did not always support senior residents' actions. Also, hierarchy was often de-emphasised amongst residents through conflict and an emphasis on sharing.

Conflict and the loss of privilege

In any semi-institutional setting, conflict is bound to occur. However, this conflict is by no means the same in every case and can take different forms. In Benelong's Haven physical violence was a rarity and residents actively avoided it. I witnessed two violent occurrences and heard of three more over the two-year period of my fieldwork. I have already described one of the three violent episodes I heard about in Chapter 3. This was related to a previous dispute between two men compounded by their new roles and statuses in the centre. The other two included a man hitting his wife after an argument in front of other residents, and a stand off between an Aboriginal and a non-Aboriginal man in the men's dormitory. With regards to the latter I could not find out the reason behind their conflict apart from comments made by other residents that they had been arguing "racial stuff" over the past few days. In all cases physical violence led to the expulsion of those who were seen as initiating the violence. The two violent episodes I witnessed directly involved a fight between two women and the other was between two men. One woman accused the other of seducing her husband and a fight ensued. Another resident halted the fight and the attacker was escorted off the property whilst the other woman was told to stay in a room at the back of the administrative offices. The other instance of physical violence involved two men who had not even talked to each other since they arrived. Passing each other near the men's dormitory one of the men launched himself at the other and a short fight ensued only to be broken up by a senior resident. As one of the men's father lived only a short distance from Benelong's Haven, he was contacted and asked to take his son home for the weekend. When this resident returned the two men did not become the best of friends but were amicable. When I asked one of these men why the fight occurred he could only state that he himself did not know, "it was just one of them things", he stated.

Whilst getting a job and gaining privileges was something that many residents were eager to obtain, it also led to non-violent conflict between residents and with staff. Becoming manager meant taking certain responsibilities including surveillance of all residents. For many this placed them in a difficult situation. All of a sudden a resident was asked by staff to report on the daily activities of other residents and was given limited authority to make certain decisions. As stated earlier such an action was seen as going against what many residents believed was the correct way to behave in an institutional setting. However, after a while in the job some managers decided themselves (without detection) which piece of information they would refrain from reporting to staff. Depending on their experience, managers may attempt to reach some temporary conclusion to a problem on the property. If it was serious in nature, such as a physical fight between two residents, substance use or someone had left the property, the manager would instantly contact Val and Jim. He would then be directed to deal with the matter in the way they specified. If the manager made some mistake in exercising his role, such as making a decision without the consent of Val or Jim, or used his privileges in some way to openly break the rules, he was usually dismissed. In this case all privileges were taken from him and he was moved to the men's dormitory in the most uncomfortable bed in the worst position.

From the perspective of other residents, some managers were described as becoming too dictatorial in their role. "Look at him striden' 'round with his chest out", individuals would say commenting on a manager who had become self-important and over authoritarian. Such a manager would often find himself ostracised from other residents. Conflict would inevitably follow often leading to either a dismissal or resignation from the position. To extrapolate on this concept I will provide more information on the background of the Christmas episode described at the very beginning of this chapter.

Just a few weeks before the Christmas incident, Martin and Lisa had both left the jobs they held on the property. Martin had been manager for the past three weeks and Lisa had been working for Val for over six months. At the time they had been living in one of the older houses furthest away from the administrative centre. It generally took residents up to six months to be permitted to gain a room in these houses and Martin

and Lisa had been given a large section of the house including their own bathroom, bedroom and lounge. Whilst these older houses were more run down than the newer flats they afforded residents a greater degree of privacy. Out of hearing range of the loudspeakers it was more difficult for staff to call on these residents. Over the past twelve months of their residence Martin and Lisa had gained a number of possessions, a television, fridge, stereo and kettle. With increased income they had bought a few articles of clothing and a number of posters to decorate the walls. Both got along well with staff and participated in contributing to the flow of information on other residents. Lisa spent more time with Val than most other residents, which gave her a unique position to ask Val for various privileges and to inform her about events on the property.

Martin spent a lot of time with other men on the property and was well liked and respected by others. He was a good footballer and table tennis player and could often be found in the pursuit of one of these activities. When offered the manager's position, Martin took on the role with shining enthusiasm, happy that the staff seemed willing to place such responsibility in him. During the first two weeks I often heard Martin saying that the job was "not a problem". And he did seem to enjoy his new role acting as the distributor of knowledge for new arrivals, instructing others to perform particular duties they had either forgotten to do or had performed inadequately and reporting to Val and Jim in the mornings about the previous nights' occurrences. However, sometime in the second week of his new role, residents began to lose favour with Martin. I was first aware of this when at the beginning of a main group Martin told Jim that he had something to say to everyone. I had never heard a resident make such a request before. The main group consisted of a lecture and residents rarely spoke unless Jim or Val directed a question to them. Martin declared that if everyone worked together there would be no problems. There were some uncomfortable looks from the other residents and later talking to some of the single men they stated that Martin's new position had started "to go to his head" and that he was beginning to create conflict with the residents through his managerial responsibilities. After this event Martin began to argue increasingly with others concerning their duties and behaviour and he was excluded from informal activities and increasingly stayed in his room in the evenings watching television with Lisa. Losing contact with other residents, Martin began to say that he was "getting stressed out over being the manager" until one

morning he walked into the administrative office and said in a loud voice "I'm finished, I quit being manager". In another two days, Lisa had an argument with Val. She resigned as Val's assistant and on the same day they were threatened with expulsion. They did not, however, leave. Later the same evening they were allowed to stay but were required to move out of their house to one of the newer houses closer to the administrative office and lost all of their privileges. The conflict with other residents seemed over and when I spoke to them that evening they appeared strong in their determination to stay and finish the programme and to spend more time with other residents.

Dismissal from a job

Losing one's job and associated privileges was a continual occurrence during a resident's stay. For instance during the period of my fieldwork there were approximately fifteen managers, twenty kitchen hands, ten drivers, four front desk workers, eight cleaners, and four assistants for Val. Both staff and senior residents saw losing one's job as an essential part of the programme. Some residents did not receive the news of their job loss well and left the centre all together. They often felt shamed at being dismissed, afraid of what others would say and think of them. Even the most senior residents, who had been living in the centre for over a year, experienced losing their job'. Rob had been working as the receptionist for well over a year when he was dismissed. He had been in charge of a group of men who went to an AA meeting in Coffs Harbour. On their return they had stopped at a pub, not to drink, but to see if they could meet some women. Of course such an action went against the Benelong's Haven rules. Not only would the Benelong's Haven bus parked outside a local pub damage the reputation of the centre but the action was also placing those newer residents who joined them in danger of 'busting'. A newer resident, Keith, who had just reached his three month status, was allowed on his first trip to this outside AA meeting. After the pub visit he reported the incident to Val. Relatively new to the centre his decision to report to Val was based on his idea of what was right for the programme and for the development of his sobriety. Val called those involved into her office and they all instantly lost their privileges. Rob and the other resident in charge, who was the manager at the time, were not told to leave but they lost their jobs and were told that they would have to start as new arrivals giving up their private rooms, shopping trips,

weekend leaves and move to the men's dormitory. At first it seemed that the manager accepted this decision but was later told to leave after several arguments with the office manager and other residents concerning Keith's decision to report to Val. Rob, who had been in the centre for a longer period of time, also decided to leave and began packing up his private room. However he did not complete this task and sat on his bed all that afternoon. Other residents tried to persuade him to stay, myself included, but he appeared changed, distant and non-communicative. Later he would tell me he was already "stoned in the head" and was thinking of the first shot of heroin he was intending to have upon leaving the centre on his way to Redfern. However, instead of leaving, Rob went and talked to one of the most senior residents. Dennis had been through the programme many years ago but chose to return every few years to help out around the place. After their discussion Rob decided to stay and within a month he was working again as receptionist and had moved into one of the older houses with Dennis.

Staff understood loss of status and privilege as important to residents' development in the programme. While staff initiated differences in status through the granting of privileges and jobs, this rarely developed into a hierarchical system of power differences between residents due to the continual process of dismissal. One of the central points concerning this discussion of privilege is the role that economic influences had in residents' acquisition of status. Were residents motivated by economic incentives to gain privileges and articulate a higher status? Weber was concerned to demonstrate that various social spheres can function autonomously (Morrison 1995: 238). He separated class, which is largely defined through the economic order, from status, which is defined by patterns of consumption. Thus class and status involve different social spheres and engage different levels of the stratification system. Whilst Marx articulated the determinacy of economic factors, Weber argued that economics cannot explain all aspects of social life and human history. Weber claimed that there are many instances in which there is a clear distinction between economic possession and status privilege (in Giddens 1971:167). In this sense Weber suggested that status systems are related to economics by influencing the ways in which persons strive to acquire or make use of utilities (*ibid*: 194). Within Benelong's Haven economic motivation does not fully explain why residents took on various jobs within the centre (to gain a job in the centre means 'free rent' and thus access to more disposable income). Rather the acquisition of privilege

and status was linked to the notion of personal development, which emphasised the achievement of social worth within the treatment programme. There was also a perception that through achieving privilege in the centre and gaining a job, a resident was practicing the principles of the treatment programme.⁷ However, there was a further qualification to the achievement of status in Benelong's Haven. Status was not necessarily linked to an associated power over others, at least not for any sustained period of time. Rather, inequalities of power did not emerge from the status system because of the various 'levelling mechanisms' employed by both staff and residents.⁸

The importance of sharing and the denial of hierarchy

Underlying all social relationships between residents in Benelong's Haven were processes that undermined the formation of hierarchy and difference. The first process resulted directly from the nature of the treatment programme itself. The programme stressed the commonalities between individuals through their common experiences with substance misuse. "We are all addicts" or "we are all one big family" was a common expression declaring the unity of residents. Also group solidarity was stressed between residents through the very fact that they were all residing in the centre, which involved eating, socialising and attending meetings together.

Differences in status were primarily undermined through processes of 'sharing'. Those who did have access to a more comfortable life style shared this with other residents who were yet to acquire, or had lost, privileges. New arrivals were given extra blankets, cigarettes, clothes and money by senior residents even though they themselves did not have much. Senior residents with their own rooms would invite a resident to join them to talk, to watch television, or to listen to music. These were dangerous practices as residents were forbidden entry into each other's room. At nights, Martin and Lisa often invited new arrivals to the balcony outside their room and talked with them about their fears and anxieties in coming to the centre. Martin and Lisa offered them tea, cigarettes and biscuits listening to music on their stereo system. I

⁷ This could be related to Weber's concept of 'consumption and canon of taste' (Morrison 1995: 240).

⁸ In contrast staff do have differential access to power through their very title as 'staff'. However, those residents who became staff also experienced a diminishment in their status when they broke the rules.

was often surprised at the assertiveness of residents' requests to share other residents' privileges. For instance, a resident would ask freely for 'tailor makes' and would open another resident's cupboard drawer to find them. Whilst it is important to relate this to anthropological descriptions of Aboriginal 'demand sharing' in explaining the importance of sharing for Aboriginal people, such activities must be placed within the context of the rehabilitation centre itself (Peterson 1993, 1997). Specifically, in participating in these 'illegal' practices residents sought to define social relations and appropriate modes of conduct within the structures placed around them. They were also making their own interpretations of the Benelong's Haven rules to determine which rules were important to follow, and which were important to reformulate, in order to give meaning to social relationships.

Goffman (1961) has called these types of practices in institutional settings 'secondary adjustments'. 'Secondary adjustments' are "practices that do not directly challenge staff but allow inmates to obtain forbidden satisfactions or to obtain permitted ones by forbidden means" (*ibid*: 56). These practices, Goffman describes, are supported by means of social controls that prevent individuals reporting these activities. Similarly at Benelong's Haven residents did not undertake the policy of reporting minor illegal activities and this did not create conflict with staff. Privileges gained by one person were seen as potentially benefiting all unless an individual's access to these privileges "went to their head" and they refused to share. If this were the case they would find themselves ostracised from social relationships for a period of time until they either experienced a dismissal or shared. Whilst sharing rarely created conflict with staff they stressed egalitarian values between residents. Residents often stated that 'sharing' was important in the programme as it reaffirmed Aboriginal cultural values.⁹ Whilst the emphasis on 'sharing' within the centre reinforced positive social relations between residents and with staff, other times saw periods of instability and conflict. Quoting from one resident, I have called these the 'shake ups'.

⁹ Other practices such as songs, stories and nicknames as discussed in Chapter 4 also defined a realm of activity that reflected residents' emphasis on egalitarianism as part of their Aboriginal identity within the centre.

'Shake ups'

In institutional environments, Foucault (1977: 249) suggests that power, as a strategic relationship, is manifest in the near-continuous surveillance, knowledge and discipline of each inmate. Similar to other rehabilitation centres, surveillance by staff, and other 'empowered residents' in Benelong's Haven, created a power relationship between the observers and the observed. Whilst staff identified with residents, in that they themselves had experienced problems associated with substance misuse, their roles, privileges and degree of autonomy were very different. Furthermore, their position as staff was reinforced through the authority and social control imposed by Val. I have shown how the insertion of these structures of control was re-interpreted by residents to create solidarity and to deny hierarchy through acts of sharing. While such practices could be interpreted as signifying the 'agency' of residents, they did not seriously disrupt the normal flow of events in Benelong's Haven. I would suggest that actual social disruption comes from the top, from Val herself, in imposed 'shake up' periods that originate out of her assertion of control and dominance.

Important in maintaining a culture of discipline and social control within Benelong's Haven were 'shake up' periods. Residents' everyday experiences within Benelong's Haven progressed through two main phases. The first was a time of relative stability in the centre. There was little conflict between residents and in their relationship with staff, groups were attended eagerly and there was a relaxed informal atmosphere pervading the centre. There was a feeling of community amongst all residents and staff and a mutual concern amongst members of a close fraternal group. During this period residents were eager to 'share' and provide support to others. The contrasting phase was a time of tight control, surveillance and coercion between residents and in their relationship with staff. Many privileges were revoked, senior residents lost their jobs and there was a general feeling of instability. During these times, there was a continual flow of residents into the office and Val herself held meetings to instruct all residents of the type of behaviour expected in the centre. Those who were seen as uncommitted to the programme were instructed to think hard about whether they wanted to stay. Individuals were shouted at for the smallest of deviances, others were told to leave. Those discovered to be actively breaking the rules received harsher punishments and managers and senior residents were under increased pressure to report on the activities

of other residents. Consequently, relationships between residents were often strained due to the increased controls and authority imposed by staff. Many of the residents themselves avoided the office and tried to stay out of sight during these times.

How did these conflicts and shake-up periods emerge? They were not timed to occur at particular periods. Sometimes the centre proceeded through a period of quiet for up to three months and other times it would last for only a few weeks. 'Shake up' periods only lasted for two to three days, but the residual effect of people losing their jobs or being told to leave the centre could last for a few weeks. Residents who claimed that "anything was possible in one day at Benelong's Haven" often voiced this relative unpredictability.

A 'shake up' period accompanied accusations by staff that the centre had become slack, that people were not performing their roles adequately, meetings were not being undertaken efficiently and residents were beginning to treat the centre as a "holiday camp". This was often associated with the discovery of drug use on the property. In such a case all residents were questioned and if particular individuals were found to have had knowledge of drug use, and not reported it, then they were seen as equally guilty as the drug users and would be told to leave. A period of reorganisation and enforcement of rules followed. Importantly, drug use on the property amongst senior residents can be related to the system of gaining and losing privileges.

The gaining and losing jobs of privileges was closely associated with 'shake up' periods and represented a test of residents' commitment to the programme ideology. Inevitably as residents gained the trust of staff and were given various responsibilities, associated privileges would be taken away through conflict over some issue. Perhaps the resident had broken the rules him or herself and had been reported by other residents or had imposed some form of social control on other residents without Val's approval. Alternatively, conflict with other residents or with staff over expected duties led to a worker either resigning or being dismissed. Many residents experienced shame and significant personal upheaval in losing their job and privileges. However, the way in which a resident dealt with this shame and upheaval was integral to the way in which personal development in the programme was assessed. The treatment ideology emphasised that programme values have to become part of a resident's everyday

practical action and were not to remain in the intellectualised realm of group discussion. It was not enough that residents merely attended all groups and meetings, but they had to be seen to integrate programme values into their everyday experiences.

Crises within Benelong's Haven occurred at any time and the mistake many senior residents made was to believe that they were above and beyond this process. Residents who believed that they were "on the programme", but reverted back to their old ways of thinking and acting (blaming others for their mistakes, physical violence, or turning to drugs or alcohol for support) upon experiencing upheaval in the centre were required to return to the basics of the programme. After such crises residents themselves often realised that they had not been engaging with the programme, stating that it was time to "pull the cotton wool from their ears and stick it into their mouth". After losing a job in the centre, a resident who had begun to understand the programme immersed himself or herself into the meetings, sought support from others and looked to the 12-Steps for guidance. Those who were not progressing became resentful and gossiped with newer residents in order to criticise the centre and other residents. Otherwise they departed or created conflicts with staff and residents. Another alternative was to try and use drugs on the property.

When Martin and Lisa lost their privileges just before Christmas, they demonstrated that they had not integrated programme values into their everyday life. In particular they became resentful and gossiped to newer residents about the wrongs they felt they had experienced from losing their jobs. Staff and senior residents alike explained that resentments and gossiping were some of the more dangerous activities in Benelong's Haven. It was recognised that relationships developed around gossiping were antithetical to treatment. Often staff and senior residents declared that gossip was another form of addictive behaviour and just as dangerous as substance misuse. As Benelong's Haven was a small community a certain amount of gossip did occur and was acceptable up to a point. However, if a group of individuals were seen as engaging in gossip excessively for the purpose of stirring up trouble, conflicts emerged.

Gossiping, it was said, led to resentments.¹⁰ And resentments led to conflict either with staff or other residents.

Gossiping often focused on others who were seen as thinking too highly of their position in the centre. However, those individuals who had recently been dismissed oriented such gossip towards those individuals who had been offered to replace their position. In Martin and Lisa's case they began to gossip with newer residents about those individuals who had taken over their old jobs. They felt that these individuals were unworthy of the position and perhaps had played some part in their dismissal. This led to the development of resentments directed towards these individuals and to the programme and staff in general.¹¹ Ultimately Martin and Lisa used heroin on the property and in so doing sealed their inevitable dismissal.

This testing of residents through 'shake up' periods was a process implicit, but central, to the treatment programme. After such a period settled down, the surviving residents were generally reinvigorated and participation in the programme underwent a renewed effort. Tensions were relieved, residents were given new jobs and individuals were allowed various privileges. In group meetings, staff reinforced why residents were in the centre and how those dismissed went wrong. 'Shake up' periods demonstrated that whilst those who had lost their privileges in the centre often engaged in resistance type strategies, such as drug use, gossiping and resentments, that were harmful to group solidarity as a whole, the authority of staff was undeniable. However, those who left the centre were not seen as failures. Leaving opened the way for returns, as I shall describe in Chapter 9. Some three months after the Christmas event, Martin and Lisa returned to give the programme another try. They told me that at the time of their last departure they felt that they had nothing to lose from using heroin on the property. They blamed everyone else for not supporting them. However, in seeking to return they were forced to see their mistake, to admit their wrongs and start the programme as new residents again.

¹⁰ I defined resentments and how they were understood by Aboriginal residents at Benelong's Haven in Chapter 3.

¹¹ A common saying in Benelong's Haven was: "Resentments are like a stray cat, feed it and it won't go away" and "Stinking thinking leads to drinking".

Conclusion

Similar to other therapeutic communities, Benelong's Haven presented 'two faces' to its residents, one stressed authority and social control, the other mutual concern and comradliness (Sugarman 1974). Whilst these were articulated simultaneously they became particularly apparent in the alternating periods of 'shake ups' and quiet times. During these 'shake up' periods, the normal pattern of social relations, roles and privileges were subject to considerable change. The upheaval imposed by the staff developed from a perception that the centre was becoming slack in discipline and conformity. This became particularly evident from those senior residents with jobs of responsibility who began to make errors of judgment in the course of their responsibilities in the centre. 'Shake up' periods acted as tests to assess whether residents had incorporated programme ideology into practice. Those residents who had been through a number of such periods understood their necessity and often declared that this differentiated Benelong's Haven from other rehabilitation centres. I have also described in this chapter how differences in status are continually de-emphasised in Benelong's Haven through residents' emphasis on sharing. This meant that residents rarely formed into long lasting differentiated groups, where one group had power over another.

The importance of Val's position and style of leadership became particularly evident when both Jim and Val were away from the centre for a month. This was a rarity indeed for two people who had spent the last twenty-five years in close association with the centre. During their absence, there was a period of what could almost be described as relief from residents, most of whom were new to the programme. All was quiet, there were no new admissions, few sackings, everyone seemed to be getting along and most were happy to put in the extra effort in the absence of Val. The first changes I noticed after approximately three weeks was in the clothing. Val had always insisted that men wear collared shirts, respectable shorts and shoes. Now, I saw a few people walking around in tracksuits, bare feet, a few of the men were shaving infrequently. Gradually, meetings become less energetic and lively. Conflicts emerged between staff and residents over small issues such as chore responsibilities. Some of the residents began saying that they could not wait for Jim and Val to come back. "Can't wait 'till they get back", Ted said, "this place needs a good shake up". And

when Val and Jim returned, this is exactly what did happen. Residents were in and out of Val's office all day, senior residents lost their jobs, others were told to leave. The unpredictability was back. Anyone who has spent time in Benelong's Haven knows that anything can indeed happen in one day.

Chapter 8

Aboriginal spirituality and 'culture' in treatment

Introduction

There is a culture there. Benelong's Haven is a spiritual place. It's a place where drunks and addicts get together and keep themselves sober. As soon as you come out of that circle then you are in big trouble. If you stick with them, grow with them together, then you have a pretty good chance of coming out of the place sober and straight.

(Peter, Ex-resident of Benelong's Haven)

Once the exclusive concern of the anthropological discipline 'culture' has become a subject that is now discussed across disciplines. As Kuper states: "*Everyone* is into culture. For anthropology, culture was once a term of art. Now the natives talk culture back at them" (1999: 2, *original emphasis*; see also Sahlins 1999: 401). For many indigenous communities around the globe, culture has become something that differentiates them from the 'colonisers'. In the region of Katherine, Northern Australia, Merlan (1989) notes that Aboriginal people depict culture as objectified in certain goods, practices and performances. This forms a distinct repertoire that differentiates Aborigines from non-Aborigines to the point that the latter are depicted as lacking in culture (*ibid*: 106). Linnekan and Poyer assert that "cultural identities are symbolically constituted in the sense that the criteria determining ascription to such groups are cultural constructs rather than naturally given attributes" (1990: 15). Such identities can be self-consciously constructed and re-affirmed to mark a group of people off as essentially different, thus requiring differential treatment and access to certain privileges. What is 'cultural' is never fixed but is negotiated and contested between the members of its group and the larger nation states within which indigenous peoples reside. Sahlins argues that culture has become an "ideological smokescreen of more fundamental interests...that have added persuasive virtues of being universal, self explanatory and morally reprehensible" (1999: 403). In Papua New Guinea, Errington and Gewertz (1996) found that the Chambri were invoking culture as a source and resource in a rapidly changing, highly pluralistic world of increasing commodification. In pursuing transitory and self-serving ends, culture became redefined in ways that individuated collective identity and privatised collective power.

