GRIEF matters

The Australian Journal of Grief and Bereavement

SEPTEMBER 1998 Vol 1. No.2

CONTENTS

Published by the Centre for Grief Education

PUBLISHED BY
Centre for Grief Education
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Design and printing by Eye to Eye Graphic Design, Melbourne

ISSN 1440-6888

Cover: Colleen Richman's family. Colleen Richman was fatally shot by a police officer Photo by Michael Rayner, The Age. © 1994

Editorial

Emeritus Professor Beverley Raphael

There is recognition around the world that for many peoples of first Nations the impact of colonial exploration and settlement was such as to disrupt traditional cultures and lifestyles, and to lead to "dispossession and social disintegration". While earlier centuries carried social frameworks of valuing this colonisation, the spread of empires and the ownership and utilisation of the resources of these countries, this century has seen internationally a progressive recognition of first peoples and their human and legal rights.

Australia's Indigenous people suffered under these earlier policies where they were seen as being inferior, their rights to their land as nil under the principle of *terra nullius* and as a result of policies which were geared to breaking up their culture and communities. Policies of separation of children from parents, the breaking up of tribal groups and removal from traditional lands, as well as many episodes of harsh and cruel treatment, all contributed to Aboriginal peoples experiencing the arrival of European settlement as an invasion, and the policies and practices of the settlers as genocidal. This experience and the separations which continued until very recently lead to an enormous load of trauma, grief and dislocation, all psychologically damaging. It is a tribute to Indigenous people that they have not only survived, but sustained and developed their cultures and communities.

Nevertheless, it is critical that these legacies of grief and trauma are understood and responded to and that there is a recognition of the issues that thus arise for Aboriginal people. Firstly, these experiences must be understood from an Aboriginal point of view. This must include the holistic concept of health and wellbeing, the need for self-determination and community control.

While these losses of the past have now been brought to attention, there is no easy answer to their resolution. As the papers in this issue highlight, effects may be profound and subtle and pass on to subsequent generations. Even in non-Aboriginal communities research in and understanding of loss, grief and traumatic experiences and their long term sequelae over generations is relatively poorly developed. How much the preservation of traditional and cultural responses can help with grief and mourning, or how much new ways can be developed to deal with old losses, is an important field for research. This is the more so because experiences of this kind are sadly pervasive in many present day communities with the consequence of genocide, wars, and massive community dispossession, violence and deaths.

Swan's review of some of the potential health impacts of contemporary and frequent losses highlights the ongoing impact of premature mortality, new forms of separation and how these build on old unresolved losses. She explores how these contribute to adverse physical and mental health outcomes.

McKendrick and Thorpe review the relevance of the effects of the stolen generations, and ongoing impacts of dispossession , racism, disadvantage affected Aboriginal people with resulting effects on their mental health and wellbeing. The research in this sphere is a very important example of the collaboration between Indigenous and non-Indigenous people to set in place a scientific study and how this can contribute findings that can then be addressed in clinical programs. Similarly, Hunter's seminal studies exploring the factors that contribute to Aboriginal deaths in custody, from his work in the Kimberley, and his understanding of both vulnerabilities associated with loss and the effects of alco-

holism and withdrawal, provide data that could shape service provision. In addition, the ongoing recognition reflected in his paper demonstrates how his research and clinical work is done in a collaborative manner that is sensitive to the needs of Indigenous people, and is of great value. As with the work of McKendrick and Thorpe, this approach can lead to effective advocacy.

Swan's paper highlights not only the problems of past losses, but also those of contemporary losses. These losses have been repeatedly identified as traumatic and frequent, as both problems and causes of problems, and as contributing to the adverse state of Aboriginal health. The effects on health and well-being of such pervasive loss, trauma and dispossession also need much further attention. The present adverse state of health of Indigenous people and the high and premature mortality rates as well as ongoing separations, socioeconomic disadvantage and experiences of conflict, can all create further trauma and loss, adding current distress to unresolved issues from the past. The papers in this edition of Grief Matters highlight the importance of trauma and loss for Indigenous peoples. Much more, however, needs to be known and these understandings can only be further developed by Aboriginal leadership and through partnerships of mutual respect and learning. The report of the *Bringing Them Home* has been a focus highlighting many of these past losses, and processes to be put in place to assist reunion will open up many sad and painful experiences. There are, with this, new opportunities for healing and for building support, knowledge and strong communities. This issue provides recognition of some grief and trauma, and some ways of healing and recognition. It is to be hoped that future editions will have much more to offer, that there will be many years of "finished" business in terms of grief and no longer two hundred and ten years of unfinished business.

Many people of different cultural backgrounds have come to Australia with histories of trauma, loss and dispossession, exposure to violence, wars and even genocide. The knowledge developed from studies of Indigenous problems may be helpful to these groups too.

Central to all these matters is the concept of survival. Frankl (1962) in his exploration of surviving the holocaust, in *Man's search for meaning*, has made a vital contribution to our understanding of the strengths of the human spirit. But Aboriginal people in Australia are the oldest surviving continuous culture in the world; they have survived the vicissitudes of the environment and the "invasions" and continue to survive with warmth, strength, personal courage and a commitment to community. Surely, above all, we have much to learn from them.

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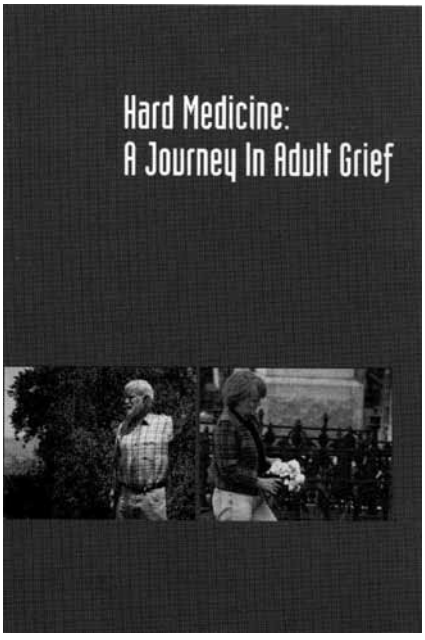
Hard Medicine. A video resource for Grief Educators and Counsellors



"You (have) a view of yourself which is like a finished fabric - and there's this huge great hole ... The grief never goes away. It changes or you learn to live with it and sometimes it bounces back at you ... fresh as it ever was" - CATHY, *single mother of four after her 17 year old daughter was killed in a car accident*.

"People say 'its been this amount of time - why don't you get over it?' It doesn't work like that. You don't just 'get over it'" - *MARCUS, aged 28, after the death of both his parents*.

Hard Medicine: A Journey in Adult Grief is the graphic, yet sensitive portrayal of the grief of four people after the devastating loss of someone they love. With immense courage and acute perception, Loris, Richard, Cathy and Marcus talk about their real life experiences. They give us a compelling insight into grief complicated through issues such as multiple loss, sudden death and suicide and how they are accommodating personal tragedy, and its impact, into their lives.

Designed to prompt discussion and reflection on grief and our response to it, this documentary video and facilitator's guide is an invaluable clinical and educational tool for all those who are in contact with the bereaved. Its ability to touch each of us at an intimate level also provides a stimulus for self awareness, personal insight and growth.

Hard Medicine will sensitise all members of the community to the trauma of grief and the needs of the bereaved.

