USE OF THESESES

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Melancholic attachments: the making and medicalisation of Aboriginal ‘loss’

by

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A thesis submitted for the degree of Doctor of Philosophy
of The Australian National University

November 2005
Declaration

I hereby declare that this is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person nor material which to a substantial extent has been accepted for the award of any other degree or diploma of a university or institute of higher learning, except where due acknowledgment is made in the text of the thesis. I hereby also certify that the work contained in this thesis has not been submitted for a higher degree to any other university or institution.

Christine Adams

November 2005
Acknowledgments

The complexities of conducting research on matters related to Aboriginal health mean that I am indebted to a number of people for their assistance across the time-span of this project.

My deepest gratitude is first and foremost extended to the staff, clients and affiliates of Winnunga Nimmityjah Aboriginal health service in Canberra, who readily shared their stories and a portion of their lives with me. I pay particular tribute to the service’s Chief Executive Officer, identified in this thesis as ‘Kerri’, for her advocacy, humour, friendship, and directness, which opened doors as well as my eyes.

I was extremely fortunate to share the journey of this thesis with an excellent supervisory panel. Margot Lyon’s incisive intellectual vision was a consistent source of inspiration and motivation. From the humble beginnings of this project, Maggie Brady acted as a patient listener, advocate and mentor. During the trial by fire posed by the circuitous process of ethical clearance, Ian Anderson not only tolerated my naïveté, but fired my enthusiasm, convincing me of the value of this undertaking. And at those times when details threatened to become all-engulfing, Francesca Merlan could be relied upon to astutely reorient me towards larger frames of analysis.

In the preliminary stages of fieldwork, the guidance of Ian Keen, Bev Sibthorpe and Tom Brideson was invaluable. I have also greatly benefited from and enjoyed conversations with Nic Peterson, Tim Rowse, Stephen Wilde, and John Morton. I very much appreciated the office space and resources provided to me by the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) during 1999 and 2000. Thanks are due to library staff at both AIATSIS and the Melbourne Transcultural Mental Health Unit, in particular Lorraine.
As is often the case, the process of thesis writing extended over a much longer period than originally imagined and certainly hoped. A number of friends and colleagues helped to preserve my sanity. Special thanks to Sallie Anderson, Janet Aitken, Rachel Eggleton, Diana Glazebrook, Faiza Janmohammed, Leonie and Paul Keal, Doris Kordes, Heather Martinson, Karen van den Broek, and Cate Timothy.

I pay a special tribute to my mother for her remarkable emotional and practical support and for cultivating in me the qualities of perseverance and determination. I dedicate this thesis to her and to Bruce and Joschka Koepke, with heartfelt thanks for the manifold gifts they have brought to my life.
Abstract

This thesis examines the loss of Aboriginal Australians as both an embodied experience and a powerful form of identity-construction. The focus of research is on southeast Australia where Aboriginal people, having suffered profound and often violent dispossession and state-authorised intrusion into their lives and communities, have been consistently defined in terms of their 'loss' of those qualities seen to constitute 'authentic' Aboriginality. I show how Aborigines have taken up and interacted with these dominant ascriptions of their identity such that the experience of loss has become a constitutive quality of Aboriginality in southern Australia, a pivotal basis of identification in public and political arenas. Further, I demonstrate how Aborigines' experience of loss has been reframed in dialectic with dominant forms of knowledge in changing socio-political milieux. In particular, I contend that in the last decades of the twentieth century, Aboriginal loss has been subsumed and redefined within the categories of psychology and psychiatry. I argue that this psychologisation of Aboriginal experience has significant ramifications in terms of how Aborigines are known and come to know themselves.
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Introduction

There is no greater sorrow on earth than the loss of one's native land.

Euripides 431 BC (cited in Foley 2003)

This thesis is concerned with the loss of Aboriginal Australians. I posit that this endemic state of being arises out of the interplay of two distinctive, but interactive trajectories: that of discourse and that of experience. In this thesis, I elucidate how the experience of loss pervasive in Aboriginal lives is rooted in their collective history of dispossession and dislocation and is continually reinforced by their marginal social-structural position in Australian society at large. However, I also argue that Aborigines’ ‘loss’ is a social construction. This analysis explicates Aboriginal ‘loss’ as a concept, which although plainly grounded in material reality, has arisen, been accentuated and subsequently re-interpreted in certain historical contexts. In ensuing chapters, it will become evident that in specific socio-political milieu, ‘loss’ has come to function as a powerful form of classification that has generated and shaped a particular kind of ‘Aboriginality’ (see Hacking 1995). Aboriginal loss can thus be seen to be both a somatic state and an influential type of identity-construction. Indeed, I propose that while ‘loss’ was once primarily imputed to ‘deculturated’, ‘hybrid’ Aborigines, an ascription that is manifestly entangled in the myths and economics
of the (post-)colonial nation (see Macdonald 2001), in late-modern Australia, it has increasingly become a potent basis of the subjecthood and subjectivities of all Aboriginal people.

This thesis is founded, therefore, on the premise that ideas and experience are inter-related and mutually constitutive. I suggest that while embedded in existential reality, ‘Aboriginal loss’ is a constructed form of knowledge that interacts with the subjective and bodily experience of Aboriginal persons (see Lyon 1996:69). Furthermore, I contend that this notion or category is itself shaped, consolidated and/or challenged by the responses of its Aboriginal subjects. A dynamic relationship, what Hacking (1999) terms an ‘interactive looping’, thus exists between Aboriginal people and the forms of classification through which they have become known and come to know themselves. Countering notions of a linear imposition of knowledge-categories upon passive subjects, this thesis explicates how (some) Aboriginal people have actively and variously engaged with and reworked their ascribed subjecthood of loss as a compelling means of representing their (dis)position in the (post-)colonial state.

The predicament of Aborigines in ‘settled Australia’ is the primary focus of this thesis. I posit that in this geographical region of intensive colonial ‘settlement’, the sense of loss pervasive although differentially experienced by Aborigines across the continent is especially pronounced. Aborigines in the southeast suffered early, severe and often violent dispossession and more than a century of intensive state-authorised intrusion and disruption of their lives. I propose, however, that the feeling of loss experienced by southern Aborigines has been further heightened by hegemonic discourses and practices that assign them to a socially and politically ambiguous realm. Caught between the simultaneous attributions of ‘hybridity’ and ‘culturelessness’, these liminal persons are delegitimated by their ‘loss’ of land and tradition, while remaining tainted and perennially marginalised by their residual ‘blackness’ (see Anderson 1997b).

In post-colonial Australia, the majority of Anglo- and Aboriginal Australians co-exist in the towns and cities of the southeast. ‘Authentic’ Aboriginality, however, remains located ‘elsewhere’, mostly in the ‘outback’ to the north and to the west (see Wolfe 1994). It is in contradistinction to these imaginary ‘traditional’ Aborigines that ‘modern-day’ Aborigines are defined and found wanting. ‘Tradition’, connoting ‘exotic’ and ‘spiritual’, continues to be affirmed as the singular path to land rights, native title and the embrace of the nation. Yet the binary of ‘tradition’ and ‘loss’, possession and dispossession of

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1 The term ‘settled Australia’ denotes the southeast and southwest regions of Australia in which those enumerated as half-caste are approximately equal in number with those enumerated as Aboriginal in the 1961 census (Rowley 1972:v).
2 In the Australian context, the term ‘post-colonialism’ is generally applied to the domestic political situation effective since the 1960s with the shift from an ex-corporative to in-corporative form of colonialism. However, it remains a problematic concept, which will be examined in Chapter Three.
valorised pre-colonial practices and beliefs is an inherently political construct that has been (re-)invented in certain contexts in response to particular exigencies (see Macdonald 2001). As an authoritative form of representation, this normative system of classification 'hails' Aborigines into being, generating identification as well as resistance. The corollary is that 'loss', like 'tradition', has become an important subject position, a particular kind of Aboriginality in which individuals differentially invest. Co-existing with, overlapping, at times overriding and overridden by other anti-colonial themes, including those of survivorship and cultural transformation, an accent on historical loss and injury has become prominent in the discourses of southern Aborigines. This thesis examines how, in their quest for justice and recognition in the neo-liberal state, some Aborigines have publicly assumed their imputed loss, reinscribing themselves as the victims of colonialism as a means of forging a distinctive communal identity, a vital step in the formation of political unity.

The experience of loss therefore holds the potential for gain. Indeed, it may be a potent source of creativity and agency. But as loss becomes intertwined with Aboriginality, agency may be achieved in ways that ultimately freeze and immobilise. While there is no doubt that the 'loss' of Aborigines in settled Australia articulates a forceful moral imperative to mainstream society, it is nonetheless an inherently self-limiting and constraining position, not only politically, but personally. For in the contemporary context in which Aboriginality remains circumscribed by the 'cultural', 'loss', as both experience and rhetoric, may be difficult to relinquish. Aborigines thus may be at risk of being bound to the irreparable damage of history. The effect may be understood in terms of the condition of 'melancholia', an enduring attachment to loss, a mourning without end.

Since the late 1930s, the trope of 'mourning' has been a foremost, although not singular discourse mobilised by Aborigines in the southeast to articulate their subject status and to call for their political rights. By the late twentieth century, however, as various Aboriginal individuals and groups have come to engage with the authoritative vocabularies of psychology and psychiatry, their experience of loss has been re-framed and to a large degree, subsumed within the categories of 'trauma' and 'depression'. This patent shift towards the medicalisation of Aboriginal distress is emblematic of a widespread trend. Aborigines' deployment of psy categories thus evinces the dissemination of these Western cultural explanatory systems beyond the clinics of their respective professionals into diverse and interactive global, national and local arenas.3

3 The predominant focus of this analysis is on the interaction between Aborigines and the field of psychiatry. However, the use of the term 'psy' recognises the allegiances, interplay, dependency, and collaborations which exist between psychiatry and psychology in spite of their 'distinct professional characteristics, theoretical systems and technologies of normalization' (Miller & Rose 1986:3).
In late modernity, as social identities and movements predicated upon claims of injury have multiplied, psychiatric diagnoses as scientifically-legitimised certificates of impairment, have become fundamental in the quest for entitlements among contending constituencies. Like their compatriots in other former settler-colonies, Aboriginal Australians are now represented as suffering from high rates of historical and ongoing trauma, as manifesting in post-traumatic stress disorder (PTSD) as well as trauma-related variants of depression, borderline personality disorder and alexithymia. Propounded by an authoritative complex of medical, legal and bureaucratic institutions and consolidated by material infrastructure, these historically and socially contingent ideas have important ramifications for the (re-)construction of social identities.

Amid the now-global epidemics of depression and PTSD, the psychologisation of Aborigines' embodied loss(es) may be a necessary means of gaining some form of remediation, political recognition and a circumscribed form of rights. Aboriginal health activists in particular are reworking the powerful metaphors of 'trauma' and 'depression', as reformulations of the tropes of grief and loss, in their ongoing struggle for de-colonisation. Social-structural change clearly remains their over-arching objective. And yet as sociomoral questions are brought into the domain of 'mental health', the very recognition of social suffering may arise at the expense of mystifying the connections between the psyche, body and society. Life experiences are then reinterpreted, identities reshaped, and as the nature and meaning of suffering is transformed, so too are strategies of remediation. With social loss relocated in the individual as psychological pathology, intentionality, rationality and agency are concomitantly decreased. 'Aboriginality' and Aborigines thus are placed at risk of being reconstituted as sick and damaged.

The medicalisation of Aboriginal loss, as an important contemporary facet in a longer trajectory of articulations of Aboriginal identity, is therefore inherently two-edged. And yet in late-modern Australia, it would seem that 'justice' for all Aborigines—those who 'have' and those who 'lack' material culture, those who were 'stolen' and those 'left behind'—is increasingly predicated upon their public and political embrace of this new and influential kind of Aboriginal subjecthood: an identification with post-colonial damage, dysfunction and psychological injury.

**Notes on research methodology**

The material of this thesis derives from a multi-faceted research methodology. Over the period 1999–2003, I conducted fieldwork in the Australian Capital Territory (ACT), spending most of my time as an odd-jobs person at an Aboriginal health service in a suburb of Canberra. Participant-observation was
complemented by a series of focus group discussions on mental health issues, conducted with Aboriginal health and welfare workers drawn from a range of Aboriginal community controlled and government agencies. The historical scope of this thesis required that this contemporary ethnographic material be supplemented by an extensive review of documents and literature widely available in the public domain. These sources included policy documents, professional journals, formal reports and transcripts of government inquiries, media texts, journalistic interviews, newspaper articles, formal and informal publications on the internet, and video footage held at the library of the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS).

It must be acknowledged that this thesis, with its focus on the construction of Aboriginal loss and its more recent medicalisation, grants a partial window into the (re-)formation of Aboriginal identity and subjectivity as played out in certain public, highly political inter-cultural arenas in settled Australia. The nature of the research process has undoubtedly contributed to an increased prominence of anti-colonial discourse. This is true of the written texts analysed (produced mostly for a non-Aboriginal audience) but also of the ethnographic study which was centred on an Aboriginal health service and where participants’ responses were (partly) framed in relation to my identity as a non-Aboriginal researcher known to be interested in Aboriginal mental health and social and emotional wellbeing. Reflexivity and subjective and bodily experience have thus clearly arisen in interplay with social context and its knowledge-categories: a central tenet of this thesis.

The decision to identify Canberra as the site of this ethnography reflects my belief that the struggles for recognition experienced by Aborigines in the nation’s capital underline the highly political and contested nature of ‘urban’ Aboriginality. However, for the purposes of confidentiality, pseudonyms are used for all persons except those who either specifically asked to be identified or whose statements were obtained secondhand via public materials.

Synopsis of thesis

This thesis is in nine chapters. Chapter Two, with its focus on the colonial era, in tandem with Chapter Three, which concentrates on the decades following the 1967 referendum, establish the foundation of this thesis. They elucidate two core issues: the marginal social-structural position of Aborigines in the colonial and post-colonial state, which is productive of their ongoing experience of loss, and the construct of ‘loss’ as a regulatory norm of ‘Aboriginality’ in settled Australia. I show how within the matrices of colonial and post-colonial discourses, institutions and practices, the ascription of ‘loss’ has come to hail, or interpellate, Aborigines in southeastern states. I demonstrate how this imputation
has made and moulded the personal and collective experiences of 'deculturated' Aborigines such that it has largely directed how they negotiate their place in the nation-state. Drawing upon Freud's *Mourning and melancholia*, as well as literature on the politics of loss and racial melancholia, I take up the analytical frame of melancholia to elucidate the inherent dilemmas posed by this enduring attachment to loss.

Chapters Four and Five build upon and develop this earlier material with a more specific focus on the dynamic interaction between Aborigines and psychiatry. This historical overview examines the predominant psychiatric and psychological categories used with respect to and more recently taken up by Aboriginal people. In the process, psy categories are explicated as sociocultural discursive forms that change over time. Chapter Four establishes the complementary relationship between psychiatry and the colonial order, but also explicates how from the 1970s, Aborigines began to engage with the field of mental health, taking up, rejecting and reworking its categories to re-form alternative discourses and subjectivities. With a focus on the last two decades of the twentieth century, Chapter Five examines how the notion of 'cultural loss' has become intertwined with the categories of depression, intergenerational trauma and PTSD, fostered by the plethora of state-sanctioned inquiries into Aboriginal health and welfare. We shall see that as Aboriginal mental health becomes a national priority, its polysemy is appropriated and reworked by Aboriginal activists in the southeast as a means of articulating the uniqueness of their identity and social-structural position.

Chapters Six to Eight focus on the narratives and lived experiences of Aborigines in the ACT. Chapter Six introduces this geographical and social setting and elaborates upon the specific ethnographic site of Canberra's Aboriginal health service. Chapter Seven describes three contexts in which Aborigines living in the ACT enact their identity and differentially engage with the ideal of 'culture' versus their embodiment of 'loss'. I show how these persons and groups appropriate but variously bring the concepts of 'trauma' and 'depression' to bear upon their experience and identity. Chapter Eight ethnographically explores how Aboriginal persons affiliated with Canberra's Aboriginal health service experience and express their imputed and embodied loss(es). I elucidate how this shared subject position becomes the foundation of a new kind of Indigenous social collective, one publicly marked by a culture of grief and loss.

Chapter Nine concludes this thesis by returning to Freud and reviewing the dilemmas inherent in the now-psychologised subject position of loss as the basis of a certain kind of Aboriginal political identity and agency.
The terms of engagement

'Actually you was nothing, an Aboriginal.'

Betty Watson (in Gilbert 1977:2)

It is undoubtedly tautological to describe Aborigines as the product of colonialism. The Indigenous peoples of what is now Australia have been constituted, made and moulded by the matrices of colonial and post-colonial discourses, institutions and practices (refer Hacking 1995). The multiplicity of their self-identifications and the diversity of their experiences have been subsumed within the homogenising category of ‘Aborigines’. This system of racial, latterly cultural, classification has defined and re-defined what it is to ‘be Aboriginal’. Its ideas and images have shaped and altered the Indigenes’ own understandings and experiences of who they are.

Much has been written about the construction of Aboriginality (for example Attwood 1989, 1992, Beckett 1988b). This analysis is likewise premised upon the recognition that ‘Aboriginality’ is a configuration of ideas that are grounded in material reality. It is a regulatory system of classification with which Indigenous Australians interact—it informs their identities, but, in turn, is shaped by their responses (see Hacking 1995). Aboriginalit(ies), then, can be understood
as co-productions rather than hegemonic impositions, as a series of normative subject positions in which Indigenous subjects invest differentially.

In this and the following chapter, I describe how the theme of ‘Aboriginal loss’ has come to pervade the historical and contemporary terms of engagement between the (post-)colonial state and its Indigenous subjects. I argue that loss is both a real experience for Aboriginal Australians, but also an influential idea that has formed and re-formed a particular type of Aboriginality. Through an examination of colonial conditions, with a particular focus on New South Wales (NSW), this chapter elucidates the conditions productive of Aborigines’ material loss. In parallel, it traces the historical ontology of ‘loss’ as a compelling regulatory norm of Aboriginality in settled Australia.

Within the constructed binary of colonial identities that (re)defined Aborigines as necessarily ‘Other’, those of mixed descent were consigned to a liminal state. Failing to qualify as officially black, at the same time they were not phenotypically or culturally white, nor did they identify as such (see Wolfe 1994:106–7). Instead, from the late nineteenth century, the ‘half-castes’ and other fractional categories of Aboriginal descent who attempted to share the geographical, if not social, space of southeast Australia with their colonisers were defined in terms of their degradation and construed either as an anomaly to be civilised or a threat—physical and symbolic—to be contained. An enduring polarity was thus established between the noble savages of remote regions, whose inevitable demise in the face of progress was lamented, and the ‘hybrids’ of settled Australia, whose imputed ‘loss’ of racial, later, cultural authenticity rationalised intrusive policies of governance. In this and the ensuing chapter, I demonstrate that while the imputation of loss accentuated the in-ability, the ‘lack’ of individuals rather than the crushing forces of colonialism, it is this very ‘loss’ that paradoxically became a potent source of Aboriginal agency. Indeed, we will see how Aborigines have taken up and re-framed their ascribed subjecthood of loss, expressing their quest for civil rights through the affect and trope of mourning. However, through the use of the analytical frame of melancholia, I also elaborate my contention that this identification with loss is a double-bind, morally and politically advantageous, but also inherently constraining and binding.

Becoming ‘Aboriginal’

It is as if we have been ushered onto a stage to play in a drama where the parts have already been written. Choose from the part of the ancient noble spirit, the lost soul estranged from her true nature or the aggressive drunk alternatively bucking and living off the system. No other parts [are] available for “real Aborigines”.

None of us have escaped the effect of false representation and invisibility. We feel it every day when we come into contact with the dominant society. We even feel it
The terms of engagement

when we look into the mirror. Our experiences of our selves, and of our Aboriginality have been transformed by the representations.

Michael Dodson (1994)¹

Since the invasion of ‘Australia’ by the British in 1788, its Indigenous peoples have been afflicted by waves of disease and violence and systematically expropriated and excluded from their lands. Then, as subjects of the Crown although not equal citizens, they were forced to comply with a series of official policies for their management (see Morris-Suzuki 1994:605).² As wards of the state, Aborigines were differentiated in their identities and treatment according to the admixture of ‘blood’, a system of racial categorisation which bore little relationship to the way in which they knew and defined themselves. Those of ‘full descent’ were segregated from the rest of the population on government settlements while those of mixed Aboriginal and white parentage were assumed by the 1930s to be capable of full integration into white society.

The goal of incorporating Aborigines into the colonial system demanded not only their subjection to a form of institutional regulation but just as critically, their inducement to adopt the social norms and cultural priorities of their colonisers (Nandy 1989:xiv).³ Minds as much as bodies, therefore, were the objects of colonisation. This ‘reach of imperialism into “our heads”’ provokes calls by contemporary Indigenous scholars to ‘decolonize our minds, to recover ourselves, to claim a space in which to develop a sense of authentic humanity’ (Smith 1999:23). Yet it must be realised that in Australia as elsewhere, the colonised were by no means ‘gullible, hopeless victim[s] of colonialism caught in the hinges of history’ (Nandy 1989:xv). Rather, as the West suffused structures and minds, its categories became ‘double entendres’: ‘on the one hand ... part of an oppressive structure; on the other ... in league with their victims ... in [their] moral and cognitive venture[s] against oppression’ (Nandy 1989:xiv).

Central to the material and cultural dominion of the colonial state were its procedures for (re)defining—and simultaneously disaggregating—the identities of the colonised (Chakrabarty 1992:12).

¹ Michael Dodson was Australia’s first Aboriginal and Torres Strait Islander Social Justice Commissioner, he was co-Chair of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families, and is currently Professor of Indigenous Studies and Convenor of The Australian National University’s Institute for Indigenous Australia.

² This is not to cast Aborigines as passive in the face of colonisation.

³ Theorists such as the Comaroffs (1989) and Nandy (1989:xiv) posit that cultural domination is as pivotal as political conquest and economic exploitation to colonial relations of power. Nandy, in fact, suggests that colonialism’s ‘ultimate violence’ is its creation of a shared culture in which ‘the ruled are constantly tempted to fight their rulers within the psychological limits set by the latter’ (1989:2).
Because it is a systematic negation of the other person and a furious determination to deny the other person all attributes of humanity, colonialism forces the people it dominates to ask themselves the question constantly: “In reality, who am I?” (Fanon 1963:250).

It is this fracturing of the very subjectivity of the colonised that facilitates the process of re-constitution. The subjecthood of the colonised becomes re-framed, re-composed in a new way through constructed forms of ‘difference’, that is, through the inscription of colonial ‘Otherness’.

The cultural and cognitive categories of the colonisers thus become constitutive elements in the re-formation of the colonised, becoming fused and syncretised with pre-existing cultural elements and interacting with subjective and bodily experience to generate new corporeal and affective sensibilities (Connolly 2002:xvii, Cowlishaw 1999:14–15, Hall 1993:400). Bhabha (1993:117) suggests that it is precisely this internalisation of colonial Otherness, what he terms ‘the White man’s artifice inscribed on the Black man’s body’, that produces a sense of self-alienation in those subjugated. Hall also reflects:

The ways in which black people, black experiences, were positioned and subject-ed in the dominant regimes of representation were the effects of a critical exercise of cultural power and normalization. Not only, in Said’s ‘Orientalist’ sense, were we constructed as different and other within the categories of knowledge of the West by those regimes. They had the power to make us see and experience ourselves as ‘Other’ (1993:394).

In Australia, like other colonies, the dispossession of the Indigenes confirmed the ‘right’ of their colonisers to define and shape them as ‘Aboriginal’ (see Morris-Suzuki 1994:607). ‘Aborigines’ were constructed as such in their absence, or apparent silence, since their own views were granted little to no credence (see Beckett 1988b:192, Cowlishaw 1992:25). Within the narratives of imperialism and nationalism, the ‘Aboriginal’, like ‘Natives’ elsewhere, was a figure of ‘lack’ (Chakrabarty 1992:4). ‘Europeans’ and ‘Aborigines’ were concomitantly posited as oppositions, a binary that worked to conceal and distort the reality of entwined histories, bodies and consciousness (see Attwood 1992:iii, Muecke 1992b:27). Yet as enduring identity-formations, these racial categories are neither static nor undifferentiated. Rather, as will become clear in this and later chapters, ‘Aborigines’ and ‘Europeans’ are relational constructions that are relational constructions that are

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4 The very nature of identity is predicated upon the delineation of difference. Connolly states: ‘An identity is established in relation to a series of differences that have become socially recognized. These differences are essential to its being. If they did not coexist as differences, it would not exist in its distinctness and solidity. Entrenched in this indispensable relation is a second set of tendencies ... to congeal established identities into fixed forms, thought and lived as if their structure expressed the true order of things ... Identity requires difference in order to be, and it converts difference into otherness in order to secure its own self-certainty’ (2002:64).
produced and reproduced within the asymmetrical play of power and knowledge in particular space/time configurations. Michael Dodson comments:

By our lack we provided proof of their abundance and the achievements of 'progress'; by our inferiority we proved their superiority; by our moral and intellectual poverty we proved that they were indeed the paragon of humanity, the product of millennia of development. At other times we are used to create a counterpoint against which the dominant society can critique itself; we become living embodiments of the romantic ideal which offers a desolate society the hope of redemption and of recapturing what it feels it has lost in its march forward (1994).

The subjecthood of Indigenous Australians has been continually re-made in dialectic with the interests, objectives and practices of dominant society. But while the Indigenes’ subjectivities have been irreversibly transformed by (post-)colonial power, ‘Aboriginality’ is not a construct imposed upon passive subjects. Instead, the socially positioned bodies of Indigenous persons interact with sociocultural processes, variously engaging with, resisting and manoeuvring within the hegemonic categories and processes that (re)form them (see Anderson 1995:80). ‘Aboriginalities’ are thus articulations, dynamic intercultural products (Hall 1996, Peterson 1999). In constant dialogue with history, culture, power, and context, Aboriginal identity is as much ‘becoming’ as it is ‘being’ (see Hall 1993:394, Langton 1993).

This is not to deny that the social realm and its categorical norms materialise the bodies and subjectivities of Indigenous Australians, both constraining and enabling the representation of Aboriginal selves. Indeed, it is through the very process of subjectification to particular discursive practices that Aboriginality, or any identity for that matter, is ‘assumed’ (Butler 1993:3, Hall 1996:2). Hall elaborates:

Identities are, as it were, the positions which the subject is obliged to take up while always ‘knowing’ ... that they are representations, that representation is always constructed across a ‘lack’, across a division, from the place of the Other, and thus can never be adequate – identical – to the subject processes which are invested in them. The notion that an effective suturing of the subject to a subject-position requires, not only that the subject is ‘hailed’, but that the subject invests in the position, means that suturing has to be thought of as an articulation, rather than a one-sided process, and that in turn places identification, if not identities, firmly on the theoretical agenda (Hall 1996:6).