Throughout this thesis I have presented an ethnography of an indigenous rehabilitation centre. I have examined residents' understandings, experiences and social relationships within the treatment programme. There are similarities between Benelong's Haven and other rehabilitation centres, as I described in the introduction to this thesis. However, what makes Benelong's Haven different from other residential alcohol and drug rehabilitation centres? I would argue that it is in resident and staffs' self-conscious use of culture within the programme. In this context, culture is less what individuals passively bear but more a series of processes that are "ambiguously mediated by multiple and shifting discursive moments" (Myers 1994: 693).¹ Following Appadurai's description of the term, culture becomes a "dimension of phenomena, a dimension that attends to situated and embodied difference" (1996: 13). In these terms, culture becomes a heuristic device used to talk about difference in the mobilisation of group identities. However, it is important that the instrumental nature of such uses of culture pay sufficient attention to the particular context in which they are formed. MacDonald's (2002) critique of Bell's ethnography *Ngarrindjeri Wurruwaaarin* (1998) is relevant in this context. MacDonald (2002: 100) suggests that Bell co-opts Ngarrindjeri people's self-representations to present a coherent picture of their culture, without paying sufficient attention to the context of this reflexive processes and the contradictions and disjunctures of their lived experiences. MacDonald states:

The focus is on conscious, explicit culture; culture in the process of being objectified in the act of its telling, framed by the need to tell it in a particular way for a particular purpose (*ibid*).

This is particularly relevant for this thesis where staff and residents in Benelong's Haven deployed a particular view of culture to specify an Aboriginal approach to substance misuse treatment. Through their engagement with others in the programme,

¹ Culture has been defined in a variety of ways in North America and in Europe (see Kuper 1999; Merlan 1989 and Sahlins 1999). Recently Sutton defined culture as the "interplay between 'unreflective daily practice' and our partial awareness of what we are doing and thinking" (Sutton 2001b: 135). In opposition to viewing cultures as single systems, Kuper suggests that culture is a "series of processes that construct, reconstruct and dismantles cultural materials in response to identifiable determinants" (1999: 246). This chapter is not concerned with identifying what culture is, but rather how one particular group of indigenous peoples have employed a particular concept of culture as part of a process of identity expression, both collective and private.

residents re-interpreted programme elements in different, and sometimes conflicting ways, through various discursive practices.

'Culture in treatment, culture as treatment'²

Brady has argued that residential treatment programmes have:

Captured the hearts and minds of Aboriginal people...because they have located these programmes philosophically within the context of cultural revitalisation and conceptualised residential programmes as being the most appropriate venue for the incorporation of traditional values (1995a: 1496).

In her review, Brady argues that indigenous peoples both in Australia and in North America view substance misuse and ill health as having arisen from deprivation and erosion of their cultural integrity as a result of colonisation (*ibid*: 1489). For indigenous people, re-connection with cultural and spiritual roots is seen as essential to recovery and ongoing well-being. Brady argues that whilst many Aboriginal groups and scholars alike have recognised the diversity of Aboriginal cultural forms, popular and indigenous discourses have increasingly adopted an objectivist stance where culture becomes a 'thing' that is either possessed or lost. As an agent that 'can do things' this response must be seen as a part of the political process of self-determination (*ibid*; see also Linnekan and Poyer 1990: 235). In Canada, the sweat lodge and the sacred pipe have become central as symbols of 'Indianness' in the treatment of substance misuse in rehabilitation centres and gaols (see Waldram 1997). Within these discussions, traditional modes of treatment are placed against non-traditional ones, such as AA and psychotherapy. Whilst various government agencies and indigenous groups in both North America and Australia heavily endorse the idea that programmes should be 'culturally appropriate', and such components are receiving some attention in academic circles, programmes such as Benelong's Haven continue to emphasise the importance of AA principles to Aboriginal cultural values. Does the use of AA treatment models by rehabilitation centres, such as Benelong's Haven, make them any less 'cultural' than those that use other approaches? This, of course, assumes that it is possible to separate what is cultural and what is not. If an approach is deemed to have no cultural aspect

² This is part of the title of Brady's (1995a) paper on the subject.

then what does it have? Of course all the symbols and markers of culture are in some sense invented but for indigenous programmes what has become important is the underlying politics of difference. Culture becomes one dialogue through which indigenous organisations claim difference to the approaches offered by the mainstream society.

Within these discussions there needs to be greater understanding of the ways the socio-structural features of different treatment approaches are combined to create specific kinds of approaches to alcohol and drug interventions. In these cases it is important to examine critically the notion of culture in the indigenous treatment setting. For instance, in what ways was the AA programme at Benelong's Haven reinterpreted by staff and residents? How did residents experience this and in what ways did they formulate ideas of culture and identity? I argue that residents developed an explicit sense of cultural identity through forming, what Bateson (1972) has described as, 'complementary' relationships with each other. This is interpreted as forming an Aboriginal spirituality, which is connected to themes of belonging to the land and connectedness between all Aborigines. Parallel to this, the programme encouraged residents to develop a sense of their own individuality encompassing values of responsibility and self-discipline. This chapter is aimed at unravelling some of the ways in which residents and staff employed the concept of culture in recovering from substance misuse.

The articulation of 'loss' in the assertion of cultural identity

For many residents of Benelong's Haven, substance use had become a manifestation of their social philosophy and identity formation. Throughout many residents' lives drinking and drugging have become symbolic of freedom and independence, not only from the obligations that go with Aboriginal family ties, but from white Australian values and practices. From one perspective men's drinking and drugging and associated practices, such as fighting, violence and infidelity, can be seen as signifying resistance to white Australia society. However, as I have shown in Chapter 3, sustained substance misuse often creates disruption in social life as men conflict with the values of the family and that of the drinking and drugging group. Residents often talked of experiencing cycles of substance misuse, violence and incarceration. They referred to a

variety of factors to explain this process including racism, exclusion from white Australian society, different forms of abuse, boredom, poverty and family conflict. Perhaps some of these explanations must be seen as constructed 'after the fact' to account for men's violent actions to those they loved most.

Within the context of Benelong's Haven, the problem of substance misuse became crystallised around an argument concerning the loss of Aboriginal culture associated with the arrival of the First Fleet. More specifically residents often asserted that if it were not for the introduction of alcohol and drugs, by the first British settlers, Aboriginal people would never have lost their culture.³ Thus, abstinence from alcohol and drugs was associated with "getting back to culture", as one man from Nambucca Heads explained:

All my problems are drug and alcohol related. My old man was a drinker he used to drink around town and that. He used to come home and bash me mum and that. When my old man wasn't drinking he used to take us out bush. We used to camp out, two three weeks. I loved it. It was like he was a different man. When he was in town he was drinking and smoking and all that. But when he was out in the land when we were away from everyone he would show us how to get witchety grubs, how to find water, and what to eat and that you know. But in town that was never spoke of. When you are in town you talk whiteman's way, you live whiteman's way.
(T, Nambucca Heads)

Whilst it is important to take into account the political context of the discussions I had, as a white Australian with Aboriginal men, their expression of loss and anger cannot be downplayed. By bringing together a group of Aborigines who have had similar experiences with alcohol and drugs, with the criminal justice system and in their family life, the treatment programme encouraged residents to re-formulate their cultural identity in terms of these shared experiences. In the following discussion, Larry (who had been in the programme for only a few weeks) talked with David (who had been in the programme for eight months) as they compared an idealised past with the present and the way in which certain cultural practices continued in the present but are constantly undermined by a white Australian presence, in this case the police.

³ As described in the introduction of this thesis, Brady (1995, 1997) and Watson (1988) have shown that Aboriginal society was familiar with various intoxicating substances before the arrival of the First Fleet. However, there is no doubt that the enormous quantity of alcohol together with the devastating effects of colonisation was a new experience for Aboriginal groups.

Larry: See before whiteman come there was no drinking, no drugging we all lived naturally off the land. What I reckon a lot, some of whiteman's things are all right but a lot of them...

David: Like cars you need cars to get from here to there. But in your hometown a lot of people don't worry about cars. They just walk mate. But they use modern society to travel you know. Back then when none around just Aboriginal people would take him days to go out and get a feed, days to get a feed. But now in modern society, you know, you can jump into a car and go from town to town. My town is big enough to walk around town. I don't need a ride from here to there. I'm on my time. I can take my time to get there.

Larry: I like walking too man. If I had to go somewhere I'd just walk there. Walk along in the fresh air without jumping in a car and messin' around and that.

David: When Aboriginal people walked around here they had their own laws in their own tribe. They could walk wherever they liked. But now with European culture in here you got police drivin' around and a black man can't walk around at night unless police suspect him of committing a crime. It was peaceful back then walking around. But now you got police picking you up for no reason and asking you what you doin'. If Captain Cook hadn't landed here this place would be a better place here. I reckon Captain Cook shouldn't have come here at all. We would have been living spirituality, speaking our language and living our culture.

Larry: What I reckon' if nobody had landed here we would be still be practicing our culture and all traditions and speaking our lingo and living off the land.

David: And living as a tribe.

(L, Dubbo; D, Bourke)

This sense of loss was associated with feelings of anger and frustration towards white Australians as Larry stated:

See every blackfella has got anger in him from what has happened in the past. That will never go away. Blackman will always hate whiteman. It's not strong but it's always going to be there because of what happened. We gonna have to learn how to control it.

(L, Dubbo)

In these extracts we can see two men engaged in a process of (re)constructing their Aboriginality from past idealised cultural forms, which are shaped, altered and adapted to their present circumstances. David and Larry also referred to the strength of the Aboriginal bond in the gaol environment and how this could be seen as an historical continuation of Aboriginal resistance to white domination. In gaol many of the 'black brothers' spend their time together "yarning about home, playing guitar, doin' the paintings, keeping culture alive", noted Larry. This Aboriginal bond was seen as a continuation of pre-contact Aboriginal life when, it was said, all Aborigines lived together in harmony and there was little conflict between people. This was seen as connecting all Aborigines throughout Australia. When I asked whether it was possible

that conflict did occur in the past, David stressed the continuation with the past through the experiences he has in the present:

I don't know about that bra. To me I don't think that is right. I can walk into Kempsey and I knew no one in here and they all call me brother, cause I was out of town. If that was their town and their land they could have got me out of there. But they called me bra and accepted me.
(D, Bourke)

How then does this sense of cultural identity become manifest in ideas about alcohol and drug treatment?

'Whitefella' medicine and the question of traditional Aboriginal cultural values in substance misuse treatment

'Whitefella' medicine

In order to examine the discourse of cultural treatment at Benelong's Haven, I wish first to examine residents' attitudes towards the white Australian medical system. I see this as important because residents commonly asserted that white Australian medicine could not address the cause of Aboriginal substance misuse, which was perceived to involve a loss of 'spirit'. Residents at Benelong's Haven held a variety of beliefs about white Australian medicine. Many arrived with multiple medical complications from the effects of sustained substance misuse and various physical injuries. Some residents would rush to see the visiting General Practitioner (GP) who arrived from the Durri Medical Service each week for what I thought were minor health issues.⁴ Staff often commented on the readiness of some residents to seek medical treatment now that they were sober, whereas earlier during their drinking and drugging, they never sought medical treatment. Such eagerness to visit the GP must be seen in light of various factors. Now that residents were sober and were in a programme that stressed mental and physical health, they felt that weekly doctor visits could help address past physical complications. This included a variety of complaints including liver damage and Hepatitis related illnesses, as well as more minor health problems such as boils, infected wounds, influenza and bacterial infections. Another factor contributing to the

⁴ I have no medical degree or training to support this assertion. Durri Medical service is an Aboriginal organisation servicing the local Kempsey Aboriginal population.

popularity of the medical service was the ease of visiting the doctor in Benelong's Haven where health issues were openly talked about and did not involve long waiting periods as they did in other medical services.

Not all residents used the medical service and many were suspicious of white Australian medicine. One man claimed that boils were not the result of drinking and drugging (an explanation often put forward by the GP) but resulted from eating 'prohibited' foods. According to this view, the traditional rules associated with eating taboos continue to have an effect on Aboriginal people today even though the knowledge of these foods may have been forgotten in some areas. Another man, from a community within which many members continued to follow certain food prohibitions, described an instance when North American Indians visited his community and organised a traditional feast for the whole community. Some of the foods included in this feast (unknowingly) were prohibited. However, many of the Aboriginal community members tasted these foods "because they smelt so good". Afterwards, they broke out in boils. Peter from Palm Island also regarded white medicine suspiciously and had always been treated by his father who used 'bush medicine'. He stated:

Whitefella medicine, that no good, turns you into another kind of fella.
(P, Palm Island)

Whilst many of the residents, from urban areas, had never shared in Peter's experiences of 'bush medicine' there was a general belief that white Australian medicine could not help problems associated with alcohol and drug misuse. Whilst there were a variety of explanations for this, many residents stated that most white Australians did not really want to help Aborigines with this matter, nor did they understand them. Therefore it was up to Aborigines themselves to address the problem. Many believed that those white Australians with alcohol and drug problems received the best medical services and the newest drugs, however Aborigines were excluded from these. As Peter suggested above, white Australian medicine could involve a loss of identity, taking away a person's Aboriginal essence. Furthermore, it was commonly held that white Australian medicine did not treat the cause of the problem, which, as I shall describe below, was interpreted as involving a loss of 'spirit'.

Are residential rehabilitation programmes antithetical to Aboriginal cultural values?

If white Australian medical services are deemed inappropriate by Aborigines to treat drug and alcohol problem, is the alternative in Aboriginal culture itself? In Aboriginal Australia, Brady notes:

Traditional healing techniques have not been amenable to alcohol and drug treatment and substance misuse is generally viewed as beyond the influence of traditional healers (1995a: 1494).

Furthermore, Brady argues that specific Aboriginal cultural values are antithetical to treatment citing examples of personal autonomy and the normalisation of drinking practices. In traditional Aboriginal society, Brady describes, importance was placed on the right of others to conduct themselves as they wished without being told what to do. Non-interference was an important part of an anti-authoritarian ethic. Brady notes that the continuation of such cultural values in contemporary Aboriginal society has the potential to restrict the effectiveness of substance misuse treatment centres, where a certain amount of conformity and acquiescence is required on behalf of the residents themselves. I have a number of concerns with such a view. The first resolves around the importance of understanding the context of any cultural trait such as the Aboriginal concept of personal autonomy and the second over the inherent complexity of culture itself.

Within Benelong's Haven, residents' assertions of personal autonomy can explain why some people left the programme. The programme is tough and requires every resident to submit to certain rules and codes of practice as I have shown throughout this thesis. During my fieldwork, a variety of residents chose not to follow these restrictions and left asserting that the rules infringed upon their freedom. There is no doubt that an emphasis on personal autonomy continues to be an important part of contemporary Aboriginal social life and has been described by a variety of researchers (Myers 1986; Beckett 1988; Keen 1988). However, if such departures can be explained by an ethic of personal autonomy, the question must be asked, why did the majority of residents chose to remain in the centre? Why did they accept the restrictions imposed on them, whilst others did not?

Part of the reason lies in the fact that the majority of residents had been remanded to Benelong's Haven through the judicial system. For many the alternative was a gaol sentence. However, the answer also lies in the emphasis on egalitarianism between residents within the programme. The majority of residents were able to experience restrictions on their personal freedom and choice when they knew that everyone else was also experiencing similar conditions or were willing to share differences in privilege. While residents experienced restriction in their autonomy in some areas, they were free in others. For instance, residents, could make many choices concerning who they spent time with, what activities they engaged in during their free time and so on. Also the reasons underlying why one particular resident chose to leave the programme was often related to other factors, such as family pressure, and not restrictions on their personal autonomy. In some cases, the physiological effects of withdrawal from alcohol and/or drugs had an enormous impact on the way in which an individual interpreted the programme when they first arrived. One man, who insisted on attending programme activities whilst withdrawing from heavy marijuana and amphetamine use, became convinced in the 'Psych Group' that the whole topic of discussion was centred on him and everybody was secretly planning to do something bad to him. After he left, other residents stated that withdrawals could make you think and do "silly things".

With respect to the normalisation of drinking, Brady (1995a: 1491-2) suggests that abstinence is not a realistic goal within drug and alcohol treatment programmes, as substance use has become an everyday part of Aboriginal social life in many communities. It is true that drinking and drugging practices in Aboriginal society have a variety of functions with their own structural elements. However, the majority of Aboriginal residents at Benelong's Haven recognised that substance misuse was having an adverse impact on social relations within Aboriginal communities. This was the prevalent attitude even when individuals were unwilling to abstain from alcohol and drugs themselves.

What I would like to stress in this discussion is that it is important to contextualise notions of Aboriginal autonomy and the normalisation of drinking practices to discover the different ways in which individuals respond to particular social contexts. Particular cultural traits, such as personal autonomy, do not necessarily shape individual responses within any given social situation. Rather, human behaviour is more complex

and a range of factors will affect a response depending on the context of the social situation itself. Spicer has added to this point by arguing that cultures are not entirely consistent and that contradictory influences colour much of American Indian experiences with alcohol. In a reply to Brady's article, Spicer notes that while a culture "may conduce people toward substance abuse it can also be granted that these cultures also contain within them potential solutions to the same problems" (2001: 238). Spicer suggests that it is important to look at the different components of any culture and the possible influences that may shape a response to a particular situation. Whilst Brady is correct in emphasising the continuation of such concepts as personal autonomy in contemporary Aboriginal society, it also true that traditional Aboriginal society was strictly rule-governed and structured.⁵ Assertions of autonomy that conflicted with the 'Law' often had serious repercussions for any individual and could potentially lead to death or serious injury. Acquiescence of social norms and values were strongly reinforced through such traditions. It seems relevant that researchers recognise the influences that different aspects of traditional Aboriginal society may have on contemporary social forms.

I would add to these discussions by stressing the importance of recognising the similarities between residents' responses in different residential rehabilitation centres. Previous researchers have mentioned that upon entering rehabilitation centres residents are often in a precarious state of balance, poised between wanting to return to the highs associated with substance misuse and a desire to stay in the centre and make changes to their life (Sugarman 1974; Yablonksy 1974; Carr-Greg 1984). Sugarman (1974: 18) notes that the value system of the Daytop therapeutic community represented a complete reversal of the values lived by the 'junkie'. According to residents of Daytop, 'junkies' are depicted as lacking in self-control; preferring to run away from difficult situations; lacking in strong friendship ties; and preferring to resort to violence to get their way. Strict rules and standards of contact within the centre are seen as counteracting these traits. Many residents find this too difficult and depart. However, motivation to stay in the centre (such as the formation of attachments with other residents; an awareness that returning to the outside would place oneself in jeopardy; and witnessing the success of senior residents) may be enough to overcome residents

⁵ McKnight (2001, *personal communication*).

initial urge to leave. Similar motivations to stay can also be found amongst residents in Benelong's Haven. What makes Benelong's Haven different is the particular way that both staff and residents construct and negotiate what constitutes Aboriginal culture itself within the context of the treatment programme.

Reconstructing 'culture': AA and spirituality meetings

Whilst many indigenous treatment programmes have incorporated 'cultural' forms of healing, (that has some link to an idea of an authentic traditional past) the AA component has remained central to the Benelong's Haven programme. This could be compared to such centres as the Poundmaker's Lodge in Canada, which claims that the indigenous resident will "respond best to a specialised treatment approach which combines Indian cultural awareness and aspects of professional treatment and the philosophy of Alcoholics Anonymous" (in Hazelhurst 1996: 133; see also Jilek-Aall 1981). But what is specific to AA that enables many Aboriginal people to claim that it represents indigenous cultural values?

In one of the few references to Australian Aboriginal rehabilitation centres, Hazelhurst (1996: 66) reports that Benelong's Haven, amongst other programmes such as Namitjara and Oolong House, combine AA principles of 'caring and sharing' with Aboriginal 'spirituality' and values of the extended family. In my first conversations with staff and residents at Benelong's Haven, 'spirituality' was a central concern in defining their approach to alcohol and drug treatment. Miller (1995) notes that the concept of spirituality has received little attention in empirical studies of alcohol and drug treatment. For Miller, spirituality refers to the transcendent or the transpersonal. However, he suggests that attempts to define spirituality are problematic as spirituality is specific to the individual, it is not an organised social phenomenon, it defies customary conceptual boundaries and ritualistic practices and rules obscure it. Miller (*ibid*: 980) suggests that spirituality is multi-dimensional, involving behaviour, belief and experience. In the Benelong's Haven model, spirituality is about the development of specific kinds of relationships (and cultural identities) between people without the aid of alcohol or drugs. First, I will examine how residents initially encounter the notion of spirituality in the programme and follow this with an explanation of the Benelong's Haven model of spirituality.

Spirituality meetings

Residents first encounter discussions concerning the issue of spirituality in the 'main group' led either by Val or Jim. Whilst Jim focused on issues concerned with Alcoholics Anonymous principles Val discussed the importance of Aboriginal spirituality in gaining sobriety. In one such meeting she told the following story:

I'll tell you about this then, this Indian. This was before the war. He was a real young lad and he joined the merchant navy long before the war. And then another American Indian joined it too and then they made friends with a German. So three young men were mates on the ship. And they went to ports all over the world. And then the war started and the German went back to Germany and the Americans went back to America. And then America did not come into the war until the very last, until the Japanese bombed Pearl Harbour...The American Indians they all joined up and they went overseas. And this particular Indian was captured and was taken prison of war in Germany. He was treated very badly because he was an undercover agent for the Americans. And they were sending messages and they had this American Indian talking because the Germans couldn't pick that up. They could pick up any other language but they couldn't pick up the Navaho language. And so they could tell the Americans what they were going to do which is very clever indeed. So he was captured, boy did they punish him. They nailed his feet to the floor mind you and made him stand for hours. And he was almost crippled. They sent him to another place and he could hardly walk. His feet was so tired so he stopped and this German soldier prodded him with a gun and told him to move and he just turned around and looked him straight in the eye and it was his German friend from the days when they were on the merchant ships. So the German helped him to escape and then at the end of the war they found him nearly dead but he was safe. They took him back to America and they put him in the repat hospital. He was there for three years and he could hardly walk, they put leg irons, braces, for him to walk. He was really wrecked. So he decided he would go back to the reservation and he said if he goes back to the reservation he would see his people and then die. So he went home. Anyhow the chiefs were scratching about him and they said 'we have to do something about this'. So they said 'we are going to tie a rope around your waist and throw you into the deep river'. And they did this, they said 'now you swim for your life and call your spirit back because you can't live without your spirit'. He nearly drowned but he learnt to swim and he swam that river and he walked because he called his spirit back. He was an alcoholic too. So he overcame his alcoholism, he never drank and he came back a very spiritual man. That's a spiritual story. You recall your spirit whilst you're at Benelong's Haven. Call your spirit back and be strong again in your spirit. Because without your spirit you will always keep busting, busting, busting on whatever addiction you have. You are only half a person without your spirit. You don't have a spirit, your spirit is gone because you have other things on your mind. When you are regaining your sobriety you are regaining your spirit. Call back your spirit in your sobriety. Your only half a person without a spirit. Did you feel that when you came back? And you Dennis, you Robert, this is what makes sobriety.
(V Carroll, Benelong's Haven)

Val told similar stories at various meetings, followed by her own personal story of the 'miracle of Benelong's Haven'. All stories encapsulated similar themes of personal struggle, of loss of cultural identity associated with emotional and sometimes physical tragedy involving 'hitting rock bottom'. This was followed by a move to reclaim one's lost 'spirit' through participation in a trial that involved physical and emotional hardship. These stories should be seen in their similarity to the AA share. However, Val linked these stories to a pan-indigenous experience of culture loss and of the physical and emotional hardship associated with substance misuse. In this view, Aboriginal substance use is caught in a vicious circle where to drink and drug is to cover the pain associated with loss of 'spirit' through contact with the non-indigenous colonisers. At the same time, loss of culture is depicted as a result of substance misuse itself (Brady 1995a: 1491). As I demonstrated earlier, this viewpoint is accepted by residents and reproduced in their own discussions between each other and with outsiders.