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The Legacy of Colonisation: Trauma, Loss and Psychological Distress amongst Aboriginal People

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Abstract

Unresolved grief, depression and post traumatic disorders are common in Aboriginal communities and pose a major public health problem. This paper presents evidence from diverse sources which indicates that much of this psychological distress is associated with issues beyond the control of individuals. Historical, social, cultural and political factors continue to impact on the wellbeing of Aboriginal people. Healing requires that individuals, families and communities have access to appropriate mental health and wellbeing programs. However, the sorrow and trauma will continue unless the underlying issues are addressed to allow Aboriginal people to achieve social justice and equal human rights.

Trauma and loss are everyday experiences for Aboriginal people who are dislocated from their land, severely disadvantaged in all spheres of life, marginalised and subject to racism (Dodson, 1990).

The impact of losses which began with European settlement is magnified by the separation of Aboriginal children from their families, loss of health, and frequent deaths of relatives and friends at an early age (Pepper & De Araugo, 1985; 1989; Stanner, 1968).

At present, Aboriginal people are also bearing the full brunt of shifts in the Australian political and social climate. Lacking political power, with no representation in federal and most state parliaments, they are easily scapegoated and blamed.

The Mabo Decision and Native Title gave Aboriginal people some hope that they could claim their traditional lands. However, despite the High Court decision on Wik which reiterated the principle of joint use of pastoral leases by Aborigines and pastoralists, Aboriginal people will yet again be the losers; the rights they have held to land on pastoral leases for nearly 150 years have been removed by an act of parliament (Reynolds, 1987; 1997).

The increasingly common open denigration of Aboriginal people and their cultures and the constant media coverage of the erroneous opinion that Aboriginal people are privileged and get too much, all exert a negative impact on wellbeing. These are issues of social justice and basic human rights (Dodson, 1995; Burdekin, 1993.)

Land and family are inextricably linked for Aboriginal people and are the key to health and wellbeing. The land holds histories and genealogies, connecting the people with their ancestors. The land is the basis of emotional, spiritual, social and cultural life and essential to health (Stanner, 1968).

The Aboriginal extended family ensures the continuation of the culture and promotes self-esteem and identity. It provides a refuge from the wider society and is responsible for the resilience of Aboriginal people who maintain their cultural identity against the odds.

Aboriginal people hold an holistic view of health which is not limited to individuals but includes families, kinship groups and communities. Health incorporates the physical,

emotional, spiritual, social and cultural (The National Aboriginal Health Strategy Working Party, 1989).

Loss of land and the disruption of families by systematic removal of generations of children and early deaths has had a catastrophic effect on Aboriginal peoples. The sociocultural and emotional effects cross generations. Individuals, families and kinship groups are constantly battling to overcome what threatens to become overwhelming sadness and despair. Somehow people find the strength to make yet another effort. This resilience is seen in the way Aboriginal people continue to fight to have their voices heard and improve their circumstances even though successes and rewards are few (Pepper & De Araugo, 1985; 1989).

There has been a reluctance to acknowledge and take appropriate action to address issues of trauma and loss amongst Aboriginal peoples. Ignorance is not a defence. The impact of colonisation, government policy, marginalisation and racism is well documented.

Aboriginal voices

One need look no further than Aboriginal literature - poetry, prose, drama and song - to find eloquent expressions of grief. Oodgeroo (1988), Davis (1985), Weller (1981), Roach and Hunter (1990) tell of loss, racism, and deep hurt. Sadness is never far below the surface. Themes of dispossession, racism, loss, grief, and anger are evident even in writing expressing celebrating Aboriginal identity, survival, achievement and love of land.

The *Royal Commission into Aboriginal Deaths in Custody* (RCIADIC; 1991) and the *National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families* (1997) provide documentary evidence of the transgenerational impact of trauma and loss amongst Aboriginal communities.

The RCIADIC investigated the deaths of 101 Aboriginal people in police cells and lock-ups. Details of the cases investigated were widely reported with the grief of families and communities exposed to public view. The Commissioners found that many of the deaths were due to untreated or inappropriately treated mental disorder and concluded:

> ... many Aboriginals experience Australian society as highly racist whether they be children at school, people seeking employment, or accommodation, or people in contact with police or other public official. .. self esteem, self respect and equality of opportunity will not readily develop in an atmosphere of hostility, prejudice and ignorance on the part of the non-Aboriginal community. (*Royal Commission into Aboriginal Deaths in Custody*, 1991, p. 104)

Bringing them Home (1997) tells the stories of Aboriginal Australians and graphically demonstrates the terrible effects Government policies and practices have had on their lives. Aboriginal people who were removed from their families during childhood are at much greater risk of depression, anxiety, post traumatic stress disorder and deliberate self harm. Many attempt to relieve their pain and to forget by self-medication with alcohol and other drugs. It is common for those who were taken from their families to have low self esteem and an uncertain sense of identity. Many speak of feeling as if caught between two cultures unable to fit into one or the other. The removals have impacted not only on the children themselves, but also their extended families and communities. The Commissioners concluded that:

> The Australian practice of Indigenous child removal involved both systematic racial discrimination and genocide as defined by international law. Yet it continued to be practiced as official policy long after being clearly prohibited by treaties to which Australia had voluntarily subscribed. (*Human Rights and Equal Opportunity Commission*, 1997 p.266)

The mental health of Aboriginal communities

Aboriginal health workers and community members know that depression, anxiety, substance use, and high risk behaviours are common (Dodson, 1990). Unfortunately there have been few systematic studies of mental health problems in Aboriginal communities. Aboriginal people are wary of research because they rarely see the benefits (*The National Aboriginal Health Strategy: An Evaluation*, 1994). The material presented here describes the patterns of mental health problems we have seen in two decades of clinical work and research with Aboriginal communities in south eastern Australia.

We always have mental health research and service development and delivery programs running in parallel. Local Aboriginal people are directly involved in all programs. In this way needs are met and issues important to the communities addressed in appropriate ways.

We use the term psychological distress rather than mental health problem or categories of psychiatric disorder. Many Aboriginal people find the language of psychiatry alien and stigmatising. Classification can lead to invisibility and allow the real health needs of Aboriginal people to be ignored. Victorian Aboriginal people talk about psychological distress in terms of depression and anxiety or worry. Non understandable talk and behaviour or psychosis and organic factors which alter mental functioning are also recognised. Depression and anxiety are understood as being common and related to people's lives. They are seen as an indication that help is required (McKendrick, 1993).

If appropriate help is given, the person will usually recover. Families usually take responsibility to ensure a person receives help. Conventional psychiatric care is not sufficient for, and on its own may be damaging to Aboriginal people who rarely utilise mainstream mental health services.

Psychological distress - the clinical experience

1. Grief

Aboriginal communities have very high death rates, particularly among the young and middle aged adults. It is not uncommon for Aboriginal people to attend several funerals in a two or three week period. Cultural beliefs about death and the spirit are such that it is not uncommon for grieving people to have symptoms which have been wrongly diagnosed as 'psychotic ' by clinicians.

A young woman, who lived with her extended family (grandmother, mother, aunts, siblings, cousins) was diagnosed by a psychiatrist as having an acute schizophrenic episode. Her brother had recently died. She said he was constantly hovering around the house, appearing at the end of her bed, causing breezes to rush through the house, calling names of family members, talking to her and causing furniture to move and accidents to happen. She was afraid to sleep alone and moved into her grandmother's bedroom. She refused medication and hospital admission and was supported in this by her family.