Aboriginalities may be read therefore as ‘strategic logosentre[s]’, points of temporary attachment to particular, constructed subject positions through which Indigenous individuals engage with the structures and disciplines of the state and

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5 Hall defines this concept of ‘articulation’ as ‘properly relations of “no necessary correspondence”’, i.e. founded on that contingency which “reactivates the historical” cf. Laclau, 1990:35” (1996:14).
its bureaucracies (Hall 1996:6, Muecke 1992a:40, 42, Peterson 1999:860). The Aboriginal subject, (re)formed by colonial power, thus paradoxically finds agency through its regulatory discourses (Butler 1997:2). For, as Butler observes, ‘[w]here social categories guarantee a recognizable and enduring social existence, the embrace of such categories even as they work in the service of subjection, is often preferred to no social existence at all’ (1997:20).

Across (post-)colonial history, there has been manifest continuity in representations of what it is to ‘be Aboriginal’. The normativising injunctions of dominant society have consistently secured the contours and borders of Indigenous ‘authenticity’ principally on the basis of palpable ‘difference’ (refer to Attwood & Arnold 1992, Beckett 1988a). Interpellated, or hailed into being, by these regulatory norms, Aborigines have come to experience ‘Otherness’ as an ‘inner compulsion’ and to re-present themselves as such (Hall 1993:395). In fact, the very embracing of constructed difference has become an effective avenue of Indigenous empowerment.

The category of ‘Aborigines’, like other identity-formations, connotes stasis as well as unity and homogeneity. It belies the fact that the ‘colonial experience’ was by no means uniform across the continent. Nor is it so in post-colonial Australia. The bodily and subjective experiences of Indigenous Australians are grounded in the particularity of their contexts, in the specificity of the material and social structures that circumscribe their lives. It is inevitable, therefore, that different Indigenous subjects will have differing investments in the possibilities for self-representation afforded by the ‘bundle of social constructs’ that has become ‘Aboriginality’ (see Macdonald 2001:187).

In this and the following chapter, I describe how Aboriginality became discursively and practically consolidated in terms of ‘untainted’ phenotypical and cultural difference (see Macdonald 2001:187). I show how as a consequence, the hybrid bodies of ‘deculturated’ Aborigines in the southeast have been subjected to the categorical ascription of ‘loss’. The defining quality of their identity thus has become their failure to maintain the land and traditions that continue to define...
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their essential (and necessary) difference (see Povinelli 2002:55). I will explicate how this very ‘failure’ of Indigenous identity has been socially reproduced and re-negotiated by Aboriginal subjects and their colonisers in changing social and political milieux. It will become evident that this very articulation has made and moulded a particular kind of Aboriginality, an identification with the subject position of loss.

*Mourning and militancy*¹¹

> Where are my first-born, said the brown land, sighing;
> They came out of my womb long, long ago.
> They were formed of my dust – why, why are they crying
> And the light of their being barely aglow?

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Jack Davis (1970)

In his 1917 essay, *Mourning and melancholia*, Freud distinguishes two types of emotional reactions to the real loss ‘of a loved person, or … of some abstraction which has taken the place of one, such as one’s country, liberty, an ideal, and so on’ (Freud 1991(1917):251). He describes mourning as a healthy, finite, ‘normal’ response to loss in which the libido is progressively detached from a lost object such that it is gradually relinquished and ultimately replaced. Melancholia, by comparison, is elucidated as a state of endless mourning arising out of an interminable, unyielding, ‘pathological’ attachment to the lost object. Freud states that mourning and melancholia share similar traits of ‘profoundly painful dejection, cessation of interest in the outside world, loss of the capacity to love, inhibition of all activity’ (1991(1917):252). But there is one fundamental difference: ‘[i]n mourning it is the world which has become poor and empty; in melancholia it is the ego itself’ (Freud 1991(1917):254). Freud posits that as the melancholic comes to identify with the lost object, object-loss is critically transformed into ego-loss, with the result that the melancholic suffers ‘an extraordinary diminution in his self-regard, an impoverishment of his ego on a grand scale’ (1991(1917):254–8).

In this thesis, I shall utilise the concepts of mourning and melancholia as metaphors and analytical frames, rather than clinical constructs of disease or

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¹⁰ In 1962, the anthropologist Bell wrote: ‘Of all the Australian States, New South Wales has had the longest history of aboriginal-European contact, and the traditional ways broke down early. The aborigines were subjected to increasing Europeanization. Their acculturation was a simple one-way process. The Europeans regarded the aborigines as socially and culturally inferior and as not having anything worth borrowing. However erroneous this may have been, the fact remains that no encouragement was given the aborigines to preserve their culture’ (1962:64).

¹¹ This sub-heading is borrowed from Crimp (1989).
illness, in order to problematise the constitutive role of loss in the lived experience and subjecthood of Aboriginal people. This analysis both draws upon and extends the work of Beth Povinelli who describes how hegemonic domination in (post-)colonial multicultural societies ‘works primarily by inspiring in the indigenous [sic] subject a desire to identify with a lost indeterminable object—indeed, to be the melancholic subject of traditions’ (2002:39). In attempting to negotiate a place in the nation-state, Aboriginal persons are pressured—historically, materially, legally, and so on—to identify with and to publicly re-produce their identities in relation to the ancient customs that still define their necessary difference. And yet,

the[se] very discourses that constitute indigenous subjects as such constitute them as failures of such ... no indigenous subject can inhabit the temporal or spatial location to which indigenous identity refers – the geographical and social space and time of authentic Ab-originality ... Producing a present-tense indigenousness in which some failure is not a qualifying condition is discursively and materially impossible (Povinelli 2002:49).

My analytical intention is to show how the condition of loss—as both experiential reality and as a compulsory form of identification—pertains to a long trajectory of Aboriginal being in settled Australia. I am concerned to show how the affect of mourning, rooted in real and ascribed loss, has evolved into a pivotal yet inherently constraining trope through which (some) ‘hybrid’ Aborigines continue to articulate their subject status. This thesis establishes how Aboriginal people in the southeast, and increasingly elsewhere, have taken up the categorical imposition of ‘loss’, once a form of denigration, in their pursuit of recognition and rights, asserting the particularity of their collective political identit(ies) in terms of historical injustice and injury. The shared experiences of loss and marginalisation thus have become important sources of identification and solidarity particularly among delegitimated Indigenous persons, facilitating the (re)formation of community and imposing a degree of coherence and meaning on social fragmentation and alienation.

My aim, however, is neither to crystallise Aboriginality in terms of ‘loss’ nor to reduce the emotional range of Aboriginal persons to the affect of mourning. Rather, the objective of this study is to trace how a particular type of Aboriginality—one predicated on an identification with loss—has come into being and been re-framed over time. I contend that Aborigines’ subjective and bodily experience(s) of loss arises through their interaction with the social realm and its systems of knowledge. It is thus differentially lived, felt and known by different persons in different and changing milieux.

Reflecting their (at least partial) retention of the valorised attributes of land, language and tradition and their generally lesser degree of exposure to dominant Australia’s knowledge-categories and modes of articulation, more
'traditional' Aborigines, who mostly reside in more remote regions, generally do not publicly foreground loss in their affective experience.\textsuperscript{12} While some of these remote-area people may in a sense be perceived as having a more immediate or historically ‘closer’ experience of the forcible disruptions effected by colonialism, their sense of loss (broadly construed) more commonly derives from contemporary circumstances: their direct experience of cultural dysjunctions and, in light of the manifest defiance of intact laws of kinship, marriage and ceremony, the apparent failure of their own cultural system with the encroachment of Euro-American society (Nicolas Peterson, pers. comm. 2004; see also Cowlishaw, 1999:284–91). In comparison, it is in the public, highly political, discourses of (some) Aborigines in settled Australia that ‘loss’, as the product but also the signifier of (post-)colonial injury, is more commonly highlighted as the salient feature of Aboriginal experience. As Mulgan observes:

For Aboriginal people, as for other conquered peoples, the fact that they originally possessed land and territory that was subsequently unjustly taken from them is a central and defining part of their history. Recalling this past is essential to making sense of their present marginalised and demoralised condition, while maintaining anger at what has happened helps to provide moral self-respect and a basis for demanding redress as a matter of right rather than charity. Thus, so long as their relatively disadvantaged position continues, a sense of just grievance may be said to be functional for their identity. Any attempt by the non-Aboriginal people to rob them of their right to continued just grievance can be interpreted as an attack on their very existence as a people (1998:191).

It must be emphasised that while drawing this extremely broad distinction between the experiences of Aborigines in ‘remote’ and ‘settled’ Australia, I am by no means subscribing to the popular hierarchy of Aboriginalities that accords authenticity of identity and experience only to those who, through particular circumstances, have been able to maintain some of the qualities and practices that now constitute ‘tradition’. The oppositions of ‘traditional’ and ‘urban’, ‘north’ and ‘south’ Aborigines are constructed and arbitrary binaries that are riven by a spectrum of individual experiences and responses to the events of history and the present-day. It must also be recognised that Aboriginal communities in more remote parts of the continent were not immune from colonial policies that legitimat ed the removal of ‘hybrid’ children from their families. Indeed, as will be discussed in Chapter Three, it was in the Northern Territory that the collective suffering of the ‘stolen generations’, including their ‘loss’ of cultural heritage and the rights it bestows, powerfully (re-)surfaced in the mid-1990s. Moreover, although I posit that ‘loss’ has become an important, although not singular, common ground of subjectivity among Aborigines in southern Australia, this is not to deny that Indigenous persons living in this geographical region

\textsuperscript{12} Nicolas Peterson, pers. comm. 2004; Francesca Merlan, pers. comm. 2004.
differentially respond to the complexities of their daily lives, variously and variably identifying with a range of possible subject positions. However, as will be explicated in ensuing chapters, the history of loss has become an integral element in the contemporary, public self-representations of dispossessed, 'deculturated' Aborigines, its very reiteration reminding the nation as to the causative processes of their 'hybridity'.

Notably, this accent on historical injury is reflective of a recent, widespread shift towards a victimology discourse, itself a hallmark of late-modernity (Kleinman & Kleinman 1997:9), with a concomitant new way of regarding and interpreting the past.\textsuperscript{13} It is self-evident that such dominant modes of interpreting and articulating experience are more explicitly and reflexively available to some Aboriginal people—primarily those with a greater degree of contact and engagement with mainstream society—than others. My argument, therefore, is that affective and bodily experience—how we feel, understand and express our lives and selves—is socially mediated.

Emotion is often theorised as ‘a psychophysiological event whose ultimate reality resides in the internal feelings experienced by an individual’ (Lutz 1988:78–79). This perspective clearly reiterates the dichotomies of body/mind and individual/social to situate the body and feelings discretely within the individual and to relegate the social to epiphenomena. This thesis, however, is founded upon the premise that the social realm and its categories are embodied in multiplex ways. As Lyon asserts, ‘[t]he self comes into being and is continually formed and reformed by virtue of its location in a social [and cultural] milieu. And ... that ... self-in-context entails also a bodily dimension’ (1996:73). Scheper-Hughes likewise proposes, ‘the structure of individual and collective sentiments down to the feel of one’s body is a function of one’s [social-structural] position’ (1992:185). Certain patterns of emotional experience and expression therefore can be connected to particular configurations of practical power or status (refer Lyon & Barbalet 1994:58).

Hence, emotion can be understood as having a social-relational ontology. Moreover, it acts as a source of bodily and social agency, being fundamental in

\textsuperscript{13} Cowlishaw suggests, ‘there is a marked generational difference in Murris’ orientation towards their own past ... somewhat younger men often render the past as a time of unrelenting dispossession and bloodshed, and see themselves as constant battlers in an ongoing struggle for justice ... But older informants do not see themselves as wholesale victims of a repressive and racist regime. In fact, virtually all who once worked in the pastoral industry emphasize that most bosses were good, and if they weren’t, they left. Rather than wearing deficient conditions as a badge of identity, experiences of racism are seen as aberrations and as shameful, and this shame itself is a further source of anger to young people’ (2004:126–8). Likewise, Peters-Little (2000:6) observes that the reminiscences of many older Aboriginal people about their lives on reserves, missions and stations are ‘neither simply negative nor romantic’; their most favourable memories of these times emphasising their ‘ability to resist’ rather than the ‘oppression they endured’.
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the formation of social relationships and in the creation of social bodies and institutions (see Lyon 1996:69). As Lyon and Barbalet state:

The body is intercommunicative and active; and it is so through emotion. Emotion is an integral part of all human existence. Emotion activates distinct dispositions, postures and movements which are not only attitudinal but also physical, involving the way in which individual bodies together with others articulate a common purpose, design or order. The role of emotion in this is essential, for ... emotion is precisely the experience of embodied sociality (1994:48).

Among Aboriginal Australians, mourning is a pervasive somatic state. It is grounded in the physical experiences of individual and collective bodies. It is redolent of embodied social and material relations. And it is continually affirmed by the social-structural position of Aborigines in (post-)colonial society. Aborigines' state of mourning, therefore, has a social as well as an individual ontology (see Lyon & Barbalet 1994). It is situated as much in the Aboriginal social body as in the individual Aboriginal body. Yet as an affect of loss, it is more than a feeling of sadness, a sign and symptom of subjection. In fact, as this analysis explicates, the experience of mourning may be active and mobilising rather than debilitating or depressive (see Eng & Kazanjian 2003:2-3). While commonly equated with sadness, it may manifest in anger and violence, self- and other-destructiveness. Loss generates a continuum of emotional responses that are themselves socially situated and shaped. But in addition, the experience of loss may provide subjugated bodies with a critical basis for political activism and social transformation (see Eng & Kazanjian 2003:10). Indeed, loss and its remains may be the means of possession, of gain. Aboriginal mourning can be seen, therefore, as a potent political position and point of allegiance that articulates and reconstructs social structures, subjectivities and bodily being.

However, the experience and rhetoric of loss is also double-edged, potentially creative and agential and potentially entrapping, a latent form of bondage as much as liberation. There is an inherent risk that as grief and loss become constitutive of Aboriginality, Aboriginal lives and subjectivities are conditioned and shaped in ways that may in fact inhibit activism. In this context, I suggest that the metaphor of melancholia, understood as a collective condition rather than an individual pathology, may be a useful analytical frame that illuminates the dilemmas intrinsic to an identificatory formation predicated on the
experience of loss. Melancholia as a condition of intractable mourning commemorates and retains an active engagement with the lost object, in this case the essential attributes of land, language and tradition that define Aborigines' necessary 'difference'. Yet as loss becomes the primary alterity of Aborigines in settled Australia, the very foundation of their collective and political identity, it becomes increasingly difficult to relinquish. In fact, delegitimated, 'hybrid' Aborigines may become even further bound to the lost objects that they 'failed' to maintain such that in so identifying themselves, their 'loss' becomes that of the legitimacy of self (see Povinelli 2002:56–57).

The remainder of this chapter explicates the way in which the constructs and embodied emotions of loss and mourning have permeated the terms of engagement between Aborigines and their colonisers. I demonstrate that even as the subjecthood of Aborigines is continually re-framed in changing social, economic and political milieux, and even as the relationship between Aborigines and the state is reconstituted, there remains a high degree of historical continuity in the reiteration, in some form, of the regulatory trope of loss. My objective is to elucidate how dominant constructions of Aboriginality have largely determined and directed how Aboriginal persons, consistently positioned on the periphery of power, have negotiated their place and rights within the nation. Rather than reducing their experience to the simplistic notion of the 'internalisation' of hegemonic categories, I seek to highlight the complex processes that are as much about surviving the experience of loss as embodying it (see Cheng 2000:20).

The last of his tribe  

He crouches and buries his face on his knees;
And hides in the dark of his hair,
For he cannot look up at the storm smitten trees,
And look at the loneliness there.

The wallaroos grope through the tufts of the grass,
And turn to their covers for fear;
But he sits in the ashes and lets them pass
Where the boomerangs sleep with the spear:
With the nullah, the sling, and the spear.

Henry Kendall (1862)

In the descriptions of Captain Cook and his contemporaries, the Indigenous peoples of the great southern land were Rousseauian 'noble savages' and 'children of nature' uncorrupted by the evils of civilisation. As the frontier

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15 This was a popular eulogy for the 'passing of the Aborigines' in NSW (Morris 1989:101). The phrase, 'the last of', was also not uncommonly appended to the titles of fine art portraits of Aborigines in the late nineteenth century.
The terms of engagement

expanded and the Indigenes resisted colonial conquest, however, they rapidly fell from grace to become the ‘ignoble’ savages and ‘barbarous heathens’ described by pastoralists, missionaries and government officials (Attwood & Arnold 1992:iv, Mulvaney 1990:10). Both sets of images nonetheless shared the fundamental notion of Aborigines as ‘bewildered remnants of the stone age’, a construct that not only bolstered the invaders’ self-belief as ‘the masters of nature and the torch bearers of civilisation’, but which also (in)directly legitimated colonial conquest (Anderson 1994:116).

With the rise of nineteenth century evolutionism, Australia became a primary field for the scientific study of Man. As an isolated continent untouched by the modern world, it presented a picture of antiquity and strangeness over the whole range of its phenomena: its plant and animal life, its geological structure and its human inhabitants, with the latter and the former, alike, examined as specimens (Chase & von Sturmer 1973:3). As apparently living examples of early history, Aborigines were of fascination, especially to Social Darwinists. And for those interested in the question of origins, they seemed to provide a ‘fleeting opportunity which needed to be grasped before [they] vanished inevitably under the impact of Western civilization’ (Chase & von Sturmer 1973:4). Within the prevailing linear evolutionary ordering of the world, Aborigines, culturally and biologically, were located on the lowest level of an inescapable, fixed hierarchy of humanity (Morris 1989:100). In scientific research and popular opinion alike, they were taken to represent ‘nature in its poorest and most imperfect stage’ and as late as 1894, were still being classified as ‘mere baboons, possessing an innate and incurable deficiency of intellect rendering them incapable of instruction or civilisation’ (Stanner 1979:51, 150–51).

From the mid-1800s, it was widely accepted that Aborigines were destined for extinction. By the 1880s, this perception had become a platitude of the Australian popular press (see Maynard 1985:92). The demise of the Aborigines was seen to be the inevitable outcome of the contact of two races at different stages of progress (Morris 1989:97). And as the brutality of British incursion was rationalised and subsumed under a ‘Law of Nature’, that of Darwinian selection, the ‘doomed’ Aborigine became the object of ‘imperialist nostalgia’ (Rosaldo 1989). Yet McGregor suggests that the ‘doomed race theory was neither merely a sop for disturbed consciences nor an empirical demographic prediction. More than anything else, it was a manifestation of ultimate pessimism in Aboriginal abilities’ (1997:16). Not only had Aborigines failed to ‘progress’, but their status and concomitant incapacities as ‘lesser beings’ were tacitly confirmed by science, including anthropology. Stanner (1979:223) posits that

16 Sollors (1986:115–130) uses the term ‘Indian melancholy’ to describe the disposition of members of dominant American society and their romanticisation of the ‘vanishing Indian’, rather than how Native Americans understand their own history.
Spencer and Gillen’s publication on Central Australian tribes (1899), which equated ‘contemporary aboriginal man’ with ‘Stone Age man’, gave ‘scientific warrant for the judgment that nothing could be done for the Aborigines but to immure them in protective isolation within inviolable reserves’.17 The aim of colonial policies was to make the last days of those destined to pass away as ‘free from misery as possible’ (Maynard 1985:92):

Such helplessness as they manifest stirs in us a feeling of pity, and we are moved by Christian philanthropy to give such help as will extend the vanishing point and allow them to glide off the stage rather than pass away abruptly (The Age 13 January, 1881 in Maynard 1985:92).

As with the tragedy of the ‘vanishing’ North American Indian, the ‘inevitable demise’ of the Aborigines aroused considerable sentiment, with portrayals of the ‘last member’ of a tribe becoming a focus of literature and portraiture in the late nineteenth century (see Berkhofer 1979:88). Visual and photographic representations of Aborigines tended to be disembodied and decontextualised; individuals appear as if ‘isolated from their lost people and from their lands, and looking nostalgically back at the past, as if they had no hold on the present or the future’ (Goodall 1996:107). While this form of portraiture reflected the contemporaneous stylistic emphasis, it also reflected the painterly concern with national myth-making. Maynard comments:

[these] tragic, dignified, and at times deeply sensitive portraits of Aborigines ... concentrate[d] on the melancholy heroism of their individual subjects ... [While thus] imb[uin]g with dignity the ‘fate’ of a reputedly inferior race ... they failed to represent the collective plight of Aboriginal society. A solitary Aboriginal portrait head could pose no threat to established urban society, and occasion[ed] little if any questioning of conscience (1985:94–96).

In contrast with these idealising images of the fated ‘full-bloods’, popular caricatures stressed the degradation of those Aborigines who were more readily visible on the fringes of white society and who were widely construed as the degenerate remnants of a disintegrating culture (Cowlishaw 1992:23–24).

By the turn of the twentieth century, science and popular opinion had frozen Aborigines in a pre-colonial past that denied their participation in history.

17 Stanner further notes that Spencer and Gillen ‘typified the best tradition of nineteenth century natural science’ and notes that their 1899 publication ‘was hailed not only as a jewel of science ... but also as the first really adequate ethnography of a savage people’ (1979:222). Yet even in 1927, their identification of Aborigines with Stone Age man remained salient: ‘Just as the platypus, laying its eggs and feebly suckling its young, reveals a mammal in the making, so does the aboriginal show us, at least in broad outline, what early man must have been like before he learned to read and write, domesticate animals, cultivate crops and use a metal tool. It has been possible to study in Australia human beings that still remain on the culture level of men of the Stone Age’ (Spencer & Gillen 1927:vii).
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Whether romanticised as noble savages or denigrated as figures of ‘lack’, ‘Aborigines’ were by definition the antithesis of their colonisers. Their essential qualities were fixed in opposition, an artifice that denied relations across the constructed dichotomy. Europeans may have mourned the ‘demise’ of the melancholic figure of the ‘full-blood’ Aborigine, swept aside by the march of progress, and sought to ‘make their passing easier’ (Bates 1966:243), but the majority of Aborigines in the southeast of the continent who lived on reserves, missions and in fringe-camps, were ‘hybrids’ whose bodies bore testimony to specific colonial relationships of power. The particularly menacing problem posed by these ‘dreaded half-caste[s]’ (Bates 1966:243) was to be addressed through their ‘civilisation’.

'The dreaded half-caste menace'\(^{18}\)

Unrecognised by his father and unwanted by his mother, yet a little human boy to whom the morning life is just as fresh and sweet as to any other, he is the sad, futureless figure of the ... half-caste. Child of a tragedy far too deep for glib preaching, half-way between the stone age and the twentieth century, his limited intellect and the dominant primitive instincts of his mother’s race allow him to go thus far and no further. Lost to him are the corroborees, the happy, careless wandering of an unclad sylvan people who pick up their food where they find it, and sleep beneath the trees. He thinks – and is therefore accursed.

(Hill 1933)

In many regions in Australia, the decimation of original inhabitants and their reduction to a landless minority existing on the fringes of European society occurred within a couple of decades of first contact (Attwood 1989:x).\(^{19}\) In southeast Australia, as violence abated, the production of knowledge about Aborigines assumed even greater significance in colonial relations of power (Attwood 1992:v). By the late nineteenth century, sizeable bureaucracies had been established in most of the Australian colonies, later states, to administer the lives of Aborigines. These forms of state-authorised intervention corresponded to particular constructions of Aboriginality and were modified accordingly (Morris 1989:91).

The policy of protection practised in all states at the turn of the twentieth century was founded upon the ‘inevitable demise’ of the Aborigines. In NSW, the

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\(^{18}\) This sub-heading cites Bates (1966:243).

\(^{19}\) Colonisation in Australia was extremely varied and uneven both in terms of the recency of first contact (in some regions as late as the 1940s (Grossman & Cuthbert 1998:110)) and the nature and degree of interaction between Europeans and Aborigines. This discussion will primarily focus on southeastern Australia, in particular NSW, a geographical region which until 1901 encompassed what is now the Australian Capital Territory (ACT).
establishment of the Aborigines Protection Board (APB) in 1883 concentrated Aboriginal people in missions, stations or reserves where their 'passing' was made less painful by the provision of basic food and housing and where they were 'protected' from the 'contaminating' influence of wider society (Morris 1989:92). These inherently segregationist settlements also effectively excluded Aboriginal people from European society (Anderson 1994:116). The policy of protectionism thus foretold eventual assimilation. It looked towards the day when 'there would be no reserves, no board, no expense and no people claiming Aboriginal descent. In time the “Aboriginal problem” would be solved [through] ... the dispersal of Aborigines throughout the white community’ (Read 1996:205).

By the second decade of the twentieth century, an estimated 7000 Aborigines lived in NSW. Less than 2000 were ‘full bloods’ who were declining in number. The remainder were ‘half-castes’ whose growing population generated moral panic, fear and distaste (Manne 2001a:10). As it became clear that neither was ‘the fantasized extinction’ of Aborigines about to eventuate (Grossman & Cuthbert 1998:112), nor were ‘half-castes’ about to be naturally absorbed through their choice to participate in white society, romantic images of the noble savage were superseded by a proliferation of discourses on ‘hybridity’. Government administrators and ethnologists became obsessed with the ‘purity’ of Aboriginal blood, delineating the categories of ‘half-castes’, ‘quarter-castes’ and even ‘octoroons’ in terms of the potential of those duly designated to merge into white society.

Within prevailing scientific theories of race, the ‘half-breed’ was ‘an anomaly if not a danger’ that would further degenerate, eventually die out, or revert to one or other of the ‘original race types’ (Beckett 1988b:197). Their physical threat was ambiguous. At times, ‘hybrids’ were positioned along a continuum of race and civilisation that suggested their potential for advancement, given the right environment. At other times, they were perceived to pose a greater problem than ‘the blacks themselves’: as ‘pariahs, accepted neither by white nor by black’, they ‘combine[d] the defects without the virtues of the opposing stocks thus unhappily blended’ (newspaper article 1920s, Australian Archives, cited in MacDonald 1996:8). Yet perhaps the greater threat posed by these bodies that ‘blur[rd] the distinctions between black and white’ was symbolic, an implicit challenge to the legitimacy of the new nation of (white) Australia (Anderson 1994:120).

Within colonial ideology and practice, ‘hybrid’ Aborigines were sentenced to a state of liminality. They were between ‘the world[s] of the
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colonizer and the colonized ... between tradition and history; bush camp and
town; black and white skins. But most emphatically they [we]re neither'
(Anderson 1997b:7). In the words of the historian Plomley:

structurally, physiologically and psychologically, hybrids are some mixture of their
parents. In social terms, [these people] belong to neither race (and are shunned by
both), and lacking a racial background they have no history (Plomley 1977:66 cited
in Anderson 1997b:6).

Posited as rootless and socially fragmented, Aborigines of mixed descent were
portrayed as predisposed to chaos, disorder and alienation. Their subjecthood was
defined in terms of this loss and their consequent personal lack. Anderson reflects
on his teenage experience of reading Plomley:

Plomley was referring to my families ... and it is difficult to describe the feelings
this statement evoked. It was something like grieving; but a grieving over a
tremendous loss which is in itself then denied as being yours (1994:117).