Following Val's story, residents were invited to tell of their own spiritual experience, one by one on the stage in the main hall. These 'spirituality' stories came in three main forms. The first involved a near death story, often associated with car accidents whilst drink driving. Examples included Fred's story of his own decision not to accompany three of his friends in a car after they had been drinking together in the pub. Later he found that they had all been killed in a car crash and believed some unseen force must have made him stay in the pub. One man told a story of narrowly missing a tree stump as he spun out of control off the road into a field. Missing the stump and all other objects in the field, the car came to rest directly in front of a water tank. As this individual stated:

Don't know who was there watching us but just stopped. That was a spiritual experience 'cause we would have both died.
(F, Taree)

The second type of story was a premonition story. In these stories residents told of receiving premonitions that family members had died. Rob talked of all the "power being drained out of me" whilst he was driving across the Hawkesbury river towards his home in Gosford. He knew something had happened at home and when he arrived, he found that his Aunty had just died. Another individual talked of feeling like "something shot through me" on the way to visit his Uncle in the hospital. When he

arrived his father was already there and informed him of his Uncle's death. Another resident told a story of having a dream about his father's death whilst he was in gaol. The following day his mother called and told him that his father had experienced a heart attack and died. All of these stories expressed a belief in some 'spiritual' power that flows through Aborigines giving them premonition of an event.

The third type of story was associated with coming to Benelong's Haven. Rob told a story of a spiritual experience he had when he returned to the centre for the second time, in 1997. He was sitting in the hall, in main group, when "something drained me" and for the next two days he lay on his bed in the men's dorm "knocked out". Rob interpreted this as "something is out there" trying to help him to find his spirituality. Lisa talked of overdosing on three separate occasions before she came to Benelong's Haven. Each time she survived the overdose and so she interpreted this as a sign that she had been led to Benelong's Haven. Lucas described the night before his arrival at Benelong's Haven. He broke into a caravan, stole valium and rohipnol tablets, and then ingested them "going off me head" for one last time. When he arrived at the centre he found that:

This place sort of made me realise you know, like my spirit was dead inside me and when I come here sort of, came alive again you know. Been weird, if it wasn't for this place I'd be dead by now.

(L, Dubbo)

Mark talked of discovering his spirituality during his sixth attempt at the programme. He was sitting at an AA meeting, feeling stressed and with a pain in his gut, when suddenly it disappeared. As he stated:

From then on I have been happy. For some reason. All the other times I have been here I have not been willing to hand me life over to anybody.

(M, Sydney)

While I do not want to question the reliability or the 'truth' of residents' statements, like the AA meeting, there was a sense that residents have to learn how to recognise and express a spiritual experience. If they had not had a spiritual experience, then Val or some other resident often stated that such an individual would no doubt experience one in the future.

The higher power and AA: The importance of the group in defining Aboriginal spirituality

Many residents at Benelong's Haven stated that when they first arrived in the centre and saw the word 'God' printed in the twelve steps they became worried that it was going to be a religious programme and that there would be preaching involved. Val often encouraged people to develop an understanding of God, due to her own beliefs in the Sacred Heart. As she stated in one meeting:

God wants you for something, you think you would stop and think. God is giving you a chance to really see yourself and that you can do something. Did you ever think that? Everyone is here for a purpose. Just being sober is something wonderful.
(V Carroll, Benelong's Haven)

The majority of residents had been exposed to Christianity (usually from their parents or grandparents generations who had been raised in the Christian mission environment), but had never been to Church nor did many have specific knowledge of what Christianity involved. Rather, they had a belief that there was a God who directed the world, provided strength and support and brought meaning to life experiences.⁶ Others merely stated that they believed in God, but there was little other reasoning as to what this belief constituted. Again these attitudes towards God must be viewed in light of the historical context of the spread of Christianity within Aboriginal communities, which has been varied.⁷ Despite Val's emphasis on the notion of God, staff always stressed that this was not a religious programme but a spiritual one where residents had to find a higher power of their own understanding.

The notion of spirituality in AA has not remained unchallenged in the literature. There has been much debate about the kinds of spirituality AA promotes. As Makela et al (1996: 10) state, many researchers have made analogies of AA with religious organisations. Antze (1987: 173-174) compares AA's teachings with the logic of Protestant theology and suggests that there are similarities in AA's model of the alcoholic's predicament and the Protestant drama of sin and salvation (see also Miller

⁶ See Antze (1987: 162) who notes that the concept of God in AA is a warm, supportive tutelary spirit.

⁷ At one time when a group of Aboriginal men joined the programme from Tennant Creek, their understanding of a higher power centred on those ancestral beings found in Dreamtime stories.

1991). Yet others have refuted this view and see AA as simply a spiritual program that allows individuals to define their own spiritual source (Makela et al 1996). As Makela et al (*ibid*) note this ambiguity is an essential feature of AA. They claim: "AA has developed an ideology in which the religious and its denial exist in dynamic tension" (*ibid*: 10).

Within Benelong's Haven understanding of the programme was often generated through interpretation of experiences in relation to the 12-Steps or other programme idioms. If there had been a conflict between residents, an individual might be heard saying "Let Go, Let God". When contemplating leaving, after a conflict, I heard several residents quoting the first step as evidence to explain why they should not leave the programme. As one man stated "I am powerless over my drug and I gotta stay here to see where these Steps lead me". Here, the concept of surrender is important, epitomised in the AA serenity prayer. In this prayer residents are encouraged to take on a more accepting, less combative approach to the trials of everyday life and to employ AA's teachings as their central guiding philosophy. The importance of AA is something that was reiterated when Jim led the 'main group'. In one group Jim stated:

Over the weekend what power did you give? What higher power? Yourself or AA? When you have a problem did you turn to AA? What does AA say about this? Or did you turn to that old higher power? Yourself. That great one. That one, that got you where you are today? I have to remind people everyday. If we just keep ourselves as our higher power...that is, whenever you have a problem you just stick to yourself and solve it the way you have always solved it. Like the men here. I know how you deal with your court problems. Yes. They are not in your mind until the day the court comes and then you're not interested in them on the day and then you are running around looking for six month Ernie. Of course he's six month Ernie, if he doesn't see his client until a couple of minutes before the court. If you're going to be in AA it means 'turn your life over to AA' and that means seeking AA's opinion on how to handle things. If somebody has upset you over the weekend, what's your solution? Don't talk to him, get a resentment, same old solution. There is a definition of insanity you know. Insanity is doing the same thing over and over again and expecting a different result.

(J Carroll, Benelong's Haven)

The way in which residents have dealt with their problems in the past is depicted in Jim's speech as problematic and he suggested that individuals should turn to the principles of AA to guide their future behaviour. More importantly, he encouraged residents to develop new kinds of relationships with each other at the same time as emphasising group solidarity. It was understood that AA only functions when

individuals come together to form a group who all agree to follow the 12-Steps. Thus, in Benelong's Haven, the higher power that many residents came to emphasise was the group itself and it was to the group that many individuals turned when seeking support. When a new resident expressed concern that they were not aware of their higher power, others residents told them that the group itself could be supplanted for this concept. The group had a number of functions: it prevented individuals from drinking or drugging; it provided emotional support; it had an existence that went beyond the individual; and it provided links to other AA members through time. Various residents often commented that the "power of the group" was the only thing that was keeping them in the centre. This is also evident in other AA groups, as described by Antze, who notes "AA conforms remarkably to the pattern that Durkheim epitomized in the formula, 'Society is God'" (1987: 163).

Benelong's Haven's emphasis on the importance of the group for recovery is not universal to all indigenous rehabilitation centres. Kline and Roberts (1973) suggest that large group meetings amongst American Indian residents in Mendocino State Hospital in California were not always helpful.⁸ They suggested that this was due to the following factors: the low self esteem of residents; feeling of powerlessness; and resistance to leadership roles due to fears of social ostracism. However, they explained the need for a treatment approach for American Indians that took into account their different drinking patterns and social environments. Kline and Roberts (*ibid*) suggest that residents related more to individual and small group therapy where individuals were willing to discuss their problems and accept feedback. Perhaps the difference here is that Benelong's Haven is Aboriginal controlled and organised, whereas the Mendocino programme was not. Furthermore, Aboriginal residents in Benelong's Haven incorporated the principles of the AA programme to talk about the importance of Aboriginal culture and spirituality to recovery from substance misuse. It is to this aspect that I now turn.

⁸ What these large group sessions involved is not described.

The centrality of spirituality in the notion of culture as treatment and the development of individuality

Aboriginal culture is not about spears and boomerangs. Aborigines are a spiritual people. By this I mean that their spiritual connections to each other and the earth are their main reason for being on earth...Because of this spirituality, alcohol presented a special danger to Aboriginal society. We must make decisions. Should we accept any use of alcohol? Binge drinking must go. Morning drinking must go. If we cannot do these things alcohol must go. If we cannot keep a drug from our children we should not use it. In the spiritual matter of land rights, the Aboriginal people and their leaders met with some success. That was the enemy without. This one is the enemy within. A derelict ship is one with no people aboard. A human is not a derelict because he sleeps in a park in sand shoes and a grey coat. You are derelict when your spiritual relationships are gone. Drugs may promise you a lot, but they may deny you your reason for existence.

(Carroll 1998: 6-7)

Within Benelong's Haven residents and staff claimed that the notion of 'spirituality' was central to the treatment programme. When I asked residents their understanding of 'spirituality' their responses were oriented towards general themes of caring and sharing, belonging to land, the importance of family, a common history and a unique essence that is shared by all Aborigines. Val has outlined a more specific definition. She explains that Aboriginal people are a spiritual people where their connections to each other and to the earth are their main reasons for their existence. She defines spirituality as the "relationship between human beings, from this relationship a connection to the earth, then to the Supreme Being" (Carroll 1998: 5). In this view, spiritual relationships are primarily formed through birth, and are present in the relationship between parents and their offspring and between siblings. Through the effects of colonisation that included loss of land and loss of people through killings, disease, relocation and assimilation, Aborigines special relationship was damaged. As Aboriginal spirituality was destroyed, this view suggests that alcohol presented a way to enhance fragmented relationships. This was undertaken primarily in groups. As Val often told me, "Aborigines get drunk in groups therefore they have to get sober in groups". It is through participation in the programme that residents are depicted as reclaiming what has been lost through colonisation. Importantly, 'spiritual relationships' were described as being reinvigorated through participation in the programme. What exactly is the nature of these 'spiritual relationships'?

In essence, 'spiritual relationships' in Benelong's Haven are similar to what Bateson (1971: 324) termed 'complementary relationships'. Bateson (*ibid*: 321) suggests that alcoholics are experiencing an 'epistemological error'. This error is:

Based on their assumption that they can master their drinking through sheer force of will. In the grips of such mistaken cognition, the only release from this symmetrical (competitive) relationship with the world is through the state of drunkenness, which permits alcoholics to engage in complementary (cooperative) relationships with their world (in Spicer 2001: 237).

Spicer has elaborated on Bateson's thesis and describes that American Indians also experience conflicts in their experiences with alcohol. Specifically these are focused on the contradictions between their behaviour when drinking and their perceived ideals for their lives. Through the experience of abstinence they are able to transform their relationships to the world and to engage anew with their fellow Indian people in "complementary relations of service" (Spicer 2001: 237). In this view a complementary relationship is understood to be co-operative, unconstrained and free whereas a symmetrical relationship is competitive, constrained and involving obligation.

For residents of Benelong's Haven, alcohol and drugs were viewed as having removed the Aboriginal 'spirit', leaving them a fractured and divisive people. With the forging of a shared identity through the formation of common goals and purpose, residents described that they were re-discovering their Aboriginal spirituality. AA teachings support this discourse where alcohol and drugs become a poison that render the user 'powerless' and threatens loss of life or mind. Rather than engaging in the lies and excuses that are said to be the common practice of the individuals who engage in substance misuse, relationships in Benelong's Haven are based on a concept of self-exposure and moral truth. The formation of group solidarity within the centre is depicted as the main avenue through which residents can alter their relationship to the world (see Antze 1987: 164; Spicer 2001: 237). One resident expressed this when he stated: "We gotta take the spirit out of the bottle and put it back between us" (K, SE Queensland). Of course the readjustment of residents' relationship to the world is the aim of many other rehabilitation centres. However in Benelong's Haven this was politicised so that residents' efforts to re-gain what has been lost took on a historical

perspective that was viewed as part of a larger Aboriginal movement of self-determination.

There are also potential tensions in Benelong's Haven's emphasis on the principles of the group. The treatment programme suggested that residents have to change their perspective and relationship to their existing social world. Central to this was an emphasis on the importance of self-responsibility and individual autonomy in leading a sober life. At one particular meeting Jim told a story comparing Alexander the Great "cutting the Gordian knot" to an addict's decision to cut the ropes that tied him or her to their addiction problem. Rather than spend days attempting to untangle the knot piece by piece, as others had done, Alexander simply cut the knot with his sword and moved on with his army. After telling this story Jim declared the following:

Decision is like a cutting. It is also first step of AA. It is a 'Gordian Knot philosophy'. Many of you people spent hours with counsellors, psychologists, lawyers sitting around your Gordian Knot. Your Gordian knot is your drug problem and all the other problems you have picked up with it. Sitting around your problem, you get these guys to pick it over, but the knot is untouched. Your friendly drug counsellor had a lot of time to sit around that knot with you. He's getting paid to do it. But you are doing the gaols, the sickness, the hospital. What is our drug problem? It is a big thing like a knot which we have been picking at around the edges for years. And AA's solution is to cut it. Cut the thing. We are always sitting around saying "why did I drink? It was something my mother did. Those white bastards. It's everybody else in this place. The bloody legal service got me in gaol. That fella Mark Jones got me in gaol. If he hadn't been smart to me, I wouldn't have bashed him. I'm gonna get him when I get out". First step of AA is to cut it. Alexander tried to undo the knot, he bugged around with it for ten minutes. The addicts got sick of this playing around with the problem (*he is referring to the founders of AA, Bill W and Dr. Bob*). It is those two addicts I talk about. We've been cutting it ever since with decisions. I'm powerless. I can't undo this knot. We don't bother with why we are addicts. We are addicts. And we are powerless over our drugs. That's cutting it in the first step. It's a decision. Like Alexander we move on to what we have to do in life and we move on through the rest of those steps. This business of waiting for something to happen. Waiting for something good to turn up. If you get hit by a truck on the road and you're lying on the road all busted up and I come rushing up and say "wait a minute! How did this happen? How did you get into this situation? What sort of truck? How fast was he going?" You're dying there on the road and I'm trying to find out how it happened. That's what's going on when you're sitting in the offices and the gaols, you're dying. Your kids are losing you and there's a lot of talk going on. You're going to be stuck like that because the drugs are taking away your ability to make a decision. AA is about decisions, even got the word mentioned high up. The first step is a decision. In the first step you have to make that decision whether you are powerless or not. Alexander had to make his decision. He was the boss of his army. You are the boss of yours.

(J Carroll, Benelong's Haven)

Within this speech residents were instructed that they must alter their approach to life. Rather than expecting help from others to “untie their Gordian Knot” of problems, residents were advised to “cut through” their tangle of problems with their own decisive decision to change their outlook and habits. This advice emphasised the importance of ownership and responsibility of one’s problems and the avoidance of placing blame upon others. In some regards this advice did conflict with other segments of the programme. Throughout this thesis I have described the importance of sharing and group solidarity in establishing residents’ shared stories of substance misuse. However, in the above quote, Jim is referring to the importance of an individual taking responsibility for his or her own actions rather than relying on the group. Reliance on others is seen as reinforcing a blaming response. Examples of ‘blaming’ responses include: “If white people hadn’t come here we could not have the problems we have today” (D, Narrabri); “If Jo hadn’t gone around saying things about me, I wouldn’t have got drunk and hit him and I wouldn’t have ended up in here” (K, La Perouse). These statements were seen as antithetical to treatment and as forming resentments towards other people and/or non-Aboriginal society in general. The programme emphasised that while residents may arrive with many different explanations to account for their present situation, in the end none of these matter. It was how residents conducted themselves in the present that was seen as important by senior residents and staff. However, there was room for interpretation within this framework and importantly it was up to the individual to decide the way in which he or she would maintain their sobriety. Different parts of the programme were stressed at different times depending on the context of an event or experience.

The conflict between the individual and the group is a theme that runs throughout residents’ experiences of Belong’s Haven. It is a theme that is also repeated in the AA discourse in its dual emphasise on group solidarity and the importance of personal inventory. At one level, residents were told that they must rely on the group as part of a process towards regaining their Aboriginal ‘spirituality’. At another level, the emphasis was on personal responsibility and self-reliance in the ‘ownership’ of their specific problem. To give a more localised example of how these conflicts were experienced by residents I turn to the subject of friendships.

Issue of belonging: Friendships in Benelong's Haven

Friendship was an important part of the experiences of residents in Benelong's Haven. Somebody who spent time alone and did not make friends quickly was generally considered to be slightly odd or even worse, had gone "gwangy in the head", residents asserted. The establishment of friendships meant that individuals had someone to share their feelings, anxieties, fears and hopes. This 'sharing' was based on unconstrained and spontaneous sentiment rather than constrained by demand or expectation. They were usually initiated by one resident to another through, for example, giving a cigarette, a tea bag or offering to share one's space. All these acts, and many more, opened the door of communication between residents. After the initial act of generosity, one individual might share a personal story, a private experience that involved deeply felt emotions. However, developing close friendship was also seen as dangerous from the perspective of staff and senior residents.

From the perspective of staff close friendships were often seen as detrimental to treatment. If two residents spent too much time together, this could be seen as creating a relationship of dependence on that particular friendship. Such a relationship was seen as inhibiting the development of self-introspection, individuality and ties to the group as a whole. Residents also recognised the dangers and many spoke of becoming too close to another resident. Peter from Palm Island suggested that whenever he made a close friend in the centre that person would leave. When the friend departed, he said he felt like he was losing a part of himself and he too wanted to leave. After a series of new friends departed in a particularly abrupt manner, Peter stated that he was not going to make any more 'real' friends, otherwise there would be no one left in the centre.

As has been shown in the anthropological literature on the subject, friendship is closely linked to the negotiation of identity (Bell and Coleman 1999). This is also true for Benelong's Haven. I quoted earlier in this chapter an exchange between David and Larry. This shared exchange opened the way for the two men to establish a friendship contributing to the development of a shared Aboriginality. This was further qualified when they likened their identity to an 'inland bush Aboriginality'. Through discussions with other 'inland Aborigines' in Benelong's Haven, their difference emerged somewhat self-consciously as they discussed the differences between inland and

coastal practices. This created some verbal conflict between the inland and coastal residents in the centre but was not long lasting.⁹ When many of the 'inland Aborigines' departed, David and Larry reasserted a common 'Aboriginality' that did not rely on the coastal/inland differentiation. In this light we can see identity in its 'dialogical' nature where residents negotiate their identity through their discursive practices (see Baumann 1999: 94, 107-120).

Through the creation of shared biographies residents were able to create a sense of belonging to Benelong's Haven, to their respective homelands and to an Aboriginal shared heritage.¹⁰ In the following discussion between David, Larry and myself, David asserted that Benelong's Haven was like a home, a place where he had many friends and had developed spiritual connections. However, through his participation in the programme, both David and Larry became acutely aware of their connection to their homelands away from Benelong's Haven.

Larry: Look at me man I'm from the bush I don't like the coast. I don't like swimming in the beach here. I'm used to the rivers. My mind is out there in the bush 'cause that's where I was born.

David: Our roots are out there. I grew up in this place (*Benelong's Haven*) as a young boy but there was a time for me to leave this place and I did. I told my Mum and Dad that I wanted to go home because that where my family was, my culture was, my roots. The bush was me. I wasn't born here. I was born in the bush. I live for the land. I'd rather be there now. My mind is always out there in the bush.

Richard: But you said earlier that you wanted to stay here?

David: Yeah, but my mind is always there. Spiritually my mind is there.

Larry: See, does not matter how long you take a Koori away from his home. You know, his real home. He mightn't talk about it all the time, but he's always thinkin' about it.

Richard: Is home where you are born?

Larry: Yeah in the bush and that. When I go home I go and stay at the mission out of town.

David: When this place was a boy's home you see how many guys ran away from here and when they ran away they got executed you know for trying to get to their roots, to their land, to their families.¹¹ I'm here but my mind is out

⁹ In this particular instance there were various verbal disagreements over the differences between 'coastal' and 'inland' Aborigines with different residents taking different sides on the issue depending on their identification. As a consequence, the men separated into two groups who ate together and spent time together based on this differentiation.

¹⁰ Despite dispersal, migration to cities and towns, and patterns of visiting between towns and between town and country, Keen (1988) and others (see Young 1982: 9) argue that Aboriginal people remain attached to a general locality of origin.

¹¹ I heard many rumours concerning the Kinchela Boy's home from various residents. However, none of these rumours are supported by the available facts. I was able to speak to some of the men who had been in the centre as young boys and they did not support David's statement.



Resident accepting body paint design from Paul, an ex-resident of Benelong's Haven, 1999.



Hollowing out a piece of wood for the purpose of making a didgeridoo, Benelong's Haven, 1998.

there, spiritually, I'm there. I don't talk about home much but that is where my mind is all the time That's where I came from. I always want to be there but I can't always be there. At home you can do whatever you like. When I went away to Sydney for eighteen months, when I went home I laid around in the house for about a week.

Larry: We never learnt to be connected to the land. To us we don't have to call it home we know it in our mind 'cause we are spiritually connected to the land.
(D, Bourke; L, Dubbo; R, London School of Economics)

For Larry this shared spirituality connects all Aborigines through sharing a common past.

Well if I was walking down the street and I run into someone I never met before in my life I call him brother 'cause that's what he is. He is a dark man like myself. They had that bond that spiritual bond. They would walk for miles and they talked to people and call each other brother and that, all Aborigines on one land. But now I still see a black man that I don't know I still call him brother. He'll call me brother, 'cause he knows I'm Aboriginal and I know he's Aboriginal.

(L, Dubbo)

Through the creation of such shared dialogues, residents engaged in discussions about an 'Aboriginal culture' that has links to an authentic past and continues to sustain Aboriginal relationships to the land and to each other. Such links had never been lost, nor entirely forgotten, but had laid dormant waiting for the right circumstances to be re-remembered. As one resident noted:

Aboriginal people hasn't lost their culture. You never can lose your beliefs or your culture. It's in there all you need is someone to take it out. You can never lose it.

(G, Brisbane)

In this sense culture is something that is inherent to an Aboriginal identity and through the treatment programme residents learnt to reconnect to specific cultural identities.¹² This was achieved through a number of interpretative processes. Interpretations of the AA philosophy and the history of Aboriginal contact with white Australia was negotiated through friendships and discursive practices of residents. As I stated earlier, there were ambiguities in this process. The programme stresses the importance of

¹² Cowlshaw and Morris (1997: 5) suggest that cultural identity has a contradictory quality. It refers to biological inheritance yet also implies that "cultural characteristics can be affirmed or rejected at will" (*ibid*). However, this subjective process has to be established through genealogical connections.

group solidarity to recovery but also suggests that residents have to develop their own individuality and self-reliance. This was epitomised in the AA saying "I have to get sober for myself", that I heard expressed by many senior residents. Such individuality though has its basis within the group and by re-connecting to an Aboriginal culture through the group, resident asserted themes of belonging and Aboriginal connectedness to each other and to the land.