Her mother asked JM to visit the family at home. It became clear that all family members were having the same experiences as the patient. Further, all were still grieving for three other close family members who had died in the preceding four months (patient's cousin (age 20); uncle (36); baby niece (five months)) . Outing the family meeting, grandmother explained that unusual things were happening because the dead boy's spirit was staying around the house and he could not rest.

JM visited the family on several occasions for family grief sessions. An Aboriginal minister of religion also visited regularly. After certain ceremonies had been performed everyone in the household agreed the boy's spirit was now at rest. Although still grieving, the family had started to settle back into their normal life style. The patient remained free of symptoms of schizophrenia.

2. Psychiatric Morbidity

a) Aboriginal Medical Service General Practice

A review of the clinical files of 124 consecutive patients seen over two weeks by a general practitioner at an Aboriginal medical service (McKendrick, 1993), found that psychosocial problems formed a substantial component of the workload. Sixty per cent of problems were assessed as being psychosocial and 40 per cent physical. Ninety per cent of physical problems were associated with psychosocial problems. Discussions with colleagues in Aboriginal health supports the view that most patients present with multiple problems, psychosocial problems often being the most prominent, although usually not the primary presenting problem.

b) Specialist Psychiatric Service

The Victorian Aboriginal Mental Health Network (VAMHN) was Australia's first mental health program specifically for Aboriginal people (McKendrick, Thorpe et al 1990 a and b; McKendrick & Thorpe, 1994). Established in 1987, the network evolved in response to the identified need for a specific mental health service for Victorian Aboriginal people. It is based in an Aboriginal community health service and includes a community consultation unit and an inpatient unit in an acute psychiatric unit. Evaluation of the VAMHN (McKendrick, Thorpe et al 1990 a and b; McKendrick & Thorpe, 1994) over the first three years showed increased utilisation of services each year. Over 50 per cent of inpatients and outpatients had been separated from both their parents during childhood and brought up in institutions or non-Aboriginal foster homes.

The most common diagnosis amongst both inpatients and outpatients was depression associated with life stressors. Inpatients were more likely to have psychotic symptoms and multiple diagnoses (substance use disorder or a chronic physical illness).

2. Research

The situation of Aboriginal people who are faced with chronic life stresses, and frequent trauma and losses including deaths of close relatives and friends suggests that much of the psychological distress they experience may run a chronic or remitting, relapsing course (Brown & Harris, 1977; Kessler, 1985; Mann, 1981). Our clinical experience and research findings support this view.

A two stage longitudinal study of psychological distress in an urban Aboriginal population assessed respondents for the presence or absence of psychological distress (at stage one, stage two and during the three year interim). The psychiatric assessment took into account local Aboriginal cultural norms, sensitivities, modes of communication and idioms. Information was collected about social and cultural factors (McKendrick, 1987; McKendrick et al 1992; McKendrick, 1993). In stage one a random sample of Aboriginal adults attending a general practitioner at an urban Aboriginal medical service was interviewed. The sample was similar to the wider Victorian Aboriginal community in being young, and severely socio-economically disadvantaged. One third of respondents had been brought up outside their Aboriginal communities, most in institutions or multiple foster homes and family group homes. Eighty-five per cent of the original respondents were reinterviewed in stage two. Two-thirds of respondents were significantly psychologically distressed throughout the study period. Ninety percent of diagnoses were of depression. Respondents removed from their Aboriginal families in childhood were more likely to have multiple problems and 85 percent were chronically depressed. In contrast, respondents who knew about and visited their traditional country had a strong sense of their identity and self esteem and were much less likely to be chronically depressed than those who had no such links.

The findings of this research are horrific, but congruent with the clinical experience, the reports of consul-

tancies and inquiries, and research conducted amongst other Indigenous populations (McKendrick & Thorpe, 1995). The overall rates of psychiatric disorder found in western general practice samples are much lower estimates ranging from 15 to 30 per cent. (Goldberg, 1970; Finlay Jones & Burvill, 1977). Although there are no other studies of the course or prognosis of psychological distress in Australian Aboriginal communities, cross sectional studies have also found high rates of such problems associated with environmental stressors (Aboriginal Medical services, Redfern, 1991; Kamien, 1978; Radford et al 1990).

High rates of chronic depressive disorders have been found among the Hopi, Indigenous people of North America (Manson et al 1985). The course of depression in the Hopi population was found to be extremely pernicious and debilitating. This pattern of depression was attributed to the high number of personal losses American Indians suffer, in terms of either the death of relatives or friends, or the acculturative patterns which threaten personal identity.

Discussion

The clinical work, research and service development described in this paper is the result of long standing partnership between Aboriginal community controlled organisations and a university department of psychiatry (McKendrick & Thorpe, 1998). Aboriginal communities were actively involved in all projects, maximising usefulness and relevance and ensuring their needs were addressed. The body of work shows that psychological distress, especially depression associated with unresolved grief, ongoing losses and post-traumatic stress is a major public health issue for Aboriginal communities and related to the position of Aboriginal people in Australian society. Trauma and loss have transgenerational impact. Current day socio-economic deprivation, poor health, lack of access to good quality appropriate health services, marginalisation and racism result in retraumatisation and new losses (Dodson, 1990).

The health and mental health problems faced by Aboriginal people cannot be solved merely by the provision of health services, mental health, healing or wellbeing programs. These programs are essential but must run in parallel with initiatives which redress the sociocultural situation of Aboriginal people.

The principles of reconciliation as promoted by the Council for Aboriginal Reconciliation are the vehicle through which Aboriginal people can obtain social justice and human rights. Reconciliation involves acknowledgment of wrongdoing toward Aboriginal people; recognition of the human rights of Aboriginal people including the right to self determination the right to land and the right to cultures and languages; restitution of that which has been lost and reparation for loss.

Aboriginal people express a strong preference for mental health programs which are based in their communities and are developed, implemented and delivered by local Aboriginal people. Adequate resources and the support of mainstream men tal health service providers are needed. Aboriginal people need access to both mainstream and Aboriginal specific services.

Appropriate resources and expertise in Aboriginal mental healthcare are in short supply. *Ways Forward* the Report of the National Consultancy on Aboriginal and Torres Strait Islander Mental Health (Swan & Raphael, 1995) provides a comprehensive plan for the delivery of mental health and wellbeing programs to Aboriginal communities throughout Australia. The plan is based on the principles of Aboriginal self determination and community control. Aboriginal mental health is placed firmly in the public health arena. Holistic primary mental health care would be delivered through Aboriginal medical services, with education/training and research/evaluation priority areas. Aboriginal communities would have the resources to ensure their needs were met in an appropriate way through good quality programs. Education and research programs would increase essential resources and enable ongoing program development.

In our day to day work we see the devastating effects that loss, dislocation, marginalisation and trauma have on Aboriginal families and communities. Similarly. We are familiar with the benefits to health and wellbeing which can result from identifying and elucidating contributing or causal factors and acknowledgment of pain and suffering (Raphael, 1984). As mental health professionals we have an obligation to educate ourselves about Aboriginal cultures and help bring about an improvement in the mental health of Indigenous Australians. We may do this by offering our skills to Aboriginal community health programs, taking steps to improve the accessibility of mainstream mental health programs to Aboriginal people, becoming involved in reconciliation projects, and in educating colleagues. However, the sorrow and trauma will continue unless the underlying issues are addressed to allow Aboriginal people to achieve social justice and equal human rights.