Following the passing of the *Aborigines Protection Act* in NSW in 1909,
the focus of state intervention became to train and correct Aborigines of mixed-
descent so that they could be assimilated into the lower echelons of white society
(Morris 1989:106).21 The APB, having been newly accorded power over all
reserve land, began to disrupt the cohesion of Aboriginal settlements by expelling
all those designated 'able-bodied' and of lighter 'caste' (Sibthorpe 1988:29). In
1914, in its Annual Report to Parliament, the APB expressed its solution to the
growing 'half-caste problem' in the following terms:

The day is long past when it was possible to segregate the Aborigines. So far as full-
bloods are concerned, the Board has done much with the limited funds at their
disposal, to make their lot as easy as possible by providing suitable dwellings and
supplying them with rations, clothing and blankets, and it is not proposed to interfere
with them; but by far the greater number of those the Board have to deal with are
half-castes, and others with a lesser degree of Aboriginal blood ... To allow these
children to remain on the Reserves, to grow up in comparative idleness, and in the
midst of more or less vicious surroundings would be, to say the least, an injustice to
the children themselves, and a positive menace to the State. The only solution of the
problem, therefore, is to deal effectively with the children; and, while not unduly
interfering with the relationship between parent and child, to see that they are
properly trained to spheres of future usefulness, and once away from the Reserves
not to allow them to return ... it is essential that they should be removed at as early
an age as possible to ensure success (cited in Manne 2001a:10–11).

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21 At the same time, Aboriginal people were deprived of basic civil, political, and economic
rights. They were not permitted to enter public places such as government institutions or
hotels, marry or move freely without permission (Dodson 1994).
Until that point in time, children in NSW including Aborigines could be removed from their parents only if neglect were proved before a court. The following year, however, the APB was granted the power to separate Aboriginal children from their parents at will (Manne 2001a:13). As wards of the state, Aboriginal children removed from their families could be sent to a church or state institution, placed with a foster family, or adopted, invariably by non-Aboriginal families.\(^\text{22}\)

Amid evidence that the number of ‘half-caste’ Aborigines was increasing, policies of protection became subject to criticism and review. In 1937, Commonwealth and state administrators of Aboriginal affairs assembled at the first ‘Aboriginal Welfare’ conference held in Canberra. There, it was determined that ‘the destiny of the natives of aboriginal origin lay in their ultimate absorption by the people of the Commonwealth, and that all efforts should be directed to that end’ (Bell 1962:60). The address by A.O. Neville, then Western Australian Commissioner of Native Affairs, reflected the prevailing sentiment:

Are we going to have a population of one million blacks in the Commonwealth or are we going to merge them into our white community and eventually forget that there were any Aborigines in Australia? (cited in Manne 2001a:39).\(^\text{23}\)

In 1940, as the NSW government adopted a policy of ‘assimilation and welfare’, the APB was reconstituted to form the Aborigines Welfare Board (see Bell 1962:60). The power which the APB had acquired to remove Aboriginal children was withdrawn and the separation of Aboriginal children from their parents became governed by general child welfare legislation which necessitated the agreement of a court (Manne 2001a:20–21). This era of assimilation, spanning the late 1930s to the 1960s, was concerned with the elimination of Aborigines’...

\(^{22}\) In most states and territories during the early decades of the twentieth century, children from mixed-race families were removed and institutionalised in environments of distinctly inferior living conditions, with poor quality care, education and training. From these settings, they were ultimately sent out to work in the hope that they would eventually assimilate. Manne (1999:4) comments that ‘[n]owhere was child removal conducted more systematically or tenaciously than in the Northern Territory’, dating from 1911 when the Commonwealth government assumed responsibility for its administration. However, he further notes that ‘in two of the major areas of Aboriginal population – Queensland and the Northern Territory (NT) – the proportion of Aboriginal children removed was far smaller than the proportion in NSW. In Queensland, it was common to remove whole families or even communities to missions or reserves but relatively rare after about 1915 to separate children from mothers or parents, except in the dormitory system on the mission stations or government reserves. Queensland was the only State with a large Aboriginal population and no special purpose “half-caste” children’s home. In the Northern Territory, although “half-caste” children were systematically removed, “half-castes” were a small proportion of the Aboriginal population as a whole. Between 1910 and 1970 it is likely that fewer than 1,000 removals were effected in the Northern Territory’ (Manne 2001a:26–27).

\(^{23}\) By 1940, the ideology of assimilation had been embraced by every state and territory, each of which had accordingly modified its policies and administration of Aborigines (Bell 1962:60).
The terms of engagement

social and cultural difference. An official statement, subscribed to by the NSW government, stated:

The policy of assimilation means that aborigines are expected eventually to attain the same manner of living as other Australians and to live as members of a single Australian community enjoying the same rights and privileges, accepting the same responsibilities, observing the same customs and influenced by the same beliefs, hopes and loyalties as other Australians (cited in Bell 1962:61).

Aborigines’ racial inferiority, previously construed as congenital and thus as an inherent inability, was now theorised as environmental in origin, that is, as culturally and socially determined (Morris 1988:35). Having been excluded from the constitution of 1901, the citizenship of Aborigines in the nation of Australia was contingent upon ‘discarding the remnants of their tradition and embracing the customs and practices of the invading culture’ (Anderson 1994:116). The focus was on ‘part-Aborigines’ whose Otherness was to be eliminated through their re-training and re-shaping into ‘responsible, active, intelligent citizens’ (New South Wales Aborigines’ Welfare Board 1948:3). As Attwood (2001b:169), asserts, ‘assimilation no more envisaged the long-term survival of a vibrant Aboriginality’ than did policies of protection. Instead, Aborigines were to earn their citizenship by forfeiting their cultural and social autonomy.

Post-WWII ethnographies of ‘mixed-blood’, ‘non-traditional’ Aborigines were particularly influential in directing assimilationist policy (Grossman & Cuthbert 1998:113). These anthropological analyses were influenced as much by dominant political ideologies as prevailing theoretical perspectives (Macdonald 2001:177). It is not surprising, therefore, to find an alliance between anthropologists and government administrators in the consistent denial of the validity, indeed the very existence, of Aboriginal identity and culture in southeast Australia. The ‘Aboriginality’ of ‘detribalised’ Aborigines in NSW was

24 Morris (1989:137) notes that an emphasis on sameness rather than difference became the basis for the state’s continuing domination of Aborigines. The once-feared matter of miscegenation came to indicate the biological and cultural closeness of ‘half-caste’ Aborigines to white society.

25 The destruction of Aboriginal society in NSW was assumed to be not only inevitable, but complete (Macdonald 2001:176). The anthropologist Bell (1962:59, 64) states that in the early 1960s there were approximately 40,000 ‘full-blood’ Aborigines confined mainly to Western Australia, Queensland and the Northern Territory. There were around 32,000 Aborigines of various degrees of ‘part-descent’ found in all states but particularly in NSW and Victoria, among whom ‘traditional social structure and culture had long since vanished’. He further states that in NSW, there were only about 200 ‘full-bloods’, the remainder, around 13,662 were ‘part-aborigines, predominantly half and lesser castes’, that is ‘nearer to the European end of the racial continuum than to the aboriginal end’ (Bell 1962:63-64). Contrary to prevailing opinions, however, 43 per cent of the total identified Aboriginal population in NSW lived on reserves and stations, while the remaining majority were not subject to the control of the Aborigines Welfare Board (Bell 1962:65). This figure compared with that of 1939 when nearly half of the 10,000 Aborigines in NSW were identified as living on supervised reserves and stations. This apparent ‘assimilation’ of Aborigines into
delegitimated on the grounds that they 'lacked' a 'living traditional culture of
[their] own' (Fink 1957:103). Instead, their social and cultural affiliation was
seen to be no more than that among 'socially and economically depressed
Europeans found in the slums of any city ... In other words, these groups are just
like poor whites' (Bell 1962:68). Few of these 'part-aborigines' were believed
to have any 'interest in the old life and little if any knowledge of it ... [t]he
consensus of opinion seems to be that "blackfeller ways" are inferior and
something to be ashamed of' (1962:64). Bell's comments gloss over the fact that
at a time when Aboriginal traditions in remote Australia were gradually
becoming valued, Aborigines in southern Australia were still being inculcated
with a sense of shame about their identity and subjected to pressure to eliminate
cultural practices in order to better assimilate (Macdonald 2001:179). Indeed, in
the southeast:

the retaining of vestiges of traditional culture [was] viewed as pathological
adaptation ... The general consensus was that assimilation was beneficial and
inevitable, while links with the past were either a handicap or an unavoidable aspect

As biological essentialism had once fixed the qualities of 'authentic'
Aboriginality, so were Aborigines equally imprisoned by cultural essentialism's
reification of particular material properties over lived social practices. Yet culture

26 Macdonald (2001:194) attributes the prevailing anthropological view of 'cultural loss' to
inadequate field-based research, an ongoing emphasis on exotic practices, and the uncritical
application of outmoded theories of social change. Yet she also stresses that the loss of
Aboriginal culture in NSW was a necessary emphasis in the legitimisation of European-
Australian gain.

27 Bell further comments: 'The policy for them must be one of welfare. Improve their lot so
that they can take their place economically and socially in the general community and not
merely around its periphery. Once this is done, the break-up of such groups will be rapid'
(1962:68). The culture of southeastern Aborigines, their social affiliations and often
oppositional values, was therefore reduced to that of poverty and its effects. Thus
constructed as a 'deprived social group', Aborigines were incorporated into the state's
general welfare system en route to assimilation (Morris 1989:204).

28 The brief of the Australian Institute of Aboriginal Studies, established under an Act of
Parliament in 1964, reflected and fostered this valorisation of traditional Aboriginal society.
Macdonald comments: 'The Institute’s existence was predicated on two lines of thought:
first, Aboriginal traditional life ways were destined soon to disappear, and second, the
operation of the policy of assimilation (and the protection of the industry set up to ensure it)
was to remain paramount' (Macdonald 2001:179). Studies of 'cultureless' Aborigines in
settled Australia were thus devalued at the same time as being perceived as a potential threat
to the policy direction of assimilation (see Macdonald 2001:179–181).
and biology were commonly conflated. It was assumed that since 'part-
Aborigines' lived in or near townships and no longer actively practised their
language or religious ceremonies, which had become impossible to sustain, that
they had 'lost' their culture.\(^{29}\) Moreover, they were seen to 'lack' a distinctive
social and/or cultural life of their own.\(^{30}\) Their integration into white society
appeared then to be an inevitable if not natural process. In fact, it seemed to be
preferable to the alternative. Encouragement of Aborigines' citizenship status as
distinct from but equal to Europeans was decried as not only fostering the 'fiction
of aboriginality', but continuing to marginalise Aborigines as culturally and
socially deprived fringe-dwellers (Bell 1962:69).

What was for the most part overlooked or negated was that the mélange of
particular attitudes, behaviours and connections—the extended kin networks,
styless of social interaction, the emphasis on sharing—together with the
absorption of some European values such as Christianity and the rejection of
others including the pressure to become 'like whites', constituted a distinctly
Aboriginal identity (see Read 1982:19–20). Writing about the Dhan-gadi of the
Macleay Valley in NSW, Morris (1988:47) notes that the protectionist period
with its segregationism and rudimentary control exercised through the local
police and Protection Board officers had nonetheless allowed Aborigines living
on reserves to maintain a significant degree of cultural autonomy. He contrasts
this era with that of assimilation when, in 'the increasing absence of the more
conspicuous boundary markers which had constituted a distinctive social
identity', a culture of resistance arose that 'involved the remaking of the cultural
distance from European society' (Morris 1988:47).\(^{31}\)

**The 'Day of Mourning' 1938**

What is a memorial of the coming of the Whites is a memorial of death to us.

William Cooper (1937, cited in Attwood 2003:72)

\(^{29}\) The 1960s also saw an increasing accent on religious beliefs as distinguishing characteristics of Aboriginal practice. As Macdonald comments, 'this focus on religion further removed [Aborigines in NSW] from interest: if religion was so central, without it how could they have culture?' (2001:181). While this view of culture as structure rather than lived social process, as static rather than dynamic may be critiqued on a number of grounds, it remains influential.

\(^{30}\) The anthropologists Beckett (for example 1958, 1964) who conducted research in northern NSW in the 1950s and 1960s, and Barwick (for example 1964, 1972) who worked with Aboriginal people in Victoria during the 1960s and 1970s, were two of a handful of researchers who recognised urban Aboriginal people as sustaining some form of culture and sociality—albeit attenuated—of their own.

\(^{31}\) Morris (1988:47) states that for the Dhan-gadi of the Macleay Valley in NSW, the 1930s represented the end of the formal handing-down of distinctively Aboriginal cultural practices, doctrines and artefacts to succeeding generations.
In the latter half of the nineteenth century, a land rights campaign developed in southeast Australia as Aborigines sought parcels of land within their traditional country. Their primary rationale was that land would provide them with an economic base for participation in the rural economy, but in asking for a 'small portion of that vast territory which is ours by Divine Right', Aborigines were clearly arguing that their ownership of land was sanctioned by tradition and religion (William Cooper cited in Goodall 1996:84). The nature of title requested was inalienable freehold, but to avoid conceding any form of land rights, colonial authorities established the areas concerned as reserves. Aborigines were told that their tenure was permanent on the condition that the land was continually farmed and occupied. This undertaking, however, was repeatedly broken in subsequent decades, leaving a legacy of bitterness across generations (Sibthorpe 1988:25).

From 1905, the APB came under pressure to relinquish reserve land in eastern NSW for non-indigenous settlement. At the same time, the decline in the rural economy was forcing Aborigines off pastoral stations onto reserves and the outskirts of towns. As the living conditions of Aborigines markedly deteriorated in a climate of decreasing employment opportunities and mounting white prejudice (Rowley 1970), these factors ironically became the rationale for increasing state intervention into Aboriginal lives (Sibthorpe 1988:28).

Dispersals consequent to the 1909 *Aborigines Protection Act* effectively quashed the potential for an Aboriginal protest movement. The 1920s saw a nadir

32 State intervention was minimised through the encouragement of community self-sufficiency. Large-scale agricultural enterprises were established on reserves such as Coranderrk in Victoria and Cumeragunja in southern NSW. Small-scale holdings on reserves were taken up in various regions across NSW, although the size of these farms tended to be too small to allow either the pursuit of traditional practices or the achievement of self-sufficiency (Morris 1989:94). In 1880, 81 per cent of the Aboriginal population was economically independent from a mixture of wage or ration labour, farming, and subsistence foraging (Goodall 1996:86).

33 This pressure was heightened with the instigation of the post-World War I scheme that allowed returned soldiers to select a block of agricultural land (Goodall 1996:124).

34 Morris (1989:31) demonstrates how the Dhan-gadi of northern NSW were not totally dispossessed, passively marginalised or economically exploited, but in the post-conflict period in the early twentieth century moved between two worlds with their increasing active engagement in pastoral work providing them with new possibilities, skills and bases of self-esteem.

35 Sibthorpe describes the plight of NSW Aborigines during this period: 'They were not wanted in the schools or hospitals, nor as residents in the towns and their unsightly fringe camps were an affront to local politicians and townspeople. Their own attempts at assimilation and economic independence had been constantly thwarted. Reserves, once described in glowing terms as symbols of Aboriginal enterprise and industry now [were described by the APB as] places of 'vice' and 'depravity', "vicious surroundings" from which children had to be "rescued"' (1988:31–32). Aborigines were thus caught in a double bind. They were driven from their camps by local councils who declared the children thus made homeless to be neglected and subject to removal, they were 'protected' in the prison-farm structure of reserves, and they were systematically punished and abused 'in their best interests' in institutions run by the churches and 'the Welfare' (Frow 1998:358).
of morale as Aborigines were confronted with a marked depreciation in their civil rights as well as severe economic discrimination. Many Aboriginal people in the southeast not only lost their homes and land and suffered the removal of their children, but with the encroachment of the APB upon all aspects of their lives, became subject to “enforced moves, indefinite imprisonment, starvation and appalling health, [in the absence of] adequate food or clinical or public health facilities” (Goodall 1996:239). Amidst these deteriorating circumstances, in particular the marked decline in Aborigines’ control over their own lives, the Australian Aborigines Progressive Association (AAPA) was formed in Sydney, attracting the interest of the media in 1924 (Goodall 1996:150–151). Under the leadership of Fred Maynard, an Aboriginal man from northern NSW, the AAPA’s central demands were the provision of freehold land, the cessation of removal of Aboriginal children, the abolition of the APB, and the “full privileges of citizenship” (Goodall 1996:160–162). However, from 1927, the organisation progressively disbanded, apparently due to constant police harassment (Attwood 2003:59, Goodall 1996:168).

In 1932, William Cooper, from Cumeragunja, formed the Australian Aborigines’ League (AAL) in Melbourne. Comprised primarily of exiles from Cumeragunja, the AAL had close connections with white Christian supporters and members of the Communist Party. Cooper’s first campaign included a draft petition to King George V in which he called for better living conditions and for Aboriginal representation in Federal Parliament (Attwood 2003:59–60, Goodall 1996:187). In September 1937, Cooper presented the petition with around 2000 signatures of support from Aborigines in Victoria and NSW to Prime Minister Joseph Lyons (Attwood 2003:69, Goodall 1996:187). The government was slow to respond, claiming limited jurisdiction in Aboriginal affairs (Attwood 2003:70). Frustrated, Cooper looked for other ways in which Aborigines could publicise their cause.

That same year, William Ferguson, an Aboriginal shearer, formed the Aborigines Progressive Association (APA) at Dubbo, NSW. Supported by left-leaning Christians and unionists, including members of the Communist Party, the APA stressed equality of treatment, rights and opportunity for all Australians, regardless of race (Goodall 1996:232–234). Goodall (1996:235) posits that this emphasis on civil rights reflected the reluctance of Aboriginal activists to publicly assert the strength and continuity of tradition in NSW, fearing that this would ‘lay them open to the argument that they needed anthropological expertise to manage them until they had been educated to make the transition to a

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36 Having applied to the government for land near Cumeragunja in 1887, Cooper lived on the reserve until 1933, departing for Melbourne at the age of 72 only because his residence on the reserve made him ineligible for the old-aged pension (Goodall 1996:185–186).
“modern” lifestyle’. But there is little doubt that Aborigines perceived citizenship and equal rights as entailing the forfeiture of their unique culture and heritage.

As the nation looked towards the celebration of the 150th anniversary of the landing of the First Fleet, the AAL and the APA joined forces to declare 26 January 1938 a ‘Day of Mourning and Protest’. The intention was to ‘publicise their cause and stir the conscience of non-Aboriginal Australia’ (Aboriginal and Torres Strait Islander Commission (ATSIC) 2002). To promote this idea, Ferguson and Jack Patten, then President of the APA, produced a pamphlet entitled ‘Aborigines claim citizens rights!’ in which they called for the abolition of the APB, full citizen status in all spheres and rights to land (see Goodall 1996:239, Rintoul 1993:410). It read in part:

You are the New Australians, but we are the Old Australians. We have in our arteries the blood of the Original Australians, who have lived in this land for many thousands of years. You came here only recently, and you took our land away from us by force. You have almost exterminated our people, but there are enough of us remaining to expose the humbug of your claim, as white Australians, to be a civilised, progressive, kindly and humane nation. By your cruelty and callousness towards the Aborigines you stand condemned in the eyes of the civilised world (Patten & Ferguson n.d.:3).

The climax of the elaborate program of sesquicentenary festivities was a re-enactment of the landing of Captain Arthur Phillip at Sydney Cove. The official program described how ‘[t]he first boat to land will carry a party of men who will put the aborigines to flight’ (Dodson 2000b:5). These fleeing natives were played not by Aborigines of the Sydney region, but by 25 Aboriginal people from Menindee in the far west of the state. While the NSW government may have perceived the darker skin colour of the Menindee Aborigines to have bestowed a greater degree of ‘authenticity’ to the re-enactment, these Aborigines from far-western NSW were most likely also seen to be ‘a safer option’ than Sydney Aborigines who ‘had declined to flee in 1778 and would have stayed put again in 1938’ (Dodson 2000b:6).

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37 On 13th January 1938, the Sydney Morning Herald responded to this declaration by publishing a report stating, ‘Mr David Uniapon, an educated aboriginal said today that the proposal for a “day of mourning” to direct attention to the grievances of the Aborigines was a huge mistake ... The movement, he said, was of a political character, and was largely emotional, sponsored by sympathetic white people and half-castes’ (cited in Foley 2001). The attribution of emotionality is a not uncommon justification of the exclusion of certain categories of person (women, primitives, children, lower classes) from positions of power and responsibility (Lutz 1986:294 in Abu-Lughod 1990:28).

38 Goodall (1996:202) also suggests that the ‘distressed and disorganised state’ of Menindee Aborigines may have rendered them more ‘vulnerable to pressure’ than Sydney Aborigines. This state of vulnerability reflected their recent history: the forcible relocation of several traditionally hostile language groups to a station located on an historic burial ground, which had inadequate and poorly constructed housing and no resources other than the river. Patrick Dodson (2000b:6) further notes that once in Sydney, the Menindee Aborigines were billeted
Around 100 Aboriginal people from all over the eastern states attended the Day of Mourning and unanimously passed a resolution which read in part:

WE, representing THE ABORIGINES OF AUSTRALIA, assembled in Conference at the Australian Hall, Sydney, on the 26th day of January, 1938, this being the 150th Anniversary of the Whitemen's seizure of our country, HEREBY MAKE PROTEST against the callous treatment of our people by the whitemen during the past 150 years, AND WE APPEAL to the Australian Nation of today to make new laws for the education and care of Aborigines, and we ask for a new policy which will raise our people to FULL CITIZEN STATUS and EQUALITY WITHIN THE COMMUNITY (cited in Attwood 2003:54).

Aboriginal leaders took the outcome of the Day of Mourning to Prime Minister Lyons. They called on him to respond to its resolution and to deliver on the petition presented by Cooper and the AAL the previous year. These representations were to effect minimal results (Dodson 2000b:8–9). Over the next few years, Ferguson and other activists toured NSW, addressing Aboriginal communities on reserves, missions and in small country towns and raising awareness about discrimination and human rights violations (Hinkson & Harris 2001:23). But in 1940, in an appeal to the Prime Minister Robert Menzies, Ferguson declared that his capacity to write at greater length was curtailed by his overwhelming grief:

I am too full of distress, too much bowed down with anguish for my sorrowing, defenceless people (cited in Markus 1990:189).

Conclusion

With a focus on settled Australia during the colonial period, this chapter has traced the ontology of Aboriginal loss as both an embodied state and a form of subjecthood. It has shown how the affects of loss experienced by Aboriginal people are rooted in a history of violent incursion and subjugation that dismembered and re-formed social and individual bodies. Yet while Aborigines were re-made and irreversibly transformed through the inscription of colonial power and knowledge, I have argued that 'Aboriginality' entails more than the imposition of identity constructs onto passive bodies. Instead, following Hall (1996:5–6), I propose that it must be seen as an articulation, wherein Indigenous individuals identify, although never completely, with the particular subject positions to which they are summoned.

This chapter has begun to delineate how Aborigines in southeast Australia have taken up the regulatory trope of loss in their quest for recognition and rights.

at the Redfern Police Barracks where they could be denied 'any contact with disruptive influences from outside'.
Concomitantly, it has described the public emergence of the Aboriginal discourse of mourning, clearly grounded in the social and material realities of Aboriginal lives, as a potent theme in Aboriginal political activism. I have emphasised that the experience and expression of emotion is socially situated and mediated. I provide further support for this assertion in the following chapter which details the ways in which Aboriginal loss and mourning have been re-framed in particular social and political matrices, in dialogue with dominant constructions of Aboriginality.

The Day of Mourning is often viewed as a critical turning point in Aboriginal activism and as the beginning of the modern movement for Aboriginal rights (see Lippmann 1991:37). Signifying one of the best-known events in the history of Aboriginal political action (Attwood 2003:54), it was an extremely effective strategy of inversion. As the nation celebrated the triumphs of British 'settlement', the Day of Mourning bore witness to Indigenous sovereignty and rights and declaimed the violence on which the (white) Australian nation was founded. Indeed, Read (1988:125) suggests that as the demands of its Aboriginal leaders were taken up by Aborigines on reserves and stations across NSW and Victoria, this historic day of protest can be construed as strengthening the conviction among Aborigines in southern Australia that Aboriginality would and should survive in the twentieth century.

The Day of Mourning began as a form of testimony to the brutality and injustice of dispossession. In this context, the notion of 'mourning' was clearly a political statement whose primary reference was outwards, that is, it pointed to the causal circumstances of invasion, rather than focusing inwards, or being chiefly concerned with the internal emotional state of individuals. Significantly, over the ensuing decades, however, the Day of Mourning was progressively transformed from a political statement about sovereignty and civil rights into a national day that celebrated Aboriginal heritage as a vital facet of the multicultural nation of Australia.

In 1939, William Cooper wrote to the National Missionary Council of Australia (NMCA), seeking their assistance in promoting an annual Day of Mourning. As a consequence, in January 1940, the Sunday preceding the Australia Day holiday became the first 'Day of Mourning' Aboriginal Sunday. In 1955, in an attempt to change negative attitudes towards Aboriginal people and to extend participation to Commonwealth and state governments and other bodies, the NMCA suggested that 'Aborigines Day' should become a National Day. It then came to be celebrated on the first Sunday in July. In 1957, Douglas Nicholls, an Aboriginal pastor, persuaded the NMCA to nominate the second Sunday in July as a day of remembrance of Aboriginal people and heritage. This led to the formation of the National Aborigines’ Day Observance Committee (NADOC).
In 1974, amidst a climate of Aboriginal political activism, the Federal Council for the Advancement of Aborigines and Torres Strait Islanders (FCAATSI) declared that National Aborigines Day on July 14 that year would be the occasion for a massive national protest against the needless suffering of Australia's original inhabitants. Aboriginal people and white supporters participated in marches around the country. Yet by 1991, NADOC, renamed NAIDOC to include Torres Strait Islanders, had become the term used to refer to the celebrations of National Aboriginal and Torres Strait Islander Week. In 2002, the Aboriginal and Torres Strait Islander Commission (ATSIC) depicted the festivities of NAIDOC week as an 'opportunity to display the richness of our culture and heritage to the rest of the Australian community' so that 'all Australians can celebrate and recognise indigenous peoples and cultures that make Australia unique' (2002). 39

Like these profound shifts in the meaning of the Day of Mourning, the concept and experience of Aboriginal loss has been re-formed over time in dialectic with broader social and political change. As a form of self-representation, it clearly reflects the interpellation of certain Aboriginal bodies by particular dominant discourses as well as their manoeuvering within the constraints of the political, social and cultural space accorded them by the nation-state (see Adelson 2000:14). From the discussion in this chapter, we can begin to see how dominant constructions of Aboriginality are intertwined with national myth-making. The emphasis on the loss of Aboriginal culture in southern Australia arose in a particular political arena as a means of legitimising European-Australian gain and of denying political, economic and material rights to those whose 'cultureless' and 'hybrid' bodies rendered them insufficiently 'Other' (Macdonald 2001:194).