Non-Aboriginal residents in the treatment programme

Throughout this thesis I have referred to the Aboriginal 'single' men within Benelong's Haven. At any one time, non-Aboriginal people also arrived to participate in the programme. Whilst they were in the minority numbering only two to three at a time, they included 'single men' and 'married couples'. How did these individuals interact with others within the context of an Aboriginal rehabilitation centre? In what ways did they understand 'culture' in the treatment programme? As I noted in Chapter 4 some non-Aboriginal men did not fit in. They had either experienced conflict with Aboriginal people in gaol or had never lived with Aboriginal people and were unsure how to conduct themselves. Others established meaningful friendships with Aboriginal residents. Rather than discuss issues oriented to 'cultural reclamation' such friendships developed out of common understandings of substance misuse. However, I often heard non-Aboriginal and Aboriginal residents discussing the similarities between AA and Aboriginal culture, especially concerning the issue of 'spirituality'. Both Aboriginal and non-Aboriginal residents were attempting to re-integrate something they perceived they had lost in their lives through substance misuse, whether it was family, a job, general quality of life or their 'culture'. This illuminates the more general point that while Aboriginal substance misuse has significant differences from non-Aboriginal problems associated with drugs and alcohol there are also similarities. Lower socio-economic status within white Australian society was often one such shared experience. However, a number of non-Aboriginal residents originated from privileged middle class Australia and they too established meaningful relationships with others. Such cohesiveness was achieved primarily through the AA programme where differences,

Cowlshaw and Morris (*ibid*) argue that this contradictory quality of cultural identity is essential to their condition as both inside and outside the person (*ibid*: 6).

whether racial, age or economic, were subsumed under connections formed through a common acceptance of 'powerlessness' over one's drug.¹³

'Married couples' who arrived to Benelong's Haven usually included one partner who claimed Aboriginal descent. Commonly an Aboriginal man arrived with a non-Aboriginal wife, although there were at least four couples where the opposite was true. Their children however were identified as Aboriginal. Whilst other Aboriginal residents stated that the non-Aboriginal partner in a relationship had strong links to Aboriginal society through their children, they were not considered to be Aboriginal. A non-Aboriginal partner expressed a range of beliefs concerning their relationship to the programme. Some asserted that even though they were of non-Aboriginal descent they were married to an Aboriginal person and thus had unique affinities to Aboriginal culture.

Conclusion

In this chapter I have shown how residents' experiences of alcohol and drug treatment in Benelong's Haven involved a re-assertion of Aboriginal culture. Culture was used in this sense as a tool through which residents negotiated their identities at the same time as providing an underlying theme to the treatment programme itself. All social relations within the centre were based on the concept that spirituality is experienced through the solidarity of the group and the quality of social relationships themselves. Such social relationships are complementary, rather than symmetrical, in nature and are reinforced through sharing stories about the past. Central to this process was the AA programme, which was depicted as being the main avenue through which residents experienced the group's spirituality. The notion of 'culture in treatment' is subtle – not the explicit 'spears and boomerangs' but the more implicit awareness of connection to

¹³ In comparing Aboriginal and non-Aboriginal substance misuse it may be useful to examine the point at which substance use comes to be perceived as a 'problem' which requires treatment. Due to a combination of factors such as racism, the history of contact and styles of drinking and drugging, Aborigines are more likely to come into conflict with authorities than white Australians in their everyday life. Social 'problems' are therefore associated with Aboriginal substance misuse and are often seen by white Australians as more prevalent than in their own society.

others.¹⁴ Furthermore, culture is symbolically employed to engage an approach to healing that takes into account the historical significance of Aboriginal dispossession and the continued sense of loss associated with colonialism. However, the programme also stresses the importance of the individual and the need for each resident to develop self-responsibility for their problems and past actions. The complexities involved are evident in the nature of friendships developed in the centre. Friendships aided individuals in asserting particular cultural identities and provided emotional support. However, some residents became too dependent on such relationships and when a friend left they themselves had little incentive to remain in the programme. Thus residents had to strike a balance between the establishment of close friendships with the development of their own understandings and personal resources within the programme.

As residents spent more time in the centre and they began to think about and engage in 'sharing' relationships, thoughts of their home communities and returning home became a feature of daily life. The next chapter examines the different ways in which residents' departed and importantly returned to the centre.

¹⁴ However, both involve a "diacritical and indeed oppositional process...(whereby)...a variety of dominant and dominated groups reify the attributes of both others and themselves in a self-fashioning process" (Thomas 1992: 215).

Chapter 9

Departures and returns to Benelong's Haven

The hardest thing about leavin' Benelong's is going home. Everyone sees you well dressed from here, you have money, you look good, so they want to run you down. They are very jealous people. I hate Kempsey, but I always come home to Kempsey. I can't keep away.

(G, Kempsey)

Introduction

Just as arriving to Benelong's Haven can be a significant event in residents' lives, so too can leaving the centre. This chapter investigates what happened to residents once they left Benelong's Haven either to go to court or to return home. I begin by explaining the various ways residents departed from Benelong's Haven and provide possible reasons explaining why different residents departed when they did. While leaving was considered, and in some cases actively pursued, at specific points during residents' experiences in the centre, I demonstrate that a central feature of this surrounded four key factors associated with issues of motivation, commitment, disillusionment and overconfidence. Going home also involved attending court for those residents who were remanded to Benelong's Haven through the judicial system. I revisit David's story and document his arrival to his hometown of Bourke for his court case. Whilst departures were part of life in Benelong's Haven, returning after periods of absence was similarly important. Many residents returned to the programme after experiencing a 'bust' or after conflicting with the white Australian law. Others merely returned of their own free will to be part of the community. Such returns were not seen as a sign of failure but as an important feature of residents' relationships to Benelong's Haven.

Departures

It was always hard to predict when somebody was going to leave the centre. Many times I inquired about a particular resident's whereabouts to be told that he or she had left the previous night or in the early hours of the morning. This was often an unsettling experience as there was seldom an obvious explanation, or farewells

associated with a resident's departure. Jack, a respected resident in the programme, simply gave all the paintings he had completed whilst in the centre to another resident and departed at 5:00AM. I returned from a shopping trip with the residents one day to find that Rob had suddenly left. On three separate occasions a group of residents left together, sneaking away early in the morning. Some residents organised a friend or family member to pick them up, others simply walked out the front gates and down the road towards Kempsey.

Part of the reason for departing quietly without fanfare or ritual, was that many individuals had mixed feelings about leaving the centre. If they had been told to leave after breaking some rule, or some outside occurrence in their home community meant that it was necessary for them to return home, then there was a certain amount of shame associated with leaving friends in the centre. This was even the case for those residents who felt that they had completed the programme.¹ Some commented that they did not want to enter into long farewells because they felt unhappy leaving their friends behind. Others commented that they wanted to leave unnoticed so that their friends would not want to leave with them. Whilst it is true that I heard from a few individuals that whenever one of their friends left they too felt like leaving, this was not the case for everyone. Others were angry with those people who left without saying goodbye.

From the perspective of the staff, there was no formalised system of farewell organised for residents' departures from the centre. I am unsure why this may be the case however such organisation was often impossible due to the sudden departures of many residents. Also, signalling out individual residents in a formalised farewell went against the group ethic of Benelong's Haven.

In the following section I present a more formalised analysis of the different styles of leaving and relate this to the different stages in which residents think about, and sometimes pursue, their departure from the centre. It is possible to separate three main forms of leaving. The first was straightforward, although by no means the most usual.

¹ There was no emphasis on a specific time period of the programme. Some staff commented that the programme took three months, others six months and I also heard some comment that it took much longer. Some residents merely saw their time as defined by their court referral but there was a general perception that to stay beyond an individual's court case was beneficial.

This included individuals who had completed their required time specified by the courts and departed on the exact day that their sentence was completed. Some of these individuals chose to stay on after their required sentence and both Val and Jim encouraged them to extend their time in the programme. Upon leaving the centre, both Val and Jim reminded individuals that the doors were always open for their return.

The second and third styles of departure are related and focus on residents' sudden departures through direct order by the staff or their own decision to simply walk away. Both were associated with a high level of discussion, and a period of upheaval, in the centre for those who remained. For those who stayed in the centre, I was told that the sudden departures of others influenced personal reflections concerning their progression in the programme. The style of leaving following a direct order by staff has been discussed in Chapter 7 and there is no need to go into detail here. Forced departures to one side, the majority of residents, at some time, think of simply walking away. This was associated with a combination of factors the most salient related to issues of motivation, commitment and increasing thoughts of home.

Whilst all residents experienced a desire to leave Benelong's Haven, they became particularly explicit at specific points in their 'phase of treatment' (see Sugarman 1974). Sugarman notes that residents in the Daytop Village therapeutic community progress through a series of distinct phases, punctuated by critical junctures, at which certain difficulties "surface and create a new crises for the resident" (*ibid*: 95). These crises culminate in a resident wanting to leave the centre. Whilst there was a belief amongst residents in Benelong's Haven that individuals proceeded through different phases of treatment and that each phase was representative of a change in belief or action, this was not always the case. All residents by no means experienced these levels and they varied in intensity and frequency among those who encountered them. Residents did not necessarily progress through them in a linear fashion and individuals were often described as 'slipping' in their commitment to the programme and its ideals. Such slippages were inferred from gossiping, the formation of resentments or other forms of inappropriate behaviour. This often occurred at particular critical junctures, such as the 'shake ups' as described in Chapter 7. Irrespective of this issue residents often described their progression in the programme as related to the amount of time

they had spent in the centre and associated privileges they gained. From this perspective it is worthwhile to explore further the nature of these different periods.

Within the first three months of residents' experiences thoughts of leaving were associated with issues of motivation within the programme. Whilst this phase involved numerous hardships and adjustments, this time was mainly a settling-in period. Usually, up to this point, a resident's motivation to participate in the programme has been to avoid gaol, comply with family pressure, or to escape the pressures of everyday life. Some entered the centre over zealously stating that they had to change, but had little knowledge about how they were going to achieve this. They could only glimpse the kind of motivation required through discussions with senior residents, staff and listening to the ex-residents at Friday night AA meetings. After attending a few meetings, new arrivals became aware that they must accept the principles of AA set out in the 12-Steps and use these as a practical guide to action for the rest of their life. This in itself appeared a daunting task. In the context of the centre, it also meant becoming vulnerable to other people and investing oneself in complementary relationships. Some were unsure whether they wanted to follow such a commitment. Others were uneasy with the level of discipline and the 'shake up' periods, which disrupted the flow of daily events. Thus some decided to leave. These residents often departed stating that they had "been here long enough", that their "time was up" (period of sentence ordered by court), or they had some family commitments. One particular couple stated that they had to go home to look after a cousin who had fallen ill and this was generally interpreted by those who knew them as an excuse to leave the programme and drink.

After three months staff requested that residents take on positions of responsibility within the centre. This could be viewed as the second stage of residents' experiences in the centre. No longer was the resident in the background, sharing their story when asked in meetings, talking only when asked to contribute. Rather, they were asked to commit and become part of the organisation itself. Again the resident questioned their commitment to the programme. Sugarman (1974: 98) notes that in this phase residents struggle between a desire to become part of the centre and identify with the new role placed before them and a 'recurring nostalgia' for their drinking days. This was also true for residents in Benelong's Haven. In their informal discussions in the evenings, residents often constructed the past to reflect on the good times before they arrived to

the centre. These stories centred on the carefree life of drinking and drugging with few responsibilities and many excitements. However, these residents were also conscious of the negative side to substance use expressed through the construction of their AA stories and listening to the stories of other residents. Talking with new arrivals, these residents were reminded how they had entered the programme. Residents told me that they often had dreams they were “charged up” or “stoned”. Upon waking they could feel the effects still lingering. At this point in the centre, some residents thrust themselves into their new roles taking on the various responsibilities that were demanded of them. Others experienced a sense of disillusionment in the programme and withdrew from social relations. These individuals were said to have “gone off the programme” and would no doubt leave soon. Supporting this view the individual concerned was said to look untidy and sloppy in appearance and was “spiritually disconnected” from others on the programme. This meant that they no longer spent time with, or talked “straight” (honestly) with residents. I often heard various residents muttering under their breath, or telling such a person directly, that they were “on their own programme” and were not following the principles of AA. Using the words of AA, residents would call such individuals “dry drunks”. In the following quote Cameron talks about the reaction he received when he jokingly commented on a fellow resident who had dyed his hair a reddish colour.

And if someone flies off the handle here and they're sober, them are still drunk. Don't you reckon? Why? Dry drunks, they're still drunk. And you listen around the place you hear anyone swearin' and going off at another bloke 'cause he didn't walk the right way, or didn't like the way his hair was. You know you see some ridiculous hairstyles round. And I had a go at a bloke jokingly of course. And that come back at me 'I wanna fuckin' dye my hair I'll do it'. I mean what sort of an attitude is that. I was thinkin' that person is still drunk and they're still very sick. You know I could easily said, 'Don't you fuckin' swear at me I'll fuckin' drop ya you know'. I could have easily said that. Drunk I would of. Sober, I just sort of laughed it off and I said 'nah nah I was only jokin' ya'. I had to say that, say something like that. I didn't want it to get out of hand and I was thinkin' this fella must be drunk, he's still talkin' drunk. And you know some people get heated over that ey? They're thinkin' 'ahh whose he talkin' about', 'cause they can't handle the truth. Even in joking type of way. They can't handle it and that's what we're here for, to handle the bloody truth. Not to keep lying about things.
(C, Cameron)

A good example of an individual going “off the programme” after three months and leaving the centre was Chris. Chris was in the programme for three months, on parole after a lengthy gaol sentence. Normally, Benelong's Haven did not accept applicants on parole. Val explained to me that many individuals who had been accepted into the

treatment programme after long periods in gaol did not participate in the programme.² They were more interested in leaving the centre as soon as possible. Those individuals who were remanded directly from the courtroom were seen by staff as closer to their “rock bottom”, and thus more willing to engage in treatment. This was a position reinforced through the AA model of recovery. However, Chris’s family was well known to Val and Jim. He was also related to both Uncle John and David, so it was decided that they would accept him.³ Staff and senior residents all stated that Chris appeared to do well in the programme in his first three months. He developed his AA story, got along with others and began painting, reading and writing poems. He had never painted before and he decided that “it was just inside me” as his grandfather was also a painter. Chris also began making plans to undertake a TAFE course in business skills. However, after about four months his attitude changed. His ‘shares’ lacked their normal positive outlook and he alluded to conflicts with other residents in the programme and made veiled threats that nobody should cross him. Chris began telling me that he was growing tired of all the rules and everyone looking into his business. He received news from home that his son had been involved in an accident and a few days later he left, with two other residents, for Kempsey. Chris did not return home to see his son but stayed in Kempsey for the next two months, drinking with the two other residents.

This style of departure tended to follow the same style. Usually one person would confide their intentions to leave to their close friends in the centre and try to persuade them to join him. This was often undertaken in an underhand way with an individual spreading mis-information and ill feeling towards other residents or perhaps staff. Usually these groups left with the specific intent to ‘bust’ and find a drink or drug in Kempsey. Part of the reason for this, I believe, was safety. Many individuals who stirred up trouble and tried to influence others to leave with them could see that their reasons were irrational and unwise (particularly if they were on a court order to remain in Benelong’s Haven under supervision of staff). However, by convincing other residents to join them through spreading dissatisfaction, an individual felt partly alleviated of blame. As these groups left together with the intent to drink or drug, doing

² See also Chapter 4

³ Chris was Uncle John’s brother’s son.

so in a group relieved personal responsibility for their actions. Why these groups remained close in distance to Benelong's Haven is also interesting. It was common for many residents to spend some time in Kempsey after they left Benelong's Haven. Those who had been involved in group departures in the past, told me that they had always intended to return, being fully aware that their decision to leave with the others was not the right course of action. If they remained geographically close to Benelong's Haven then their decision and ability to return was far easier than if they returned to their home communities. Other residents had developed friendships in the programme with individuals from Kempsey and sought them out when they left. It must also be stated that some 'sober' residents chose to live near Benelong's Haven because they could return to Benelong's Haven for AA meetings and seek the company of other 'sober' ex-residents who lived in the area.

Peter also experienced a sense of disillusionment in the centre after a period of conflict with other residents and staff in the centre. One of his closest friends, Cedric, related to me a few days after Peter's departure that leaving and returning to drinking can be associated with a change in residents' thinking. After three months Peter had become well acquainted with AA and attempted to employ its principles in his relations with others on the property. However, after experiencing conflict in the centre combined with extra pressure from staff; receiving bad news from home and seeing other friends leave the centre, it was Cedric's view, that Peter had talked himself into leaving and drinking again. According to Cedric, Peter had not employed the principles of the programme when he most needed them and had instead returned to his old ways of dealing with problems. Peter was "thinking like a dry drunk", Cedric stated. Cedric related to me the dangers of developing resentments in the programme. He said that Peter had conflicted with another resident and chose to leave and drink again, staying with an ex-resident of the centre.

He's still in Kempsey. He was saying to me he wasn't gonna do it (*drink again*). Well he went to a bloke's place. He went to Davey's (*an ex-resident of Benelong's Haven*). Davey wasn't drinking since he left. He just smokin' dope. Yeah ahh. But I don't know, I thought he was strong enough to handle it. What ever resentments you got. But you know, I don't know. Brother might have talked himself into it. He was gonna slit Andrew's throat there one night. And he was gonna slit another couple of guy's throats. But then again, ohh jeez, you're gone when you starting thinking like that, you know. I thought he was all right but something might have happened.
(C, Kempsey)

Whilst conflict with staff could lead to expulsion from the centre, as described in Chapter 7, others made the decision to leave themselves. Senior residents were generally permitted (if their court conditions allowed) to take weekend leave to visit family, to go to the beach, or to Port Macquarie. It was not uncommon that after such leave was granted and residents returned they felt that the rules no longer applied to them and started feeling restricted by programme activities. They would often leave stating that they were now “well” and Benelong’s Haven was only holding them back. What these individuals would often forget was that their confidence was based on experiences within the protective environment of Benelong’s Haven (see also Sugarman 1974: 98). They were often found to be drinking a few days later. Other times, senior residents became overly confident and engaged in some irresponsible actions or behaviour. The example of senior residents taking other residents into a pub to meet women whilst returning from an ‘outside’ AA meeting is once such case (see Chapter 7).

At another time Rob had experienced a prolonged absence from Benelong’s Haven. He had travelled to Bourke, with David, Dennis and myself, then to Melbourne to accompany John (the psychologist) as a speaker at a National Suicide Prevention Conference. He then accompanied Val to various meetings with staff from other rehabilitation centres in Wilcannia and Tennant Creek. Rob found settling into his position as office receptionist difficult on his return. He found the restrictions of the centre too harsh and conflicted with Val. As he was not restricted by a court order, he was permitted to have a week away to collect his thoughts and decide what to do. During his time away Rob returned to Redfern and in the midst of catching up with old friends decided he would have “one last shot of heroin”. He returned to Benelong’s Haven two weeks later and admitted to taking heroin. He immediately lost his privileges including his reception job and was moved back into the men’s dormitory. He related to me that taking heroin again was far from pleasurable and meeting his old friends was disappointing compared to the relationships he had formed in the centre. He felt that during his year in the centre he had learnt nothing, even though this was far from truth, and he left two days later. Rob stayed in Kempsey and continued to take heroin until he returned to the programme after I had completed fieldwork.

To summarise this section. At different times residents were confronted with the urge or possibility to leave the centre. The first was associated with lack of motivation to engage with the programme, the second with issues of commitment and disillusionment and the third with overconfidence. Such perceptions were generally re-enforced through the experience of some crises situation. This was externally imposed, or resulted from individuals' changing perceptions of the programme itself. Another important feature of residents' decisions to leave were events that occurred outside the centre in their home environments.

Thoughts of home

For some residents it was difficult to decide when they should leave Benelong's Haven. Staff emphasised that a decision to leave must come from the resident him or herself. Some were forced into the decision, either by the breaking rules or conflicting with others. Others had to leave for court cases. Many increasingly began to think of home and wanted to return to their families and put all that they had learned "into practice". For some individuals, increasing thoughts of home lead to a withdrawal from social relations within the centre. I noticed that nearing the end of his six months in Benelong's Haven, Roger was becoming increasingly focused on what was going to happen when he left the centre to rejoin his wife and daughter. One evening whilst playing pool with some of the men, I asked Fred where Roger was. He answered:

Roger does not talk to us much anymore. He's thinkin' about home too much. You know his wife and that.
(F, Taree)

I approached Roger the following night. He was sitting on his bed, gazing at the photos of his wife on his bedside table. I asked him why we were not playing music anymore. For the past month, Roger had been teaching me Aboriginal country songs. He said that he had too much on his mind, and with his departure in sight, he was focused on what was going to happen when he got home. Thoughts about home often became relevant throughout residents' experiences in the centre. Telephone calls to family, pictures sent through the mail and merely being away from family always reminded residents of home. Talking about home was the subject of many of the daily discussions between residents. However in the few months before a court hearing, or planned departure, the effect on a residents' behaviour became particularly explicit.

Craig from Taree, who had been remanded to treatment after breaking an Apprehension of Violence order, began withdrawing from the programme nearing the end of his court order. After arrangements were made with his parole officer and staff at Benelong's Haven, Craig decided to leave the centre. He stated that he was worried about his wife and did not like being away from his children. When staff supported residents decision to return to home they did so because they wanted these individuals to leave Benelong's Haven "resentment free". It was perceived that if an individual left the programme under negative circumstances, they were more likely to return to substance misuse. Also, staff told me that if residents did leave on good terms then it would be easier to return either for a visit or to undertake the programme again.

Thoughts about home re-emphasises the point that Benelong's Haven does not exist in a social vacuum and its residents are connected to families, friends and homes outside the centre. These relationships do impinge on residents' lives whilst in the centre. After two deaths in the family in the nearby town of Kempsey, Cedric related to me that, at times, it was hard to stay focused on the programme. Events outside Benelong's Haven often led him to worry about home and what was happening to his family. Many men related to me the difficulties of staying in touch with their girlfriends, spouse, children and extended family. Telephone calls from the pay phone was the usual method of staying in touch but many single men found the phone to be an unsatisfactory means of communication. Many stated that they easily became "stressed out" about their wife's whereabouts if they could not contact her.

Staff and senior residents commonly believed that residents' emotional states upon leaving would have some effect on whether or not they returned to drinking. If a person left after conflict with residents or staff, those remaining would assert that that person would most likely 'bust' and return to drinking and drugging once they arrived into Kempsey. This belief was often based on experiences of those residents who themselves had left Benelong's Haven under negative circumstances in the past. Tom, from La Perouse in Sydney, stated that in the nine times he had been to Benelong's Haven he had left "with a resentment" against other residents or staff and was over-confident that he would not drink again. Every time he had returned to drinking. Three months into his tenth attempt at the programme he left wanting to go home for his daughter's birthday. However, this time he remained unconfident and nervous of what

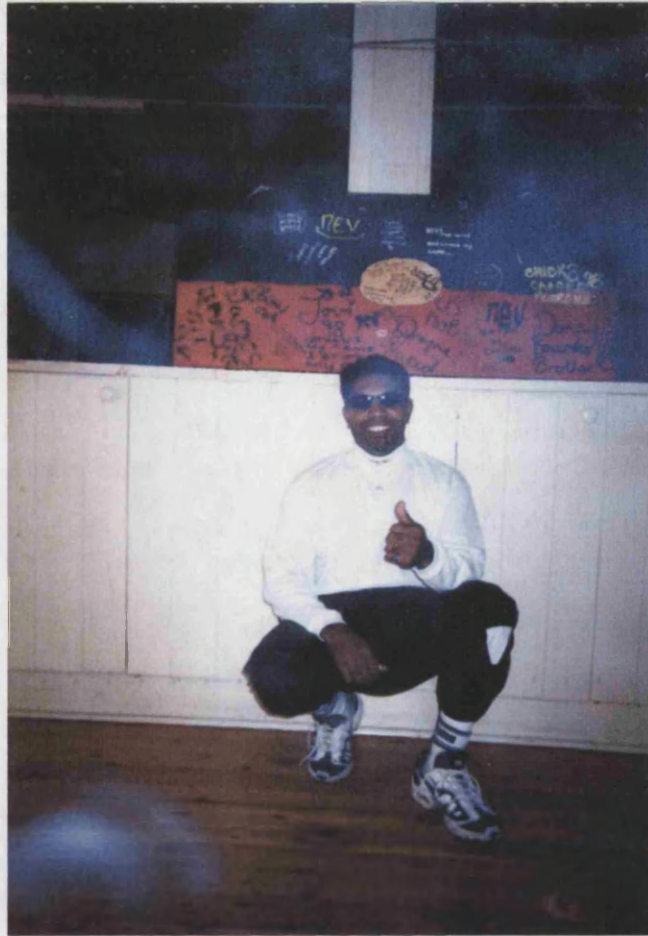
would happen in the future. He said to me that perhaps this was a good thing as it would remind him of his experiences at Benelong's Haven. Going home can often be an unsettling experience, as residents are re-immersed into family and friendship groups they had often left after significant conflict. I will recount one such experience when I returned with David to Bourke for his court case.