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Grief and Health: The Indigenous Legacy

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Abstract

Contemporary losses in Aboriginal communities may often produce high risk bereavement with adverse outcomes. There may also be an increased vulnerability associated with past unresolved losses which may have trans generational effects. Knowledge of, and sensitivity to, cultural practices to deal with death and grief are essential in providing a supportive framework for Aboriginal people. There is also a need for policy and programs to support Indigenous people in dealing with trauma and grief Prevention of loss and research is also critical.

Loss and grief for Aboriginal people relate to a number of key issues. Firstly, they are contemporary in that the very high rates of premature mortality make the experience of facing the death of a loved one in premature ways frequent for Aboriginal communities. These types of losses, which may result from accident, violence or illness, at an earlier than normal age, are in themselves likely to produce high-risk bereavements. The closeness and connectedness of Indigenous communities, one of their great strengths, means that more people are affected by such deaths, and communities as well as families are diminished by these. The attendance at funerals, instead of being infrequent, is a frequent experience in Aboriginal life and part of an immersion in death and grief. Other losses are also contemporary. The high rates of incarceration of Aboriginal men, even juveniles, means that there are losses and separations from their families. These bring not only the associated distress and grief, but also the absence of role models. In addition to the distress associated with separation and the grief, there are also the long term gaps, the emptiness left by the absence of those who may have fulfilled not only specific functions in families and communities, but also been role models for children and young people, and central to their development. Another issue about these contemporary losses is the nature of grief and the potential morbidity associated with high risk bereavements. The intense distress, separation anxiety, yearning and the grief and mourning generate their own psychological pain. This grief normally attenuates over time however, because many of the deaths are in traumatic and untimely circumstances, such as deaths in custody, accidents, or violent deaths, they are likely to be complicated by trauma. Such losses are more difficult to resolve and more likely to be associated with adverse outcomes such as depression, anxiety disorder, post traumatic stress disorder, or impaired physical health. It is also important to note that one of the potential adverse outcomes of such experiences of grief and trauma is increased use of alcohol and other drugs, often as a form of self-medication. These issues are particularly relevant when the adverse state of Aboriginal health is considered. Significant research has shown the potential for stressors such as bereavement to have an adverse effect on immune function (Bartrop et al., 1977). Indeed, a review of factors contributing to adverse physical health in one community (Sibthorpe, 1988) noted the possible contribution of such factors, when other variables such as nutrition did not have the causative note that was often believed to be central. Whether adverse effects follow from altered health behaviours, or through influences such as impact on immune, endocrine or other physiological functions, remains to be established. Nevertheless, the possible contribution to premature mortality and high levels of physical morbidity of this "immersion" in grief and trauma is an important area that should be a focus for collaborative research with Aboriginal communities.

Effects on mental health of these contemporary high levels of loss, separation and trauma are documented in a number of research findings, although much more needs to be known. For instance Radford et aI., (1991) found that, in a sample of urban Aboriginal people, high levels of suicidal ideation and behaviours were associated with the experience of being separated from families and brought up in institutions.

Clayer and Divakaran-Brown (1991) also found that risk for psychiatric disorder amongst a sample of Aboriginal people correlated with experience of separation and trauma, as well as being cut off from their culture.

McKendrick and Thorpe's work (see this journal) also highlights the potentially pathogenic effects of separation or loss in terms of depression and distress. It should be noted of course that separation, loss and trauma may also be pathogenic for adverse mental health outcomes in non-Aboriginal communities. For Aboriginal communities bereavements are both more frequent and more often untimely, and traumatic; all potential risk factors for adverse outcomes.

In addition, in circumstances where death, separation and loss are more frequent, this may produce an overwhelming burden of stress, making it more difficult for people to deal with individual losses. There is almost an "immersion 10 death and grief" (Lifton, 1967).

When there is also a background of losses and separations going back over many past generations, there may be an increased vulnerability associated with the burden of past unresolved losses. These may impact through transgenerational effects - for instance a mother who has experienced separation and loss through being taken away, as in the report *Bringing Them Home* (Human Rights and Equal Opportunity Commission, 1997), may have had damage to her capacity to experience, without being overwhelmed, separation distress in her infant and may either fail to attach to the baby and/or be unable to provide social learning and modelling for her child to learn to deal with separation and grief. This may apply to many situations of separation and loss.

Another important issue is access to, and knowledge of, the cultural practices and ritual that all cultures evolve to deal with death and grief. The many different societies of Aboriginal people evolved ritualised responses (eg. Reid, 1979), but the degree to which these practices, or modified but essential components of them, have transferred to contemporary Aboriginal communities in ways that are useful, is not well delineated (e.g., Selby, 1994).

Nevertheless, knowledge of and sensitivity to these matters is very relevant in providing a supportive framework for Aboriginal people in dealing with grief - for instance, some cultural requirements of not speaking the name of the deceased. Cultural respect is a critical issue in facilitating grief resolution in helpful ways, and requires recognition also by non-Indigenous people.

The resilient and positive ways in which Aboriginal people have nevertheless dealt with overwhelming loss is a tribute to the strength and supportiveness of the social networks they provide for each other, as well as to their personal characteristics of courage, endurance and resilience. There has also been a level of denial about this, often by the wider non-Indigenous community, but also, because until recently Aboriginal people themselves did not have a collective knowledge of the extent of their losses, and because often the trauma and emotional pain were deeply buried to allow the individual to continue to cope with and survive the demands of everyday life.

A NSW consultancy exploring the needs of Aboriginal people in terms of mental health reported that childhood neglect, separation, and losses were significant predictors of substance use problems, distress, depression and anxiety (Swan & Fagan, 1991). The National Consultancy to develop an Aboriginal Mental Health Policy found that the majority of organisations and individuals consulted identified trauma and grief as both the most significant mental health problems experienced by Aboriginal people, and the causes of most difficulties (Swan & Raphael, 1995).

Many initiatives by Aboriginal people have also identified the need for both policy and programs to support Indigenous people 10 dealing with trauma and grief. For instance, at the National Aboriginal Mental Health Conference 1993, it was recommended that Federal and State Governments acknowledge the trauma and grief that has been experienced by Aboriginal people and provide resources to Aboriginal people to develop healing and counselling for trauma and grief, and policies to prevent further trauma and grief (Report on National Aboriginal Mental Health Conference, 1993, p. 33).

Programs of community support with family reunion, with special meetings and groups to support those dealing with trauma and grief can assist communities' healing and adaptive processes to deal with these "older" losses.

Specialised counselling programs are also needed, both for those bereaved by very traumatic deaths such as those in custody, as well as those in need with multiple high risk losses.

Counselling programs which have been found to be helpful are those such as the "narrative therapy" model (Howson, 1994). This model encompasses narrative psychotherapy and family therapy components and fits well with Aboriginal culture. Other "talking" and counselling models can also be very helpful (e.g., Collard & Garvey, 1994) and adapted to the needs of individuals and families.

A key issue is the need for people to adapt western models of grief and trauma therapy to meet the needs of their own communities and culture and to be responsive to individual experience of loss. Recognition by the community, as has followed with the release of the report *Bringing Them Home* (Human Rights and Equal Opportunity Commission, 1997) can be helpful but lack of recognition and response to this by some segments of the community is likely to add to the grief and trauma of those already bearing an undue burden.