But we can also begin to see how the embodiment of loss may be both enabling and constraining. As an affective legacy of loss, mourning bears witness to the ruptures of history and communicates the refusal of socially delegitimated subjects to forfeit their Indigeneity and the uniqueness of their place in the nation-state. Yet while public enactments of mourning may seek to envision and activate new social relations (Muñoz 1999:5), they may also be interpreted as inherently performative (refer to Butler 1993). 40 Indeed, as Aborigines 'assume'
their imputed subjecthood of loss, articulated through the trope of mourning in certain political and inter-cultural arenas, there is the risk of reiterating authoritative colonial discourses to potentially re-inscribe ‘Aboriginality’ with ‘loss’ and ‘lack’. The consequence is that as Aborigines themselves become the signs of loss or lack, their agential relationship to loss is, itself, lost. Instead, what may be experienced is a pathological incompleteness of self.
Internalising loss in the ‘post-colonial’ state

... pain, deeply entrenched pain, a pain that is borne by all Aborigines. The pain is about being Aboriginal.

(Gilbert 1995:157)

This chapter continues to explore the dialectical relationship between dominant and Indigenous constructions of Aboriginality as manifest in the subject position of loss and its articulation in changing social and material circumstances. Chapter Two established how the discourse of ‘mourning’ emerged in the 1930s as a compelling means through which Aboriginal spokespersons in the southeast expressed their ‘loss’ subsequent to violent dispossession, and asserted their entitlement to civil rights. It was clear that this public discourse in no way implied the personal loss or inadequacy of the individuals themselves. Rather, the ‘lack’ they described was that of social (in)justice. This chapter takes up this historical chronology, elucidating how from the late 1960s, Aboriginal activists again utilised the trope of mourning as they pursued recognition of their unique and particular rights as the Indigenous peoples of Australia. We will see, however, that the ‘loss’ described by these Aboriginal persons was, significantly,
a ‘loss of cultural identity’. This change in political discourse signifies a shift from an external to an internal focus; from an emphasis on social-structural injustice to an accent on the personal ‘lack’ of the ‘hybrid’ Aborigines of settled Australia. And yet, an even more notable re-framing of Aboriginal loss surfaced towards the end of the twentieth century. Then, amidst national unease provoked by the ‘recovery’ of Australia’s ‘black history’, Aborigines’ subjecthood of loss was medicalised and to a large degree, subsumed within the categories of ‘trauma’ and ‘depression’. This discursive revolution connotes a profound transformation in meaning—from the political and the social to the psychological and the individual—a critical conceptual re-orientation that exists in tension with anti-colonial strategies concerned with social and political reform.

This chapter examines the social-structural position of Aborigines in the post-colonial nation. While recognising the ambiguity and controversy cloaking the term ‘post-colonialism’ (see Ahluwalia 2001, Bennett et al. 1994, Hall 1993), I shall, with some reservations therefore, use it to refer to Australian civil society following the 1967 referendum.¹ There is no doubt that the legislative change and social upheavals of the late 1960s and early 1970s effected an end to race and racial discrimination as the principal dynamic in the state’s administration of Aborigines (Morris 1989:204). This period clearly marked the end of the colonial era in a classical sense. Nevertheless, almost forty years later, the corporate political rights of Aborigines, deriving from their status as Indigenous peoples, remain unaddressed and instead, they remain encapsulated within the state and its structures (Muecke 1992b:11, Sullivan 1996:3).² Colonisation, therefore, must be seen not as an historical event but as a structure within which Aboriginal peoples must operate (Wolfe 1994:97). This chapter makes evident that while the relationship between Aborigines and the state has to a degree been reconstituted

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¹ While ‘post-’ suggests something that comes after, post-colonialism does not signify the end of colonialism or its relations of power, nor does it account for neo-colonial formations and inequities evident within but no longer confined to the boundaries of nation-states, as manifest in the inequitable allocation of capital and the division of labour between the first and third worlds (Gandhi 1998:170–176). Gelder and Jacobs rather vaguely describe ‘postcoloniality as a contemporary moment, where one remains within the structures of colonialism even as one is somehow located beyond them or “after” them’ (1998:24). They suggest that for Australia, ‘post-coloniality’ is evident in the ‘omnipresence’ of ‘the political’ in Aboriginal matters (1998:13). Muecke contends: ‘A post-colonial political situation might be said to exist only when the Aboriginal peoples achieve recognition, compensation and political autonomy. But where would this leave the non-Aboriginal Australians, who are to be held responsible to assist in the decolonization of the Aborigines, and who themselves are scarcely emerging from their own colonized status’ (1992b:11).

² Sullivan states: ‘It has never been resolved whether Aborigines constitute a separate socio-political group linked to, but distinct from, mainstream Australian society, or whether they form a sub-group firmly within its bounds. The way they live, the groups they live in, the institutions they form to press their needs, special provisions made for them under Australian law, all of these activities can be variously interpreted as indicating a process of de-colonisation that has led to a measure of separation and independence, or a process of group incorporation — not so much de-colonisation as the merging of the colonised with the coloniser’ (1996:10).
through policies of self-determination, land rights and native title legislation, and even though Aborigines have become central to processes of national re-definition, the experience and discourse of Aboriginal loss has been heightened, indeed, accentuated.

**Land rights: the romance of the primitive**

After the high point of the Aboriginal protest movement of the 1930s, it was not until the 1960s that Aborigines were again able to make themselves heard (Beckett 1988b:214, 203). This decade and that after saw an increased assertiveness by a greater number of Aborigines whose demands were progressively accorded more legitimacy as momentous social and political changes swept both national and international arenas. Aborigines across the country conducted a series of dramatic moves that successfully attracted media coverage and aroused public support (Lippmann 1991:38). No less significantly, these landmark events also inspired Aboriginal people with ‘new hope ... [which] led to a rejection of apathy and of the all-pervading, self-fulfilling feeling of powerlessness’ (Pittock 1975:44 cited in Bennett 1989:7).

The modern land rights campaign is generally perceived to have begun with the actions of the Yirrkala and Gurindji peoples of the Northern Territory in 1963 and 1966 respectively. In 1965, inspired by the American civil rights

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3 Different jurisdictions had different policy frameworks, some of which were more rigid and exclusionary than others. Likewise, definitions of ‘Aboriginality’ varied between states and across legislation.

4 Bennett (1989:7) notes that Aboriginal activists often cite the gaoling and subsequent death of the Aboriginal artist Albert Namatjira as having been of particular influence in gaining public support for the Aboriginal cause. Namatjira, who lived in the Northern Territory, became nationally recognised during the early 1950s, even more so when his work was purchased by royalty. In acknowledgment, he was awarded full citizenship, which removed the alcohol bar then imposed upon Territory Aborigines designated as government wards. However, he was arrested for giving alcohol to two of his adult sons and their adult friends, all legally wards, and was gaol ed in 1958. His death, eight months later, has been retrospectively attributed to ‘depression’ provoked by his mistreatment (Franklin 1976:144-5).

5 In 1965, the Australian government introduced the policy of ‘integration’. Saggers and Gray note: ‘For Aborigines ... the difference between assimilation and integration seemed inconsequential but the policy provided a bridge to what would become a more liberal stance purporting to recognise the right of ethnic minorities to participate and direct their futures in this country’ (1991b:389).

6 In 1963, the Yirrkala people of Arnhem Land presented the Federal House of Representatives with a petition in their own language on bark in which they protested the Commonwealth’s proposed excision of reserve land on the Gove peninsula in favour of a bauxite mining company. In 1968, the Yirrkala brought their case against Nabalco and the Commonwealth before the Supreme Court with the aim of gaining recognition of their title to land under Australian law. In 1971, Justice Blackburn, while finding that the clans had established a spiritual relationship with the land, dismissed the claim that the doctrine of communal native title formed part of Australian law (Bennett 1989:153, Lippmann 1991:38). The territory required by Nabalco consequently was excised from the reserve and bauxite
movement, Sydney Aboriginal activists such as Charles Perkins, with the support of white university students, conducted ‘freedom rides’ throughout country towns in northwestern NSW. The publicity generated by their flouting of (un)official apartheid that excluded Aborigines from swimming pools, certain hotels and other public facilities highlighted the marginalised status of Aborigines across the nation (Burgmann 1993:33). The Federal Council for the Advancement of Aborigines (FCAA), established in 1957, renamed the FCAATSI in 1964,\(^7\) likewise made strategic use of the media and its close links with influential trade unions and churches to cultivate its role as a unifying agent for Aboriginal demands (Goodall 1996:330).\(^8\)

These diverse public(ised) actions facilitated the success of the 1967 referendum which deleted discriminatory sections of the Constitution and granted the federal government the power to legislate for Aborigines.\(^9\) These changes, which were in many respects actually mechanical (see Brady 2004:18), were couched in moral terms: Aborigines were no longer to be regarded as ‘flora and fauna’ but at last were to enjoy the same status as all other members of Australian society.\(^10\)

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7 This change in name signified the inclusion of members from the Torres Strait Islands.

8 Virtually all of the FCAATSI’s European members were supporters of either the Labor Party or Communist Party (Burgmann 1993:63). Only three of the thirty people who had founded the organisation were Aboriginal and throughout the first half of the 1960s, the Council was clearly run ‘for Aborigines but not by them’ (Burgmann 1993:34). But while the first three presidents of the Council were European, by the late 1960s, the growing emphasis on Indigenous autonomy led to a challenge to any concept of joint leadership, let alone white domination (Burgmann 1993:35).

9 90.77 per cent of the population voted ‘Yes’, but while all states recorded affirmative votes, the ‘No’ votes were highest in the regions of highest Aboriginal populations (Bennett 1989:12, Burgmann 1993:33).

10 Contrary to popular belief, the referendum did not grant Aborigines the right to drink (Brady 2004:18) nor did it bestow them with full citizenship rights (see Attwood & Marcus 1997). However, it did enable the Commonwealth to fund Aboriginal programs (since these require legislation). Indeed, this is perhaps the most significant and lasting benefit of the referendum (Ian Anderson, pers. comm. 2005). Patrick Dodson (2000b) describes the referendum changes to the Constitution as ‘symbolically important’ but as having achieved less than what the leaders of the day had hoped, that is, ‘[t]o end the discrimination and allow the Aborigines proper enjoyment of citizenship and Aboriginality. The dignity to be Aborigines in their own country. The reality was that we became slaves to a series of government programmes and policies that continued to determine our political and social lives; a sort of “assimilation with consultation”’. 
Internalising loss in the 'post-colonial' state

Although land rights had been brought to public attention by the claims of the Gurindji and Yirrkala, southern Aborigines were to make it a national issue. In the late 1960s, the conservative Liberal government, steadfastly refusing land rights, offered Aboriginal communities leases of land for specific social and economic purposes; these were defined in terms of equity rather than recognition of distinctive Indigenous rights. By the 1970s, however, Indigenous rights had clearly overtaken civil rights as Aborigines’ principal goal (see Peterson 1999:849). The emergence of younger, more educated and articulate urban-based Aboriginal leaders had been accompanied by a growing emphasis on the loss of Aboriginal identity consequent to colonisation (Bennett 1989:7). As social reform began to be seen as inadequate, Aborigines started calling for fundamental political change (Kukathas, 1978:39 in Bennett 1989:8). This more aggressive form of political activism with its explicit re-orientation towards the reclamation and revival of Aboriginal identity, while locally driven and embedded, gained impetus from contemporaneous global transformations and concomitant international interest and affiliations. Indigenous resistance challenged colonial norms of identity that stressed the immutability of ‘visible marks of difference’ equated with race and/or ‘traditional lifestyle’ (Morris-Suzuki 1994:607). Instead, the common heritage of ‘exploitation and exclusion ... created a shared history of pain [which] ... forged new links [within the nation-state and beyond] ... giving strength to the reassertion of identity and of pride in history and in the fact of

11 Initiatives for land rights were repeatedly condemned and denounced by the Minister for Territories as mired in the schemes of Communists and left-wing union leaders; Aborigines were thus represented as pawns exploited in the advance of international communism (Bennett 1989:57, Lippmann 1991:39). In actual fact, during the 1940s and 1950s, the Communist Party was the only party engaged with Aboriginal concerns. However, the real and imagined connection between Aboriginal political activism and the Communist Party continued, until the demise of the Soviet Union, to be the means of condemning and dismissing the legitimacy of Aboriginal political activity (Bennett 1989:57).

12 This drive towards black autonomy reflected a growth of ‘Aboriginality’, ‘the desire to identify as Aborigines and to find one’s identity in such identification’ which was noted by the FCAATSI in 1968 (cited in Burgmann 1993:34). Ironically, it was also exemplified by the 1970 split of the FCAATSI, which was riven by a debate over a proposed constitutional change that sought to limit voting rights and executive membership to members of Indigenous descent. When the two-thirds majority vote necessary for constitutional amendment was not achieved, Aboriginal supporters of the motion withdrew to form the short-lived National Tribal Council based in Brisbane (Burgmann 1993:34).

13 The late 1960s was a time of profound global transformation as manifest in movements for decolonisation and the emergence of global, politically active Indigenous networks as fourth world peoples struggled to free themselves from the assimilatory tentacles of colonialism (Peterson 1999:849). During 1969 and 1970, Australian Aborigines were visited by black Americans, Maoris, Papua New Guineans, and the secretary of the British Anti-Slavery Society (Lippmann 1991:39). By the late 1970s, Indigenous peoples, primarily from former settler-colonies, began to network intensively via the international conference circuit. This became a powerful means of building a sense of worldwide activism, enhancing global affiliations and of exchanging knowledge and ideologies of health and healing, especially since the early 1990s (see Chapter Five). In 1979, however, it was the issue of Indigenous rights rather than health that predominated at an international assembly of Indigenous people in Canberra (Margot Lyon, pers. comm. 2004).
survival' (Morris-Suzuki 1994:607). But while Indigenous identity thus became (theoretically) more dynamic, the political rhetoric of Aboriginal activists nevertheless reiterated and thereby re-consolidated the equation of ‘authenticity’ with ‘traditionality’.

The bicentenary celebrations of Cook’s ‘discovery’ of Australia on 29th April 1970 provided Aborigines with an opportunity to once again protest the injustice of dispossession. The FCAATSI and the National Tribal Council declared it a ‘Day of Mourning’ and protests were organised in Sydney and Melbourne (Attwood 2003:337). In Sydney, several hundred people challenged the official re-enactment of Cook’s landing at Botany Bay by holding an alternative ceremony. During the silent vigil, wreaths were laid in the bay to commemorate Aborigines who had died defending their land. On each wreath was inscribed the name of a language that had been ‘lost’ post-invasion (Goodall 1996:336).

In the years immediately following the referendum, Aborigines experienced little change in their status. In addition to the 1970 Day of Mourning protests, Aboriginal initiative was manifest in the establishment of the Aboriginal Legal Service in 1970 and the Aboriginal Medical Service in 1971, both in Redfern, central Sydney.¹⁴ However, their most sensational political act was to erect a small camp under a beach umbrella on the lawns of Parliament House, Canberra, on Australia Day 1972. An initially small group of Aboriginal activists from southeast Australia bore placards reading, ‘Land now not lease tomorrow’ and ‘Land rights now or else!’ (Attwood 2003:341). The potent symbolism of this proclaimed ‘Tent Embassy’ attracted unprecedented national and international media attention for the Aboriginal cause and helped to unite, albeit temporarily, Aboriginal voices from around the country in the political demands for land rights (Bennett 1989:13).¹⁵ The Tent Embassy was a powerful comment on Aborigines’ condition as impoverished fringe dwellers, their status as aliens in their own land and, simultaneously, their sovereignty (Attwood 2003:345, Robinson 1996:245).

Attwood (2003:342) suggests that the Tent Embassy owed much to the 1938 Day of Mourning as well as to the Cook bicentenary protest. Yet there was a noticeable shift in demands. Whereas Cooper and Ferguson had called for civil rights, Aboriginal activists in 1972 sought recognition of their uniquely Indigenous rights and demanded a treaty and an Aboriginal homeland (Attwood 2003:343). These identity politics fostered a search for ‘roots’ and the

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¹⁴ In the late 1960s and early 1970s, before the introduction of Medibank (later Medicare), medical services were unaffordable for Aborigines (see Chapters Four and Five).

¹⁵ Peters-Little (2000:10) notes that Tent Embassy protesters appeared on national television alongside other international protest movements such as the anti-Springbok Tours, Malcolm X, the Black Panther movement, the anti-Vietnam war protests, and the women’s liberation movement.
Internalising loss in the ‘post-colonial’ state

formulation of a distinctive communal identity. The image of a sovereign Aboriginal nation was constructed through symbolic displays of pan-Aboriginal unity and discourses that represented Indigenous peoples across the continent as sharing a similar cultural consciousness and heritage.\(^{16}\) Declaring that land was a source of Aboriginal ‘identity, spiritual satisfaction and emotional security’, Aboriginal spokespersons such as Kevin Gilbert and Paul Coe asserted that loss of land had led to loss of culture and hence, the loss of Aboriginality and that conversely, the return of land would lead to recovery (Attwood 2003:343).\(^{17}\) The reclamation of Aboriginal identity through the restoration of land and the concomitant revitalisation of Aboriginal culture was perceived, therefore, to offer a positive identity and future to the delegitimated fringe-dwellers in the southeast (Paul Coe cited in Attwood 2003:343–4).

In 1972, pledging support for land rights, a Labor government was elected and a new era of self-determination inaugurated.\(^{18}\) The Whitlam government established an Aboriginal Land Rights Commission to examine the issue of land in the Northern Territory; its recommendations came to form the basis of the first Commonwealth legislation providing for land rights (Attwood 2003:346). When finally passed under a Liberal government in 1976, the Aboriginal Land Rights Act (Northern Territory) granted Aborigines freehold title on the basis of ‘traditional association’.\(^{19}\) Mining interests were protected, however, as the Act

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\(^{16}\) The image of pan-Aboriginal nationhood was accentuated when several months later, the tri-coloured Aboriginal flag was raised at the site. First raised in 1971 in South Australia on National Aborigines Day, the flag gained national visibility the following year in Canberra (Kondos & Cowlishaw 1995:4). Its colour symbolism has become a powerful political affirmation of land rights and of the Aboriginal struggle: black represents ‘the Aboriginal people whose ancestors have lived in Australia for tens of thousands of years’, yellow represents ‘the sun, the giver of all life’, and red represents ‘the colour of the earth and the blood spilled by Aborigines in defence of their land’ (Langton 1988).

\(^{17}\) An Embassy news-sheet indicates the way in which land was (re)affirmed as central to Aboriginality: ‘All Aboriginal people in the south eastern states of Australia have been dispossessed of their land and of their heritage’ (cited in Attwood 2003:343). It is important to recognise, however, that while the viewpoint articulated by Gilbert and Coe was extremely politically influential, it was not unanimously supported by southern Aborigines.

\(^{18}\) Self-determination has been described as ‘the cornerstone of government policy’ and ‘the central word’ in Aboriginal affairs since the election of the Whitlam government in 1972 (O’Donoghue 1992:7 in Roberts 1994:212). It is generally accepted that central to self-determination is the right of Indigenous Australians to make decisions on issues relating to them and to manage their own affairs. However, there is no consensus as to how this should be achieved. Successful Australian governments have tended to define self-determination more narrowly than in international forums, and have rejected the view that self-determination includes the right of Aboriginal people to decide their political status and to explore alternative political options such as Indigenous self-government. In fact, for the most part, the exercise of self-determination in Australia has been limited to what is compatible with the interests of the state. It may perhaps be viewed more accurately as a bureaucratically constructed form of self-management, as ‘the expansion of the welfare system into Aboriginal affairs [rather] than a recognition of indigenous rights’ (Morris 1989:202, Roberts 1994:212).

\(^{19}\) Since the 1960s, there had been an increasing emphasis on ritual and ‘spirituality’ as the distinguishing characteristics of Aboriginal practice, to the exclusion of social, political and
permitted Aborigines to claim ‘only vacant Crown land and lands already held by or on behalf of Aborigines’; even then, their claims could be disallowed if ‘detriment to persons or communities might result’ (cited in Burgmann 1993:50). The Act thus offered nothing to those who could not fulfil its demand of traditional association, those whose tribal lands did not correspond with Crown lands, or those in settled regions who had suffered the most dispossession.

Calls for land in the southeast had been overshadowed by the publicised battles for land rights in remote communities and, moreover, deflected by the Tent Embassy’s accent on pre-colonial tradition. Nevertheless, Aborigines in settled areas continued to call for land rights and reparation so that they could buy back the reserve and mission lands to which they had strong emotional ties (Attwood 2003:347–348). Paul Coe issued the following challenge to the Whitlam government:

How can we prove that we have a claim to land when we have been detribalised, and had our way of life completely changed? … Mr Whitlam has stated specifically that [land rights] … is applicable to blacks who have tribal association with the land. Now that is applicable to the Yirrkala, the Gurindji people. Now I would say, what about the majority of blacks? The ones in the eastern states who have suffered the most, who have been in contact the most with European society for at least two hundred years, and over two hundred years have been detribalised and … dehumanised, have lost all tribal association with the land. Now what about these people? These are the people who have suffered the most under white domination (1972 cited in Attwood 2003:348).

Land had become a key symbolic medium around which differing kinds of Aboriginality were being re-constructed. Aborigines’ profound connections to their country signified the richness of ‘traditional’ culture and cosmology. In turn, the ability to demonstrate ‘tribal association with the land’ linked contemporary Aborigines to an ‘authentic’, although imaginary, pre-colonial Aboriginality. The calls for land rights by Aborigines in the southeast were equally an expression of the continuing centrality in their lives of historical, cultural, social, and emotional connections to country. Yet the absence of their tribal connections to land was just as symbolic. It testified to invasion and dispossession and raised the matter of justice (see Burgmann 1993:44, Goodall 1996:330). We will see how over the next two decades, land and its ‘loss’, possession and dis-possession, would become increasingly entwined with particular formations of Aboriginality and to underpin, albeit in differing ways, the pursuit of recognition and the assertion of autonomy by both ‘traditional’ and ‘detribalised’ Aborigines.

In the 1970s, although the most overtly discriminatory legislation was being dismantled, Aborigines still suffered significant inequities in many states including lower wages, restrictions on movement and limited access to social

经济行为 (see Macdonald 2001:180). This viewpoint underpinned the 1976 Northern Territory Act.
security payments; even the identification of Aboriginality was determined in most states by a local magistrate (Saggers & Gray 1991b:389). This decade witnessed a rise in policies of multiculturalism, which formally detached citizenship, as a legal and political status, from ethnic affiliation (Pearson 2002:997). Barriers to the rights of state membership were thus officially eliminated for Aborigines, like other cultural minorities. Yet it was their very “Aboriginality” that offered them the potential move beyond this ‘ethnification’ towards recognition of their unique and separate status as dispossessed first peoples (Pearson 2002:999, 1003): 22

Politically, aboriginality ... provided a platform for the pursuit of power, paradoxically, marking the entry and potential exit from minority status. Culturally, ‘aboriginal’ signified a material and symbolic construction of ‘being’ relating to this socio-legal and political positioning (Pearson 2001:50).

In 1983, the Hawke Labor government was elected. The following year, it indicated its intention to introduce uniform land rights legislation by applying the Northern Territory Act to the whole of Australia (Burgmann 1993:51). This proposal was opposed by the Western Australian government in particular, but also by Aboriginal people in the Northern Territory who saw it as potentially diluting their native title. The proposal for uniform land rights legislation was also condemned by the mining industry which, with the support of the governments of the Northern Territory, Western Australia and Queensland, increased its offensive by conducting an expensive and well-orchestrated

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20 In 1972, the legal definition of Aboriginal identity ceased to be founded solely on racial factors. An Aboriginal person is now recognised in Commonwealth legislation as a person who is of Aboriginal descent, identifies as an Aborigine, and is accepted as such by the community in which he or she lives. Yet as Mobbs (1991:296) notes, although this definition stresses social rather than genetic factors, it has not put an end to the ‘Who is an Aborigine?’ debate among Aboriginal as well as white Australians.

21 Pearson elaborates: ‘In terms of belonging, “multicultural citizens” were now free to choose their cultural allegiance, with two important state provisos: the right to maintain one’s culture was balanced by duties, not only to recognise the private cultural rights of others, but also publicly to acknowledge the primacy of national core languages, institutions and values’ (2001:198).

22 The complexities of Aborigines’ status is described by Peterson as ‘double [rather than dual] citizenship’ wherein ‘the two memberships fall within the same political jurisdiction and so confront indigenous peoples daily with the dilemmas of this articulation’ (1998:110). Short (2003b:496) highlights the issue of consent as the central issue distinguishing Indigenous people from other ethnic groups in the settler nation.

23 Thanks to Tim Rowse (pers. comm. 2001) for this insight. Clearly, the undifferentiated category of ‘Aborigines’ denies the myriad, differing forms of local identities that exist(ed) across the continent. Moreover, it negates the complexities of colonisation, in particular the variability in the nature and degree to which Aborigines were subjected to dispossession, dispersal and active acculturation. The result is a flattening of the diversity of Aboriginal communities, and an obscuring of the actuality that each has been shaped by the interplay of culture, history and local circumstances. Yet the colonial construct of ‘Aborigines’, continues to be reiterated in contemporary bureaucratic formulations of Australia’s mainland Indigenous people with the implicit demand that they act accordingly.
campaign against land rights (Beckett 1988b:209, Burgmann 1993:50). Images such as black hands locking out other Australians and maps showing huge areas of land alienated, effectively cited old tropes and created new fears to mould public opinion (see Burgmann 1993:51). Beckett explains how the rhetoric of earlier years re-emerged in two primary modes:

either the remote Aborigines are to be attached to the past while the rest are severed from it; or all Aborigines are to be brought into the present, in other words to be assimilated. In the latter mode, land rights is ... equated with apartheid – a trope borrowed from the civil rights campaigns of the 1960s – and rejected as subversive of the equality that must prevail among Australian citizens, regardless of race, colour or creed. This equality is defined in terms of formal legal, political and economic rights, and without recognition of the inequalities created by conquest, dispossession and institutionalisation ... If Aboriginal people qualify for assistance, it must [then] be like other Australians, disadvantaged through isolation, poverty, ill-health and the like (1988b:209).