Returning home: The Bourke case

In March 1999, I travelled to the town of Bourke in the far northwestern corner of NSW, accompanying David for the hearing of his court case. It was about halfway through my fieldwork and Val asked if I would like to travel with Rob and Dennis (who were also accompanying David) on the eleven-hour drive to Bourke. For David it was a year since he had last seen his home and as we drove into town he pointed out places of interest: the meat works where he once worked; the levy bank which surrounds the town where he sometimes hid from both his parents and the police; and the school he attended. We drove past streets full of broken down houses and shop fronts with metal bars and cyclone fencing to protect windows from vandalism.⁴ David had mixed feelings about returning to Bourke. He was excited at the prospect of seeing his family, friends and his hometown. However, he was apprehensive about the court case and seeing his girlfriend and her family. He was scared that this was perhaps the last time he would see his home, convinced that he was going to receive a long gaol sentence. In the following statement David reflected on the feelings he had when he returned home. This interview was conducted some six months later when David returned to Benelong's Haven.

It felt pretty awkward man actually. I didn't want to walk back into town you know 'cause umm my past is there and I didn't want it to catch up on me. But I knew I had to go back and face my consequence you know. I knew I done wrong, I faced the facts I done wrong you know and I admitted it. I done something very wrong. Yeah it was pretty awkward going back into town again you know. And especially seeing the town the way it was. I don't know. To me you know it was, ahh, disgraceful. But it was a good thing to go back to court. You know it was good to see my family again after spending twelve months up here without seeing them. That was pretty awkward you know, without your

⁴ Kamien (1978) has given an in depth account of Bourke from a medical perspective.



Leaving Benelong's Haven 1998



The road to Bourke 1998

parents around, your mother and your sister. You grow up with them all your life you know and you depend on each other. So it was good to see them again.

(D, Bourke)

The first evening at Bourke we travelled to the outskirts of the town to join David's mother, sisters, cousins and other extended family for a church service before his court appearance on the following day.

Part of the service was very similar to an AA meeting where various members of the congregation came up to the stage and told their story of recovery from drugs and alcohol. Between each story country music was played by a band of young men. Each story was similar to the AA share of which I had become so familiar at Benelong's Haven and included topics such as 'handing one's life over to a higher power', 'the dangers of gossiping and resentments' and 'the importance of friendship'.⁵ The rest of the church meeting, however, was quite different and involved an Evangelical type 'baptism of the spirit' by the priest who was going to cleanse David and his family of 'evil spirits' in order to have a positive effect on the Judge in David's court case.⁶ With ever increasing volumes of country music, around eight members of David's extended family stood in front of the priest who then proceeded to make them collapse to the ground once he touched their heads, shouting for the evil spirits to be gone.

This was a highly emotionally charged event. When the priest approached David's the twenty or so audience members were all clapping their hands with the music, and shouting, "Come on brother, come on David". David stood by his mother at the front of the hall, the priest standing directly in front of him. The priest's words were drowned out by the music, just audible were the words "be gone devil" as he placed his hands firmly on David's head. David remained silent. The pace quickened, the music louder

⁵ I am unsure whether this was a regular feature of the Church service. The fact that many of the individuals present had been to AA and David's mother, and other individuals present, had been to Benelong's Haven may have had some effect on the style and presentation of the topics presented.

⁶ I did not have the time to follow up on participants' understandings of the church service. All were sober members of the Bourke community and were strongly tied to each other through their commitment to the church. The doors were left open during the service, partly because of the heat but I also noticed that many people came into the church for short periods of time to witness the events inside. Calley (1964: 56-57) studied Pentecostalism amongst the Bandjalang in northern NSW and found that indigenous elements were present in the Pentecostal mythology. It provided people with a new self-respect and solidarity, as well as a vehicle for patterned expressions both of hostility towards the white

again, the priest shouted some more. David began to sway. Suddenly his feet buckled and he toppled into the arms of his cousin standing behind. David was laid on the floor where he rested on his back, eyes closed, silent. When the priest moved to David's mother, he touched her once repeating the same phrases and she instantly collapsed. She lay next to her son, shaking and crying. After a few minutes, David and his mother opened their eyes and stared into space. They then stood up and returned to their seats. David would later tell me that he had felt both shaken and scared by the experience but also elated and proud that his family still cared about him enough to hold a special church service for him. Whilst David's mother had become heavily involved in church activities, David himself had only been to a few of these services before. Nevertheless, he felt relieved that the "evil spirits" had been removed, so that he could face court tomorrow. The meeting ended with his cousin (mother's sister's daughter) wishing David all the best tomorrow for his "court". Unknown to me, David's girlfriend, whom he had attacked some twelve months prior, had been watching these proceedings from across the road. She had even entered the church at one point. As David and his mother told me she wanted to see what David looked like after his yearlong absence.

Most of my time the following day was spent in or around the courthouse. Very few Aboriginal people were inside the courthouse, the majority waiting outside the building. The inside area was occupied by white Australians many of whom were in the process of being selected as jurors for a case involving another Aboriginal man who was himself sitting in the courtroom.⁷ Many people came by the courthouse to see who was there, to provide their support, or merely to see David. David's girlfriend followed him, at some distance, for most of the day with a group of other women. Whilst we were in the courtroom she stood across the road. Meanwhile Rob had requested to see the judge. His request was granted and he visited the judge in his office to give him some information about the Benelong's Haven programme. The

community and their rejection of it. See also McDonald (2001) for a recent discussion of Aboriginal Christianity in an East Kimberly town.

⁷ I asked David's mother why there were no Aboriginal people on the jury. She replied that most of the Aboriginal people in town were related to the young man, or themselves had criminal records and could not serve on a jury. Also, because many of the residents at Benelong's Haven were not on electoral roles, they would not be selected for jury service. However many Aboriginal people express contempt at the idea of judging others through the white Australian court system.

judge himself was Aboriginal and had presided over Rob's court case some six months earlier in Sydney.⁸

When we arrived that morning, David had not sought out his Aboriginal legal aid solicitor. Rather, he proceeded to walk around the verandas that surround the courthouse greeting various people. He seemed in a good mood, although nervous. When those he met asked where he had been for the last year, David responded that he had been out at the coast, nothing more. Later that morning, David met with his Aboriginal legal aid solicitor and the prosecutor. They advised David that he should plead 'not guilty' to the two counts of attempted murder but 'guilty' to grievous bodily harm. This would avoid a jury based court case and instead rely on the judge's sentence. Both the solicitor and prosecutor did not want a jury, as they believed it would disturb community relations involving long cross-examinations of witnesses. They asserted that it would probably also result in a longer gaol sentence for David. Throughout the day David had become quieter and appeared more detached from the proceedings around him. Rob and Dennis provided constant words of reassurance. After some more waiting and a break for lunch, David was summoned to the courtroom at around 4:00PM. He stood in the witness box facing the judge. He was asked to deliver his plea to the charges of attempted murder. David appeared not to hear, gazing absently around the room. Finally he did respond but incorrectly stating "guilty".

Quickly, his solicitor intervened declaring "Not guilty me lord, he said not guilty!"

"I don't think that's what he said, can you repeat your plea?" the judge replied.

David looked uncomfortable and was silent.

The solicitor stepped in again, stating that David had said not guilty.

"I am not too sure about that", the judge said and again asked David to repeat himself.

There was silence. Finally, David stated "not guilty". His arms were folded, his chest puffed out, he moved his head from side to side stretching his muscles. David then pleaded guilty to grievous bodily harm and the judge declared that the date for the hearing would take place at the next available opening in one week's time. In the

⁸ Rob had originally arrived to Benelong's Haven on charges related to a robbery and this particular judge had passed his sentencing in the Sydney District court. I travelled with Rob to Sydney for his hearing.

meantime he was to stay with his mother and to have no contact with his girlfriend or her family.

After the initial plea I spoke to David about his withdrawn nature in the courtroom. He said that he had felt like he was not really there. He thought he had said “not guilty” but he could not really remember as his mind was elsewhere. To me this was rather unusual. I had known David for the last year at the rehabilitation centre, we had become good friends, and he was an outgoing charismatic 25 year old who was well liked by all and had always taken on positions of responsibility within the centre. His outward appearance of indifference to his present position seemed at complete odds with his character during his time in Benelong’s Haven. Only the night before, when speaking with his family, David spoke outwardly of all the things he had learnt whilst undergoing treatment including his hopes for the future and his determination to do well in court. Unfortunately, Dennis, Rob and I could not stay in Bourke for the next week, so we missed David’s hearing. Leaving David was not comfortable. Whilst we all reassured each other that we would see each other again, David felt let down by our necessary departure. I did not see David until I visited him in Bathurst gaol with his father some three months later. He received six months incarceration to Bathurst Remand Centre.

“Court”

For many residents of Benelong’s Haven, going to “court” was one of the first times they are joined by family. In the last six months of my fieldwork, both Val and Jim asked me to drive various residents to their court cases in Kempsey and to the district court in Port Macquarie. I also attended two court cases at the district court in Marsden road, Sydney. The courtroom for any person, both Aboriginal and white Australian, is a depersonalising experience - with a foreign legal language and official proceedings. The judge often talks solely to the solicitor and prosecutor and seemingly ignores the defendants themselves. However, this was not the case for all magistrates that I encountered in NSW. Some refused to engage with the solicitor or prosecutor and proceeded to talk directly with the defendant him or herself. Generally these magistrates had a long experience in the local community and seemed to have a firm knowledge of the various Aboriginal families in the district. When I met to talk with a

local magistrate in Kempsey he described that in sending an 'offender' to a rehabilitation centre he takes account of the following factors:

- Whether the individual will benefit from an alcohol and drug treatment programme rather than a gaol sentence (this is based on how many times the offender has already spent in a rehabilitation centre and/or gaol);
- The offender's criminal record (for serious crimes such as murder a rehabilitation centre is generally considered an inappropriate sentence).

In making his decision, this particular magistrate also talked about the needs of the local community in terms of the immediate and long term effects of sending young Aboriginal people to gaol and the perceived physical and emotional state of the individual in court. Magistrates do differ in their willingness to send individuals to a rehabilitation centre and their decision is based on their own beliefs concerning punishment and their awareness of legal alternatives for Aboriginal people.

"Court" was generally a source of anxiety for many residents at Benelong's Haven. Many sat in the witness box completely oblivious of the court case around them, unable to answer questions focusing instead on their wife and/or family sitting in the courtroom. Many of the residents I accompanied related various beliefs about proper conduct within the courtroom. One such belief was that if you looked a judge in the eyes "you would get sent" (receive a gaol sentence). Conversely, if you did not look into the eyes of the judge the likelihood of "getting off", or receiving a reduced sentence, was increased. Other residents held the belief that it was common for the solicitor and magistrate to convey messages secretly to each other during the court case to determine their fate. However, when I asked individuals how this occurred they were unsure.

Not all residents held negative views about the courtroom. Due to their experience at Benelong's Haven many individuals entered the courtroom proud and confident. Carrying a positive court report, written by Val or Jim, and perhaps accompanied by a staff member or senior resident to act as character witness, the impression they projected to the judge and prosecutor was of someone who had made a dramatic change in their life. In some cases, an accompanying senior resident was asked by the judge to comment on their friend's time in Benelong's Haven. Cedric was asked to speak before the judge in Kempsey when Tom went to court. Tom believed that the

judge gave him a favourable sentence due to Cedric's character witness statement. Cedric himself was conscious that he had never appeared in court as a spokesman. In the past he believed that the judge had never wanted to listen to what he had to say but coming from Benelong's Haven Cedric thought (so he told me) that the judge listened carefully to his statement.

The importance of returning to Benelong's Haven

David's story of returning home is one amongst many for the residents of Benelong's Haven. David's return to his home environment was for a short period before he went to gaol. What of those residents, who were returning home for longer periods of time? Unfortunately, my data is limited here. For a variety of reasons it was very difficult to follow up on residents once they left Benelong's Haven. As residents originated from all over NSW, and other parts of Australia, it would have taken too long to travel to various communities and find those residents who had left. Many residents simply disappeared and neither I, nor staff or residents at Benelong's Haven, ever really knew where a particular person was until information from new arrivals trickled in some months later. Furthermore, Benelong's Haven did not provide a follow up programme and information they received about ex-residents was either through word of mouth from new residents, by individuals contacting staff or residents, or through residents returning for further treatment.

Departed residents with whom I was able to conduct intensive interviews were those who regularly attended the Friday AA night meetings and individuals that I knew in the nearby community of Kempsey. I also collected data concerning the events that occurred once residents left the centre from discussions I had with those who returned for further treatment. A common experience in returning home was summed in the quote I gave at the very beginning of this chapter. Here Graham, talked of the difficulties in returning to Kempsey. Explicit in many residents' statements were fears of standing out and being seen as different. Graham explained that when he returned home he not only looked different being dressed in new clothes, clean-shaven, haircut and weight gained; he also spoke differently to others. He was met with demands for money and to lend his clothes. Others were jealous and sought to undermine Graham's different status, accusing him of being 'flash' and dressing and talking like a white

Australian. This social pressure was often a significant factor in explaining why residents returned to substance use (Sackett 1988; Brady 1991, 1995a; McKnight 2002).⁹ One ex-resident expressed his fears in returning home:

You know, everyone knows in Kempsey there is a lot of prejudice. I was sort of frightened because someone may have a go at me you know. I'm sober now and somebody will come up and break that for you. When they had an unhappy life and you gettin' on with your life and somebody will come and say something to you. I feel sort of shamed. Somebody might come up saying you love yourself, you like yourself, you think your better than us, you know.
(T, Kempsey)

This was not the case for all residents and some returned to supportive family and friends. In one AA meeting, Peter talked of his return home to Palm Island to attend the funeral of two cousins:

Well I went back up for a week, I went home for some relatives funeral, you know. And now this is the honesty that I got within myself. When I went back home there was a lot of drinking there and there was a lot of drugging going on. You know at the family wake after the funeral. You know and after the funeral they said brother you don't mind we have a drink here, have a bong. I said no go for it. You know as long as I don't take it. Now, this is the honesty that I got from this programme. This is where I learnt to be honest with myself. I could have had a drink up there, come back and tell you a bare faced lie you know. That I did have a drink you know. There was a long table like this everything was there. I could have just went and grabbed what I wanted. You know but I was being honest with myself. You know and reminded myself that I was powerless. You know and if I never had that honesty within me and if I would have been still drinking I wouldn't have been back here. I would have been still back there drinking. Because I wanted to be here, 'cause this is where I gotta be. This is where I gotta do something about my life and my problem, you know. Nothing else is gonna save me out there. This is the respect my family have for me. They knew what sort of person I was. And they wouldn't like to see me back on the same road again, you know. And none of them came up to me and said brother have one drink you know or have one cone. We don't see you all the time, one wouldn't hurt you, they never said that. And my father was an alcoholic and my father stayed sober all the time I was up there, to show respect for me. It made me very strong. And he showed that love and respect back to me. And I'll never say that I'll never pick up a drink again 'cause there is a time I gotta go back home and stay there for the rest of my life. And this is where I gotta be strong within myself to say no to the first drink. When I go back home I will be on my own. And this is where I gotta learn to think for myself 'cause I won't have you people around me, you know. It's up to myself to go out of my way, attend AA meetings and have fellowship of other friends you know. That been through this programme. My cousin got sober through this programme. She was there and she met me at the bus

⁹ Val is well aware of this problem. In the past she accepted large numbers of individuals from one community who could experience treatment together. These people could then continue giving each other support and conduct AA meetings in their communities.

terminal you know. And I arrived there three o'clock that morning and I was bugged and then she said to me, 'Ohh brother what'ya doin?' And I said, 'I'm gonna go and have rest you know, I'm bugged from travelling'. And then she said, 'There's a AA meeting at nine o'clock at the council chambers in Townsville'. And all of a sudden that really lifted my spirit up. You know and this is the sort of thing I gotta do when I go back home.
(P, Palm Island)

Upon leaving Benelong's Haven and returning home, residents were re-immersed into the social relations they left behind. Some made concerted efforts to stay away from the drinking and drugging groups and engaged in new activities. This could be a difficult process both socially and economically. When Lucas returned to Dubbo he started going to local AA meetings and he was offered a job in his uncle's (father's brother) tattoo shop. He made little money and the work was hard but he felt that he was putting his artistic talents that he had developed in Benelong's Haven to good use. After a few AA meetings, Lucas did not connect to the other AA members. He was the youngest and one of the few Aboriginal attendees. The programme itself placed a strong emphasis on the importance of a Christian God and Lucas felt it difficult to relate to this. Seeking out his old friends, Lucas began selling yarndi to supplement his low income. His uncle became increasingly dictatorial and began ordering Lucas to perform extra cleaning duties in the shop. With the economic support from selling yarndi, Lucas left the tattoo work after an argument with his uncle. He then began to sell speed. He soon began using speed and his level of use increased rapidly. He was finally reported to the police and his house was raided. He was sent back to Benelong's Haven until his court case at the end of 1999. This process of recovery, 'backsliding' and return was a common experience for many residents of Benelong's Haven (see Weibel-Orlando 1989).

When I began inquiring, I was surprised to learn that many residents had been to Benelong's Haven in the past. Over the period of my fieldwork approximately 25% of the 400 residents returned to treatment.¹⁰ For some it had been up to twenty years since their last visit. For others it was only a matter of months. After someone left to go home, there was a certain level of anticipation amongst remaining residents concerning

¹⁰ It was very difficult to ascertain the amount of times residents had been to Benelong's Haven in the past. Often, individuals could not remember the exact dates or the amount of times they had been to the centre. Whilst Benelong's Haven keeps some information about individuals currently in residence at any one time, histories of arrivals and departures are not recorded.

whether that person would come back to the programme. Once news was received that an ex-resident had 'busted' most residents would assert that it would not be long before such a person would be back. I got used to seeing familiar faces return. Although looking drawn, thin and unwell, such people were obviously very happy to be back. Residents often talked about the importance of returning to Benelong's Haven in their attempts to change their lives. In their statements there was a sense of belonging to Benelong's Haven, a sense of returning to a place where they had experienced a different kind of life.

Martin and Lisa were perhaps the best examples illustrating residents' departures and returns to the centre. Between 1996 and 1999 they had been to Benelong's Haven five times. Martin and Lisa first came to the centre in 1996. They stayed for two weeks and were told to leave after Martin exhibited physical violence towards Lisa during dinner one evening. They returned to Benelong's Haven in 1997 after Lisa was remanded to the centre after committing a stealing offence. They stayed, this time for three months, but left after being caught smoking marijuana. They travelled to another rehabilitation centre in NSW where they said they spent the whole time smoking marijuana. Eventually, they left this centre, because, as Martin told me, the availability of heroin was limited in the area. They returned to their home community in Dubbo and began using heroin and stole to support their habits. They decided to return to Benelong's Haven later in 1997 of their own free will, however, they only stayed for three days. Rather than returning home, they rented a caravan in Kempsey where they both continued using heroin. Their caravan was eventually raided and they both served time in gaol. They were then both remanded to Benelong's Haven in March 1998. They stayed in the centre until Christmas of that year when they were both told to leave after using drugs on the property (see Chapter 7).

During this nine-month period on the programme they both took on various responsibilities within the centre. They developed their stories and were well respected by staff and residents alike. However, by the end of the year they had experienced conflict with some of the residents and with staff. As discussed in Chapter 7, Martin and Lisa experienced a gradual loss of privileges after they aggressively asserted their higher status over others in the programme. This ended with their drug use on the property. Upon leaving, they first went to Kempsey and sold all their possessions,

which they had accumulated at Benelong's Haven. Martin used this money to buy heroin. On their second day in Kempsey, Martin's uncle picked them up and they returned to Dubbo.

Returning home, Lisa asserted that neither their family nor friends could understand the concepts they had learnt at Benelong's Haven. Whilst they continued to talk about AA and the programme, Lisa stated that using heroin did not feel the same, the way it used to before coming to Benelong's Haven. As they had not completed their remanded sentence to Benelong's Haven both were returned to gaol after attending their respective court cases. Lisa for one month and Martin for five months. When Lisa was released from gaol she re-offended within two weeks (possession of a needle and trafficking) and was sent back to gaol. She stated that gaol was different this time. She did not have the same anger in her and she would "freak out" all the other inmates talking about Benelong's Haven.¹¹ She first noticed the change in herself when she got into a fight with a fellow inmate. She knocked the girl to the ground and rather than kicking her whilst she was down (which she believes she would have done in the past) she simply walked away feeling empty. Lisa was released in April 1999 and was permitted by Val to come to Benelong's Haven as a single female. On the 13 July Martin had completed his gaol sentence and returned to Benelong's Haven. Staff insisted that he should spend two weeks in the men's dormitories, separated from Lisa. Staff said that Lisa had been doing well in the programme and they were worried that Martin's arrival would disrupt her involvement in the centre. Martin and Lisa did not accept this and they left the following morning after a dispute with staff. They went back to Dubbo and after one month were using speed and marijuana. On 11 October 1999, both Martin and Lisa were sent to Benelong's Haven on new charges, but again they left just before Christmas.¹² This time during the programme they did not take on as

11 To "freak out" means to surprise or frighten another person with a non-typical response to a situation.

12 I spoke to Martin and Lisa about two months after they had left Benelong's Haven, just before I was about to return to London to begin the writing up phase of my Ph.D. They had kept intent of their departure secret from staff and residents and when Lisa had completed her required sentence, they simply left. For some time they had been withdrawing socially from the centre. They had socialised with only some of the more senior residents and both had refused to accept any job positions within the centre. Their departure came as no great surprise to staff. Back in Dubbo they had moved into a house with Martin's brother. They had not been to any AA meetings and had already started using marijuana.

many responsibilities, stating that in the past this has got them into trouble. This time they wanted to do the programme “for themselves”.