Also critical is the recognition of current excessive losses, and separations, the prevention of these wherever possible, and if not, providing both social contexts of support and assisting communities to develop necessary counselling services. Addressing the present can also be used as a frame of reference to look back to help resolution of past losses or at least facilitate the adaptation to some of these.

The two key issues to be addressed for Aboriginal people are:

- Recognition of, and response to past and present losses, and creating an environment that both prevents trauma and supports healing through community acknowledgment and appropriate service provi sion synchronous with Indigenous needs;

- Research to determine the contribu tion of grief, trauma and loss to the adverse state of Indigenous health and programs to prevent and reduce these effects.

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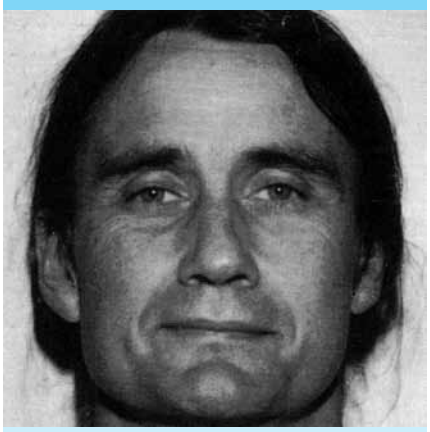
Loss and recovery: Indigenous journeys



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"Fantome. I know bloody Fantome all right!" My friend, I will call him James, was responding to mention of a small island, not far from another, better known island, where he had spent most of his youth. Fantome had been the site of a "lock hospital" for Aboriginal and Torres Strait Islander Queenslanders with sexually transmitted infections which functioned from the 1920's to the Second World War. Thereafter it received Indigenous lepers. My friend and informant was recalling an unanticipated visit to Fantome when he was a child. "I was out fishing with some blokes" he explained, "there was something wrong and we drifted to Fantome. I didn't know about Fantome then. Just that it was a place you couldn't go". The men set to fixing the boat and James wandered off. He was confronted some distance away by several elderly Aboriginal people who appeared shocked to see him. "They were real interested in me. Wanted to touch me and talk to me. Asking me who I was and where I was from. Of course I couldn't talk much - I was frightened. But they were real interested". What remained with him as a memory of that day was being plied with biscuits and cordial. Eventually a white woman appeared who, he later learned, was a Catholic nun, and identified him. "I know you", she declared, "you're from Palm. You're young 'so-and-so"'. She had thought he was the child of one of the few non-Indigenous residents of Palm Island, understandable as he was considerably fairer than most Aboriginal children. However, he was Aboriginal. That was the reason he had been abducted from his mother in the first place, regardless of his fair complexion or family circumstances. As always when our discussion touched on Palm Island James became agitated. Palm was a place from which he escaped as a young adult vowing never to return. He did not choose to remember it and when it intruded, he recalled it with bitterness. Through much of the thirty years since he had left James continued to try to escape, in various ways, from Palm. When I first met James he could neither escape nor return.

James has taught me many thingsabout the persistence of pain, and about survival. While he only came to realise it after being long in the journey, it has been a very complex process of mourning which seemed to have no apparent end. To a significant degree this reflects the enormity and ambiguity of what has been lost. However, even with the insights that working with people such as James have provided me, I do not have the words to distil or convey the issues involved. Instead, I fall back on images that, more or less, capture the intensity and complexity. Fantome is such an image. On the one hand there is the interest, tenderness and care that was shown by these old people, the most marginalised of the marginalised, to this young boy who, they presumed, was non-Indigenous. Thrown together by the vicissitudes of the *mycobacterium leprae*, they had lost country, clan and family. Despite these losses they could enjoy a child and empathise with his 'lostness'. All stranded against their will on a desolate beach, they without children, he without parent, it was a moment of kindness and moment remembered.

On the other hand Fantome provides a stark instance of the bureaucratic 'management' of Indigenous people. This is captured by the comments of Sir Raphael Cilento who in 1932, when Fantome was still a lock hospital for sexually transmitted infections, outlined his vision of the Island's future.

The whole abo population should be worked through Fantome & then regraded into new cases, incurable aged, incurable young & part cured & thence drafted when clean back into Palm from which they can be sent out into the mainland to be (1) assimilated if white enough; (2) employed under supervision & protection; or (3) kept on Palm as minor officials or peasant proprietors working personal strips around a collective farm. (in Yarwood, 1991: 63)

In the aftermath of the release of the Human Rights and Equal Opportunity Commission's (1997) Report into the Separation of Aboriginal and Torres Strait Islander Children from their Parents, fewer Australians can claim ignorance of this country's past disregard for the rights and feelings of its Indigenous peoples.

Many non-Indigenous Australians were powerfully moved by the stories documented by the Commission - so they should be. However this has been possible, I contend, because it involved victims with whom it is relatively easy to identify, children and families. It is also aesthetically accessible. The image of the bewildered and frightened child (which is a universal personal memory) has supported empathy.

Indigenous and non-Indigenous alike, most Australians have probably been moved by the songs of Archie Roach. The content and the form are accessible to us all. There is a message and a medium, an aesthetic. I suspect that far fewer non-Indigenous Australians are willing to consider other consequences of pain, discrimination and prejudice - alcohol and drug abuse, vandalism and violence, petrol sniffing and child abuse. As the national political balance tilts towards the extreme right, it is likely to be fewer still (Hunter, 1998, in press).

While Indigenous men and women share the burden of pain, it is the pain of Aboriginal and Islander men which is most likely to go unrecognised. Through a history and in a contemporary environment in which the roles of Aboriginal men, in particular, have been devalued, loss and pain is transmuted into frustration and anger.

Deprived of the skills and means to work this through in the cross-cultural context, and fuelled by alcohol, this anger is frequently directed intraculturally towards that which is closest - partners and the self (Hunter, 1993). Interpersonal violence and self harm - homicide and suicide - are but the most obvious landmarks of this social and emotional terrain, fuelling cycles of loss, pain and anger.

Such expressions are hard to reconcile with underlying grief, both for other Indigenous people who may be secondary victims as a result of trauma or loss, and for non-Indigenous bystanders for whom there may be other, perhaps expedient, constructions. Many contemporary young Indigenous men, their connections to cultural and spiritual sources of strength and solace demeaned and devalued, have also been denied the developmental opportunities to develop the social and psychological means to consider, comprehend and contain such emotions. For these men the transformation of this pain assures both its amplification through its effect on others, and its likelihood of being transmitted across generations.

Consider a young man whose parents had both been victims of family disruption by state authorities and who was, as a consequence, raised in a setting of instability and normative violence in which his mother was abused violently by his father and other men. His male 'role models' had been unconsciously consumed by their pain and losses providing little guidance with regard to either his traditional heritage or how to negotiate the emotional complexities of contemporary society. His 'lessons' had been abrupt and brutal. He now sits in jail following the death of his partner whom he killed while so intoxicated that he retains no memory of the act. The pain of his grandparents and parents, indeed of his community and society, have been refracted to emerge as 'alcoholism' and 'criminality'.

For the moment he is contained, with time to reflect and explore, possibly to grieve, 'perhaps even to learn and grow. Sadly, this is unlikely to happen; his time in prison will be without meaning or advantage. He is likely to be released without plan or preparation. He is likely to be back - the wheel turns.