In 1985, a poll commissioned by the Hawke government purportedly found an electorate ‘fearful and suspicious of land rights’ (Rowse 1988:161). In his discussion of the report, *Land rights: winning middle Australia* (Australian National Opinion Polls (ANOP) 1985), Rowse (1988) explicates the continuing political valency of the artifice of ‘authentic’/‘inauthentic’ Aboriginality. ANOP described the electorate as opposing the ‘legitimacy’ of ‘traditional’ Aborigines in rural and remote regions to the ‘suspect’ Aboriginality of those living in urban areas, who were seen to have lost their culture and for whom the future was envisaged as ‘integration and acceptance in white society as wage-earners and home-makers’ (1985:46 cited in Rowse 1988:173). This imaginary binary underpinned ANOP’s recommendation that land rights be presented in terms of the preservation of ‘spiritual and cultural heritage’, with the proviso that Aboriginal heritage was seen to be that of ‘all Australians’. Furthermore, ruling out compensation, ANOP advised that land rights could not be promoted as a solution to the problems of city Aborigines (Rowse 1988:174).

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24 The most prominent spokesperson, Hugh Morgan of Western Mining Corporation, claimed that while the mining industry was ‘bound by nearly 2000 years of Christian tradition and doctrine’, Aboriginal land rights would represent ‘a symbolic step back to the world of paganism, superstition, fears and darkness’ (1984 cited in Bennett 1989:56).

25 Aboriginal land rights continue to be opposed by mining and pastoral interests, as well as by agricultural and forestry interests in Victoria and NSW, all of which represent key sources of national revenue. Other sections of white society, however, have become increasingly supportive of the Aboriginal cause, including some more liberal Christian churches, the Green movement, the New Age, and the high culture industry of art, music, writing, theatre, and dance engaged in what has been termed a ‘black cultural renaissance’ (see Burgmann 1993:61, 64).

26 Rowse draws a parallel between this historical hierarchy of Aboriginalities and the ‘mythical partitioning of nationhood into primeval and civilised aspects’ (Rowse 1988:174).

27 ANOP’s finding that only one in four Australians supported the granting of land rights to Aborigines was accepted as fact and widely quoted by those opposed to land rights.
That same year, the Labor government disbanded the nationally elected National Aboriginal Conference (NAC) which had instigated a concerted campaign for a treaty. Following its re-election in 1986, the Hawke government abandoned its pre-election promise to introduce a national program of land rights, thereby leaving each state to determine its own legislation. Peters-Little comments:

Although it was acceptable to some members of Parliament and a broad white population that a few “traditional” blacks be allowed to [live on the land and practise their culture], those blacks identifying as rural or urban blacks were seen to need only welfare programs to pull themselves up and out of the “Aboriginal problem” (2000:12).

Land rights’ legislation has thus reinforced the construct of ‘tradition’ as constitutive of ‘authentic’ Aboriginality. Likewise, the Aboriginal art boom of the 1980s with the national and international ‘discovery’ of the vibrancy of Central and Western Desert dot paintings, had few positive ramifications for southern Aborigines (see Nicoll 1998:168). Instead, its most notable outcome is that primitive forms have become icons of both ‘Aboriginality’ and Australia. Haunted by lost ideals of Otherness, ‘hybrid’ Aborigines in settled Australia are discursively stranded in limbo, suspended between the ‘real’ and assimilation, but estranged from both. ‘Lacking’ culture and land, the presence of these not-quite-others in towns and cities is generally construed as more negative than positive. Yet paradoxically, we will see that it is this very construction of ‘urban half-castes’ as ‘lost’ and ‘losing’ that provides them with a degree of political agency.

The ‘Year of Mourning’ 1988

By the late 1980s, the momentum of the Indigenous rights movement had subsided in the context of global economic crises and restructuring and the decline of the traditional Left (Mickler 1991:86). Mickler further notes that

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28 In 1977, the federal government had established the NAC to provide a forum for the expression of Aboriginal views. A resolution from the Second National conference in 1979 requested the execution of a Treaty of Commitment between the federal government and the Aboriginal nation (Short 2003b:508). The NAC gained a degree of legitimacy when it was adopted by the Aboriginal Treaty Committee (ATC), a respectable “think tank” of white academics (Attwood and Markus, 1999 in Short 2003b). The ATC perceived a treaty as entailing recognition and restoration of Aboriginal rights to land and political autonomy, compensation for the loss and damage to traditional lands and way of life, and the protection of Aboriginal identity, languages, law, and culture (Short 2003a:292).

29 It was not until the late 1990s that the national mainstream began to question whether the profits were being fairly returned to Indigenous communities (Povinelli 2002:50).
locally, more than six years of Labor corporatism had ‘debilitated traditional lines of resistance and co-opted a generation of activists and unionists, both black and white’ (1991:86). A national program of land rights was no longer on the short-term political agenda. Instead, the focus was redirected by the dramatic suicides of a number of young Aboriginal men in police custody, described by Aboriginal spokespersons as powerfully signifying the reality of continuing oppression and injustice (Reser 1991:269). At the same time, the premiere and eventual national broadcast of David Bradbury’s film State of Shock exposed the general public to the drunken despair, violence and self-injury that appeared to characterise certain Aboriginal communities (Reser 1991:269). These images challenged Australia’s international reputation as a just and modern nation and its attractiveness for the growing Asian tourist market in particular (see Kondos & Cowlishaw 1995:5). The political response was the establishment of the Royal Commission into Aboriginal Deaths in Custody (RCIADIC) in 1987, a year which saw a nine-fold increase in the number of Aboriginal deaths by hanging while in custody (Reser 1991:268).

On 26th January the following year, Australia celebrated two hundred years of ‘settlement’. A vast range of activities was held all over the nation and in Sydney, where Tall Ships re-enacting the First Fleet arrived in the Harbour, an estimated 2.5 million people attended festivities. Having celebrated 1987 as the bicentenary of their last year of freedom, the Aboriginal movement declared 1988 to be a ‘Year of Mourning’, a celebration of survival (see Burgmann 1993:25).

On 26th January, alongside the formal program, about forty thousand Indigenous people from across Australia, many of whom had travelled to Sydney in ‘freedom

30 In December 1979 at the Weipa Aboriginal reserve on Queensland’s Cape York Peninsula, 22-year-old Alwyn Peter, during a drunken rage, killed his 19-year-old girlfriend Deidre Gilbert. This film recounts the events leading up to the murder trial and case.

31 Foley (2001) describes how for the six months prior to the bicentenary, pop singers, folk heroes, the stars of Fosters beer commercials, and Aborigines had appeared on national television singing the bicentennial theme song, ‘Celebration of a Nation’, to the backdrop of Uluru.

32 Unlike the 1938 sesquicentenary celebrations, however, the NSW government of the late 1980s had rejected the possibility of a landing re-enactment on the grounds that it would be ‘completely insensitive and politically volatile’ (cited in Australia Day Council Tasmania 2003).

33 In the weeks preceding the official bicentenary, a degree of national unease about prevailing constructions of Australia Day was reflected in the number of reports describing the ‘hundreds of Aborigines’ apparently en-route to Sydney to protest (Foley 2001). For example, a Sydney Morning Herald editorial entitled ‘World focus on Aborigines’, stated: ‘Scarce a day of the Bicentenary has passed when issues involving Aborigines and their “Year of Mourning” protests have not featured prominently’ (19th January in Foley 2001). In the days prior to 26th January, this mainstream newspaper featured two headline stories of Indigenous challenges to the status quo: the first, Torres Strait Islanders back independence call describing events which would ultimately lead to the High Court’s Mabo decision; the second relating the audacious plan by Aboriginal activist Burnam Burnam who planned to claim Britain by raising an Aboriginal flag at the same time as descendants of the British re-enacted their settlement in Sydney (Foley 2001).
buses’, conducted a march for ‘justice, freedom and hope’. The five-kilometre march began with a mourning corroboree.\footnote{Galurrwuy Yunupingu, chairperson of the Northern Land Council, told the assembled crowd that ‘Australia’s too old to celebrate birthdays’ (cited in Morton 1996:123).} However, the major concern for many white observers was the skin colour of the Aboriginal protesters, whose political motives were denounced as being ‘as impure as their Aboriginal descent is diluted’ (The Age 6 January 1988 in Bennett 1989:58).\footnote{This emphasis on shades of colour reflects the colonial categorisation of Aboriginal bodies on the basis of ‘blood’. It is a distinction that is plainly mobilised to limit the number of Aboriginal people who may ‘legitimately’ claim land rights and government assistance. Hugh Morgan, for example, called for a national register of ‘full-blood’ Aborigines, which would be used in land claim inquiries (Bennett 1989:59). Further, it indicates a backlash against Aboriginality as self-identification, the perception being that ‘the true Aborigines [are being ruthlessly exploited] by those of mixed race who have long dominated the politics of aboriginal affairs at a national level’ (Bennett 1989:59).}

Describing the ‘Year of Mourning’ as the culmination of decades of political activism, the Aboriginal activist Gary Foley suggests that ‘[p]erhaps not since the mid-nineteenth century ha[d] the basic question of right to occupy the continent been posed with such clarity, and received such mainstream attention’ (2001). Five decades after the ‘Day of Mourning’, as the ‘apparently powerless exercised influence to an extent unimagined in 1938’ (Foley 2001), so the past, repressed by narratives of colonial ‘settlement’, was (re)surfacing to haunt the nation.\footnote{Highlighting the 1938 ‘Day of Mourning’ as ‘the first effective Aboriginal contestation of the power myths and symbols of Australia Day’, Foley (2001) argues that while its significance is often perceived to be primarily symbolic, the work of Cooper, Ferguson, Patten and others became the inspiration for generations of Aboriginal political activists. Notably, the son of Jack Patten and descendants of other Aboriginal activists of the 1930s and 1940s were involved in organising the 1988 ‘Year of Mourning’.}

\textit{White Australia has a black history} \footnote{Originally an Aboriginal protest slogan, this ‘well-known, deceptively simple and ambiguous message’ emerged in the 1980s to challenge Australia’s British heritage and history (Morton 1996:122). The statement is both condemnatory, inciting counter-narratives stressing positive versions of British ‘settlement’, and celebratory in its recognition of Aborigines’ apparent gift of 40,000 years (and more) heritage such that the nation becomes founded on ‘the oldest living culture in the world’ (see Morton 1996:122–123).}

\begin{quote}
Aborigines’ return to the history – something like a return of the repressed – has shattered the illusions of the old history and so torn away a familiar map of the past.
\end{quote}

\begin{flushright}
(Attwood 2000a:256)
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At the time of the bicentenary, Aborigines still occupied the lowest position on all social, economic and political indicators, with a gross imbalance in life expectancy and in rates of mortality, unemployment, incarceration, and suicide (see Bennett 1989:150). Yet this reality was at odds with a survey conducted during festivities in January 1988, which indicated that most Australians believed that Aborigines had benefited from 'civilisation'.

In 1968, the anthropologist W.E.H. Stanner had coined the phrase, 'the great Australian silence' to denote the virtual absence of Aborigines from colonial history (see 1979). At that time, orthodox texts celebrated European endeavour; national histories began with Cook's discovery of Australia and traced the peaceful settlement of the land by hardy explorers and former convicts. Aborigines were but a 'melancholy footnote' (Stanner 1979:214), a primitive and passive race that had vanished in the face of progress. Stanner declaimed the deliberateness of this exclusion of Aborigines from the public landscape as generating a national 'cult of forgetfulness and disremembering' that rendered the 'several hundred thousand Aborigines who lived and died ... in no way consequential for the modern period' (1979:214). This denial of Aborigines' very humanity had further normalised an ideology of discrimination such that it became 'unremarkable, increasingly invisible and largely irrelevant to non-Aboriginal Australians' (Haebich 2001:76).

Until the 1970s when Aborigines' protests and demands captured the public's attention, there was little recognition that they had a different version of colonial history (see Cowlishaw 1999:8-9). Moreover, during the post-war years, in the non-Aboriginal realm at least, Aboriginal people themselves were inclined to construct their histories in a way that de-emphasised their experience of oppression (Attwood 2001a:187). While this may have been a conscious

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38 The degree of confidence about this matter was greatest in those geographical regions most closely identified with the harshest treatment of Aborigines (The Age, 8th February 1988, cited in Burgmann 1993:24).

39 Goodall, for example, states that many Aboriginal people 'recalled active, complex lives only sometimes completely dominated by oppression' and that when 'they described such experiences at all they were as likely to brush them aside with "not too bad" or, if asked, to deny them altogether' (1987:18, 28 cited in Attwood 2001a:187). Attwood suggests that this form of narrative suggests a 'conscious strategy on the part of ... Aboriginal people; they had to come to terms with the racial structures that governed their lives, and minimising oppression by denying or forgetting events, or suppressing the feelings of loss and anger they provoked, was an important means of survival' (2001a:187). However, positive and negative images continue to exist in older Aborigines' recollections of the past. Cowlishaw comments: 'There is moral outrage ... and some older people show bitterness concerning particular experiences of injustice, but bitterness is not the prevailing characteristic of memories of the 1940s, 1950s, and 1960s. Recalled pleasures are regularly given greater salience than those of hurt or humiliation. Perhaps memory characteristically works to invest pride and pleasure in past experience. Further, shared material deprivation, unless physically painful, is not arduous for children and the challenges of penury and powerlessness have
strategy of survival, it is perhaps also reflective of a degree of ambivalence about being Aboriginal, of being, as Kevin Gilbert described, 'deeply ashamed of what they know is the truth about their people' (1977:1). However, from the 1970s, the concept of 'cultural difference' emerged as the basis of Indigenous rights, fuelling anti-colonial discourses of 'survivorship' and associated strategies of 'cultural reclamation'. As the voices of Aboriginal activists became more strident, they found support in the work of historians such as Rowley (1970), Reynolds (1982, 1989) and Read (1981, 1982) who began to expose the dark side of Australia's history: the land seizures, the massacres and the abduction of Aboriginal children. This 'revisionist' history confronted the myth that Aborigines had merely 'faded away' or were passive victims of European onslaught, yet simultaneously tended to reduce Aboriginal-European interaction across the continent to the common denominator of violent dispossession and resistance (Attwood 1989:137).

As the 'recovery' of Australia's 'bloody' colonial past shifted Aborigines from the margins of history to centre stage, it evoked a spectrum of sentiment and responses. What was often veiled by the ensuing contestation is the fact that become sources of pride in retrospect, especially the complex skills and strategies developed to avoid or counter the controls and limitations Aborigines were subjected to' (2004:126).

Attwood (2001a:188) also suggests, however, that in the post-war era of assimilation, both European and Aboriginal Australians were encouraged to forget the past and to move on into the future. This meant that there was no place for Aborigines to recount their histories. We can thus see how experience, expression and subjectivity is socially situated and shaped.

The process of 'recovering' Australia's history is patently intertwined with the experiences and rhetoric of Aboriginal activists as well as the political concerns of particular historians supportive of the Aboriginal cause (Reece 1996:32-33). Indeed, it is precisely its transparently political foundation and focus that provide critics with a basis for denouncing its challenges to conventional narratives, whose own political nature is shrouded by their established place in the nation.

This emphasis is particularly evident in the work of Reynolds (1982). Reece (1996:32) asserts that there is less attention paid to documenting other forms of interaction such as the desire for accommodation and the formation of alliances between Aborigines and Europeans. In addition, the emphasis on domination/resistance asserts the centrality of colonialism in Aboriginal lives, failing to acknowledge that people may have chosen to variously interact with colonial forces, choosing to pursue or avoid contact where possible. Cowlishaw (1999) describes how in Arnhem Land, the competing interpretations of frontier violence as part of either a heroic or a demonic era are confounded by the complexities of daily existence and the ambiguous and ambivalent nature of lived race relations. In describing the life of Billy Farrar, a white pastoralist, she notes: 'While today's historians would assume that if Billy Farrar shot "myalls" he was an enemy of the blacks, this is not the view of his Rembarrnga kin. The ambiguity is starkly indicated by Tex: 'An Aboriginal walking into Mainoru met [Billy Farrar] on the road and asked him for a smoke and Farrar shot him right between the eyes. A young fella. But he got on good with the Aboriginal people' (1999:68).

There has been a concomitant proliferation in representations of history from an Aboriginal perspective in the genres of film, theatre, literature, oral histories, and in the 1990s, state-sanctioned inquiries. Examples include novels such as My place, Sally Morgan, 1987; Follow the rabbit-proof fence, Doris Pilkington, 1996 (later made into a film); Taken by force: a novel of the stolen generation, John P. McD Smith, 2000; oral history projects including The stolen generations: the removal of Aboriginal children in New South Wales 1883 to 1969, Peter Read, 1982; The lost children: thirteen Australians taken from their
both orthodox and reformist histories, like all histories, are inherently political interpretive acts that reconstitute the past in the context of the present (see Attwood 1996b:100). Further, as formalised social memories, both are fundamental to the imagining of community and the creation of social solidarities (Alonso 1988:33, 40). Like the formation of national identity through narratives of ‘settlement’, therefore, the ‘recovery’ of history from the perspective of the oppressed, the Indigene, is a political movement connected to the ‘recovery’ of collective identity.

The very basis of Indigenous rights is historical. The past continues to bear upon the present with respect to the nature of Aborigines’ political relationship with(in) the nation. The injustice of expropriation of land and lives is first and foremost the basis of Aboriginal demands for redress as a matter of right versus charity and secondly, a framework through which to comprehend their lived social marginality and demoralisation (see Mulgan 1998:191). The common suffering of Aborigines post-conquest constructs ‘a continuity of Aboriginality’ that connects past, present and future generations, the ‘traditional’ and the ‘contemporary’ (Ariss 1988:134). Aboriginalities are thus stitched up into a collective, political identity predicated not only upon the abundance of pre-invasion ‘tradition’ but equally the ‘losses’ suffered post-colonisation.

Revisionist history has thus unwittingly incited a particular type of Aboriginality (see Rowse 1996:7). While portrayed as ‘active resisters, first against colonial intrusion, then as active repossessors of fragmented culture’ (Ariss 1988:134–135), Aborigines in settled Australia are nonetheless ultimately left with the role of history’s victims. Macdonald observes:

> Even the most supportive advocate of civil rights for New South Wales Aboriginal people could point to the dispersals, massacres, dispossession, miscegenation and loss of culture and language. Themes such as resistance, while they made active agents and fighters of the previously passive depictions of Aboriginal people, nevertheless helped to fuel the image of irrevocable loss (2001:176).

Arguing that ‘[t]he historical wrongs emphasised in the land rights movement of the 1970s evoked energy and anger, rather than victim status’, Cowlishaw suggests that as revisionist history together with state-authorised inquiries such as

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44 Aboriginal families tell of the struggle to find their natural parents, Coral Edwards and Peter Read (eds), 1989; Untold stories: memories and lives of Victorian Kooris, Jan Critchett, 1998; and theatre: Stolen, Jane Harrison, 2000.

45 Lambek and Antze (1996:xxi-xxii) posit that when social identity can be taken for granted, the past becomes less of an issue.
the RCIADIC began to reveal 'Australia’s bloodstained, oppressive and secreted past ... assertive land rights activists were gradually replaced by injured and suffering Aboriginal people as the central motif in Indigenous politics' (2002, 2004:52).

This re-construction of Aboriginality was fundamentally interrelated with the re-formation of national identity. The mythical ‘primitive’ Aborigine has always held significance as a symbol of the Australian nation, ironically coming to represent the system intimately engaged in his apparently silent demise. But amidst ‘revelations’ of violent colonial history and contemporary images of poverty-stricken Aboriginal camps, Aborigines became central, although controversial figures in the unsettling of the nation’s self-image. This struggle to re-define the nation in the global arena generated an impetus towards the recognition of Aboriginality (Merlan 1998:234). And yet these processes have increasingly confronted Aborigines with the distance between—rather than the inseparability—of the past and the present by demanding that Aboriginality (re)create 'its innerness out of its past' (Merlan 1998:234). Old tropes were thus reiterated to once again position Aborigines, or more specifically, certain valorised kinds of Aborigines outside of modernity.

'A national legacy of unutterable shame'

... the conflagration of oppression and conflict ... was, over the [nineteenth] century, to spread across the continent to dispossess, degrade and devastate the Aboriginal peoples and leave a national legacy of unutterable shame ... The acts and events by which that dispossession was carried into practical effect constitute the darkest aspect of the history of this nation. The nation as a whole must remain diminished unless and until there is an acknowledgment of, and retreat from, those past injustices.

Justices Deane and Gaudron (High Court of Australia 1992:paragraphs 50 and 56)

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46 The ‘authentic’ Aborigine is predominantly represented as male. In an Australia Day ceremony in 1961, Australia was symbolised on the dais by a portrait of the Queen with a stuffed kangaroo and an emu on the right and a stuffed Aborigine on the left (Inglis 1967:34 cited in Kapferer 1988:142).

47 Merlan notes that this emphasis was ‘never completely at variance with the demands and visions of Aborigines individually and collectively, ... enjoined to be “themselves” under the policy of “self-determination”’ (1998:234).

48 Sir William Deane retired from the High Court in November 1995 subsequent to the announcement of his appointment as Governor-General by the Prime Minister, Paul Keating. Sworn in as Australia’s 22nd Governor-General in February 1996, he consistently expressed his desire to see meaningful reconciliation between Aboriginal and non-Aboriginal Australians.
On 3 June 1992, the High Court in *Mabo* and others v. the state of Queensland (hereafter referred to as *Mabo*), by a majority of six to one, abandoned the concept of terra nullius, the legal fiction that had defined Aborigines as ‘an absence’ in terms of property rights at the time of colonisation (Gelder & Jacobs 1998:16). In finding that Indigenous inhabitants, or at least some of them, have rights in common law as land owners, the High Court’s decision effectively threw into question the nature of the relationship between the Australian state and ‘its’ Indigenous people. Critically, however, the *Mabo* decision stressed that the foundation of native title was extinguished ‘when the tide of history has washed away any real acknowledgment of traditional law and any real observance of traditional customs’ (cited in Povinelli 1998:587).

In late December 1993, the *Native Title Act* was passed through both Houses of Federal Parliament. Hiatt comments:

one purpose of the legislation was to allay anxieties among the citizenry that Mabo could cause them personal injury. While it affirmed the principle of native rights in relation to land, the Act proceeded on the basis that such rights had already been extinguished [in most of the country] by valid grants of private interests i.e. grants of freehold or leasehold ... The Attorney-General stated that, for the most part, native title persisted only in remote areas of Australia, where it was based upon complex spiritual associations and special responsibilities (1996:34–35).

While hailed as a ‘philosophically and legally remarkable decision’ (Hamilton 1995:191), the economic and political consequences of *Mabo* were in actual fact quite limited. Attwood states:

while the High Court recognised native title it also ruled that this had been legitimately extinguished in much of Australia, that compensation was not payable for such expropriation, and that Aboriginal claimants have to be able to show that

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49 This premise had validated the British claim to sovereignty, rendering Australia a ‘settled colony’, according to eighteenth century international law, rather than a ‘conquered colony’, as, for example, in the United States or Canada where limited forms of Indigenous rights and sovereignty were granted (Morris 1989:202).

50 Subsequent to the *Native Title Act*, the National Native Title Tribunal was established to process uncontested claims to native title and compensation and to mediate the settlement of opposed claims (Hiatt 1996:35). The tribunal is presided over by a judge or former judge. In the event that mediation fails, contested claims are referred to the Federal Court (see Hiatt 1996:35).

51 Aboriginal title was acknowledged, therefore, as existing only where not ‘explicitly extinguished by the Crown or by legislative or executive action’ (Fleras 1999:214). The *Native Title Act* thus confirmed the possession of mining leases in areas where prior pastoral leases had not extinguished native title. By ensuring that mining companies were able to maintain unhindered access to mineral deposits, this outcome clearly reflected the interests of federal and state governments, in particular those of Queensland, Western Australia and the Northern Territory.

52 Nicoll (1998:171) observes that since *Mabo* dealt with the case of Murray Islander Eddie Mabo who had maintained ‘traditional ties’ to a single area of land, the decision in actual fact had limited application for Aborigines in mainland Australia.
they have maintained a continuing relationship to their traditional land, which few can do (1996b:170). The Act explicitly privileged ‘intact’ traditional occupation and unmediated forms of knowledge about land, customs, language, and so on as the legitimate paths to native title, an emphasis which effectively deactivated modernity and the experience of the majority of Aborigines whose lives and bodies attest to dispossession and discontinuity. It would seem, therefore, that in its recognition of ‘Aboriginal firstness’, Mabo simultaneously denied their contemporaneity (Merlan 1997:11). Instead, it implicitly reiterated the oppositions of authentic/inauthentic, tribal/detribalised, landed/landless, thereby reinscribing those who have ‘lost’ culture and tradition as wholesale ‘losers’. Mabo’s specifications of traditional connection, like its predecessor traditional ownership, thus effectively shifted the burden of history ‘from the fact of expropriation to the character of the expropriated’ (Wolfe 1994:122).

The High Court judgment nonetheless provoked a sense of national crisis. For many Australians, ‘the loss of their customary narrative’ signified the end of Australian history as they ‘knew’ it and hence ‘the loss of [their Australia,] their identity and nationhood’ (Attwood 1996b:100). Yet the decision itself was embedded in liberal aspirations and ideals in addition to concerns about Australia’s international standing. As Povinelli notes:

The High Court decision and public statements supporting it leaned not only on images of the shamed national subject but also on images of a national subjectivity now fully conscious of its past mistakes. Their statements continually referred to a repaired social body, to an equitable society, and to a nonracist white subject, made possible through the passage of Mabo and the Native Title Act ... dominant society [was urged therefore] on a journey to its own redemption, leaning heavily on the unarguable rightness of striving for the Good and for a national reparation and reconciliation (1998:586–7).

But as the nation’s shame was organised around its Indigenous subjects, Aboriginal people were effectively re-subordinated with respect to dominant society and its law (Povinelli 1998:591). This asymmetry, however, was veiled

53 The form of native title enabled by Mabo is sometimes termed ‘remnant’ title: few Aborigines can benefit, and success is dependent upon the performance of ‘remnants’ of ‘tradition’, which is, itself, ‘inescapably contingent and negotiable’ (Rowse 1996:4). Although the High Court ruled that compensation was not payable for expropriation, the federal government allocated $1.46 billion over ten years as a land-acquisition fund for the 95 per cent of Aborigines who, unable to prove land possession or continuous occupation since European settlement, were excluded from the Mabo decision (Fleras 1999:214–215).

54 Notably, the onus of proof of native title is placed on Indigenous people rather than the government being required to prove extinguishment of native title (Fleras 1999:215).

55 In an address to the nation, Prime Minister Paul Keating sought to neutralise the revolutionary potential of Mabo by referring to Aborigines as ‘Aboriginal Australians’ and to Aboriginal culture—the ‘oldest continuous civilization on earth’—as ‘the most remarkable fact about Australia’ (1993:2 cited in Attwood 1996a:xxxiv–xxxv). He reassured Federal
by Mabo’s ‘politics of shame’ which generated an apparent ‘intimacy ... between those who control the access to and those excluded from critical rights’; issues of power and ideology were sidestepped while Aborigines were ‘bound more tightly to the state and to ... state law as the site from which a nondiscriminatory politics could proceed’ (Povinelli 1998:598). Moreover, the accent on the history of shame further polarised and thus simplified Indigenous and non-indigenous experience. Both supporters and opponents of Mabo used the discourse of morality as much as that of the law (see Povinelli 2002:153). Old tropes were reiterated as Aborigines were described as a ‘backward’ and ‘Stone Age people’ destined to ‘wither away’ in the face of an advancing ‘more powerful’ culture (cited in Markus 1996:92, 97). In turn, Aboriginal spokespersons took up the rhetoric of national shame, describing the lack of formal treaties or agreements between the state and Aboriginal people as ‘a stain on Australian history’ (Langton 2000).