By merely viewing Martin and Lisa’s arrivals and departures, it would be tempting to view their recovery as having little success. However, this interpretation fails to capture the reality of the recovery experience for many of those who come to Benelong’s Haven. Each time Martin and Lisa were in the centre they developed their AA stories and became capable individuals willing to commit to the programme and to the practices of AA. I was often struck by their willingness to engage in the programme and take on responsibilities to help other residents. However, after experiencing serious conflict, particularly with staff, they generally left or engaged in some banned activity requiring their departure. This conflict was generally associated with their position as workers in the centre. Only once did Martin and Lisa make a concerted effort to stay in the programme when they had a serious conflict with staff. However, whenever they did leave the centre, both asserted that they wanted to return. This was especially the case if they became involved with the law. When Lisa was taken into custody in 1999, the first phone call she made was to Benelong’s Haven to ask if she could return. She could then arrange with her solicitor to present her acceptance to the Benelong’s Haven programme to the judge. Rather than refuse bail and send Lisa to gaol until her hearing, the judge was presented with an alternative option. Spending time in a rehabilitation centre whilst awaiting sentencing presented a favourable case to the judge and could dramatically decrease, even nullify, a gaol sentence.

I would not want to suggest that all of the remanded residents were using Benelong’s Haven to avoid gaol. The majority wanted to be given the option to engage in an alcohol and drug treatment programme. Martin and Lisa also talked about their sense of belonging to Benelong’s Haven, the friends they had developed and their gradual understanding of the programme content. When living in the caravan in Kempsey, Lisa described that she would see the “Benelong’s bus” on its way to Port Macquarie on Friday shopping days and feel sad that she was not on the bus. Martin and Lisa both asserted that they kept coming back to Benelong’s Haven because they had strong

However, Lisa felt confident that they would be able to stay away from heroin. Martin and Lisa returned to Benelong’s Haven at the end of 2001. I do not know under what circumstances they arrived.

connections to the people and the place. Martin also stated that “it was wild to be able to think” whilst in the programme compared to his life on heroin. They also stated that every time they left Benelong’s Haven and returned to heroin use, their experiences became harder to manage and they felt more determined to “finish their old lives”. This process of leaving and returning enables residents to compare a variety of experiences in Benelong’s Haven with those in their home communities. From this perspective, both staff and residents emphasise that part of determining ‘success’ in the programme is whether residents ever return.

Conclusion

This chapter has shown that leaving is no simple event. For the majority of residents thoughts of home increasingly became a feature in their decision to leave the centre. This was often fuelled by the anxiety associated with an approaching court case. Returning home was a highly emotional experience, particularly if an individual had been involved in conflict or violence with family or others in the community. I described the case of David, who upon returning home found himself at the centre of community attention. As I shall show in presenting the conclusion to his story (for this thesis) in the following chapter, his return involved negotiations both with his own family and that of his girlfriend’s family. In many of the descriptions concerning the departure of residents from the centre, individuals expressed difficulties in re-integrating into their home community and life with family and friends. Martin and Lisa explained that their family did not understand the issues they discussed in relationship to Benelong’s Haven. In his home community, Graham emphasised that he was made to feel one out from the crowd. However leaving Benelong’s Haven also meant the possibility of making a return. Departures and returns were not seen as a sign of failure by either staff or residents. Rather returning demonstrated a commitment to AA, to the programme and a sense of belonging to Benelong’s Haven and a feeling of community with its residents.

Chapter 10

The question of transformational identity

Introduction

Throughout this thesis I have shown that a large part of the ‘therapy’ in Benelong’s Haven was about sharing stories. Such sharing created a sense of uniformity in residents’ views concerning their substance misuse. As Watson describes: “Individuals assume the identity of the communities in and through which they are formed” (1990: 40). The development of identities within the Benelong’s Haven community reinforced a sense of group solidarity and belonging where residents came to understand a ‘higher power of their own understanding’. Rather than any notion of the Christian God the group of residents itself was depicted as a higher power and was described as supporting the development of individuals’ Aboriginal spirituality. Associated with this framework was the AA tradition, which enabled residents to “acquire a radically different foundation for the symbolic representation of reality” (Wilcox 1998: 110).

Previous studies have argued for a radical transformation of identity associated with recovery through AA (see Cain 1991; Denzin 1993; Wilcox 1998). Wilcox suggests that AA provides a new set of propositions through which individuals experience a transformation of belief, “a whole new way of thinking and believing” (1998: 110). In turn this leads to a change in both ‘behavioural’ and ‘symbolic’ action. However, as McNay notes identities are not “free-floating: they involve deep-rooted investments on the part of individuals and historically sedimented practices which severely limit their transferability and transformability” (2000: 18). In this chapter I explore how residents in Benelong’s Haven experienced change. I address the notion of transformation by continuing David’s story and presenting other residents’ experiences of change. I argue that previous discussions, which suggest a radical transformation of identity associated with recovery in alcohol and drug treatment programmes, do not explain the precise nature of such transformation. Within Benelong’s Haven the experience of transformation cannot entirely be explained from participation in the treatment programme itself. Rather, the social context from which residents emerged and the environments to which they returned was important in their formations of identity in

the programme. This involved both elements of change and stability, depending on residents' self-conscious efforts to reform and fashion their social routines. Just as residents had to readjust and reintegrate into their home communities, this involved many setbacks, hardships and disappointments.

Transformational identity

Much of the literature that focuses on alcohol and drug treatment accepts the idea that individuals experience self-transformation through participation in such programmes. Transformation implies radical change of an individual's self-awareness, beliefs and actions. It implies a change in "composition or structure; a change in outward form or appearance; and a change in character or condition" (*Webster's Dictionary* 1989: 1253). Within the literature on residential rehabilitation centres, residents' self-transformations are related to the notion of progress (Bloor, McKeganey and Fonkert 1988: 99). As Bloor, McKeganey and Fonkert (*ibid*: 100) note, progress is evidenced in residents' abilities either to reproduce accounts of individual or collective behaviour that is similar to staff and senior residents or demonstrate competence in the performance of prescribed tasks. Within the literature on AA, Cain argues:

The change that the men and women of AA undergo is more than one of behaviour – from drinking to not drinking. It is a transformation of identity, of how one understands oneself – from a drinking non-alcoholic to a non-drinking alcoholic (1991: 244).

What is interesting to note is that the 'Big Book' has, in later publications, qualified its view on the nature of transformation. The authors argue that whilst many AA members have experienced sudden and spectacular change, this is not the rule. Rather the AA member is more likely to develop slowly over a period of time (AA 1993 [1939]: 569).

Waldram (2000: 611) notes that 12-Step philosophy is similar to 'traditional medicine' in that it does not proclaim to 'cure' and suggests that 'healing' is a lifelong process. Whilst traditional medicine is difficult to define, Waldram (*ibid*: 603) suggests that it is culturally constructed, subjective and primarily symbolic involving various techniques of manipulation such as ritual and the use of plant medicines. This is contrasted with biomedicine, which has been constructed as universal, acultural and empirical by 'western' medical practitioners and scientists (*ibid*: 604). Associated with the

biomedical model is the notion of 'curing', which refers to biological processes that emphasise the removal of pathology. In contrast 'healing' refers to a broader psychosocial process including affective, social and spiritual dimensions of ill health. Certainly the AA programme in the Benelong's Haven context relates closer to the later approach. Whilst biomedicine and traditional medicine represent different epistemological and historical approaches to the problem of sickness, their separation is problematic in that both are culturally constructed and tied up with larger concerns of power and knowledge. Distinctions between 'curing' and 'healing' is similarly unclear and various authors have demonstrated that both traditional and biomedical models make claim to both cure and heal (McGuire 1991; Rhodes 1996; Waldram 2000). This suggests the need to place sickness and therefore definitions of healing/curing within their proper ethnographic context taking into account social, economic, political and historical factors (Waldram 2000: 605).¹

In the context of Benelong's Haven, residents were encouraged to develop an identity that was supportive of Aboriginal spirituality and the AA philosophy. As I argued in Chapter 5, residents identified themselves as 'addicts' or 'alcoholics', however their understandings of the terms varied. Identities developed through AA were both shared and retrospective in nature. This is similar to those AA meetings described by Jensen who suggests that through AA, participants "ritually transform the drinking self while maintaining an identity with it" (2000: 114-115). Jensen claims that the transformation of identity experienced by participants depends on the continual re-identification with past experiences of substance misuse, constructed through the lens of the AA story. As Jensen puts it, recalling this 'former self' is essential in accepting responsibility for past actions and realising that the "former self could become the future self" (2000: 115). Residents at Benelong's Haven often repeated to me the AA saying, "You are only one step away from a drink", to emphasise the point that the past must never be forgotten but continually re-remembered in order to support commitment to the programme. Whilst transformation in this context is intricately linked to the

¹ Waldram (2000) prefers the term sickness due to problems, he sees, with Kleinman's distinction between 'illness' and 'disease'. As I have shown in this thesis, residents within Benelong's Haven often referred to the 'disease' of their alcohol and drug use, however this was depicted as a spiritual disease that was closer to Kleinman's definition of 'illness'. This further emphasises the importance of defining concepts such as disease/illness and curing/healing within their specific contexts.

construction of an identity linked to sobriety, the degree to which such experiences of transformation alter the self and the longevity of such transformations remains unclear. From an anthropological perspective one way to examine the experience of transformation within Benelong's Haven is to compare them to discussions of ritual processes.

As a 'rite of passage' experiences within Benelong's Haven can be seen as conforming to the following principles (Van Gennep 1960). First, residents were separated from their former context of their drinking environments and were immersed into the isolated context of the rehabilitation centre. Entering into a state of 'liminality' residents were expected to give up their old status and roles and integrate a new identity projected by the treatment programme. This was undertaken through a number of stages involving residents' separation from society and integration in their new environment. Through their relationships with senior residents and staff and participation in the different treatment modalities, such as AA and 'Psych Groups', residents internalised the new roles and behaviours. Gradually residents were assigned various responsibilities and became increasingly part of the organisation of the centre. A successful transition to their new status required residents to accept abstinence as the primary goal for the rest of their life. This commitment received different tests to assess whether residents had internalised treatment goals. In order to re-enact their new status upon leaving the centre, residents were expected to continue to engage with others who had experienced similar recovery processes. This reincorporation involved continued participation in common interest groups such as AA. However it also presumed that their new status would be supported in their home communities. Whilst experience of the treatment programme, constructed in this light, has certain similarities to ritual processes such an interpretation has received criticism (Rosaldo 1983; Weibel-Orlando 1984). These criticisms illuminate problems of context and change as part of ongoing life cycle processes.

In "Grief and a Headhunter's Rage: On the Cultural Force of Emotions", Rosaldo (1983) questions the nature of participants' experiences of transformation in rituals such as initiation and funerals. He asks the question: "Can the language and symbols of particular funerary rituals explain the lived experience of bereavement?" (*ibid*: 192). His response is to suggest that while rituals manifest key cultural conceptions and form

the basis of group solidarity, they also bring people together and deliver a set of platitudes that enable them to go on with their lives. Ritual process, he states, can only be a resting point along a number of longer processual trajectories. Thus, funeral rituals do not contain the “entire process of mourning and neither ritual nor mourning fully encapsulates or fully explains the other” (*ibid*). The effects of ritual on the individual are not immediate but represent a “single step in a lengthy series of ritual and everyday events” (*ibid*: 189).

As a microanalysis of a rehabilitation centre this thesis contributes to understanding the processes involved in residents’ experiences of an indigenous treatment programme. Whilst I have illuminated some of the problems associated with leaving the centre, the long-term effect of treatment is an important area of future research. Within the context of this thesis, the process of leaving, ‘backsliding’ and returning to Benelong’s Haven is not indicative of failure but illuminates the point that experience within the treatment process can only partly explain the process of recovery. Residents’ returns to Benelong’s Haven were not just about returning to a safe environment or escaping a gaol sentence. For many returning to Benelong’s Haven was about engaging in a continued process of transformation towards a particular way of life. Vital to this process was not only comparing the kinds of relationships developed in the centre with those with family and friends outside the centre, but also attempting to apply the tools and techniques made available in the centre to everyday life. In the short term, the issue of transformation was dependent on the immediate environment that residents returned to once they left the centre. I would like to return to the story of David to conclude his experiences inside and outside the treatment programme during the time of my fieldwork.²

David’s story continued

Three months into David’s prison sentence, I visited him in Bathurst Remand Centre accompanied by his father (Uncle John), who was also a resident of Benelong’s Haven. We found David already on a ‘visit’, surrounded by other inmates and women visitors.

² As I described earlier David received six months gaol after leaving Benelong’s Haven for his court case in Bourke.

David was surprised and extremely excited at our unexpected appearance. We sat together a little way from the others and caught up on news. This included news from Bourke (his hometown) and news from Benelong's Haven. David talked a lot about many issues, including how he was finding gaol, the people that he knew, the food, football and the 'screws' (prison guards). David also stated that he had not had any alcohol or marijuana, even though there was plenty around in gaol. In fact, after a discussion with the prison Drug and Alcohol Officer David was chairing the weekly AA meetings.³ In these meetings, some of the men told their story, however when they did not, David provided short talks about Benelong's Haven and all the things he had learned. From David's comments I was persuaded to believe that his experience in treatment had in fact involved some kind of transformation.

I was forced to re-think this when, three months later upon release from gaol, David returned to Benelong's Haven to continue the treatment programme. In one of our evening conversations, David confessed to me, and later to others in an AA meeting, that he had 'busted' a few days after Dennis, Rob and myself had left him in Bourke. Furthermore, he had smoked yarndi heavily in gaol. Despite this he had led AA groups viewing this as a good cover for his participation in the system of marijuana exchange.

On the particular evening in Benelong's Haven that David recounted to me the events of his past six months in gaol, we sat on his bed in the men's dormitory. He had asked that I bring my tape recorder so that I could accurately record his experiences following our departure from Bourke. David's court case was delayed for two weeks after we left him and during that time he was placed on bail. He stayed in Brewarrina, the closest neighbouring town to Bourke (see Morris 2001). It was here that David was reunited with the rest of his family and began drinking with them. His sense of dislocation from Benelong's Haven was prominent, combined with a fear that he may be facing a long gaol sentence. Furthermore, he wanted to fit in with his family and have a good time. As he stated:

I actually busted you know. I was on my own, you know. I had all different thoughts going through my head at the time. I knew I was going to get sent you

³ I am fairly sure that the AA meetings were already in place at the time of David's arrival, but in this case they were infrequent and lacked an experienced chairman.

know and I knew I was gonna get a big 'lagon'. So umm yeah I thought well I'm not gonna have another drink for another six, seven years, if I get sent so yeah, I had a mad drink with my family. Oh man, a blast, we had a blast actually.

(D, Bourke)

However, David asserted that he continued to carry with him all that he had learnt in Benelong's Haven.

I kept my head up high 'cause I was a totally different person to what I was when I left that town all them years ago. I knew I was a different person. I had a different attitude. You know a positive approach to everything that I approached. You know in that time I was there.

(D, Bourke)

When David returned to Bourke for his court case it was again adjourned and he stayed in Bourke for three nights. Back in Bourke, he caught up with his old friends and again he remained conscious of his links to Benelong's Haven.

I knew they weren't my real friends, 'cause they didn't help me out in any way when I got into this mess. They didn't help me out. Offer me any encouragements or offer helping hand. All my friends are back in Benelong and I knew each and every one of them were backing me at the time. I still shared a lot of thoughts with all people back here at Benelong. You know, 'cause my heart was with them and their hearts were with me at the time.

(D, Bourke)

The night before the court case David walked through town after playing pool with his cousins when he met his girlfriend's mother.

I ran into her mother and yeah I don't know she called me son and that freaked me right out. You know and umm I told her you know she can't be calling me son you know I don't live with her daughter no more and plus you know I stabbed her too but you know umm, all I could do while I was there with her was make amends to how sorry I was for hurting her, her family you know. I was just cut up as I was talkin' to her you know. You know I shed a tear while I was saying it to her. Yeah she started cryin' too you know umm. She asked me why I done it you know. I couldn't give her a reason why I done it. You know I never had no reason. I never had a clue I was going to say to her. I couldn't tell her anything. I just told her you know I didn't remember you know, I don't remember what I done. Don't know why I did it, don't know why it happened. So, she got pretty cut up about it so we walked along, we shared a few bottles as we were walking along. Yeah, then yeah we actually ran into her again (*girlfriend*). She came round the corner when me and her mother were walking up towards the park.

(D, Bourke)

David left with his girlfriend and they talked about the events over the past year and recapitulated. Whilst he enjoyed seeing his girlfriend again and resolving their past conflicts, David stated:

It didn't feel right what we was doin'. We knew couldn't do this. We knew we couldn't be together. We knew we couldn't even speak to each other. She told me 'I love ya'. I told her 'Don't say it to me. Don't say it, if you don't mean it'. Ahh man I don't know. She actually started it off man. You know that's why I went silly at the pub that night 'cause she started goin' pretty wacko on me. You know she tried to make me very jealous, this and that stuff. But to me it felt right.

(D, Bourke)

They decided that she would not come to the court the next day. David's mother was the only family present at David's court case, although his girlfriend's father also attended. David's discussion of the court proceedings are fascinating and what strikes me as important is that once he had made up with his girlfriend he felt more confident and more alert in the court proceedings. At the end of the court session which involved going over numerous witness statements, and a discussion with David's mother, David was called to speak before the judge. David talked about Benelong's Haven and how he felt his life had changed over the period of time he was in treatment:

Told him how I knew myself. You know deep within myself. I knew myself pretty well. I didn't know myself pretty well when I was drinkin'. I told them about my story.

(D, Bourke)

At the end of the court proceedings, the judge stated that given the severity of David's violent actions, he would have to complete six months in gaol. Reflecting on this minimal sentence, David asserted:

I knew then he had faith in me. I knew then that he seen me as a totally different person to what he read in all these different statements, you know.

(D, Bourke)

David's account of his court case must be read in the light of his perceived triumph over his situation. During his time at Benelong's Haven, away from his family and girlfriend, he had become extremely worried about what would happen when he returned. Nevertheless, in David's discussion of the court case he asserted that he was able to show others in the courtroom that he "knew himself" evidenced through the telling of his "story" as developed in Benelong's Haven.

In Bathurst Remand Centre

David proceeded to discuss his subsequent experiences in gaol and his subsequent marijuana use. It was his first time in gaol and before he left he said that he was nervous about the prospect. However, upon arrival, he discovered that two of his biological brothers, three cousins and other friends from Bourke (forming a formidable group called the Bourke boys) were in the same wing. Furthermore, his family relations in gaol had already organised everything for his arrival including his cell and some basic material goods. His first night in gaol, David sat with his brother drinking tea, smoking cigarettes and talking long into the night. He was excited at the anticipation of the cell doors opening in the morning and meeting the other Aboriginal inmates.

After a few months in gaol, David was reclassified and put into X wing, a minimum security section where he shared a cell with his cousin, and met up with his brother-in-law, more cousins and several other friends from home in the wing called the 'mission'. Even the guards in this wing knew of David, as a closely related cousin had left the previous day and had informed the guards of their family ties. David did not become involved in many activities when he first entered prison, following the lead of his cousins in conducting himself in the proper way for the gaol environment. David soon realised that to enter into the social system meant not only smoking marijuana but to exchange it for other goods. This was simply part of gaol life. It was risky and his own cell was 'ramped' (raided) at one point but the solidarity of the Aboriginal inmates generally meant that nobody was caught.

On the day Uncle John and myself visited David stated:

That day actually I actually had the yarndi on me while I was talkin' to you and I couldn't believe I was sittin' down with yarndi in my pocket talking to you and Dad. All youse was talkin' about Benelong, Benelong, Benelong, Benelong this, Benelong that. I just, ahh man you know. It was just, I couldn't like take any more Benelong, 'cause I had this thing in my pocket and it was just hurtin' me to know it was in my pocket and youse was talkin' about Benelong too much. So yeah you know, I went back to my cell and I sat down and umm yeah I didn't know what to do with the yarndi that day. I didn't want to smoke it.
(D, Bourke)

Our visit had a continued impact on David:

Ahh man I couldn't get that day out of my mind you know. Even though it was like a short period of time we had to talk, it was like, we caught up on so much stuff from the time I left here, from the time there, until then when I left Benelong you know. Yeah man, I couldn't believe it that Benelong was still thinking about me, everybody was thinkin' about me. When I seen you and Dad, it was just unreal. I was just full of happiness man. But you know that happiness quickly changed mate. The happiness quickly changed to ahh, I don't know, fear man, sadness. Fear of not seeing youse again. Sadness 'cause I was not walkin' out the gates with youse.

(D, Bourke)

After our visit, David asserted that he started to let himself down and began worrying. His daughter from a previous relationship had broken her collarbone and in ringing her mother everyday they began talking about starting their relationship over. However, another woman was smuggling him yarndi and she too was pressuring him into a relationship. David was also finding it increasingly difficult to conduct AA meetings whilst he continued to use marijuana himself.

It was pretty hard man, smokin' drugs, going to AA, holding AA meetings and then later on sitting down and having a cone with the boys. Yeah that got pretty weird. Pretty hard on me to do that, to hold AA Meetings, sit down and talk with the boys, the next minute pull out the bong and chop up.

(D, Bourke)

His moment of change came when he began reading the Big Book.⁴ He stated:

Since reading that book it sort of like hit me man you know. Big hit and I just snapped out of it. So I sort of changed my attitude around to get back to the positive David again you know.

(D, Bourke)

During this time David stopped smoking marijuana and his involvement in the system of exchange. Many of his closest friends in gaol were being released. David immersed himself into AA and his education classes, became the Aboriginal delegate of his wing, played regular touch football and began to associate with other racial groups. When it was his time to be released on 21 September at 5:30AM the remaining brothers bid him farewell and offered him the customary parting gift of marijuana. David declined stating that he was going back to Benelong's on the first bus, which he did arriving at Benelong's that night at 2:30AM.

⁴ Compare David's reading of the *Big Book* with Spicer's (2001: 233) description of the American Indian Ojibwe man, Luke, who asserted that his turning point in his recovery from alcohol misuse was reading the AA text *Surrender And Compliance*. Luke also asserts that the book "hit home with me" (*ibid*).



Father (Uncle John) and son (David), Hat Head National Park 1998



**Interview in Men's Dormitory (Larry and David)
Benelong's Haven 1999**

What I hope this section has demonstrated is that residents' experiences of Benelong's Haven must be placed in their context. In the Benelong's Haven environment, the process of developing one's story and developing relationships with others did have a significant impact on residents' understandings of their substance misuse and gave motivation to change. However, once individuals stepped out of that environment into a different system of social relationships, as David did first within his hometown and then into prison, the experience of Benelong's Haven was less relevant (although still important in his newly developed capabilities and thoughts). However, his experiences at Benelong's Haven, and the knowledge that he had acquired whilst participating in the programme, became prominent after the culmination of our visit, pressures from his relationships outside the gaol system, and his re-discovery of the 'Big Book'. In turn his reintegration into AA provided the context for a change in his sense of identity, his position in gaol and his intentions to return to Benelong's Haven upon completion of his sentence.

Weibel-Orlando (1989: 151) appealed for longitudinal research in outlining the importance of observing process, continuity and change in the study of American Indian treatment interventions. Subsequent to her own fieldwork in North American Indian alcoholism programmes, Weibel-Orlando found that rather than staying sober, individuals went through repeated cycles of "‘being healed’, ‘back-sliding’ and ‘being brought back into the fold’ once again" (*ibid*). Similar to the North American research in this area, there is little systematically collected data in Australia about the effectiveness of interventions in changing drinking patterns or sustaining the enforced and short-lived sobriety of residential treatment programmes (Miller and Rowse 1995; Gray et al 2000). In her review of four therapeutic communities in Australia, Carr-Greg found that follow up studies suffer from a "shrinking sample size" where ex-residents from programmes cannot be easily located and re-interviewed (1984: 4). In Benelong's Haven, residents' statements about their experiences of returning home, or other destinations such as gaol, commonly asserted that they had limited space within which to utilise the tools provided by the treatment programme. Assertions of difference from peers often meant isolation from these social relationships. The pressures to return to substance use were strong as the levelling mechanism that many Aboriginal residents described made it difficult for individuals to be different and set themselves apart from family and friends. Weibel-Orlando (1984) has also discussed this amongst North

American Indians returning home after attending residential treatment programmes. Given that alcohol consumption is both accepted and expected in the context of home, she states “abstinence becomes an unlikely expectation” (*ibid*: 66). If residents do have difficulty re-entering into their home environments, it seems that part of the reason for this may be that they have experienced some form of transformation. But a transformation to what? When and how does this occur?