Of course not all Indigenous men have had such experiences and not all who have are caught in that wheel. But those who are not - such as Archie Roach who, despite many reasons to be angry is, instead, inspirational - have generally done so despite rather than because of non-Indigenous intercession or support.

Archie Roach is acclaimed by the wider society - but only because he survived his own personal journey. Fortunately for himself and for other Indigenous people he has found a means to express and make meaningful the pain, particularly of Indigenous men. In so doing he contributes to breaking the transgenerational cycles that perpetuate trauma, loss and grief.

This is a difficult and courageous journey. It requires not only holding and containing pain, but acknowledging one's participation in the transmission of pain; it involves baring wounds and leaving oneself, again, vulnerable.

Like most non-Indigenous people I am usually unaware of the journeys that have been undertaken by the Indigenous people with whom I come in contact. I will often be shaken by an unexpected revelation of loss or resilience that is mentioned in passing. Most non-Indigenous people do not even have those brief insights.

Indeed, in the contemporary political climate I believe that there is less willingness to see such pain and a greater propensity for critical judgements. Those judgements are frequently of young men whose losses have been trivialised and whose reactions have been criminalised.

For myself, having spent some time passing through the communities in which such young men are raised, settings of unparalleled disadvantage in this advantaged society, I am consistently surprised that this is not the fate of all young Indigenous men. I am surprised to see that most somehow weather this adversity, their sources of strength hidden from most non-Indigenous eyes, including mine. However, those Indigenous men who have privileged me with their stories have led me to believe that such strength is found through pain - that of sharing with others one's place and participation in the cycles of pain. "I will feel this pain now and will hold it close", these men seem to say, rather than "I will not feel it now [and without realising it] will pass it on".

This healing process has been facilitated by the momentum that has been developing in the Indigenous men's health movement across the country: Indigenous men supporting their. brothers in their respective journeys.

The importance of such arduous but critical initiatives cannot be overemphasised. I have no doubt that some front-bar non-Indigenous commentators or Hansonite detractors might trivialise such activities. I do not believe they can conceive of what that process and journey entails - or of how their history has contributed to it.

Thus the power of Archie Roach. He is actually able to share that story across the cultural divide. Many non-Indigenous people who would not otherwise let their guard down allow his message through, even if only momentarily. However, as his descriptions of his journey move us we should consider the other Indigenous journeys that have been an aimless wandering and have, too often, terminated abruptly. These are journeys about which there are no songs. Just as there is no song for Fantome.

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1999 NALAG 11TH BIENNIAL NATIONAL CONFERENCE

20 - 22 OCTOBER 1999

Hilton on the Park, Melbourne

'Through Grief to Growth - Our Nation's Foundation'

Past, Present and Future

A conference for all interested individuals and organisations including volunteers, self help, carers, community, support, disability and recreation workers, counsellors, educators, researchers, policy makers, politicians, palliative care workers, social workers, psychologists, general practitioners, nurses, clergy, funeral directors and other general and allied mental health practitioners and professionals, etc.

Australia is a nation founded on grief. For the Indigenous peoples of Australia their grief has resulted from the loss of their cultural systems and the breaking down of tribal and family systems since the arrival of colonial powers. For the non-Indigenous, we are a nation of migrants. Beginning with the convicts forced to a foreign land, to the thousands from all parts of the world who left behind much in the hope of a better life for themselves and their families, to those who have come to Australian seeking refuge from war, torture or persecution. All have lost ties to family, homeland and identity. All have experienced loss and grief whether recognised or unrecognised.

How have these experiences of grief shaped our national psyche and what challenges do these experiences present to us as individuals and as a nation? An individual's well being and healing cannot be isolated from their cultural and environmental context. A healthy individual lives within a healthy family that lives in a healthy community that is part of a healthy society.

As a nation that is currently reflecting on what it means to be Australian, this conference provides us with an opportunity to reflect on the past, the present and the shape of our future.

The keynote presentations, symposiums and workshops will make the Past, Present and Future links between the impact of losses at the collective level and our individual experiences of loss and grief.

- How does culture facilitate healthy grieving and what happens when that culture is invalidated or marginalised?
- Why and what happens when an individual's loss and grief becomes a national loss and grief and how is it that an individual's situation and experience can move a whole nation?
- How does the loss of the past affect the grief of today and how does our grief response today shape our future at the individual and collective level?
- How do we affect the changes necessary to facilitate healing through our grief and how do we use our grief experience to heal and grow as individuals and as a nation?
- Why is reconciliation - recognition, acknowledgment, restitution - a vital ingredient to healing and growth and paramount for a 'just response' at all levels - individual, family, community, society and nation?

There is no dispute that the macro informs the micro and vice versa. How then do we in a multicultural society make sense of our individual and collective pasts, recognise the impact of our pasts on today, identify and grapple with the issues and challenges of our future and apply these learnings in our work and practice?

The National Association for Loss and Grief, established over 21 years ago, embraces and reflects cross sections of the diversity of Australian life. A community based and practitioner association, it provides people with unique opportunities for the exchange of ideas and the integration of diverse practice and support systems. Founded on a community disaster (Granville Train Disaster in 1977), the Association has developed to identify and encompass broad loss and grief needs of individuals and communities. This Conference offers us the opportunity to reflect on the mammoth amount of work, energy and support that has been injected into loss and grief by the community and practitioners and allows for an analysis of the lessons learned, the issues now and the community support needs of the future.

Call for Abstracts

The Conference Organising Committee invites people who wish to present at the Conference to submit an abstract by 1 December 1998.

For a copy of the Abstract Guidelines and Application Form contact:

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1999 National NALAG Conference is planned and hosted by NALAG (VIC)

Bringing them home: National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families.

Commonwealth of Australia.
1997. Sydney: Sterling Press. 689 pp.; paperback; ISBN 0 641 16954 8; $59.95

This report is one of the most sensitive and painful testimonies to the endurance of the human spirit, to our need to learn, and our need to hear, even those voices and experiences that seem too much to bear.

The many stories of being "taken away", and the emotional pain and suffering they have produced, are overwhelming. It may seem to non-Indigenous Australians impossible that such things could have happened, and if they did, that they could have continued, until quite recently. What may be even more difficult to come to terms with, in the knowledge of the present day, is that leaders of earlier times believed they were doing the best that they could for those who were perceived as inferior and unable to make decisions for, or look after themselves.

The enquiry dealt with four terms of reference:

a) removal by compulsion, duress, or undue influence;

b) adequacy of services for those affected;

c) principles justifying compensation;

d) the causes of removal today.

The enquiry was also framed in terms of human rights, and in particular the right of self-determination. While the background of history and legislation are traced, the stories of those removed as children, and of families, of reunion, of lack of knowledge of family and opportunities for reunion, of the pressures to reject language and culture, of institutional rearing, of physical, emotional and sexual abuse, are all extraordinarily moving. The impact of these experiences in terms of loss of the primary carer and attachment bonds, of opportunities for learning one's culture, background and heritage, the impact on families from whom a child was taken and the effects on subsequent generations are telling and persuasive. Opportunities for reunion are being progressively developed but many have died before having a chance to know their families. Opportunities for finding their families are now increasingly being made available but much needs to be done, for the tragedy of years that can never be replaced, is not easily grieved. The value of this report and enquiry cannot be underestimated, both for documenting and setting before the Australian community the knowledge of what has happened and in delineating challenges to address these issues and their tragic consequences. What the report makes clear is that there is not only great loss, but now a great opportunity to support and recognise the trauma Indigenous people have faced and to redress these issues, to make sure that present and future policies in a country that now provides trauma grief counselling for many other losses, supports Aboriginal people for healing their grief and for their future and health and wellbeing.