In 1996, the High Court found in favour of the Wik people of Cape York Peninsula that native title and pastoral leases could legally co-exist, with some qualification (Langton 2000). Polls taken in the weeks after the Wik decision

As external reference points have progressively declined and the self has become the ‘new center [sic]’ of the social world, the feelings of the individual have become a key emphasis of contemporary life and what has been termed its ‘therapeutic culture’ (Nolan 1998, Rieff 1966). However, while seeming to be a reaction against the alienation of late-modernity, the language of emotions may actually reinforce the concern with the self rather than challenging the social-structural order.

Although the judgement was perceived by many Australians as having the potential to enhance opportunities for land rights and reconciliation between Aboriginal and non-Aboriginal Australians, Mabo was condemned by the mining industry lobby, some rural interest groups and the politically conservative National Party and far-right One Nation party. In the months following the decision, Australia’s sovereignty and territorial integrity, including the backyards of the average Australian citizen, were asserted as being under threat. Conservatives uttered dire forecasts of rapid economic decline, increasing racial tension and the partitioning of the continent for the benefit of ‘one group of Australians’ (Hugh Morgan, 1993 cited in Markus 1996:92).

His emphasis was echoed in 2000 by Phillip Ruddock, then Federal Minister for Reconciliation, who during an interview with Le Monde, was reported as linking the disadvantage of Aborigines in contemporary Australia to their late contact with European culture and their failure to develop a structured society as evidenced by agriculture and the use of the wheel. His comments polarised the nation.

Although the High Court determined that in the event of conflict, the rights of the pastoral lease holder would prevail, pastoralists were nonetheless bound to negotiate with native title holders about any ventures such as mining or tourism that would exceed the terms of the pastoral lease (Nicoll 1998:171). Nicoll (1998:180) notes, however, that even prior to the
indicated that voters deserted the Liberal-National coalition government en masse to support Pauline Hanson and her One Nation party. In response to *Wik*, the Howard government developed its ‘10 Point Plan’ whose multiple amendments to the 1993 *Native Title Act* rendered native title ‘fragile and largely theoretical because of its [subsequent] vulnerability to statutory extinguishment’ (Langton 2000). The Plan’s ‘sunset clause’ precluded further claims under the *Aboriginal Land Rights Act (Northern Territory)* 1976. It further enabled states to extinguish native title over pastoral leases and significantly reduced the right of

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60 *Wik* decision, a high proportion of pastoralists had already recognised the benefits of some form of negotiated settlement between local interest groups. The Cape York Land Council, for instance, had successfully negotiated a regional agreement with property owners and cattlemen before the outcome of *Wik*. Predictions by the conservative Howard government that the decision would curb the mining sector were proven to be incorrect in the short-term at least, with mineral exploration in the post-*Wik* March, June and September quarters of 1997 exceeding spending in the pre-*Wik* corresponding quarters of 1996.

61 Describing Aborigines as cannibals who ‘ate their own women and children’, Hanson advocated the reversal of the *Mabo* and *Wik* decisions and the reinstatement of assimilation policies (Nicoll 1998:174–174). Hanson first came to prominence when after airing her grievances about welfare payments to Aborigines, she was disendorsed by the Liberal Party in the 1996 federal elections. Standing as an Independent, she won a formerly safe Labor seat in Queensland. In her notorious maiden speech to Parliament later that year, she attacked Indigenous self-determination and Asian immigration, claiming that ‘multiculturalism was a guilt-based ideological program doing little more than partitioning the country into drug- and crime-ridden Asian and Aboriginal enclaves’ (cited in Povinelli 2002:40). While condemned by many, her reactionary social politics found support particularly in rural areas amongst those disillusioned with mainstream parties, and in early 1997, Hanson launched her One Nation party. In 1998, this party captured almost one quarter of the vote in the Queensland state elections, threatening the electoral hold of mainstream parties. As her provocative comments gained international media attention, major Australian newspapers presented a daily tally of the political and financial consequences of her rhetoric and grassroots groups convened antiracist rallies across the country (Povinelli 2002:42–44). Although losing her seat in the 1998 election, when the conservative government was returned to office in 2001, Hanson quipped that Prime Minister Howard had won by adopting most of her policies (Morton 2003:4). In fact, once elected, the coalition government legitimated Hanson’s complaint that Aboriginal people were being looked after ‘too much’ by government bureaucrats, drastically reducing the budget of ATSIC so as to service the national debt (Gelder & Jacobs 1998:15).


63 It is important to differentiate the rights bestowed by the *Land Rights Act* from those effected by the *Native Title Act*. The former pertains primarily to vacant or unallocated Crown land, certain Aboriginal reserves and some pastoral leases held by Aboriginal people. The title bestowed under the 1976 Act is that of inalienable freehold, that is, it is owned collectively by an Aboriginal land trust and cannot be bought or sold. In comparison, native title may be determined to exist on vacant Crown land, national parks, public lands, oceans and inland waters (not privately owned), and also on mining and pastoral leases. It is extinguished on privately owned homes and other commercial or residential property under freehold title. Under native title, claimants are not awarded freehold title to land. Rather, their rights as determined by the court, can vary from a limited right of access to visit important places, to hunt, fish and practise ceremony, to a right to possess, occupy and use the land in a way similar to freehold ownership. However, these rights legally co-exist with the rights and interests of non-indigenous people over the same tract of land. The constrained form of sovereignty granted by native title has led some to term it ‘second-class title’: it is collective, impossible to trade and unusable as development collateral (Rothwell 2001).
claimants to negotiate the terms and conditions of the use of the land or waters where native title exists or is claimed to exist. In breach of national and international laws on acts of racism, these amendments amounted to de facto extinguishment of native title rights (Langton 2000, Nicoll 1998:173). This corrosion of rights was perceived by many Aborigines as a contemporary sign of what Langton (2000) has termed ‘the legacy of the frontier in Australia as a continuing and profoundly racist exclusion of Aboriginal people from the Australian polity’.

Over a decade after Mabo, there is prevailing consensus among supporters of Aboriginal rights that native title has been much less successful than hoped. In ten years, only thirty determinations as to the existence of native title had been made in the Federal Court; a backlog of some 580 claims remained (Aboriginal and Torres Strait Islander Commission (ATSIC), 2002). Across the country, the majority of Aborigines, both landed and landless, remain dependent upon the state for their welfare. Yet it is precisely the ‘problem’ of their ‘welfare dependency’ that is now perceived as ‘overshadow[ing] native title in

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63 Under the Howard amendment bill, it may be possible for state governments to upgrade leases to freehold via their own native title legislation thereby substantially improving the rights of pastoralists and extinguishing the rights of Aboriginal people to claim native title (see Nicoll 1998:182).

64 The federal government’s Native Title (Amendment) Act 1996 was found to be in breach of the Racial Discrimination Act 1975 and was declared to be racially discriminatory by the United Nations’ Committee for the Elimination of All Forms of Racial Discrimination (CERD). The mandatory sentencing laws of Western Australia and the Northern Territory were similarly condemned. Phillips (2003:24) stresses that Australia is the only Western nation signatory to the International Covenant on the Elimination of All Forms of Racial Discrimination to have ever been cited for breaching the covenant. The Australian government reacted by calling for ‘a complete overhaul’ of the United Nations’ committee system and threatened to withdraw its participation until such a review was conducted (Saikal 2000).

65 It seems in fact that native title was more an anomaly to be contained than the recognition of Aboriginal sovereignty.

66 In 2000, Pollack (2001) estimated that Indigenous Australians owned, controlled or had management arrangements over land in the range of 16 to 18 per cent of the Australian continent, with most located in remote rangeland regions, and about half in the Northern Territory as a result of successful claims under the Aboriginal Land Rights (Northern Territory) Act 1976. The land of remote Aboriginal communities, however, is generally under inalienable freehold, which in permitting title to be surrendered only to the Crown, does not allow Aborigines the flexibility to sell or use their title as collateral for business development. But even when tradable, a large proportion of Indigenous land is marginal, overgrazed and degraded, requiring significant financial commitment to restore (Altman & Pollack 1998). Altman (2001:2) comments that it is unlikely that the land now occupied would in fact be Aboriginal-owned if it were not of marginal commercial value, since most restitution of land since the 1970s has been predicated on its being un-alienated Crown land, which has been historically of limited commercial value. Moreover, the economic independence of Aborigines is clearly illusory without specific mechanisms such as rights in resources, fisheries and water, that would facilitate economic development.
significance’ and moreover, as evidence of ‘Aboriginal delinquency ... as legitimate grounds for [its] extinguishment’ (Nicoll 1998:181).67

The profound difficulty in proving native title in southeastern Australia is exemplified by the Yorta Yorta, who in 1994 registered their native title claim to the public lands and waters of a large area of northern Victoria and southern NSW along a section of the Murray and Goulburn Rivers (Rose 2001:158).68 The determining issue was their ability to establish the substantial continuity of traditional law and custom from the time of sovereignty until the present day (see Banham 2002).69 The case proceeded through three courts and took eight years of legal battles before the High Court’s finding that the Yorta Yorta had ‘ceased to occupy their lands in accordance with traditional laws and customs and that there was no evidence that they continued to acknowledge and observe those laws and customs’ (in Rintoul 2002).70 This discontinuity of laws, customs and lives reflects the historical fact of expropriation—the lands in question having been intensively occupied by Europeans for more than 150 years—the removal of Aborigines from their country and their progressive relocation onto reserves. Yet while ‘all the events leading to the loss of title had been caused by history’, agency is displaced such that it is the Yorta Yorta themselves who were found to be ‘lacking’ (Rose 2001:158).71

Mabo may have re-introduced an Aboriginal presence into narratives of nation and for some Australians, signified the end of history as they knew it. But the knowledge/power relationships between European Australians and

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67 In May 1997, one hundred Aboriginal leaders, representing 65,000 Aboriginal people, assembled to declare ‘war on [Howard’s 10 point] plan and urged all fair-minded Australian people to join their battle, claiming the plan would aid the rich while ensuring welfare dependency for their people’ (Australian, 16 May 1997, cited in Nicoll 1998:181).

68 Their application was opposed by the governments of Victoria, NSW and South Australia, the Murray Darling Basin Commission, Telstra, the Murray Irrigation Authority, numerous local governments, as well as by groups representing grazing, timber and tourism interests and recreational users of the river (Rose 2001:158).

69 While the Yorta Yorta were not expected to be able to perform the same ceremonies and practices as their ancestors, the key question was whether Aboriginal law and custom could be seen to be ‘traditional’ or whether they had changed and adapted so much that they could no longer be said to be the same rights and interests observed by their forebears in 1788 (see Banham 2002).

70 In 2004, the Victorian government made an in-principle agreement with the Yorta Yorta people, granting them joint management of their traditional lands and waters including state forests and some public land along the Murray and Goulburn rivers (Aboriginal and Torres Strait Islander Commission (ATSIC) 2004).

71 Rose further emphasises that during the Court hearings, the Yorta Yorta’s own representations of history, culture and identity were displaced by the historical records of pioneers whose descriptions of Aborigines were upheld as the benchmarks of traditional practice and identity (Rose 2001:158–160). As Rowse comments: ‘Controlling the definition of what was essentially characteristic of the subjugated culture, the colonizers reserve the power to distinguish authentic and inauthentic aspects of the living traditions of the colonized. If the colonized argue political demands by reference to their culture, the colonizers are quick to adjudicate what is genuine in such claims’ (1988:174, drawing on Fanon 1967).
Aborigines have remained relatively constant across time. Although Aborigines now have a recognised place in Australian history, dominant discourses and practices continue to orient them to the past and to ‘tradition’, an emphasis that situates authenticity and the rights it bestows outside of modernity, and which reinscribes contemporary Aborigines with a personal sense of ‘loss’ and ‘lack’. Povinelli comments:

the failure of cultural identity [comes to be experienced by Aborigines] as their own personal failure rather than as a structure of failure to which they are urged to identify. Aboriginal persons ... often turn their critical faculty on themselves or become trapped between two unanswerable questions: “Were my traditions taken from me?” or “Did I, my parents, and my children abandon them?” ... If some Aborigines were able to resist the “tides of history”, why weren’t most? Responsibility for the continuity of native title is thus shifted from the state to the “activities and will of the indigenous people themselves” (2002:54–55, citing The Wik Peoples v. the State of Queensland 1996: 176, 136).

Reconciled through mourning?

[Reconciliation] begins ... with the act of recognition. Recognition that it was we who did the disposessing. We took the traditional lands and smashed the traditional way of life. We brought the disasters. The alcohol. We committed the murders. We took the children from their mothers. We practised discrimination and exclusion. It was our ignorance and our prejudice. And our failure to imagine these things being done to us. With some noble exceptions, we failed to make the most basic human response and enter into their hearts and minds. We failed to ask – how would I feel if this were done to me? As a consequence, we failed to see that what we were doing degraded all of us.

Prime Minister Paul Keating (2000:61)

In June 1988, at an historic meeting in the Northern Territory, Aboriginal elders presented Prime Minister Bob Hawke with the Barunga Statement in which they called for national land rights, a treaty, recognition of the civil and political rights of Aboriginal people in accordance with international covenants, and for Indigenous affairs to be monitored by a nationally elected organisation (Rintoul 1993:4). Hawke promised a treaty within two years. The highly-sensitive issues of Aboriginal sovereignty, separateness and concomitant legal and political rights were soon deflected, however, as the Labor government retreated to the middle ground of ‘reconciliation’, with its accent on ‘historical understanding’ rather than restorative or reparative justice (refer Short 2003b).

Following the Labor government’s withdrawal of support for national land rights and their disbanding of the NAC in 1985, Hawke was obviously seeking to rebuild relations with Indigenous Australians (Sanders 2002:1). However, with its implication of two sovereign
In 1991, following a recommendation of the RCIADIC, the process of national reconciliation was formally set in motion. That same year, reconciliation was officially inaugurated by an Act of Parliament and the Council for Aboriginal Reconciliation (CAR) established to oversee the process. In December 1992, Prime Minister Paul Keating delivered his now-legendary Redfern Park speech. Standing in the Aboriginal heartland of Sydney, Keating acknowledged the crimes and injustices on which the nation was founded and declared that it was time
to bring the dispossessed out of the shadows, to recognize that [Indigenous Australians] are part of us, and that we cannot give [them] up without giving up many of our own most deeply held values, much of our own identity – and our own humanity (Keating 2000:61).

Recognition and resolution of the historical injustice perpetrated against Aborigines was not only a matter of ‘our own conscience’, but had important ramifications for the nation’s international reputation (Keating 2000:60–61).

Drawing on the report of the RCIADIC, Keating affirmed:

the past [continues to] liv[e] on in inequality, racism and injustice, in the prejudice and ignorance of non-Aboriginal Australians, and in the demoralization and desperation, the fractured identity, of so many Aborigines and Torres Strait Islanders (2000:61).

But rather than responding with guilt, non-Aboriginal Australians were to ‘open our hearts a bit’ and to ‘recognize what we have in common [with Aboriginal Australians]’ (Keating 2000:62). It was this sense of commonality that was integral to the CAR and its mission ‘to forge a new partnership built on justice and equity and an appreciation of the heritage of Australia’s indigenous people’ (Keating 2000:62).

Within the form of reconciliation advocated by Keating, Mabo signified an ‘historic turning-point’ that laid the basis for justice and a new relationship between Aboriginal and non-Aboriginal Australians (Keating 2000:62). The feeling politics and ‘anti-colonial sentiment’ of the decision, however, positioned it within a therapeutic as much as legislative framework (see Morton 1996:120, 73 74 nations, the term ‘treaty’ was not popular among politicians, who preferred more equivocal terms such as ‘compact’ or ‘agreement’ (see Short 2003b:494).

73 The original title was to be the Council for Aboriginal Reconciliation and Justice, but the ‘and Justice’ was perceived by the Prime Minister’s advisors as excessive and was subsequently axed (Tickner, 2001:29 in Short 2003b:495). The CAR comprised 25 appointed members: 12 Aboriginal people, two Torres Strait Islanders and 11 individuals drawn from the ‘wider community’ including three federal parliamentarians representing Labor, the Coalition and the Democrats (Sanders 2002:2).

74 Keating became Prime Minister in December 1991 and led the Labor party to its fifth term of government in 1993. As Prime Minister, he advocated constitutional reform to make Australia a republic and focused foreign policy towards Asia.
Povinelli 1998:586-7). The process of re-forming national identity plainly appropriated the soteriological techniques of confession and psychoanalysis (Lattas 1997:233): as the ‘truth’ of history was confronted and owned, the wounds of the past could be healed and ‘we’, that is, the nation of Aboriginal and non-Aboriginal Australians, could ‘move on together at peace with ourselves’ (Gordon 2001).

Aborigines are centrally positioned within this scheme of national recovery and individuation. Yet the ideology of reconciliation is predicated upon the binary opposition of the materialistic, secular, modern white Australian and the spiritual, traditional, (extra)historical Aborigine. Such imaginations of Aborigines once again ‘imprison [them] .... where they become the system of meaning that white society has lost’ (Lattas 1997:244). This fantasy of ‘traditional’, ‘spiritual’ Aboriginality believed to have somehow survived in spite of invasion, is a construction that ameliorates ‘white guilt’ and redeems the tarnished reputation of the Australian nation. More importantly, however, it comes to ‘haunt’ Aboriginal people, compelling their identification with a ‘lost’, albeit imaginary, ideal:

As the nation stretches out its hands to an ancient aboriginal law in order to embrace its own ideal body, indigenous subjects are called on to perform a complex set of semiotic maneuvers in exchange for the good feelings of the nation and the reparative legislation of the state (Povinelli 2002:55-6).

In spite of the CAR’s initial objective, in practice, the process of reconciliation, like the outcome of the Mabo decision, became more a politics of feelings rather than rights. Its rhetoric communicated the sense of a shared

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75 Morton comments: ‘Whether the focus is on the individual person, who looks to Aboriginality as a kind of therapeutic antidote to modernity, or on the nation as a whole, which looks to reconciliation as a sign of its increasing independence and maturity, Aboriginal identity plays its part in an utopian projection of the future. Such twinning of the individual personality and the nation’s character, couched in terms of idioms of salvation, is well-known and well documented through recent studies of Euro-Australian appropriations of Aboriginality ... there is a widespread view that Aboriginal values can in some sense come to fill a vacuum in the soul of (white) Australia’ (1996:120-121).

76 Amidst the personal and social alienation attributable not only to the aftermath of Mabo, but to late-modernity itself, Aborigines have ‘come to represent a timeless unconscious subjectivity which whites have “lost”. Indeed, they become the unconscious of the West; they are made to embody its hidden archaic psyche which the West must rediscover if it is to gain self-knowledge and self-possession’ (Lattas 1997:239). This perspective is reflective of a recent trend in which Aborigines are constructed as having ‘too much’, in terms of their receipt of ‘special privileges’, but also in relation to their profound and spiritual connection to the land (Gelder & Jacobs 1998:15).

77 Although CAR, from its very inauguration, sought to link reconciliation to land rights and self-determination, this endeavor was to be repeatedly politically frustrated during the decade of its tenure. Indeed, while the Aboriginal perspective of reconciliation was clearly premised upon recognition of native title rights, Australians along the political continuum both applauded and condemned Mabo and Wik as enhancing and hampering the process of reconciliation (see Nicoll 1998:172-173). With the election of the conservative Liberal-
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predicament, a shared experience of loss and suffering—albeit differentially evoked by 'bloody' colonial history—which is clearly incongruent with the markedly disparate realities of the lives of Aboriginal and non-Aboriginal Australians. As 'Aborigines' and 'Aboriginal experience' were thus re-incorporated in the national community and the processes of the state, the actual social, cultural, material, and affective alterity of present-day Aboriginal persons was simultaneously de-emphasised and displaced. Povinelli argues:

For not only are indigenous people scarred by loss in their discursive passage into being, the historical and material pressures on them to identify with the name of this passage (tradition) affectively constitutes them as melancholic subjects, and the risk of producing a melancholic subject increases ... the more [Aboriginal people] believe publicly mediated incitements that the nation is embracing them. This melancholia acts as a communicative vehicle for distributing, and confusing, feelings about who is responsible for present-day social maladies, for the state's failure to curb the excess of capital and to provide equitable health, housing, and education (2002:56–57).

Reconciliation was espoused as founded upon the recognition and resolution of historical injustice. But as Gelder and Jacobs reflect, as the 'nation [came] into contact with the ghosts of its past ... these ghosts set a whole range of things into motion: arguments over land, debates over the 'proper' history for Australia, the bother about compensation and saying “sorry”' (1998:30). In his Redfern Park speech, Keating had placed Aborigines at the centre of Australian nationhood. In contrast, his successor, John Howard, denounced the "black armband" view of our past as amounting to 'obsessive and consuming national guilt and shame' and as obscuring 'the balance sheet of our history' (1996).

Reconciliation was finally and effectively differentiated from land rights to become primarily concerned with the common destiny and equal rights of all Australians (see Boreham et al. 2000:6). There are parallels here with the frequent statement by Bishop Tutu during South Africa's Truth and Reconciliation Commission, that 'all have been wounded by apartheid' (cited in Humphrey 2002:108). The effect is to homogenise the extremely diverse and unequal distribution and intensity of individual suffering across the nation. Debates over Australia's colonial history and its legacies were a dominant feature of Australian politics during the 1990s and tied to the contentious issues of Indigenous self-determination, land rights and native title, the need for a public apology, national identity, and the reframing of the Constitution (Boreham et al. 2000:4–5).

During the 1990s, Australia's national identity and international standing were also connected to Prime Minister Keating's bid to form a national republic by 2001. The reframing of the Constitution was seen to provide an opportunity to recognise the prior ownership of Aborigines and to incorporate reconciliation into a symbolic statement of nationhood (Altman 1993 cited in Morton 1996:119). However, as Short notes: 'By tying social justice for indigenous peoples to a nation-building framework [Keating, like the CAR] effectively placed[d] a ceiling on indigenous [sic] aspirations' (2003b:496).

The historian Geoffrey Blainey first coined the term, the 'black armband' view of history, in 1993 to characterise what he saw as the excessive emphasis in recent historiography on past wrongs. He suggests that while this view of history is a reaction to the 'three cheers' view, the pendulum has swung too far. His terminology has been taken up most strongly by those...
public lecture given soon after his election in 1996, Howard (1996) emphasised that his government’s priority would be a form of reconciliation built upon ‘a practical program of action’ aimed at ‘remov[ing] the enduring legacies of disadvantage’. While both positions confirm that the ‘Aboriginal absence’ from national history and identity has become an often-uncomfortable ‘Aboriginal presence’ (see Morton 1996:120), for Indigenous Australians, the decade of reconciliation effected little in material terms. Instead, they witnessed dramatic cuts to ATSIC and a rollback in native title gains. In 2000, following a decade of national consultations, the CAR presented the Draft Document of Reconciliation to Prime Minister Howard. His rejection of the document on the grounds that only ‘practical reconciliation’ can ameliorate the ‘problems of the Aborigines’ was followed by a counterproposal from Aboriginal leaders for a renewed treaty commitment (Langton 2000). It is of little surprise that many Aboriginal people regard official reconciliation as ‘but the latest phase in the colonial project’ (Short 2003a:308).

**The lost generations: from ‘Sorry Day’ to a ‘Journey of Healing’**

Grief and loss are the predominant themes of this report.

*Bringing Them Home* (1997:3)

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82 The Howard government’s ‘practical’ program was thus primarily framed in the language of citizenship rights (see Short 2003b:506).

83 A long history of conflict between the Howard government and ATSIC led to a major review of the Commission in 2002/2003. Amidst pre-election politicking in 2004, however, the government announced the abolition of ATSIC and its regional councils and mainstreaming of the administration of all programs for which ATSIC had been responsible. A government-appointed National Indigenous Council has replaced ATSIC’s elected advisory structures (see Anderson 2004a). The Howard government has also instigated a mutual obligation policy, central to which is the creation of ‘Shared Responsibility Agreements’ (SRAs) between individual Indigenous communities and the federal government, wherein funding and service delivery is made conditional on behavioural change and other forms of reciprocal commitment from community members. The focus to date has been on remote communities.

84 ‘The lost generations’ was the original title of the historian Peter Read’s influential paper, ‘The stolen generations: the removal of Aboriginal children in New South Wales 1883 to 1969’ (1981).
When the Welfare took the kids off Mum and Dad they were holding out their arms trying to stay with Mum and Dad. Everyone was crying sad. Sad. Sad.

Rose (1997:210)

Most of us girls were thinking white in the head but were feeling black inside. We weren’t black or white. We were a very lonely, lost and sad displaced group of people. We were taught to think and act like a white person, but we didn’t know how to think and act like an Aboriginal. We didn’t know anything about our culture. We were completely brainwashed to think only like a white person. When they went to mix in white society, they found they were not accepted [because] they were Aboriginal. When they went and mixed with Aborigines, some found they couldn’t identify with them either, because they had too much white ways in them. So that they were neither black nor white. They were simply a lost generation of children. I know. I was one of them.

Submission 617 (1997:152)

In 1970, on the ABC’s controversial ‘Chequerboard’ documentary program, the government practice of removing Aboriginal children from their families was unveiled as Bob Randall, a 30-year-old Aboriginal man from Central Australia, described his childhood experience of removal and later struggles to find his natural family. While at the time, his story had little national impact, two decades later, his autobiographical song, *My brown skin baby they take him away*, became an anthem for others like him, the ‘stolen generations’.