Restoration of the self and the issue of cultural identity

The notion of transformation is inherently connected to the issue of identity within the recovery process. Spicer describes that an essential part of restoration of the self for North American Indians who had given up alcohol in Minneapolis was their emphasis “not just as people, but as *Indian* people” (2001: 238, *original emphasis*). In citing the works of other researchers such as Jilek-Aall (1981) and Weibel-Orlando (1989, 1991). Spicer (2001: 230) notes that issues of emerging identities foregrounds their findings concerning the resolution of North American Indian alcohol problems. Indeed, Spicer states: “The importance of culture and identity as a potential solution to alcohol problems is a persistent theme in most of this literature” even though such findings have not provided systematic evidence of treatment outcomes (*ibid*: 230-1). Spicer found that the majority of recovered drinkers believed alcohol use to be a negative influence, indicating cultural degradation (*ibid*: 232). This sense of loss was evidenced in the damaging effect that alcohol was perceived to have on family relationships situated within the larger context of the history of Indian and white relations. In his study, the core identity of the alcoholic, an essential part of the transformation of identity in AA programmes, was absent in American Indian narratives. Rather:

When Indian people discuss the transformations that have occurred in their lives as a result of quitting drinking, their talk inevitably focuses on their understanding of themselves as Indian people (Spicer 2001: 236).

This transformation is not tied to any institutional context, but relates to a perceived change in their relation to their world, especially the “moral world of life with other human beings” (*ibid*). Whilst many of the values his informants stressed were deemed part of North American Indian culture, Spicer recognises that they were also very much part of the AA discourse. However, he notes that it is important that North American

Indian concerns be seen in their cultural context in an urban community where people have suffered extreme degradation at the hands of non-Indian people.

The majority of my own research was conducted in an institutional context thus the kind of identity that many Aboriginal residents developed in Benelong's Haven was tied to the particular social processes and ideologies espoused by the centre. However, there are many similarities both in theme and style between the narratives of North American Indians in Spicer's study and that of my own. As I have shown in previous chapters, the emphasis on regaining Aboriginality in recovery was an important facet of Benelong Haven residents' stories and dialogues with each other. For residents culture was a conscious assertion, diagnostic of a way of life allowing for political assertions of independence and liberation from white Australia. At the same time, reclaiming an Aboriginal spirituality was a very subjective and personal experience that focused on the healing of the self. Underlying this was a notion that individuals did not engage in transformation to project a wholly new identity but accrued various styles and practices that enabled them to maintain their sobriety. This was a difficult process and involved both continuity and change of individuals' identities. Importantly, residents had to come to their own interpretation of the model of recovery that was placed before them by the centre. As a short example I will present Paul's story.

Paul: A case study

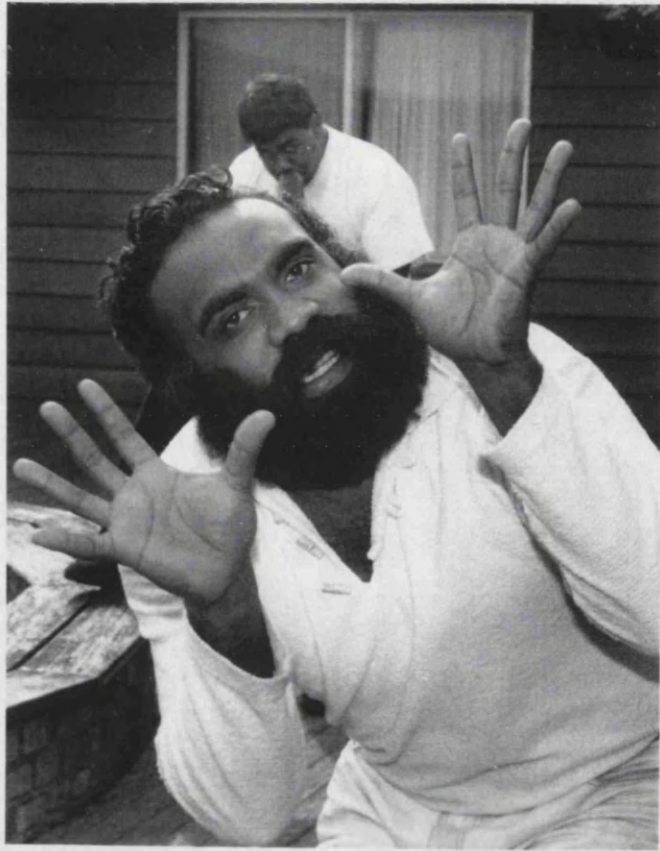
At the time I met Paul in 1997, on one of his return visits to Benelong's Haven, he had been sober for eight years. Paul returns to Benelong's Haven every year, not because he has experienced a 'bust', but to give talks to other residents, help out around the centre and attend AA meetings. Paul described to me that Benelong's Haven was his "spiritual home" and by returning each year to the centre he receives a "top-up" which further strengthens his sobriety. I met with Paul during two visits he made to Benelong's Haven during my fieldwork. I also travelled with Paul to Melbourne in 1998 for the "First International Conference on Drugs and Young People" at the Melbourne Convention Centre and visited him in the Blue Mountains (Sydney) at the end of 1999.

Paul first left Benelong's Haven after spending two and half years in the programme and lives with his wife and four children near Sydney.⁵ Paul was removed from his family on the Cherbourg Mission in Queensland by social services at the age of five and placed in an orphanage. At the age of thirteen he was returned to his family. Paul had not, in his living memory, seen a drunk person and when he returned home the first person he met was his mother whom, at the time of his arrival, was drunk. His new life with his family was very different from that of the orphanage. His family had very little discipline compared to the orphanage. Feeling disconnected from his family, Paul roamed the streets and began drinking, smoking and 'thieving' with other Aboriginal boys. Paul stated that the only relative that he enjoyed being with was his grandfather who taught him some Aboriginal dancing and cultural knowledge. When his grandfather died, Paul stated that he did not care about his own life, nor anybody else's and he increased his drinking activities on the street. He spent time in gaol, began a relationship and then had a son.

When he was 25, Paul witnessed his Auntie's return from Benelong's Haven. He saw her sober and remain sober and he decided to go to Benelong's Haven. Life at Benelong's Haven was hard and Paul states that the only thing that kept him there was the discipline. Specifically, Paul described that he learnt to place discipline back into his life through the AA programme. During his time at Benelong's Haven, Paul began to re-learn Aboriginal dance techniques and didgeridoo playing from a number of residents who came from the Northern Territory. English was their second language and they still upheld their traditional dances and stories. Within the context of the centre, they passed some of their dances and particular body paint designs to Paul who was given permission to perform them. When Paul talked with other residents about his time in the centre on his return visits, he emphasised re-gaining an understanding of his Aboriginality; an identity that links him to other Aboriginal people throughout Australia and to an Aboriginal history.

I found my Aboriginality, it came to me at Benelong's Haven. I found myself. I found I am an Aboriginal person. In them early years it was hard because in school I was taught Aboriginal people didn't exist. We went from 1788 only. It was hard. When I was a kid it was taboo to be Aboriginal. But I found that I was Aboriginal. I am an Aboriginal man and I have the oldest culture alive, the

⁵ He attended the programme with his wife and children.



**Goomblar Wylo, Benelong's Haven
(Early 1990s Macleay Argus)**



Goomblar Wylo, Melbourne 1999 (Playing with a Melbourne busker)



Goomblar Wylo. Blue Mountains, NSW 1999



**Goomblar Wylo and the Jalimar Dancers 2001
(Provided by Goombla Wylo)**

oldest beliefs alive. That gave me something to hold on to and identify myself as. If you had asked me 8 years ago who I was I would have told you I was a drunk laid in the park.
(P, Sydney)

Paul is now a dancer and performer working throughout Australia and maintaining a steady income by performing in a well-known scenic location outside of Sydney in the Blue Mountains. He identifies himself as Goomblar Wylo and as part of the Birri-Gubba and Wakka Wakka tribes of South East Queensland. His website tells the visitor some information about his ancestral history and his availability for performances (Wylo 1998). In the year 2000 he travelled to perform in Los Angeles, Arizona, Canada, New York and Japan. He has also performed in New Zealand, Poland, Lithuania and England. I travelled to Sydney in 1999 to witness his performance. Visitors to the 'Three Sisters' in the Blue Mountains, many of whom are international tourists, were enthralled with his performance and were eager to talk with him. When he talked to tourists he emphasised his links to a traditional Aboriginal culture, but also his ability to live in the larger Australian society.

Paul is aware that he is projecting a static view of Aboriginality, that he is associating Aboriginal culture with the didgeridoo, dark skin colour, beard and body paint. However Paul emphasised that he is "getting up and having a go", that his show demonstrates to white Australians that Aborigines, no matter where they are from, are a proud people. As Paul explained:

I represent myself and I represent the whole Aboriginal people. Shows that we are a proud people, proud in our dances and our songs. This is part of the real me. By improving my style, technique and beliefs and building my spirituality up I can get a lot more now. I enjoy what I do. The money side is a second thing to me. I gotta remember that. I do not do it for money. I do it for the love of it. The money is a bonus. My kids have a mother and a father who loves them very much. We give 'em a good education and got them into a catholic school where the discipline is really strong.
(P, Sydney)

Paul also emphasised his strong relationship to Benelong's Haven. Every year he visits and takes part in the programme giving talks to residents about the importance of AA, Aboriginal culture and gives performances. He claimed that he needs other Aboriginal

addicts to “keep him sane”.⁶ Whilst Spicer notes that his informants rarely talked about AA, Paul places different emphasis in his stories depending on who he is talking with and the social context he is in. Within the realm of Benelong’s Haven, Paul described the importance of AA to his ongoing recovery and connection to other Aboriginal alcoholics. During his performances within the centre, he emphasised the importance of re-gaining a cultural identity to his own recovery. When Paul travelled to a conference in 1998 as an ‘ambassador’ of Benelong’s Haven, his lecture integrated the principles of AA with his re-assertion of Aboriginality in the context of describing the treatment programme. However, in his home community, Paul does not place the same emphasis on AA and the treatment programme. Rather he constitutes his identity in relation to others through his performative role that provides an income for his family.

Sutton (2001b: 157) has recently argued that Aboriginal people who have been able to successfully operate within the larger white Australian society has been one of individual, rather than communal empowerment. This is certainly the case for Paul who has largely removed himself from daily contact with his old set of drinking peers and extended family. Paul does make regular visits to his extended family in South East Queensland, however his daily interaction is within his nuclear family and within the larger social network (both Aboriginal and non-Aboriginal) he has created through his performance activities. It is within this larger system that Paul is able to maintain his sober status where his cultural performances provide him with the necessary economic support for himself and his family. It is exactly in Paul’s self-conscious attempt to place himself at the ‘borders’ of white Australian and Aboriginal society that he is able to reinforce a homogenous identity (see Friedman 1996: 79).

Following Myers (1994: 680) and Brown (1996), it is important not to view expressions of cultural identity, as offered in Paul’s story, as one that automatically signifies a resistance model of action. As Myers notes: “It may be the structure of domination, such as that established by the white Australian conquest, (which) will ultimately decide the outcome of individual initiatives” (1994: 680-681). Restricted to

⁶ As I have argued earlier, the use of the term ‘addict’ does not refer to a disease concept of drug and alcohol addiction but is used to refer to Aboriginal people who recognise that they have a substance misuse problem and are engaged in some treatment process.

pre-defined cultural expressions of what constitutes ‘authentic’ indigeneity and tradition, this has been described for indigenous and minority groups elsewhere (see Babadzan 1988; Hanson 1989; Sahlins 1999).⁷ However, Myers asserts that it is important to view the intersecting interests involved in the production and reception of cultural identities (*ibid*: 681). In this light Paul’s representation of culture and identity, are similar to Myer’s descriptions of the Papunya painters in New York, which were mediated by “existing genres – genres of pedagogical ‘instruction’, avant-garde ‘shocks of the new’, ‘nostalgia for the loss of spiritual wholeness’” (*ibid*: 682). Like Paul, their painting performances were dependent on the audience/performer relationship to authenticate the experience of their cultural identities (*ibid* 682). Rather than view such productions as further distancing the ‘other’, I would argue that those individuals like Paul have a greater degree of choice in their lives today compared to the past when they were engaged in cycles of substance misuse, violence and gaol. This has to have some effect on the next generation of Aborigines. Paul’s children are growing up in a sober family, are experiencing an education, at the same time as developing pride in their Aboriginal identity and competence in their ability to successfully operate within the larger society.

Paul and other ex-residents that I spoke with emphasised that Benelong’s Haven only provides the tools for recovery and it is up to each individual to pick up those tools and apply them in their life. It was not until Paul left Benelong’s Haven that he was able to develop his particular avenue of recovery, even though he began to develop the skills to follow a sober life as an Aboriginal person within the programme. Every resident develops their recovery in different ways but all use a similar re-appropriation of cultural symbols and meanings. Rob, who held the job of receptionist in the centre, gradually emerged as an excellent communicator with new residents and helped organise programme events. He believed that upon leaving the centre he would be able to remain sober by helping other Aboriginal people, a trait he suggested was specifically an inherited Aboriginal cultural value. Lucas began painting at Benelong’s

⁷ Brown (1996: 733) argues that there are significant problems with the way resistance models have become theoretically enmeshed within larger discussions on power. He suggests that the focus on resistance has meant that “the complexity of human ingenuity is reduced to a limited set of anointed forces, variables, or functions – in this case, ones freighted with at least moral meaning as analytical utility” (*ibid*).

Haven, after being remanded to treatment for nine months on charges related to dealing speed. He developed his painting style from some of the older residents, from books on Aboriginal art and from his own intuitive skills. Whilst his style resembled some of the traditional Aboriginal dot paintings that we are familiar with today, he incorporated his own style and suggested to me that perhaps this was a sign that his ancestors were communicating to him through his art. Other residents engaged in Aboriginal art such as making boomerangs, didgeridoos and spears, using the facilities beside the men's TV room. At another point during my fieldwork a group of men gathered to learn Aboriginal dancing. The group was made up of four Aboriginal and one non-Aboriginal man from urban areas within Australia including Sydney, Wollongong and Taree.⁸ Instructed by a resident from Palm Island and Benelong, Jim and Val's son, they learnt the dances earnestly having had very little previous practise or knowledge of the technicalities of 'Aboriginal dancing'.⁹ They went on to perform their dances within local schools in the Kempsey area, however the group disbanded once three of its members departed Benelong's Haven.

Identity transition and the issue of 'efficacy'

In North America, Weibel-Orlando (1984) suggests that the residential treatment process for American Indians is a 'failed rite of passage' both at the individual and societal level. At the individual level residents are not motivated to accept the new social status instead utilising treatment centres to gain access to food, rest and medication and to avoid incarceration (*ibid*: 65). At the societal level, the treatment process also fails because of the general lack of community support for their new status when they return home (*ibid*: 66). Rather than view the 'rite of passage' in rehabilitation centres as failed ones, I have suggested that in the context of Benelong's Haven, it is perhaps more appropriate to see transition as an ongoing process that continues after the 'rituals of recovery'. I have argued in this chapter that not all

⁸ The non-Aboriginal resident was welcomed within this group and the other Aboriginal resident did not treat him differently. This particular individual enjoyed the dances, and the company of the others, but did not attempt to assert an Aboriginal identity.

⁹ Previous residents from the Northern Territory had given the traditional dances to Benelong in the past whilst he was working in the centre. Benelong was a fine dancer and he emphasised to the assembled group of new dancers that they had to learn the stories behind the dances and only perform them in this particular group.

residents experienced transition directly through the treatment programme. This was not because these residents were not committed or disinterested in engaging in processes of change, as in Weibel-Orlando's (*ibid*) case. Rather change often occurred through experiences that followed treatment. Residents were often forced into rethinking their position in their social world as they re-immersed into social relationships and found that abstinence was, at first, an unrealistic goal. However, as I have shown residents worked around this through a variety of approaches, either by returning to the centre, reconnecting with AA or establishing a livelihood that emphasised both stylised Aboriginal values as well as accepting certain elements of the white Australian society. In engaging with theories about ritual, this ethnographic context suggests that it is important to expand concepts of ritual to include a much broader perspective that accounts for the totality of human experiences through time. Identity, and identity change, involves processes of continuity and discontinuity, subjectivity and inter-subjectivity, conflict and stability.

O'Reilly argues that there is little explanatory value in the way identity has been constructed as a commodity that "may be exchanged, even pursuant to a state of crisis, for a 'new' equivalent" in the literature on AA programmes (1997: 152). The view that individuals' identities are replaced for a newer 'brighter' one strips the experience of identity formation of its inherent complexity. Rather, O'Reilly points to both 'coherence and continuity' associated with individuals' constructions of self within their narratives of recovery. O'Reilly states that an individual recovering from alcohol and drug misuse is:

...not a person with a 'new identity', but someone who has re-established those temporarily disrupted or disarranged thematic continuities that inform the significant plot lines of the life story (*ibid*).

McNay in her study of gender and agency argues that although individual identity is profoundly shaped by surrounding conditions, certain predispositions may have a continued effect on embodied practices "long after the original conditions of their emergence have been surpassed" (2000: 18). This 'durability' indicates that a coherent sense of identity is fundamental to the way in which individuals experience their sense of self. Thus identity in this sense is conceived as "an active process of configuration

whereby individuals attempt to make sense of the temporality of existence” (*ibid*: 27; see also Cohen 1994).¹⁰

This is also true of residents’ experiences in the Benelong’s Haven treatment programme. In David’s case learning his story enabled him to think about his own place in an existing system of social relationships reinforced through the AA programme. This was not a new identity but one reconstructed from select experiences from the past: his own, those of other AA members, and those connected to ‘Aboriginal culture’. However, this developing identity was not necessarily stable over time. Or rather certain predispositions had a habit of reasserting themselves in particular environments. David’s identity in gaol was based on the networks of kin, the system of drug exchanges, the institutional framework itself, and his developing relationships with various women on the outside. At first, David made no mention of the apparent contradiction between his marijuana use in gaol and the AA programme he had just been involved in for a year. However, AA was still part of his life and he was able to chair meetings and talk about the principles of AA with other inmates. It was only when he started worrying about his family on the outside combined with the increasing number of kin finishing their time in gaol and the visit by his father and myself (with the news of Benelong’s Haven), that David re-introduced AA principles into his everyday practices. This had the effect of changing his position in the prison system from an adept at marijuana sessions and the social exchanges involved therein, to a leader in various committees and AA meetings with a focus on the individual pursuit of learning and education certificates.

¹⁰ McNay (2000), drawing on Ricoeur (1994), suggests that ‘narrative’ is the privileged medium of this process of self-formation. Within Benelong’s Haven this is given a particular ethnographic focus where residents embraced change through the very re-telling of their story. However, as I noted earlier, Spicer (1998) asserts that narrativity is specific to particular contexts and is not a ‘natural’ way to represent lived experiences.



Residents perform Islander Dance, Kinchela Primary School 1999



Residents perform Aboriginal hunting kangaroo dance, Kinchela Primary School 1999



Painted by Lucas (Two Goannas) Benelong's Haven 1999



Painted by Lucas (River scene) Benelong's Haven 1999



Painted by Lucas (Snakes protecting their eggs) Benelong's Haven 1999

In Benelong's Haven, transformation was not measured by the 'success' of any particular resident who did not go back to drinking or drugging or even to gaol.¹¹ In this respect, success has been closely associated with the idea of efficacy of treatment programmes. As Waldram (2000) has discussed determining the efficacy of specific treatments is problematic both conceptually and methodologically. Determination of efficacy is usually privileged to an external, objective perspective rather than taking into account healing encounters between networks of actors. Waldram suggests that efficacy is a fluid concept shared among many individuals with different concerns and viewpoints, including physicians/healers, patients and members of the community. It is dependant on how it is defined within specific contexts, who makes the determination, who is the subject of healing and at what point a determination is made (*ibid*: 619).

Within Benelong's Haven residents who returned to the centre after having gone back to substance use were not seen as having failed. Nor was this seen as a failure of the efficacy of the treatment programme itself. Rather, such a resident was viewed as having entered into a process of change that would involve many setbacks and would proceed beyond the immediate experience of the treatment programme. This reinforced the point that 'healing' within Benelong's Haven involved a "myriad of phases and stages through which varying determination of efficacy may be made" but was a lifelong process in which total recovery, however understood, was ongoing (*ibid*). Rob commented to me when I saw him on the streets of Kempsey after he had left Benelong's Haven that even though he had 'busted', Benelong's Haven had "planted a seed" within him. This meant that he would return to continue the programme at some point in the future. Others, such as Paul, have acted more firmly on their decision to quit and have reformed their lives including their social practices and relationships. It is these changes that distinguish those who actually are able to articulate and maintain

¹¹ As part of the National Youth Suicide Prevention Strategy I was involved in gaining some limited figures concerning recidivism and sobriety of 200 male residents (total sample size 378) who undertook the programme between 1998 and 1999 (see Nolan and Chenhall 1999). These were collected from residents who returned to Benelong's Haven and could comment on the activities of others who had not returned. In brief results were as follows. The average stay of residents mandated from the courts was 90.8 days. 62% of the 200 residents had not gone back to gaol since their stay at Benelong's Haven, leaving 38% that had been back to gaol. For those who stayed greater than six months the average stay was 318 days. 80% had not gone back to gaol and 12% had gone back to gaol since leaving Benelong's Haven.

a sober self than those who simply try to quit and return to drinking or drug use (often repeatedly). As Spicer notes:

What distinguishes abstinent men and women from their fellows who continue to drink, then, is not so much the decision to quit...but rather a deliberate and self-conscious effort to reform their lives" (2001: 233).

Rather than the 'cultural' restoration to health argument being the central issue, the more general insight, in describing how people fashion sober lives for themselves, is the changes they make to their 'social routines' (*ibid*).¹² This is especially the case when substance use is so tied up with social relations in indigenous contexts and the larger structural inequalities between mainstream and Aboriginal societies (*ibid*).

Conclusion

As I have argued throughout this thesis the Aboriginal residents I spoke to at Benelong's Haven felt that before coming to the centre they experienced conflict in defining their identity. Substance use provided a means to resolve this problem if only briefly. Men often experienced conflict in the various roles they pursued, specifically their identities as fathers, as husbands and as family people with those identities based on the male camaraderie of the drinking group. Transformation within the centre was not simply about resolving these contradictions. It was about reinterpreting past actions and beliefs so that they could fit into a structure that emphasised the re-affirmation of cultural identity and Aboriginal spirituality. The emphasis was on enactment, of putting the symbols and beliefs of the programme into 'action'. Importantly this was undertaken in a way that reinforced the collectivity making it the basis for social solidarity and the development of identity. However the experience of transformation went beyond the centre itself and it was when residents departed that they were confronted with the changes they made in their beliefs and actions. Such changes were, of course, contextual and individuals such as David, were able to accommodate different courses of action in different environments. As a consequence, many found

¹² I am indebted to Spicer (2002, *personal communication*) for illuminating this point.

that returning to Benelong's Haven was important in sustaining identity: in reaffirming and re-orienting the past to make sense of the present (Beckett 1988).