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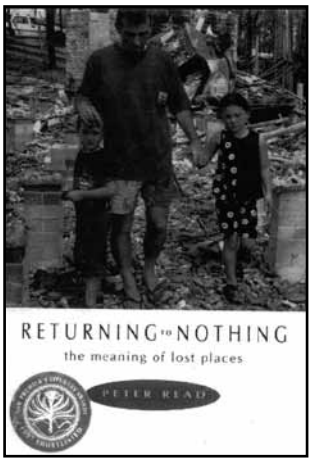
Returning to nothing: The meaning of lost places.

Peter Read
1996. Cambridge: Cambridge University Press. xiv + 240pp.; ISBN 0521 571.545; $90.00.



Feelings about lost or destroyed places rouse our deepest emotions. This book examines what it means to lose a place forever and why we return, and keep on returning, to the places that remain in our memories. Read examines how Australians relate to and value county of significance to them such as lost countries, towns and homes.

The experience of residents of Darwin after Cyclone Tracy, the flooding of the town of Adaminaby in New South Wales, the inundation of Lake Pedder in Tasmania, the impact of bushfire on Macedon in Victoria, and other events serve to highlight the experiences which force people from their land. The participants in these events largely speak for themselves as they recall emotions and raw and intimate memories. *Returning to nothing* explores why humans form such powerful and mysterious attachments to country and calls for an examination of place-bereavement as a continuing theme of contemporary distress.

This book also examines the nature of Aboriginal attachments to the land and how they differ from non-aboriginal Australians. Read, having worked for many years among Aborigines deprived of their country, and more recently with non-aborigines deprived of theirs, is deeply concerned at the complexity of such disputed attachments

Read makes a compelling argument for environmental and heritage assessments to encompass the profound emotions that arise from the impact of loss of home, community and countryside. Whereas environmental impact assessments have considered dust, noise, vibration and environmental damage they fail to consider the emotional and social impact of "urban renewal" and development. This book widens our current understanding of the phenomenon of grief and loss and demonstrates the complexity and depth of feeling for lost places in Australia and how individuals and groups are left to mourn their lost places alone. Reid identifies the disenfranchised grief (Doka, 1989) of loss of place and articulates how these multiple losses are not openly acknowledged, socially sanctioned or publicly mourned. This book is a timely reminder that we must not underestimate the effect that the loss of dead and dying places has on our own self-identity, mental well being and sense of belonging.

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Abstracts

Wostenholme, R. (1996).
Caring for Aboriginal people with disabilities
Australian Disability Review, 3, 3-14.

This very useful review arises from research with consumers and carers in a range of rural organisations, including a Day Centre for Aboriginal people with disabilities. The author uses the concept of cultural vitality to define assets that Aboriginal people bring to caring for those with a disability. These include the following: families are central to care in these settings and almost all those with disabilities are cared for by families, whether being with them or not, and there was found to be enormous richness and variety in this family involvement in care. Such care is more social, less formal and may reflect complex interdependencies. Another important facet is the networking of service provision through Aboriginal communities and the distancing from non-Aboriginal people. These assets and thus cultural vitality in caring for Aboriginal people with disabilities counterbalances the high levels of loss and grief that may profoundly affect Aboriginal families.

The author concludes that these issues must be taken into account in the provision of care in Aboriginal communities. Particularly, there needs to be "the development by Aboriginal people, for Aboriginal people of a program which can help Aboriginal people deal with grief and loss", and family involvement in any package of care, developed collaboratively.

Hunter, E. M. (1988).
Aboriginal suicides in custody: A view from the Kimberley
Australian and New Zealand Journal of Psychiatry, 22, 273-282.

This relatively early paper of Hunter's provides key insights into the tragic phenomena of Aboriginal suicide and deaths in custody. Hunter's work with Indigenous communities, particulaly Indigenous men, has provided insight into the experiences that contributed to vulnerability and suicide risk. The recognition that deaths in custody were issues in other countries as well as Australian findings has provided momentum for the study that Hunter reports in this paper.

A group of 70 Aboriginal men was interviewed and Hunter found a very high prevalence of alcoholism as well as other mental health problems. Suicidal ideation was not uncommon, particularly among younger prisoners, and was associated with past history of self-harm. He concluded that there were four interrelated issues of relevance: incarceration in police cells; alcoholism and acute intoxication; alcohol precipitated disorders of ideation and perception; and suicide. Social change and the effect of losses contributed. A decade old, this valuable, grass-roots research has contributed to changed practice, and a preventive approach. It is likely that it has helped prevent some deaths, although sadly, Indigenous deaths in custody still occur. This translation of research findings into practice needs further monitoring and evaluation and further research cycles, until desired outcomes are achieved and until deaths in custody no longer occur.

McKendrick, J. A. (1997).
Aboriginal reconciliation: a role for psychiatrists?
Australian and New Zealand Journal of Psychiatry, 3 1, 617-621.

McKendrick, like Hunter, is a non-Indigenous psychiatrist who has worked closely with Indigenous people to identify and deal with important mental health issues. This paper addresses the issue of Aboriginal reconciliation and the challenge this puts to the Australian community and the potential role psychiatrists may play.

McKendrick describes the background of reconciliation, the Reconciliation Convention, and the Bringing Them Home report. She believes that the acknowledgement of the psychological damage caused by these practices and past policies, the links of Aboriginal people's wellbeing to their land, and the importance of people saying they are sorry, could all contribute to the reconciliation process. She concludes that psychiatrists as "healers of the psyche" have a responsibility, both in their clinical practice and social responsibilities, to provide leadership in this area. McKendrick's call to respond to this challenge is one which is relevant to all healing professions, and the more so those with expertise and understanding in the areas of loss and grief.

Hill of Content Publishing

Gentle John - My Loss, My Love

by Helene Chung Martin, $19.95

Gentle John - My Love, My Loss is a story of love, death and grief. The author, a fourth generation Australian Chinese was born in Hobart in 1945 and has worked as a journalist on radio and television.

Helene met John Martin 1963 at the University of Tasmania and in 1976 she interviewed him on This Day Tonight - an interview that sparked a life-long romance. In 1991 John underwent apparently successful surgery for colon cancer but, a year later, an inoperable tumour was found in his pelvis. In 1993 he was admitted into hospital again with an obstructed bowel. John died peacefully and painlessly during surgery. Overwhelmed by her sense of loss, Helene wrote Gentle John as a private memoir to cope with her grief. "This is my tribute to John, my gesture towards life, an attempt through exposure to heal my wound ... "

Now that the Funeral is Over

by Doris Zagdanski, $12.95

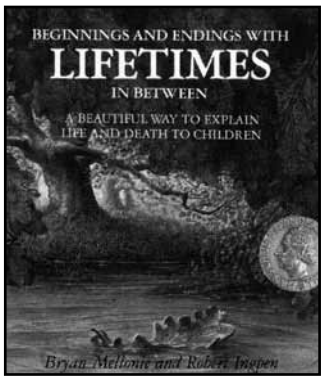
Doris Zagdanski is a writer, educator, staff trainer and public speaker. In recent years she has focussed her education on funeral personnel and the need for change in the funeral profession.