It was not until the 1980s that reports about the state-authorised separation of Aboriginal children from their families and communities began to compellingly and increasingly penetrate the public domain. Two formative events marked the beginning of the decade: the establishment in 1980 of the first ‘Link-Up’ organisation in Queanbeyan, NSW, by Coral Edwards, an Aboriginal woman who had been removed from her family and institutionalised in Cootamundra Girls’ Home, and the historian Peter Read, who the following year

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85 These events occurred in NSW in 1958.
86 In the 1940s, this woman, at the age of eight years, together with her three sisters was removed from her family and placed in Cootamundra Girls’ Home in southern NSW.
87 At the age of eight, Randall was sent to Bungalow Telegraph Station in Alice Springs, the receiving home for Indigenous children from Central Australia, and a year later, was moved north to the Croker Island Reservation in Arnhem Land (see National Library of Australia (NLA) 2000).
88 While Haebich demonstrates that ‘fragmentary evidence of Aboriginal child removal has been circulating in the public arena from early colonial times’ (2001:71), it was not until the 1980s that Aboriginal persons began to publicly recount their stories of removal and be heard. From then on, the separation of Aboriginal children became the subject of considerable public history-making by those removed, as well as by historians, documentary film-makers, curators, artists, musicians, and others (see Attwood 2001b:167).
89 This Aboriginal organisation helps reunite Indigenous people who were separated as children from their families.
published the seminal document, 'The stolen generations: the removal of Aboriginal children in New South Wales 1883 to 1969'. The work of Link-Up has been consistently influential both in shaping the self-concepts and knowledge of its Aboriginal clients and in representing their experience within larger society. One of the key assumptions informing the organisation's early practice was that those who had been removed shared a common form of suffering: 'A dark hole inside that can't be filled without knowing who you really are' (Read 1999:73). Aboriginality was posited as the 'real self' of these individuals, an identity that may have been 'lost' but which could be 'recovered' by returning 'home' (Link-Up cited in Read 1999:74). The re-connection with one's Aboriginality was represented as a transformative mystical experience that clearly entailed an active rejection of the degraded, stigmatised identity imposed upon 'hybrids' and which had legitimated policies and practices of removal. At the same time, however, the experience of removal and of consequently struggling to recover one's Aboriginality became integral to a particular kind of identity politics. Many of those 'taken away' had grown up under the policy of assimilation but had come of age at a time when 'cultural difference' was accentuated as the basis of Indigenous rather than civil rights and of self-determination rather than integration. For these 'part-Aborigines' who had little exposure to 'traditional culture', 'Aboriginality' was a thing they had previously "lost", but was now an "identity" they should – and needed – to "regain" (Attwood 2001a:192). Indeed, it was precisely this shared experience of having 'lost' one's Aboriginality that would provide 'half-caste' Aborigines, perennially marginalised within the nation, with a distinctive communal and political identity.

The issue of forcible removal was brought into political debates at a national level by the RCIADIC. Its finding that 43 of the 99 individuals whose deaths it investigated had experienced childhood separation from their natural families through intervention by state authorities, missions or other institutions (1991:5–6) led the federal government to dedicate $1.9 million over five years to support Link-Up services. Indigenous organisations began to call more stridently for a national inquiry into the practices of separating children from their families.

In 1994, over 600 Indigenous people removed under Commonwealth, state and territory government policies gathered in Darwin for the *Going home*

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90 Read and Edwards later published *The lost children: thirteen Australians taken from their Aboriginal families tell of the struggle to find their natural parents* (1989).

91 'By coming home to your family, you're finally coming home to yourself, to the self that is your birthright. It's a coming home to the realisation of the person you really are, so that you can finally stand up and know inside: this is me' (Link-Up cited in Attwood 2001a:191).

92 Read (pers. comm. 2004) attributes this early emphasis to the beliefs he and Edwards shared at the time of forming Link-Up and cites the hippy movement's idealisation of 'primitive peoples' as having been particularly influential in shaping their ideas of Aboriginality. He further describes a shift in the discourse of Link-Up over the last decade, away from a concern with the mystical and towards an emphasis on going home, finding kin and the practicalities of 'being Aboriginal'.
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conference. This assembly was noteworthy in a number of respects. Firstly, the sheer number of participants attested to the extent and manifold effects of past and present policies of removal. Accordingly, participants adopted the term, the ‘stolen generations’, first coined by Read in 1981, as their appellation in order to communicate the generational effects of removal (Katona 1996:1). Secondly, the conference proceedings indicate the percolation of categories from health, social welfare and legal arenas into the domain of Australian politics. Critically, as common objectives were mooted, several presenters referred to an interim report of the RCIADIC in which assimilation was described in terms of genocide. As the Jewish Holocaust became a metaphor for the colonisation of Aboriginal people, in its diverse and multiple forms, the Genocide Convention and international law were brought to bear upon the Aboriginal experience and the reparations of the German government posited as a model to be emulated in Australia (refer to Katona 1996:13). This analogy, however, had even further discursive significance. Aborigines, re-presented as internally displaced refugees, were portrayed as ‘trauma victims’ whose ‘healing’ demanded social social justice (see Katona 1996:1, 7).

The move to have the history of the stolen children recognised and compensated is plainly embedded in the legislative aftermath of Mabo, which by reiterating old tropes of ‘authenticity’, had confirmed the estrangement of ‘non-traditional’ Aborigines from the rights conferred by traditional ownership and/or connection. Indeed, while the circumstances of separation were extremely

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93 The conference was organised by the Karu Aboriginal Child Care Agency in Darwin with the assistance of Northern Territory Indigenous people who had been removed from their families. It may therefore be seen as a site at which a social welfare agency, steeped in the discourse and practice of child and family psychology, began to actively engage in the political domain. Chapter Five will elaborate on these connections.

94 In his essay, The stolen generations, Read had also described the removal of Aboriginal children as ‘the story of attempted genocide’ (1981:5). Attwood suggests that Read thus established ‘an interpretive framework through which to make both historical and moral sense of policies, practices and experiences of separation’ (Attwood 2000 in Kennedy 2001:117).

95 As Humphrey comments, ‘the Holocaust has become such a powerful metaphor historically that all subsequent claims of persecution are figured in terms of it’ (2002:116).

96 An extract from the introduction to the conference proceedings reads: ‘This book is ... a record of and testament to the strength of those people who survived the genocidal practices of governments. Their legacy has been a generational exile from their homelands and their families, compounded by mistreatment and lack of family support systems. Forced removal and institutionalization have resulted in all the effects suffered by refugees and trauma victims with continuing generational impact’ (Katona 1996:1). The nature of this collective trauma, however, pointed to the imperative for social justice. As Bill Risk, then President of the Darwin-based Larrakia Association, stated, ‘... it is about social justice for those who experienced such trauma and cruelty at the hands of governments of old. These people still suffer these trauma [sic], and today we can begin the process of healing which will make these people whole once again’ (cited in Katona 1996:7).

97 As Macdonald notes: ‘It is the removal from one’s kin and land-based culture that is highlighted in so many of the distressing stories which are being told and more is at stake in their recognition than merely acknowledging the over-zealousness of welfare agents. True
diverse, all those children separated were of mixed-descent (Manne 2001a:28). These persons were ‘hybrids’ whose ascribed racial liminality seemed to offer the potential for their absorption into mainstream society. And yet it is precisely this intervention into their lives that, within the particular legislative context of the late twentieth century, has consolidated their liminal status in the nation. Having ‘lost’ their cultural heritage and the rights it bestows, these individuals now struggle to articulate their very status as Indigenous Australians and the rights it bestows. The corollary is that in the absence of ‘tradition’, it is their shared heritage of loss and pain that becomes the foundation of their just entitlement. The collective identity signified by the ‘stolen generations’ thus asserts a certain kind of Indigeneity and concomitantly, specific forms of rights and reparation rather than the palliative of welfare.

Hence, like decades of Aboriginal activists before them, conference participants took up the tropes of loss and mourning to mobilise militancy and to re-focus sentiment towards the achievement of rights. But while the recognition also requires an acknowledgment of the right of these children and their communities, to their cultural traditions, both social and landed; rights based on their status as Indigenous peoples, not merely as wronged wards of the State' (1997:74). Circumstances spanned forcible removal to relinquishment, institutionalisation, adoption, and/or fostering, and regular to no form of contact with families.

Chapter Two described how as race became redefined in terms of culture and was understood as less genetically immutable and more socially and environmentally determined, ‘half-caste’ bodies became the objects of state intervention aimed at lessening, if not erasing, the implicitly negative impact of their Aboriginal heritage. Citing one of the conference presenters: 'The fact that the special needs of the Stolen Generations has been ignored by so many in government is reflected in the way the Northern Territory Land Rights Act was framed. Despite original recommendations that land needs of town people be recognized, the Fraser Government did not have the guts to assist our people in this regard. The Land Rights Act, in other ways, has forgotten the special needs of those who were taken away from the family and traditional country. The Act should be changed, or special legislation brought in to recognize the special needs and the history these people have had to go through. Such legislation must acknowledge the pain these people have gone through, and have clear provision for compensation …' (Bill Risk in Katona 1996:7).

A conference presenter clearly differentiated between the recognition of rights and the prevailing policy of welfare, which she argued was premised upon the perception of ‘lack’: ‘How many times do we hear the words “Aboriginal” and “disadvantage” in the same place? As Aboriginal people we are disadvantaged. I don’t feel, as an Aboriginal person, that I am disadvantaged, yet this strategy that the government has for social justice is about targeting areas of disadvantage and it’s about the government devising some sort of catch-up programs for us as the disadvantaged people. It’s essentially a welfare model based on the government identifying the needs – our needs – and redistributing these resources or taking from one and giving those to another – to fill some sort of empty cup. There’s an assumption of something lacking – of an emptiness – and I don’t believe anyone here’s empty – in need of some sort of welfare model … [rather than] a social justice model that is based on the recognition of rights’ (Nerida Blair, ATSIC in Katona 1996:21–22).

An excerpt from Galarrwuy Yunupingu’s presentation reads as follows, ‘... the time has passed for us to just sit back and weep for what we have lost. We have done enough crying. My father cried when his country was bulldozed, and went through it. I have cried when Nabalco Mining Company treated my father like dirt. You have cried when you realized that your family has been taken from you. It’s time to stop wailing and start the negotiation but this time, when we negotiate, it is for what is rightfully ours. We’ll start not from a welfare
spokespersons of the Tent Embassy had articulated the identity of southern Aborigines in terms of their ‘loss of cultural identity’, conference presenters re-framed the ‘loss(es)’ of the stolen generations in terms of the psychological category of ‘trauma’. This concept, already prevalent in health and legal arenas, ostensibly pointed outwards to social injustice and the suppression of cultural and political rights. But it simultaneously entailed the personalisation of socially-produced ‘loss’, implicitly pathologising not only the experience of separation but also generations of Aboriginal individuals. Indeed, the recommendations of Going home were as concerned with the resourcing of Aboriginal health services in the Northern Territory, in order that members of the stolen generations could receive appropriate counselling and mental health programs, as they were with the issues of rights to land, compensation and a formal apology by the federal government.103

Following the conference, the Secretariat of National Aboriginal and Islander Child Care and Link-Up (NSW) campaigned for a national inquiry into the issue of the stolen generations.104 The determination of conference participants to make federal, state and territory governments accountable for their actions additionally prompted two civil compensation claims (Williams in NSW and Kruger and Bray in the Northern Territory), both of which were subsequently dismissed.

In 1995, the Keating government commissioned the Human Rights and Equal Opportunity Commission (HREOC) to conduct a national inquiry into the policies, effects and legacy of the separation of Indigenous children from their families and communities over the period 1788–1996.105 The Inquiry took oral or

handout mentality where we come, cap in our hands, like good little Jacky Jackys. This time we come to say we are proud Aboriginal people and we got our own rights …’ (Katona 1996:21).

More explicitly these other recommendations included access to archives, recognition of rights to land, redress of social and economic disadvantage including compensation, funding to Link-Up agencies, and a formal apology and acknowledgment by the Commonwealth that the policies were morally wrong, with education for all Australians about these policies (Katona 1996:32).

It is worth noting the parallel events occurring in Canada in the early 1990s. In 1991, a Royal Commission on Aboriginal Peoples (RCAP) was conducted, its public hearings uncovering the widespread abuses of the residential school system. In 1993, a Native Residential School Task Force was established to investigate residential schools from 1890 to 1984. The RCAP addressed many dimensions of Aboriginal health, including special reports on suicide and volumes on the needs of urban Aboriginal people and on healing. Its final report included a volume, Breaking the silence, that detailed the abuses in the residential school system. The government’s response, in 1998, was the establishment of the Aboriginal Healing Foundation whose funded projects, aimed at addressing the legacy of residential schools, included community services, conferences, workshops and gatherings, cultural activities, healing services, material development, research, traditional activities, and training or educational programs (Kirmayer et al. 2003:19).

The Commissioners were Sir Ronald Wilson, then President of the HREOC, also a devout Christian, former High Court judge and Deputy-Chairperson of the CAR, and Michael Dodson, then the HREOC’s Aboriginal Social Justice Commissioner.
written evidence from 535 Indigenous people throughout Australia, with further testimonies recorded and forwarded to the Inquiry by law firms, Aboriginal legal services and other Indigenous organisations. Its findings were tabled in Federal Parliament in May 1997. In their final report, Bringing Them Home, the Commissioners estimated that from 1910 to 1970 between one in three and one in ten Indigenous children had been forcibly removed from their families and communities (1997:37). Considerable emphasis was placed on directly citing the testimony of Aboriginal witnesses who had often related their experiences 'with great difficulty and much personal distress' (1997:3). This accent on providing historically delegitimated and silenced Aboriginal voices with a neutral space of agency may be read as an attempt to enact a type of 'discursive justice' premised upon the need for 'a kind of listening – a response, a taking on of responsibility' (Frow 1998:355).

Yet as Attwood notes:

the Inquiry actually called upon [witnesses] to provide a particular form of testimony, reminiscent of the confessional and the courtroom, that of witnesses who 'tell it how it was' and so bear the truth about history. (This made the hearings extraordinarily powerful psychic and emotional events.) In turn, the Inquiry emphasised this dimension in its ‘findings’ ... (2001a:203).

Although the Inquiry’s terms of reference make no mention of reconciliation, from its opening page, the report is clearly framed by the mission of national renewal. Concomitant with this focus, the mechanisms of the Inquiry were

106 Refer to Manne (2001a:24–31) for an analysis of these figures, with the conclusion that the latter figure is most probably more accurate. Manne also addresses some of the flaws of the report including the relatively thin and uneven historical review of the policies and practices of the states and the Northern Territory, the under-emphasis on the evidence of public servants, policemen, patrol officers, and missionaries involved in child removal, and the general de-emphasis on the inevitable distortion and simplification of testimonies over time. He suggests, however, that the report’s generalisation of historical details and its homogenisation of the circumstances of removal by the adoption of the term ‘forcible removal’ for all cases, thereby discounting the removal of some children on genuine welfare grounds and the voluntary relinquishment of others by their parents, reflected the authors’ passionate advocacy for those removed.

107 There is thus a manifest tension in the report, as it attempts to ‘give a voice to those who have not been listened to, or who have had the language in which to tell a story taken away from them’ and at the same time, ‘to speak on behalf of indigenous people, to lend the authority of the Human Rights and Equal Opportunity Commission to those who are unauthorized in the public sphere’ (Frow 1998:354). The consequence is that Bringing Them Home is a rather ‘ambiguous document’ in which the cited words of ‘others’ function as a form of authorisation for the text of knowledge to which they are subordinated (Frow 1998:355).

108 Bringing Them Home begins by citing a speech made by the Governor-General, William Deane, in 1996: “true reconciliation between the Australian nation and its indigenous peoples is not achievable in the absence of acknowledgment by the nation of the wrongfulness of the past dispossession, oppression and degradation of the Aboriginal peoples” (1997:3). The Inquiry’s actual terms of reference were to ‘trace the past laws, practices and policies which resulted in the separation of Aboriginal and Torres Strait Islander children from their families by compulsion, duress or undue influence, and the effects of those laws practices and policies; examine the adequacy of and the need for any changes in current laws,
shaped by the ideology of ‘revealing is healing’ promoted by the globally proliferating phenomenon of truth and reconciliation commissions. With its emphasis on the ‘collective witnessing of the past through the testimonies of victims’, this forum is being enthusiastically embraced by states seeking to address and ‘heal’ their legacies of violence in order to ‘move on’ towards the (re)creation of a just and inclusive national society (Humphrey 2002:105).

The National Inquiry, like Truth Commissions, was grounded in a psychoanalytic rather than a legal paradigm. Its hearings and report repeatedly drew on the metaphors of ‘healing’—individual, communal, and national—which were interwoven with other psychotherapeutic notions of ‘working through’, ‘empathic listening’, and the construct of ‘trauma’ (see also Ash 1997:34). Within the larger ideal of reconciliation, acts of remembering distressing or ‘traumatic’ experiences facilitated both personal and national ‘healing’. Accordingly, the Inquiry

presume[d] and assume[d] a particular kind of storytelling and listening – a kind of ‘talking cure’ whereby the repressed Aboriginal past was released from the national unconscious, its truths uttered, the pain of the dispossessed Aborigines acknowledged, the sins of non-Aboriginal Australians or their forebears confessed, and forgiveness sought (Attwood 2001a:204).

Hearings thus mediated particular types of narratives, memories and subjectivities, privileging ‘a particular kind of experience—that of loss and suffering, of trauma’ (Attwood 2001a:203). With the vested authority of the practices and policies relating to services and procedures currently available to those Aboriginal and Torres Strait Islander peoples who were affected by the separation under compulsion, duress or undue influence of Aboriginal and Torres Strait Islander children from their families ...; examine the principles relevant to determining the justification for compensation for persons or communities affected by such separations; examine current laws, practices and policies with respect to the placement and care of Aboriginal and Torres Strait Islander children and advise on any changes required taking into account the principle of self-determination by Aboriginal and Torres Strait Islander peoples’ (National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families 1997).

109 Humphrey (2002:155–156) notes that if the various kinds of ‘truth’ forums are included, the number of Truth Commissions is now around thirty. For a comprehensive list see Truth Commissions: United States Institute of Peace Library and Links, http://www.usip.org/library/truth.html

110 To cite Bringing Them Home: ‘The truth is that the past is very much with us today, in the continuing devastation of the lives of Indigenous Australians. That devastation cannot be addressed unless the whole community listens with an open heart and mind to the stories of what has happened in the past and, having listened and understood, commits itself to reconciliation’ (1997:3).

111 The result is that the diversity of reactions of Aboriginal persons to their experiences of having been separated or forcibly removed from their families and communities is flattened and homogenised. Attwood (2001a:199) notes that although the narratives of removal told in the 1970s told of the pain and unhappiness of separation, they often also spoke of good and even humorous times, with some even expressing love for those who cared for them. In contrast, by the 1990s, narratives in the public domain had ‘a harsher and accusing account of separation’ (Read 1999:172).
state, *Bringing Them Home* foregrounded Aborigines' profound grief and loss, but in simultaneously re-categorising these post-colonial legacies as 'trauma', consolidated the Holocaust as the metaphor for Aboriginal experience. The power of the testimonies of Aboriginal victims lay less in their legal evidence than in their capacity to mobilise collective responsibility through their credibility and moral and emotional impact (Humphrey 2002:106).

The self-understandings and conscience of white Australians were undoubtedly shaken and 'unsettled', at least in the short-term, by the Inquiry's final report. Within months of the publication of *Bringing Them Home*, every state or territory legislature, with the exception of the Northern Territory, had apologised for their involvement in the policies and practices of forcible removal. Local government, church, school and community organisations also made individual apologies.

At the same time, the stolen generations had emerged as 'one of the most emotional and hotly debated public issues in contemporary Australia' (HREOC 1997:21). In *Bringing Them Home*, the Commissioners expressed their support for this national archive, stating: 'Healing and ultimately the reconciliation process require that testimonies continue to be received and recorded ... the primary need is to enable people to tell their stories, to have them recorded appropriately and to enable the survivors to receive counselling and compensation. The experience of the Shoah Foundation and of this Inquiry is that giving testimony, while extraordinarily painful for most, is often the beginning of the healing process' (National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families 1997:22).

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112 In its submission to the Inquiry, Link-Up (NSW) called for the establishment of an Aboriginal Oral History Archive that would be 'modelled on the Shoah Foundation set up to record the oral histories of Jewish victims of the Nazi holocaust' and would 'facilitate the collection of oral histories of Aboriginal survivors of our holocaust ... ensuring that the genocide against our people cannot be denied' (submission 186 in National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families 1997:21). In *Bringing Them Home*, the Commissioners expressed their support for this national archive, stating: 'Healing and ultimately the reconciliation process require that testimonies continue to be received and recorded ... the primary need is to enable people to tell their stories, to have them recorded appropriately and to enable the survivors to receive counselling and compensation. The experience of the Shoah Foundation and of this Inquiry is that giving testimony, while extraordinarily painful for most, is often the beginning of the healing process' (National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families 1997:22). From July 1998 to June 2002, the National Library of Australia conducted a 'Bringing Them Home' Oral History Project. Funded by the Commonwealth Government to the value of $1.6 million, it was one of the largest oral history projects ever conducted in Australia. The project recorded the reminiscences of a range of individuals involved in the process of separation: the children themselves, their parents and relatives, foster parents, and missionaries, teachers, institutional carers, police officers and senior administrators. In addition to the creation of 340 archived interviews, the book, *Many voices: reflections on experiences of Indigenous child separation*, was published by the Library in 2002.

113 Sir Ronald Wilson stressed that the Inquiry was not a legal inquiry and that rather than treating the testimonies as evidence, he preferred to focus on 'the affective dimension of the Inquiry - the healing work it did in listening empathetically to people who had been harmed by policies of removal' (1998:xiv in Kennedy 2001:128).

114 The day after *Bringing Them Home* was tabled, the Leader of the Opposition, Kim Beazley, wept in Parliament (Manne 2001a:5). For several days, Opposition members read some of the testimonies contained in the report into Hansard (Manne 2001a:5). A press release from the HREOC read: 'Personal stories of removal and loss [were] recounted across the country like a tragic chorus and Australians [were] exhorted to join in a national process of "remembering" as a symbolic way of sharing in the pain, acknowledging past wrongs and signalling "hope for a different future"' (HREOC press release cited in the Times Literary Supplement 1997, October; 5 in Haebich 2001:70).

115 Tatz notes that in 1998, the Northern Territory Legislative Assembly castigated the 'empty-apology option' taken by other parliaments (2001b:28).
press release cited in the Times Literary Supplement 1997, October:5 in Haebich 2001:70). The testimonies of Aboriginal witnesses became the object of ‘collective hysteria’ (Manne 2001a:66), denounced by conservative critics as ‘false memory syndrome’ (Kennedy 2001:116) and likened to the ‘invented tales of childhood sexual abuse, Satanic possession or alien abduction’ (Padraic McGuinness cited in Manne 2001a:66).**116 Brining Them Home** and the testimonies of the stolen generations were declaimed as ‘a Big Lie’, a ‘myth’ and a ‘concoction’, with the suggestion ‘those who had had a miserable life [were] ... blam[ing] it on forced separation’ (McGuinness 2000).**117** One of the most contested aspects of the report was the charge that the forced separation of Aboriginal children from their families constituted a form of genocide as defined by Article Four of the 1948 International Convention on the Prevention and Punishment of Genocide.**118** As legal counsel, Link-Up and Aboriginal spokespersons compared the removal of Aboriginal children to the Holocaust and called for compensation on such grounds, the nation was polarised with many

**116** Established in Philadelphia in 1992 by parents whose adult children, during psychotherapy, had recalled familial childhood abuse, the False Memory Syndrome Foundation seeks to publicise that the process of therapy can lead patients to seem to remember horrible events of childhood that never happened (Hacking 1995:121). Hacking notes, however, that the use of the word ‘syndrome’ medicalises false memory itself, thereby demanding a new expert (1995:122). The Royal Australian and New Zealand College of Psychiatrists (RANZCP) was thus the most appropriate body to refute accusations that the National Inquiry had triggered the ‘recovery’ of false or recovered memories among Indigenous witnesses: ‘... the vast majority of memories of the memories reported by members of the Stolen Generations of being taken away are perfectly normal memories which have always been accessible. Furthermore, many of the events reported are very well corroborated and documented’ (2000:3.15.1-2).

**117** The main intellectual critics are Ron Brunton, an anthropologist at a private enterprise think­tank, the Institute of Public Affairs, Paddy McGuinness, the editor of Quadrant, and the historian Keith Windschuttle.

**118** In 1999, two separate cases alleging genocide were brought by Aboriginal parties against the federal government. Counsel for the claimants, Julian Burnside, stated that the heart of the genocide case was the destruction of the connection between Aboriginal people and their land: ‘When one understands the significance of the land to the Aboriginal peoples, then it can be seen quite clearly that preventing them from occupying their own lands, or so interfering with their occupation of it, or desecrating its cultural significance, does amount to deliberately inflicting on the group, conditions of life calculated to bring about their physical destruction. Without their connection to the land they simply stop flourishing as people. And it would be part of the evidence of such a case to demonstrate the clear identifiable connections between the removal of Aborigines from their land and the grossly disproportionate mortality rates, child mortality rates, rates of illness and dysfunctionality as people and as groups of people. The problem is, these cases don’t rely on facts as florid as the Holocaust in Europe during the 1930s and ’40s, or the recent events in Kosovo or in Rwanda. The effect is just as devastating, the mechanism is more subtle ... It’s a great irony to think that at the moment we are welcoming refugees from Kosovo whilst turning our backs on the Aborigines who make complaints of a similar sort ... Because we don’t understand fully the importance of the connection between Aboriginals and their land, we don’t recognise genocide when it’s there in front of us. We expect it to be accompanied by a bloodbath and footage of people fleeing from burning buildings. But genocide is broader than that’ (ABC Radio National 1999).
Australians ‘shocked ... into reactive positions of resistance, a forgetting of the past, a “shutting down”’ (Attwood 2001a:204, Schaffer 2001).119

A chief criticism was that Aboriginal testimonies tended to conform to a relatively stereotypical narrative that obfuscated the diversity of histories, practices and events (see Attwood 2001a:183). It seemed that in the process of bringing personal narratives into public circulation, the National Inquiry had (trans)formed individual experience into a form of collective ‘traumatic’ memory that was shaped by the political concerns of the present than the actualities of the past (Novick 1999:3–4 in Kennedy 2001:117).120 Memories of trauma are potentially sources of personal empowerment and a potent rallying point for collective organisation (see Lambek & Antze 1996:xxiv). Yet as individuals align themselves with a particular moral position, their identities and experiences become inexorably interwoven with those of the collective.121

The stolen generations thus emerged as an icon of Aboriginal experience post-invasion:122

... wh[at] had previously become a collective memory for Aboriginal people, now become a symbol of the history of the colonisation of Australia for non-Aboriginal Australians as well, standing for a broader and more complex past. On the one hand

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119 Marcia Langton (2001) challenges simplistic comparisons between the forcible removal of Aboriginal children and the Holocaust: ‘Crimes of such enormity are not comparable in some essential ways, surely. Can’t we say what these are? I am sure that at least one of them is that there are always original and special taboos. The taboo on permitting any decency towards Aboriginal people in Australia has a different psychological trajectory and historical origin from the taboo on permitting full citizenship and humanity to Jews’. Kennedy also disputes the relevance of the analogy between Holocaust and stolen generations testimonies: “the contexts in which these testimonies are produced and consumed, read and viewed, debated and discussed, are very different ... Holocaust memory may be so obsessive in the United States precisely because the United States was not positioned as a perpetrator nation. In addition, the Holocaust and its survivors are removed from present day politics of American national identity. Consequently, in the United States, remembering the Holocaust does not raise the same political and moral difficulties that confronting Aboriginal dispossession, including policies of child removal, raises in Australia” (Kennedy 2001:125).

120 This process is certainly not unique to the National Inquiry. Humphrey comments: ‘Where trauma is the product of political events individual experience tends to become homogenised through dominant [in this case, counter-hegemonic] narratives about those events – i.e. victims tell their stories in terms of the stories that have already been told. Their testimony more often reinforces established narrative themes than creates fresh ones. Through their testimonies they force their own culture and identity around group discourses of memory ... Over time these “survivor” identities become condensed in iconic narratives and even metaphors’ (2002:116).