Conclusion

This thesis has involved an ethnographic enquiry into the lives of residents within an Aboriginal alcohol and drug rehabilitation centre. As such, it has attempted to explain how one group of Aboriginal people are engaging with problems associated with substance misuse. One of the main aims of this thesis has been to explore the experiences that are embodied in concepts such as 'structuration' and 'habitus'. More specifically I have described the different ways in which individuals participated in their own structuring within a rehabilitation centre, representing a form of domination that was "exercised upon an agent with his or her complicity" (Bourdieu 1992: 167). However this does not necessarily imply that, at the local level, individuals lacked 'agency'. Rather I have shown that within the context of a rehabilitation centre, residents were willing to undergo treatment because of the very social connections they formed in the centre and the end result they envisaged. This is closer to what Goffman (1961) had in mind in his descriptions of 'secondary adjustments'. Rather than viewing treatment as a process of encapsulation and restriction, residents developed ways in which to re-envisage the self through time. This was undertaken through the very symbols of Aboriginality that have served to marginalise them, however, in this context represented symbols of reclamation and self-determination. For the majority of residents the experience was one of sharing and transformation; of processes of invention and appropriation that reinforced and reproduced a cultural identity that was at once transforming as it was constricting. But this does not explain all residents' experiences and some did not follow the rules or adopt the norms of the centre. Others went through different periods of commitment from strong support to active resistance, both of which were accepted by staff as part of the treatment process.

I have tried to stress the inherent complexities and paradoxes in residents' experiences and re-telling of past histories concerned with their substance use. Whilst residents were generally accepting of the programme and did not profoundly resist the structures placed before them, the process of transformation itself was complex and could not be generated purely within the context of the centre itself. Whilst identity transformation in Benelong's Haven can be compared to the ritual processes described by anthropologists (Van Gennep 1960), in order to understand the lived experience of transformation I have argued that it is important to examine the events and contexts of

residents' lives once they depart the treatment programme. Much of the change occurred in experiences related to leaving (and for some the subsequent returns to) the centre. This illuminates the general point that identity transformation is dependent on a number of inter-relating factors that occur over time and involves elements of coherence, continuity and temporality.

This thesis has been organised to document the flow of life through Benelong's Haven. Chapter 1 gave the historical context of Benelong's Haven and a general outline of the resident, staff and programme structure. Chapters 2 and 3 discussed Aboriginal substance misuse through the perspective of Aboriginal residents at Benelong's Haven. In Chapter 2 I discussed alcohol and drug use as patterned and learned behaviour and as situated within the larger context of Aboriginal socio-economic and political marginalisation from white Australia. In emphasising the inherent paradoxes and conflicting ideas about substance use, Aboriginal people referred to the process of drinking and drugging as both a source of enjoyment and as the harbinger of certain problems in social life. In a sense alcohol and drug misuse was both a cure and agent of conflict. In Chapter 3, I introduced one of these conflicts that has been associated with alcohol use, violence. I distinguished between different forms of violence. The first is related to men's drinking groups and is largely controlled, patterned and associated with the formation of masculinity and group identification. The second is related to family life and becoming a father, which was seen as very important for men's identification as adults. However the responsibilities that came with families contradicted with the values of men's drinking groups, which emphasised freedom, fighting, sexual promiscuity and male camaraderie. Combined with men's lower socio-economic position and dependence on women's greater access to government support, relationship between couples often became controlling in nature. This led to repeated cycles of confrontation between couples and their families. Combined with the larger historical forces of dispossession and powerlessness some men became violent to their own family and in particular to their spouses. Outside the control of their own families, they became entangled in the criminal justice system. It is important to note that I am not generalising to all Aboriginal men but rather have attempted to come to some understanding for those residents who arrived to Benelong's Haven during the period of my fieldwork.

Chapter 4 of this thesis examined the process of admission to Benelong's Haven and the practices in which residents engaged to find their place and learn appropriate forms of behaviour. A minority of individuals were not prepared to submit to the programme. Either they could not cope with the effects of drug or alcohol detoxification, they did not wish to submit to the rules and regulations of the centre or felt threatened in some way by other residents or staff. However, a significant factor in explaining why new arrivals remained in the centre was that they shared a common identification as Aborigines and were often acquainted with others in the centre either through family or community links or past experiences in gaol. Through these relationships and by following the lead of others a new arrival was able to test the boundaries of permissible behaviour in the centre and establish social relationships with other residents.

Chapter 5 presented an analysis of the AA meetings and demonstrated the processes associated with residents' 'learning their story'. The notion of sharing stories is vital to understanding the treatment programme and is related to the re-identification and re-formation of an identity that was shared by others within the context of the centre. Through learning their AA story individuals re-affirmed a past that depicted alcohol and drugs as disruptive to social relationships and 'sobriety' as a worthwhile alternative. This identity was oriented to the re-assertion of connectedness with other people, first in the environment of the centre and later to family and people outside Benelong's Haven. The success of AA was attested through the weekly Friday night meetings in which ex-residents from Benelong's Haven returned to share their story.

Chapter 6 also focused on the treatment programme but from the perspective of the 'Psych Groups' and individual counselling. In this section I provided a detailed account of one particular group session that focused on the notion of respect and documented the different ways in which the structure of such groups can be understood. Psychotherapy has often been constructed as inappropriate for indigenous peoples, however, within Benelong's Haven it was an important part of the experiences of residents (Vargas and Koss-Chioino 1992). Compared to the AA programme it provided residents with a chance to engage with subjects related to their lives in a forum that stressed critical engagement with the topics under discussion. Residents challenged each others' perspectives and conclusions, however, they did not resist the form of the 'Psych Groups'. In the latter section of this chapter I presented an analysis

of individual counselling. I was perhaps more critical of this process as the power differences between psychologist and resident were more notable. However, I argued that where there was a strong social relationship with the psychologists, residents interpreted the treatment session as 'successful' in reducing their anxieties and motivating them to make their own changes. In the case study I presented, the psychologist reinforced a 'doctor-client' relationship but did so in a way that enabled the resident to go on and express particular emotions with other residents in the centre.

In Chapter 7 I explored the everyday process of the centre and the manifestation of conflict and 'shake up' periods. Similar to other therapeutic communities, Benelong's Haven presented two countenances to its residents, one stressed authority and social control, the other mutual concern and comradeship. Whilst these were articulated simultaneously they became particularly apparent in the alternating periods of 'shake ups' and quiet times. During these 'shake up' periods, the normal pattern of social relations, roles and privileges were subject to considerable change. Sometimes they were inflicted by staff when it was perceived that residents were becoming too involved in the everyday running of the centre (or there had been some unreported breaking of the rules) and were not focused on the treatment programme itself. The necessity of such periods was recognised by residents themselves who saw them as necessary for re-invigorating their purpose in staying in the centre.

In Chapter 8 I turned to the subject of 'culture' in treatment and provided an analysis of the ways in which residents came to understand Aboriginal substance misuse. Importantly this was both learnt within the formal aspect of programme events but also in residents' discussions with each other. Many residents came to understand an Aboriginal culture through which a return to wholeness and integrity was depicted as the source of recovery (see also Spicer 2001). AA was viewed as reinforcing 'Aboriginal spirituality', providing the context through which residents reclaimed a cultural identity. Importantly it was understood that Aborigines engage in substance use 'in groups' therefore they must find their sobriety 'in groups'. Culture in this sense was a political assertion of difference and was formed in opposition to the larger white Australian society. It differentiated Benelong's Haven from non-indigenous rehabilitation centres that emphasise different forms of treatment and motivations for substance misuse. In Benelong's Haven substance misuse was viewed as the direct

result of the effects of colonisation and dispossession, causing fragmentation of 'spiritual' relationships. While residents accepted this view and actively re-created it through discursive practices, some experienced conflicts in their establishment of 'spiritual' relationships with others in the programme. Through friendships, residents engaged in a dialogical process of identity ascription yet many found that when a friend left the centre they experienced problems in reasserting their sense of self. This points to the inherent social nature through which residents created their cultural identities with others in the programme.

Chapter 9 examined the different ways in which residents departed the centre. Often a resident's time in the centre was set by the criminal justice system, however staff and senior residents encouraged individuals to stay on after their court case. Importantly residents thought about leaving at key points during their experiences in the centre. This was usually connected to the level of commitment that was demanded from them within the daily operations of the programme. Crises situations and breaking the rules also meant that some individuals were forced to leave the centre. However, all residents began to think about their home and their families and, in some cases, they gradually removed themselves from social relationships within the centre. Others had to return home for court cases and I documented one detailed case in which I accompanied David to his home community. For David this experience was a difficult process and involved heightened and conflicting emotions as he was rejoined by his family and attended his court case. Often residents experienced a sense of dissonance from the values, norms and beliefs they had come to understand in Benelong's Haven with those within their home communities that had not changed in their absence. Some residents found it difficult to assert their difference from the practices of those in their own communities. Interestingly this often meant that individuals returned to Benelong's Haven either after having gone back to substance use or as a way of reaffirming their sobriety. If such individuals remained attached to Benelong's Haven this has a very important consequence for how we view the success of such programmes. Whilst individuals who left may return to substance use, some returned to Benelong's Haven before they became caught up in the criminal justice system. This was both problematic, as it was empowering, as it tied individuals to the programme, but also reduced the severity of their problems associated with substance use.

In Chapter 10, I attempted to look more broadly at the notion of transformation associated with the development of residents' identities through the treatment programme. Transformation was not simply about resolving contradictions with their sense of self-identity, but in the context of Benelong's Haven was about engaging in a process that emphasised the return to cultural wholeness and integrity. I provided some examples of the different ways in which residents envisaged (and ultimately embraced) such a process. Importantly those that have remained sober have done so out of a conscious and deliberate decision to reform their lives including their social practices and relationships (see Spicer 2001). With reference to Rosaldo's (1983) critique of studies on 'ritual', I suggested that it is important to view transformation as an experience that moves beyond the mere experience of alcohol and drug treatment. Within Benelong's Haven, residents' perceived changes to the self must be contextualised with regards to the environments they found themselves once they left the centre. Often it was in contexts outside Benelong's Haven that residents came to understand the processes through which they must engage to accept their new status associated with sobriety. This points to the importance of viewing recovery from substance misuse as a process of transformation that is linked to "core symbols in a system of meaning" (Spicer 2001: 238).

The way in which residents reconstructed identity within the programme was reliant on a notion of history, of an Aboriginal history, within the context of colonisation. The significance of alcohol and drugs as a symbol of Aboriginal powerlessness and dispossession partly explains why there was an all or nothing approach to the notion of sobriety vs. heavy drinking. Rather than being part of Aboriginal culture, drinking and drugging were viewed as practices that have been introduced to Aboriginal people as part of the process associated with colonisation. From this perspective to abstain from alcohol and drugs is part of a larger process of cultural revitalisation and reclamation. The AA philosophy fits well within this particular viewpoint. In the AA philosophy, participants actively reinterpret drinking and drugging as the source of all their problems (Antze 1987: 172). In this sense Aboriginal treatment programmes provide a different approach and perspective to other non-indigenous programmes. Many indigenous rehabilitation centres have been criticised as either having a 'dry out' function or as misrepresenting Aboriginal culture. As Brady has recently suggested

with reference to the development of indigenous treatment programmes that emphasise culture as a form of treatment:

This often romanticised and idealised notion fails to explore honestly the ways in which ideas of 'culture' are manipulated, distorted and exploited by drinkers...In many cases, the manifestations of 'culture in treatment' seem to be simply new variations on the old theme of residential and end-stage treatment programmes (in Sutton 2001b: 150)

Brady has a good point. It is true that the emphasis on 'culture in treatment' enables individuals to ignore the way in which substance use has become integrated within many aspects of Aboriginal social life. In fact the programme offered by Benelong's Haven explicitly ignores the fact that substance use behaviour in some cases is patterned and meaningful for Aboriginal social and economic life. Furthermore, the alternative they offer is one based on an 'objectification of culture' (Merlan 1989; Lattas 1993).

In response to such criticism, it is important to emphasise the historical and political context of residential centres such as Benelong's Haven. Many Aboriginal people who misuse alcohol and drugs find that they increasingly experience conflict within both Aboriginal and non-Aboriginal domains, not to mention the associated physical consequences of alcohol and drug misuse. In the past, Aboriginal people were incarcerated through such conflict. As an alternative to gaol, Benelong's Haven can only be a 'good thing' for such people.¹ Furthermore, by recasting problems with alcohol and drugs as symbolising the dispossessed and marginal position that many Aboriginal people experience within the larger society, such residential programmes are making a political statement concerning Aboriginal autonomy and reclamation. When talking about Aboriginal substance misuse, Phil, the grounds person at Benelong's Haven used to say to me: "You know Richard the problem is, is that there is a problem". I failed to really understand what he was talking about at the time but perhaps I do now. There are many 'problems' with the way in which we envisage

¹ Gaols do little for Aboriginal people and in many small rural towns many Aboriginal people talk about their youth associating gaol with initiation type processes through which identity is ascribed (see Beresford and Omaji 1996). Obviously rehabilitation centres alone are not the only avenues through which it is possible to treat substance misuse and a number of researchers have illuminated other potential approaches (Gray et al. 2000).

'problems' associated with substance misuse. We stress that they are both structured, patterned and are an act of resistance, at the same time as dangerous, dis-empowering and furthering Aboriginal marginality. There is a tendency for researchers to stress either one or the other, of resistance or marginalisation. If we are going to come to some understanding of the complexities of social experience associated with substance misuse and recovery we have to be prepared to look at the different and intersecting ways in which substance misuse affects people's lives within their historical, political and socio-economic contexts.

In recent times, Aboriginal alcohol and drug use has been publicised throughout the Australian media as the cause of Aboriginal social problems, such as domestic violence (Bellamy 2002). Whilst alcohol can be seen as both cause and affect of other kinds of problems, I hope that we can go beyond the construction that alcohol 'causes' domestic violence, or alcohol causes 'suicide'. I have no doubt that alcohol is strongly related to various problems, however the identification of alcohol and drugs as the only problem in Aboriginal society is potentially dangerous. It is important to look at the ways in which substance misuse is related to a larger field of questions related to Aboriginal social and economic marginalisation within the larger Australian society; the historical forces of colonisation; racism and the various governmental responses to Aboriginal communities. It is vitally important to look at the ways in which Aboriginal cultures have changed to meet the events of the past 200 years and how these have impacted on such issues as social organisation, conflict resolution and child-rearing practices. The construction of alcohol and drugs as a symbol of powerlessness and dispossession in Benelong's Haven is potentially limiting and could serve to further disempower Aboriginal peoples. However, within the programme such symbols were used as avenues through which residents' developed 'self-responsibility' and 'ownership' of their particular problems. Furthermore, symbols are powerful signs and provided the incentive for residents at Benelong's Haven to look more critically at the way in which they had lived their lives in the past and how they would like to live them in the future.

Appendix 1

Benelong's Haven daily routine 1977

(Copy from Benelong's Haven archives)

<u>7AM – 8AM</u>	<u>Breakfast.</u>
<u>8AM – 9:30AM</u>	Household duties as per roster.
<u>9:30AM – 11:30AM</u>	Group therapy, Reading AA Literature, Big Books, 24 Hour Books, Discussion of the 12 Steps.
<u>12:30PM – 1:30PM</u>	<u>Lunch.</u>
<u>1:30PM – 5:30PM</u>	<ol style="list-style-type: none"> 1. City Excursions and AA Meeting. 2. Relaxation Board Games, Mini Pool. 3. Cultivation of front and back garden and the mowing of lawns.
<u>5:30PM – 6:30PM</u>	<u>Dinner.</u>
<u>6:30PM – Onwards</u>	Relaxation Meditation, Preparation for evening AA Meeting.

It is suggested that we are obliged to support three meetings or more a week eg., Redfern on Tuesday evenings and Dulwich Hill on Friday's.

One Wednesday's and Thursday's the group will be Divided into two and support the 12PM meeting at St. Stephens church Macquarie Street, City. Each Division will take alternative day's.

Also it will benefit the group with a much broader Knowledge of the inner city and AA members from different walks of life.

This programme is also open for amendment and can be Changed at the discretion of the Administrator.

Departures for meetings – No later than (7:30PM).

Appendix 2

Benelong's Haven menu

Day	Breakfast	Lunch	Dinner	Sweets
Monday	Cereals, Toast Stew	Tuna Moornay	Corn Beef	Jam Roll Custard
Tuesday	Cereals, Toast Stew	Vegie Quiche	Chicken Casserole	Bread Butter custard
Wednesday	Cereals, Toast Stew	Devon Salad	Shepherds' Pie Cauliflower Peas	Baked Rice
Thursday	Cereals, Toast Stew	Boiled Eggs	Roast Beef	Jelly and Fruit
Friday	Cereals, Toast Stew	Pancakes	Fish and Chips	Chocolate Blomange
Saturday	Cereals, Toast Stew	Frankfurts	Bolognaise	Cake Custard
Sunday	Cereals, Toast Stew	Sausages	Beef Stew	Fruit

Appendix 3

Benelong's Haven rules

1. Not allowed on the property alcohol, drugs, drug implements, cards, coffee, chewing gum, candles, naked lights, hired videos.
2. Failure to follow reasonable directions given by staff, arguing with staff, running down staff to other clients will result in dismissal.
3. Residents must report any knowledge of drug activity to staff, people affected by drugs are not allowed on this property.
4. Swearing, threats, spitting and gossiping are not acceptable. Threats, assaults, stand overs, etc will be noted in reports to court.
5. Random drug testing is used in this programme. A positive reading will result in discharge.
6. All residents are expected to attend all groups and meetings properly unless they have permission from staff. Go to the toilet before not during group.
7. No black tops or clothing with drug illustration are to be worn. No ponytails, dread locks, or shaved heads.
8. Residents are not to visit other resident's rooms. No food or tea in dormitories.
9. Single men are not allowed near married quarters nor to associate with the women.
10. Lending of clothing, money etc requires permission of the administrator.
11. All forms of gambling are banned. Listening to race broadcasts is not permitted.
12. Residents are not allowed to leave the premises without permission.
13. Earphone music is only allowed in dormitories, no earphones while walking about. Music in quarters must not be loud.
14. Current get up time is 7 am, beds made by 7:15 am.
15. Men are to shave immediately on rising, no facial hair to start after admission.
16. Playing pool is restricted to allocated hours.
17. Sunglasses require permission of management.
18. Property left on these premises will be donated to charity after three days unless arrangements are made with management.
19. Absence or non-activity in groups requires written authority of the office manager.
20. People leaving the group while on the property are automatically discharged from this centre.
21. No town trips for fourteen days settling in period.
22. No television sets or video recorders without permission of administrator.

Appendix 4

The AA preamble

Alcoholics Anonymous is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem. The only requirement for membership is a desire to stop drinking. There are no dues or fees for AA membership; we are self-supporting through our own contributions. AA is not allied with any sect, denomination, politics, organisation, or institution; does not wish to engage in any controversy, neither endorses nor opposes any causes. Our primary purpose is to stay sober and help other alcoholics to achieve sobriety.
(AA 1939)

The 12 Steps

1. We admitted we are powerless over alcohol – that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God as we understood him.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God as we understood him, praying only for the knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics and to practice these principles in all our affairs.
(AA 1976: 59-60)

Appendix 5

The Carnie and the Frog

(As told by John P 1998)

Ten Pied Ball Frogs Sitting on a Log, singing a blackfella's song
Two Green snakes, wrapped around their toes, pink Elephants all night long
The old night owl, the turkey and the fowl, was drinking whiskey from a jug
And the porcupine had a flagon of wine, and the Carni cut a rug
Well they warned him not to drink too much wine
But this is what he said
If I can't have a drink while I'm livin', how the hell can I have a drink when I'm dead?
Just the other night he walked up and down the floor
And his eyes popped out as he gave a shout
Because this is what he saw
Dancing kangaroos wearing hob-nailed shoes
And a boy eye doing the jig
Mr bandicoot wore a gabardine suit was dancing with the little brown pig
And the two black crows played the old banjo
And the fox played the old violin
And the emu started tapping his shoes as he gave an exhibition swing
Well for seven long days he nearly died
Yes the old boy was insane
His hair was as white as snow he's the guy we all know
Scoby is his name
It's a dog on cert for old hunter Bert
No more he want to spree
It's a real good sign he gave up the wine
Because no more he want to see.

Glossary of terms

Ay? (ey?, eh?) – Usually used at the end of a sentence as a rhetorical comment to invite a response.

Bedamundi (Bingel)- Pregnant.

Booreyes – Children.

Budgigang – Homosexual.

Bust – Return to substance use after a period of abstinence.

Bra – (also ‘brother’) Term used between men to indicate Aboriginal solidarity.

Brother – term used between men to indicate Aboriginal solidarity.

Cuz – Shortened form of cousin. Sometimes extended to a similar use as bra or brother.

Dark - Expressive term of identification with a “brother”. Said between two Aboriginal men. Example: “Go on, dark. What are ya doin’ here, dark”?

Deadly - Something is very good.

Dubay – Woman.

Doot - Sexual intercourse.

Feed - A meal.

Flagon – Fortified wine, usually in a larger glass vessel.

Freaky - term commonly ascribed to people or situation which have been unfamiliar or horrific to you.

Gamen - Lying (see still).

Geal – To urinate (Dubbo region only). See also ‘Jillawa’.

Grog – Alcohol.

Goom (Gum) – Methalayed spirits.

Gubba – White person.

Gubbaboriginal – White person who is pretending to have an Aboriginal identity.

Guani – To indicate someone that is acting strangely.

Gwangy – Mad.

Kaka – faeces.

Kunta – Aboriginal friend.

Jillawa – To urinate.

Jum – Smoke or cigarette.

Lagon – Gaol sentence

Masse – To gain control over someone using magical power or witchcraft. See also to *Sing*.

Merrigan – Dog.

Moogo/Mugoolany – Stubborn.

Myall – Ignorant of white Australian concerns. Sometimes used to describe traditional Aboriginal Australians.

Narragar – Silly.

Ngana - Indicating that an action is no longer required, i.e. “Never mind now”.

Nick – Sexual intercourse.

Old Mate - Term used when speaking about an unidentified person, i.e. shopkeeper.

Ramped – Raiding of an inmates gaol cell by prison guards to discover concealed drugs.

Resident – Any person who enters Benelong’s Haven to undertake the treatment programme.

Rorts - Describes stealing and other criminal activities.

See you later when your legs are straighter - Term of familiarity expressing that you will see the person again very soon.

Senior Resident – Any individual who has been undertaking the Benelong’s Haven programme for greater than three months. This is a flexible term and varied depending on the individual concerned. A resident became senior if he/she could demonstrate that they had a high level of knowledge about the treatment programme and the rules of the centre.

Sing - To sing someone is to put them under your control. Can also sing someone into sickness, death or crazy thoughts. Also see ‘masse’.

Share – An important part of the Benelong’s Haven treatment programme where residents share with each other stories about their past alcohol and drug use.

Stand Overs – The use of intimidation or threat of violence to extract some resource or influence another person’s behaviour

Solid – Unbelievable.

Tailor Mades – A pre-rolled cigarette with a filter.

Waki – Crazy.

Wallang – Money.

Wamba – Silly.

Wamba Bidy – Silly and stupid.

Wild – Very angry. Often means that a person may become violent.

Yarn – To have a long friendly conversation with another person.

Yarndi – Marijuana. Also ‘dope’.

Yarnalla - Get up and dance.

You know – Can be used at the beginning, middle or end of a sentence. Used as a rhetorical comment to invite a response (similar to ‘ay?’).

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