"Do not walk around the edge of your grief", says Doris Zagdanski in this common sense guide for grieving people.

Friends may disappoint and add to the sense of loss when they don't know what to say. Find out how to choose the right response to anger, guilt or 'Why me?' Doris Zagdanski challenges the reader not only to learn about grief, but also to learn about themselves.

Beginnings and Endings with Lifetimes in Between

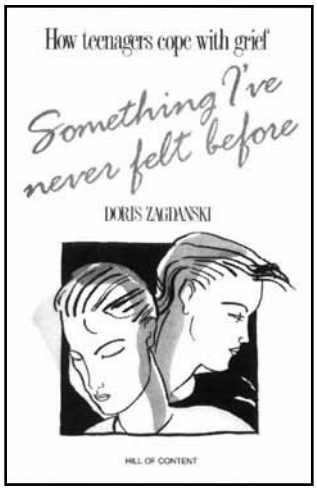
by Bryan Mellonie and Robert Ingpen, $15.95



This book is a beautiful way to explain life and death to children. There is a beginning and an ending to everything that is alive. In between is a lifetime. It is the same for people as it is for plants and animals. That is the theme of *Lifetimes* - a moving and beautiful book for all children and their parents.

Something I've never felt before - How teenagers cope with grief

by Doris Zagdanski, $14.95



Doris Zagdanski is not afraid to talk openly about death, loss and the effects of grief. In this book she has spoken with young people, aged between 12 and 21 years, about their grief. Their pain and their messages are shared in the hope that teenagers will know they are not alone as they learn the meaning of living without.

She has not forgotten those who are also affected - the parents, teachers, school counsellors and young friends as she explores copying styles and helping strategies.

For information on these books, please contact the Hill of Content Publishing on

Tel: (03) 9662 2282

Fax: (03) 9662 2527

Programs and Services

The Centre for Grief Education is located at McCulloch House, Monash Medical Centre, 246 Clayton Road, Clayton, Victoria. The Centre provides a range of programs and services to both individuals and organisations. These include:

Consultation and Advice

Centre staff are available for consultation on grief and bereavement issues. These may include advice on program development, staff training, client issues and evaluation. A flexible fee structure has been developed for consultation , which takes the type of organisation into account.

Clinical Supervision

Clinical supervision for those who work in bereavement support is essential. Centre staff are available to take on a limited number of supervises on a regular basis. Both individual and small group supervision is available for a moderate cost.

Bereavement Counselling Service

The Centre for Grief Education has a free, confidential bereavement counselling service which is available to people who have been bereaved through any cause. This service is provided by mature counsellors participating in advanced training in bereavement counselling. These counsellors are closely supervised by experienced accredited grief and bereavement practitioners.

Counselling appointments can be made by telephone and should be made directly by the bereaved person. Appointments can be made by telephoning the bereavement counselling service on (03) 9822 0433. T he service is located at 321 Glenferrie Road, Malvern and is close to train and tram access.

Research

Research The Centre for Grief Education acknowledges that research is essential in the development of best practice in grief and bereavement education, support and clinical interventions. The Centre conducts its own research in addition to collaborative national and international research

Referral

The Centre for Grief Education has a referral database and can put agencies and individuals in touch with private bereavement educators and counsellors. This referral database is comprised of professional educators and counsellors who specialise in grief and bereavement. For information and contact details for private bereavement educators phone the Centre on (03) 9545 6377. For referrals to private grief counsellors phone the Centre's Bereavement Counselling Service on (03) 9822 0433.

Education and Training Programs

The Centre for Grief Education offers quality education and training opportunities for health professionals, interns, students, volunteers and any other individual or agency wanting to incorporate counselling, therapy, support and education into their current work practice.

Membership

Membership of the Centre for Grief Education offers a range of benefits including receipt of *Grief Matters: The Australian journal of Grief and Bereavement* (issued three times per year) and a 10% discount for all seminars and workshops. Membership rates and details are as follows:

Individual Membership $55

Includes journal and 10% reduction on seminars and workshops as well as voting rights at the Annual General Meeting.

Organisational Membership $95

Includes journal and 10% reduction on seminars and workshops for two members of staff.

Student & Concessional Membership $45

Includes journal and 10% reduction on seminars and workshops as well as voting rights at the Annual General Meeting.

Internet Access

The Centre for Grief Education has a home page on the Internet and includes information on the activities of the Centre, statewide bereavement support services and links to international grief and bereavement resources.

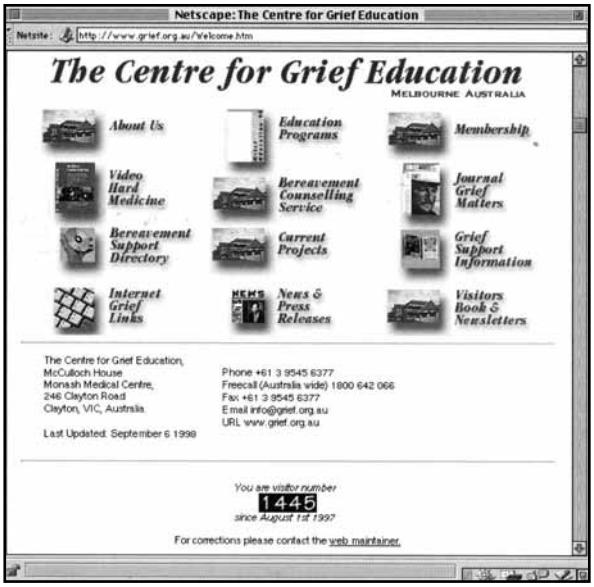
The URL for the Centre is:
www.grief.org.au

Further information on the Centre for Grief Education can be obtained by

Telephone	(03) 9545 6377
Freecall	1800642066
Facsimile	(03) 9545 6399
E-mail	info@grief.org.au

The Internet

The Centre for Grief Education has developed a home page for access on the internet, and includes information about the Centre's activities, resources and a range of grief and bereavement information. Entries include information about education activities offered during the current semester, an order form for resource materials available for purchase, details about the Bereavement Counselling Service and information from Bereavement Support Services in Victoria (a list of agencies and organisations which provide free or low cost bereavement counselling, support and services). Also available is direct access from the home page to other grief and loss sites on the world wide web.



Instructions to Authors

The Editor welcomes submissions for publication in *Grief Matters: The Australian Journal of Grief and Bereavement* that match the journal's aims and scope.

Scope

The journal publishes work that encompasses both academic and applied aspects of grief and bereavement.

Wherever possible the journal will contain Australian followed by Australasian content (New Zealand, Papua New Guinea and South-East Asia).

Grief Matters: The Australian Journal of Grief and Bereavement is published three times a year in April, August and December. Three research articles appear in each edition and are not to exceed 3,000 words.

Each article will be accompanied by an editor's note. This will be of approximately 250 words.

It is a condition of publication that papers have not previously been published, nor are currently under consideration for publication elsewhere.

Preparation and submission of manuscripts

In preparing manuscripts, contributors should follow the rules set forth in the *Publication Manual of the American Psychological Association* (4th ed.).

For more detailed information on the submission of manuscripts contact:

Professor Beverley Raphael
Editor
Grief Matters: The Australian Journal of Grief and Bereavement
PO Box 1569
Clayton South, VIC 3169

or by email:
griefmatters@grief.org.au

Grief Matters Subscriptions 1998

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