121 Kirmayer comments: ‘Trauma shared by a whole community creates a potential public space for retelling. If a community agrees traumatic events occurred and weaves this fact into its identity, then collective memory survives and individual memory can find a place (albeit transformed) within that landscape ... A public space of trauma provides a consensual reality and collective memory through which the fragments of personal memory can be assembled, reconstructed and displayed with a tacit assumption of validity’ (1996:189–190).

122 Ballinger notes, ‘in the US, the Holocaust has increasingly come to represent Jewish experience and history in their entirety, to the detriment of the Jewish people’s long and rich history’ (1998:124 in Humphrey 2002:116).
it constituted for indigenous [sic] people a condensation of their experience of dispossession and displacement, on the other it provided settler Australians a focus for their sense of shame as the descendants of a white Australia responsible for this history (Attwood 2001a:206).

In settled Australia, in particular, the ‘stolen generations’ became a powerful metaphor in the (re-)articulation of a collective identity grounded in “‘past” loss and suffering’ and of concomitant claims to reparation (Attwood 2001a:198). 123

But while testimony to pain and suffering may be posited as the ‘language of agency’, it does not necessarily ‘return the dignity of the self – rather it [potentially] effaces, reduces, and denies the subjectivity of the victim’ (Cobb 1997:406 in Humphrey 2002:107). The National Inquiry aimed to provide Aboriginal Australians with a neutral arena in which their grief and loss could be expressed and witnessed. But its foundational paradigm of therapeutic recovery implicitly objectified Aborigines, assimilating the suffering and subjectivities of individuals into the undifferentiated category of ‘victims’ through which the nation would be ‘healed’ (Humphrey 2002:108). The effect was to reduce real and complex relations between white and Aboriginal Australians to the equation of guilty perpetrators and innocent victims. 124 Aborigines were (re)constructed as the ‘losers’ of history; in turn, the experience of ‘loss’ was reiterated as a constitutive quality of Aboriginality. 125

The practice of ‘survivor’ testimony, therefore, can be simultaneously empowering and (re)subordinating:

The act of speaking out in and of itself transforms power relations and subjectivities, or the very way in which we experience and define ourselves. But ... bringing things into the realm of discourse works also to inscribe them into hegemonic structures and to produce docile, self-monitoring bodies who willingly submit themselves to (and thus help to create and legitimate) the authority of experts ... and [whose] interior li[ves are] made to conform to prevailing dogmas (Alcoff & Gray 1993:260).

In political, legal and health arenas, the concept of ‘trauma’ relatively rapidly came to encapsulate all Aboriginal experience. In a social environment obsessed with traumatic memory, Aborigines came to compete with other ‘traumatised’

123 Attwood further comments, ‘the stolen generations narrative became (and remains) very important because ... it came to constitute a collective memory and to be a vehicle for the construction of identity ... a site of memory – a place (in various senses of that word) which, as a result of the convergence or condensation of various histories, embodies a collective memory that has become central to Aboriginal identity in settled Australia’ (2001a:199).

124 Attwood notes how political and legal processes and mechanisms also ‘required a story that emphasised the loss and suffering of Aboriginal people on the one hand, and the responsibility of non-Aboriginal Australians for the policy and practice of removal on the other’ (2001a:207–208).

125 Morton argues that this perspective must be set against the opportunities that have arisen; ‘indigenous Australians stand to gain in both status and power by continuing to engage the nation in its redemptive projects’ (2003:13–14).
peoples, such as refugees, for resources and recognition on the basis of the ramifications of state policies for their ‘mental health’.

The aftermath of the Inquiry plainly challenges ideals concerning the redemptive authority of history and the liberating effect of narrative (Lambek & Antze 1996:xix). While the testimonies of Aboriginal individuals were witnessed and granted validity by the Inquiry’s Commissioners, their social agency was constrained by the disputation of their testimonies and the curtailed response of the federal government (Schaffer 2001). Of the 62 recommendations made by *Bringing Them Home* for which the Howard government had primary responsibility, it responded positively to only six. Its direct response in December 1998 was to fund the expansion of family reunion (Link-Up) services around Australia, a national network of Indigenous mental health services, and record keeping and oral history projects. The Inquiry’s key recommendations of a national apology, mechanisms of compensation or reparation and legislative changes to ensure uniform safeguards on the policies and practices of child removal were ignored.

In 1999, the first common law action was brought by members of the stolen generations against the Commonwealth. The result was to determine the prospects of more than 700 cases already filed by Aborigines in the Northern Territory and indirectly affect the prospects of cases pending in other states (Manne 1999:4). The defendants, Lorna Cubillo and Peter Gunner, both of whom had been separated from their families and placed in institutions under the Commonwealth’s Aboriginal Ordinance, sought compensation for the loss of

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126 *Bringing Them Home* made a total of 83 recommendations ‘directed to healing and reconciliation for the benefit of all Australians’ (1997:4). These were made within three categories: reparation or compensation to individuals, families, communities and descendants; provision of reunion, health, counselling and other services; and legislative change to introduce uniform policies and practices governing child removal in contemporary Australia. In particular, the report emphasised the need for the Australian government to offer a formal apology to the stolen generations and their families. The Howard government refused on the basis that: ‘Such an apology could imply that present generations are responsible and accountable for the actions of earlier generations even though those actions were sanctioned by the laws of the time and were believed to be in the best interests of the children’ (Department of Foreign Affairs and Trade 2000). The Prime Minister and his Minister for Indigenous Affairs, Senator Herron, were prepared to offer only personal apologies (Manne 2001a:74). In August 1999, the Federal Parliament passed a motion expressing its ‘deep and sincere regret that Indigenous Australians suffered injustices under the practices of past generations and for the hurt and trauma that many Indigenous people continue to feel as a consequence of those practices’ (Department of Foreign Affairs and Trade 2000).

127 The government allocated a $63 million package aimed at ‘facilitating family reunion and addressing the enduring effects on the people concerned’ (Senator Herron in Jopson 2000).

128 This is despite the fact that a Senate Committee appointed to report on the federal government’s implementation of the recommendations of *Bringing Them Home* also advocated a national apology and reconciliation and the establishment of a Reparations Tribunal (Tatz 2001b:28).

129 In 1997, the High Court had dismissed a case brought on constitutional grounds by Alec Kruger and eight others.
family and culture and claimed general damages for consequent mental and emotional distress, including a post-traumatic syndrome (ABC Radio National 2000). Arguing that no children were removed without good reason, the Commonwealth denied all claims and sought to have the case struck out. While proceeding to trial, the case was ultimately dismissed by the Federal Court on the grounds that there was a ‘huge void’ of crucial documentary evidence to show that Lorna Cubillo had been unlawfully removed; Peter Gunner was found to have been removed with his mother’s consent as indicated by her thumbprint on an official document. While the ruling did not refute the existence of the stolen generations, nor deny the impact of removal upon individual lives, it failed to address pressing questions of the state’s legal and moral responsibility.

As the ‘loss’ of the stolen generations became emblematic of Aboriginal experience post-colonisation, historical injury was consolidated as the interpretive framework of Aborigines’ ongoing marginality and demoralisation. Denials of ‘history’, construed as an attack on Aborigines’ very humanity, fuelled this culture of antagonism and victimology (see Mulgan 1998:191). Yet as Cowlishaw comments, ‘public discussion relie[d] on a few standardized concepts and categories that attract[ed] intense public sympathy as well as criticism and suspicion’ (2004:202). The political symbolism of the stolen generations was such that those persons whose memories in any way conflicted with customary depictions of removal were castigated as traitors to the cause. 134

130 They alleged that their removal and detention constituted wrongful imprisonment due to unlawful conduct, breach of duty as guardian, breach of statutory duty, of fiduciary duty and of duty of care (Manne 1999:4).

131 In his ruling against the Commonwealth’s application, Justice Maurice O’Loughlin described the case as ‘of such importance to the individuals, the larger Aboriginal community and the nation that nothing short of a determination on the case’s merits was warranted’ (ABC News Online 2000).

132 The case took more than 100 days to hear and cost more than $10 million.

133 The obvious difficulties and expense in trying to win justice individually in slow, adversarial and expensive court proceedings prompted many to call for a Reparations Tribunal as recommended in Bringing Them Home. In 2002, Phillip Ruddock, then Minister for Indigenous Affairs, resisted calls for a tribunal, stating that it would prove too difficult and expensive to practically determine individuals’ eligibility for compensation. The Labor Opposition, while promising an apology and a national conference to discuss the issue, was not forthcoming regarding its support for a tribunal or other mechanism of determining compensation.

134 On 23 February 2001, a ‘shock admission’ by Lowitja O’Donoghue, one of Australia’s most respected Aboriginal leaders and a tireless advocate for reconciliation, was published on the front page of Sydney’s Daily Telegraph in an article entitled ‘Sorry, but I wasn’t ‘stolen’ - Leader admits she lied’. The report, published in varying forms in the tabloid press, centred on her statement that in her own case, the term ‘removed’ was probably more appropriate than ‘stolen’ since her father, an Irish station worker, had been responsible for her removal from her Aboriginal mother. O’Donoghue’s comments, as reported, were to mobilise a national debate not only regarding the circumstances of her own removal, but over the legitimacy of the term ‘stolen generations’ as encapsulating the experience and claims of thousands of Aborigines. On the morning of the article’s publication, John Howard commented that O’Donoghue’s statement was ‘highly significant’, implying that it vindicated his government’s denial of the existence of the stolen generations and his famous
On 26 May 1998, the first anniversary of the tabling of the findings of *Bringing Them Home*, over half a million people participated in the inaugural National Sorry Day and signed Sorry Books. Aboriginal flags were flown from state parliaments and municipal authorities and hundreds of events were held around the country; in many cases these proved to be the forums for the expression of both public and personal apologies (Gooder & Jacobs 2000:241). The initial purpose of the day, however, exceeded the meaning of the term ‘sorry’ as the expression of an apology. Instead, it drew on the Aboriginal practice of ‘sorry business’: ‘a series of reconciliatory rituals ... [that typically] follows deaths in order to allow for the expression of anger at those held culturally accountable for the death and to reestablish relatedness’ (Myers 1988:599). ‘Sorry Day’ was seen to be a means of restoring hope to people in despair, of collectively mourning and commemorating those affected by removal in order that the nation could ‘heal’ and ‘move on’ together. Gooder and Jacobs note, ‘[w]hile the Sorry Books seem[ed] to meet the non-indigenous need to utter an apology, Sorry Day was also an event that allowed indigenous people to nationally remember, to grieve and express their sorrow’ (2000:242).

In 1999, the well-attended event of ‘Sorry Day’ was re-termed a ‘Journey of Healing’, a shift which Gooder and Jacobs (2000:243) suggest ‘turn[ed] the event away from the backward-looking apology and towards a forward-looking commemoration’. They further note:

It is very likely that many indigenous Australians felt pleasure in the delivery of settler apologies following the recommendations of the Bringing Them Home report. It is also likely that they have felt their usually precarious status in the nation has been animated in new ways by settler guilt. But it is also true that there was immense sorrow felt by indigenous Australians as their previously unspoken stories of pain and loss began to circulate through the nation. That these stories become a focal point for settler fantasies of atonement, rather than the rationale for material recompense or compensation, is sure to have sorely diminished any pleasures or powers felt by Aborigines and Torres Strait Islanders. And because the move from a ‘sorry day’ to a ‘day of healing’ happened without waiting for forgiveness to be uttered, it seems the atoned nation is one where (old) order has indeed been restored (Gooder & Jacobs 2000:244).

Sectors of the Indigenous community were both outraged and dismayed by O’Donoghue’s reported comments, some calling for her to resign as co-patron of the National Sorry Day Committee. Amid the sensationalism of her apparent disclosure, O’Donoghue issued her own media release in which she stressed, ‘I know that my Aboriginal mother would have had no legal recourse, nor any moral support, in resisting our removal. I also know that her grief was unbearable’ (2001).

*Bringing Them Home* recommended that a ‘Sorry Day’ be held, a day when all Australians could express their sorrow for the whole tragic episode and celebrate the beginning of a new understanding.

They comment that the Journey of Healing event was ‘both far less visible ... and less well attended’ (Gooder & Jacobs 2000:243).
The efficacy of Truth and Reconciliation Commissions is ultimately contingent upon the ‘moral engagement of the witnessing public which must extend beyond the ritual moment’ to consolidate rights and to continue to reflect about the nature and significance of ongoing suffering and responsibilities (Humphrey 2002:140). Yet as feelings—the ‘traumas’ of Aboriginal ‘victims’ and the compassionate responses of non-Aboriginal witnesses—were promulgated as the foundation for a new partnership, there was the risk that ‘feeling sorry for Aborigines’, rather than restorative or reparative justice, became the end point (Hunter 2000a:42).

As the decade of reconciliation drew to a close, Patrick Dodson, Chairperson of the CAR, reflected upon the nation’s response to *Bringing Them Home*:\(^{137}\)

> What we’ve done has been to re-open the pain and it has not yet been healed because of our lack of ingenuity in responding to such a trauma that this country has inflicted upon the indigenous people (2000a).\(^{138}\)

### The domain of remains

Loss is inseparable from what remains, for what is lost is known only by what remains of it, by how these remains are produced, read, and sustained.

(Eng & Kazanjian 2003:2)

In the early twenty-first century, around 75 per cent of Aborigines live in or around towns and cities in settled Australia. And yet these persons continue to dwell in ‘a kind of official limbo’ generated by the ambiguity of their political position and identity in the (post-)colonial nation (see Wolfe 1994)\(^{139}\). The very concept of ‘Aboriginality’ is a hegemonic construct that dating from the days of empire, continues to make, mould and regulate certain kinds of subjects.\(^{140}\) The long-standing binary of ‘authentic’ and ‘inauthentic’ Aboriginality is a compelling form of classification, which has been repeatedly re-iterated, most

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\(^{137}\) Patrick Dodson was also a Commissioner of the RCAMIC.

\(^{138}\) The recommendations of *Bringing Them Home* covered all the components of reparations: acknowledgment of truth and an apology; guarantees of non-repetition of violations; rehabilitation, compensation and restitution.

\(^{139}\) The remaining 25 per cent of Aborigines live primarily on outstations and Aboriginal settlements in remote parts of the continent. Land rights have been pursued with much more success in central and northern Australia, with some communities such as Yirrkala, Uluru and Kakadu able to participate in successful commercial developments and others establishing pastoral enterprises. The options for those who reside in more densely populated areas of the country are towards engagement in the economy, community organisations or alternatively welfare dependency.

\(^{140}\) Hence ‘Aborigines’ become ‘reduced to observable social attributes and practices defined empirically, positivistically, as if their existence were intrinsic and factual, rather than effects of discursive and institutional power; and these positivist definitions of persons as their attributes and practices are written into law, ensuring that persons describable according to them will now become regulated through them’ (Brown 1995a:66).
recently in the legislation of land rights and its successor native title. With 'real' Aborigines discursively frozen in the fictive past rather than in the present moment, contemporary 'urban' Aborigines have been rendered anomalous figures, contaminated by their European 'blood' and by their contact with late-modernity. Insufficiently 'Other', their defining quality has become their failure to retain the qualities that define their essential 'difference' (see Povinelli 2002:55). The result is a middle ground that is potentially nowhere (see Cheng 2000:194).

In this and the preceding chapter, I have elucidated how a prominent, although not totalising, formation of Aboriginality predicated on the identification with loss, has come into being and been re-framed over time. I have concomitantly argued that Aboriginal loss is differentially felt and constructed across different political and social matrices and have shown how the experience and metaphor of loss is dialectically connected to prevailing systems of classification. By explicating how loss and mourning have permeated the terms of engagement between Aborigines and dominant society, I have demonstrated how classificatory norms of Aboriginality have largely determined and directed the ways in which Aboriginal people, consistently positioned on the periphery of power, have negotiated their place and rights within the nation.

From this discussion, it is clear that dominant categories of knowledge and their material and social foundations establish particular subject positions with which Indigenous Australians interact and engage, variously appropriating and resisting the regulative rules that interpellate them (see Butler 1993). 'Loss', like 'tradition', can thus be seen to be a particular kind of identification, a strategic position that provides certain 'types' of Aborigines with a degree of political agency. Such social 'presence', even if potentially leading towards re-subjection, is preferable to invisibility.

I have argued that the 'loss' of Aborigines in southeast Australia is intertwined with the making of national myths. As a concept, it arose as a means of legitimising European-Australian gain and of concealing and naturalising the fact of dispossession (Macdonald 2001:194). Throughout the twentieth century, this line of reasoning has established a dichotomy between Aborigines in remote and settled Australia wherein greater 'difference' means greater political, economic and material rights and entitlements. Concomitantly, since the late 1930s, the affects of loss and mourning, clearly grounded in the social and material realities of Aboriginal lives, have been potent tropes in Aboriginal political activism. 'Loss' has thus been re-affirmed as a common ground of...

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141 The paradigms of 'traditional' and 'urban' peoples and practices are set against each other as competing, undifferentiated terms, which bear upon the subjectivities and self-representations of Aboriginal Australians.

142 Wolfe proposes that it is virtually anomalous that Aborigines live in the same space as whites, since the imperative is that 'Aborigines' are always somewhere else (1994:107).
affective experience among Aborigines in southern Australia. Moreover, we have seen how Aborigines’ loss has been re-shaped, re-interpreted and re-experienced in certain and changing milieux. Bodily and subjective experience therefore arise in interaction with the social realm and its categories.

The Aboriginal leaders behind the 1938 ‘Day of Mourning’ were concerned with the issues of civil rights and social justice. From the late 1960s, Aboriginal activists in settled Australia re-appropriated the discourse of mourning in their pursuit of uniquely Indigenous rights. However, the ‘loss’ they articulated was that of a more personal ‘loss of cultural identity’ subsequent to colonisation. This form of identity crisis among Aborigines in the southeast has been accentuated in the last two decades of the twentieth century, a period which has been critical in the ‘making up’ of Aborigines. Political and legal processes have affirmed ‘tradition’ and land as essential qualities of Aboriginality. And yet, hopes for national land rights legislation have collapsed and the Mabo decision, seemingly a historic turning-point in its recognition of native title, has effected little change in the lives of the vast majority of Aboriginal people, for whom colonisation signifies ‘irrecoverable disjuncture’ (Grossman & Cuthbert 1998:116).

The designation of ‘cultural loss’ has become a rationale for denying rights to those perceived to lack ‘traditional ownership’ and/or ‘traditional connection’.143 In their pursuit of national recognition as the autochthonous inhabitants of Australia and their eligibility for the rights it confers, Aborigines must submit themselves to formal processes of surveillance, which determine their ‘worthiness’ in accordance with the degree to which they fulfil the state’s normative criteria of Indigeneity (Povinelli 2002:39). Those persons whose ‘difference’ is deemed to be insufficient, counter the risk of becoming yet another minority group in multicultural Australia by sharply defining their ‘cultural identity’ and experience in contra-distinction to white society, other ‘ethnic groups’ and even other Aboriginal subjects.144 Some persons achieve this by inverting the imposed identification of Aboriginality with ‘tradition’ such that the emphasis becomes a relationship of ‘loss’, of dispossession rather than possession, as the foundation of their identity. Their ‘scars’, their failure of ‘Indigeneity’ as hegemonically constructed, then become ‘what Aborigines are,

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143 This is evident in the formula of the Native Title Act which provides that ‘the more you have lost, the less you stand to gain’ (Wolfe 1994:126). As Grossman and Cuthbert comment, ‘Native Title extends the promise of benefits to those groups who can demonstrate the least effect of invasion: the rest, for whom invasion meant irrecoverable disjuncture, are offered the palliative of welfare’ (1998:116).

144 The tension in liberalism between the individualism that legitimates it and the cultural homogeneity its commitment to political universality requires stimulates Aborigines in different geographical and social locations to at times articulate the specificity of their identity promised upon the distinctiveness of their experience and at other times, to suppress them such that they present a united political front (see Brown 1995a:67).
what they have. They are their true difference; the “active edge” where the national promise of remedial action is negotiated’ (Povinelli 2002:49).

Premised upon the concept of equal rights for all citizens, the processes of liberal democracy demand that Aborigines, like all Australians, must prove their eligibility for ‘assistance’ in terms of their contemporary disadvantage rather than the injustice of colonial conquest. While arguments of historical injury are clearly effective in mobilising national and international sentiment, and thereby indirectly influencing the political agenda on Aboriginal issues, they are vulnerable to counter-attack and the progressive erosion of public sympathy in the face of ‘awkward and difficult demands’ and the intractability of the ‘Aboriginal problem’ (Morris & Cowlshaw 1997:6).145

In the last three decades, as invadedness has been rendered a welfare issue (Wolfe 1994:113), the discourse on ‘loss’ has become more pervasive in the argumentation and self-representations of ‘Aborigines in settled Australia. This embracing of the subjecthood of loss is a means by which ‘urban’, ‘deculturated’ Aborigines can assert themselves amidst authoritative pressures and forms of knowledge that either misrepresent or deny them (see Rowse 1996:6). Aborigines’ use of the rhetoric of loss may thus be viewed as a type of performative ‘that not only exposes the mechanisms of state regulation but also reveals the ways in which state control of bodies materializes a political world of social appropriations’ (Eng & Kazanjian 2003:11). Hence, while ‘national failures to provide even basic economic and social justice [are transformed] into local failures of culture and identity’ (Povinelli 2002:55), simultaneously, local ‘failures’ of culture and identity have become potent signifiers of the continuing injustice of the (post-)colonial state and the basis of claims to specific forms of rights and reparation.146 Loss, like land has become the means of bringing the Aboriginal past to bear witness in the Australian present (Beckett 1988b:208). As

145 Markus comments: ‘Public debate - the contest for the “hearts and minds of middle Australia” - is of great consequence in setting the political agenda and parameters of government action on Aboriginal issues. Aboriginal Australians have little with which to bargain. Comprising under two percent of the population, they are too few in number to be of direct political significance - there is no “Aboriginal vote” to play a role in the calculations of political strategists. Further, the vast majority of Aboriginal people do not command economic resources which would necessitate political groups treating their views and demands with respect; rather, the task, as understood by some vested interests, is to prevent Aborigines obtaining resources - seen primarily in terms of control over potentially rich mineral lands - which would give them such influence. Thus, for the demands of Aboriginal groups to be taken seriously they must appeal to the white electorate; and so the power to persuade the wider society of the justness of their claims - the power to appeal to what Tim Rowse (1993:chap 1) has termed the “moral community” - is of vital importance’ (1996:88–89).

146 As we have seen in this chapter, in the absence of ‘tradition’ as officially denoted, a prominent political response in settled Australia has been ‘to de-emphasise “culture” - indeed, even to deny it - emphasising a history of injustices, of Aboriginal resistance, of rights denied by the force of arms, of subjects constituted by colonialism, of people whose enforced change (interpreted as loss) should be compensated’ (Macdonald 2001:181).
metaphor and experience, loss has become an enabler, providing Aborigines in
the southeast with a moral and political position, a unique identity, and a (new)
place of belonging and allegiance from which they resist being subsumed by
dominant society.

Yet as agency becomes premised upon a subjecthood of ‘loss’, mourning
may be difficult to relinquish in the face of ongoing political denial and
diminution of Aborigines’ claims to anything other than ‘welfare’. The risk then
is that the ‘deculturated’ Aboriginal persons of settled Australia re-inscribe
themselves as melancholic subjects, becoming bound to an identity premised
upon the experience of loss.147 As the boundary between subject and object, the
loser and the thing lost becomes less clear, ‘half-caste’ Aborigines, having ‘lost’
those idealised qualities that define ‘Indigeneity’, become the nation’s ‘losers’.
As the object loss becomes ego loss, Aborigines come to experience a sense of
personal failure and inadequacy, mourning more an ‘incompleteness of self’ than
the ‘loss’ of an imposed, indeed imaginary, ideal (Luciano 2003:159).

In late modern secular society, the profound social and economic
inequities arising out of the pervasiveness and complexity of domination by
global capital capitalist institutions and bureaucracies has produced a sense of
individual powerlessness, now ‘unrelieved’ by the frayed and fragmenting social
associations of communities, churches or (extended) families (Brown 1995a:69).
A by-product of the consequent accent on individual autonomy and responsibility
is the entwining of subjecthood and recognition with claims to injury, commonly
medicalised or psychologised in terms of health or illness.148 Injury has thus
become an influential, albeit inherently limited basis for political identity in
contemporary life, a new kind of identity formation which Brown (1995a)
suggests the (neo-)liberal state has a vested interest in fostering and maintaining.

The re-framing of Aboriginal ‘loss’ as psychological injury, a process
generated from the centre of the nation (Cowlishaw 2004:79), signifies a
profound shift in meaning—away from an overtly political discourse of
‘mourning’, concerned with social injustice and civil and Indigenous rights,
towards a discourse of health, with its inherently individualistic focus. The
following two chapters further develop this argument, elucidating that while the
position of loss is itself problematic, its medicalisation is even more potentially
confining due to its propensity to relocate social distress in the individual as
psychological dysfunction. The ‘language of recognition’ with its necessary
appropriation of central constructions of suffering, thus potentially becomes ‘the
language of unfreedom’ (Brown 1995a:66).

147 Chapter Two described the way in which the ‘doomed’ Aborigine became the object of
colonial melancholia, a sentiment which naturalised and romanticised their ‘passing’.
148 The result is a form of ‘Oppression Olympics’, which Minow notes, ‘blurs distinctions
between degrees of harms, and levels all suffering to the same undifferentiated plane of
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The Europeans' encounter with other societies was characterised initially by exotic description and simple force of arms, then, confronted with the threat of approaching emancipation and independence, by theories of racial superiority ... and manifest biological destiny, and finally in the twentieth century, by the imposition of psychiatric categories to characterise them as inadequate, co-opting them through an internalisation of their ascribed inadequacy.

(Littlewood 1993b:26)

In this and the following chapter, I examine how Aborigines' experience of loss has been psychologised in different and changing social and political milieux. This investigation builds upon and develops the argument that Aboriginal loss, as both a somatic state and identity-formation, has been re-framed and re-experienced in dialectic with dominant systems of knowledge in particular configurations of space and time. In these two chapters, however, I take this proposition into a more specific direction, exploring the interactive relationship between Aborigines and the field of psychiatry and in so doing, explicating the arena of mental health as a critical site for the (re)construction of Aboriginality.

The time-frame of this analysis spans the twentieth century, a period of profound change in the organisation of social and public life in advanced industrial societies. With increasing secularisation and rationalisation, organised
religion and social philosophy, with their idioms for the expression of individual
and collective suffering and their explanations of the mysteries and nature of
human life, have progressively waned in influence (Lock & Scheper-Hughes
1996:63, Turner & Samson 1995:214). As the role of the Church has been
superseded by the empirical knowledge of science and its (bio)medicine, the
medical profession has become that group in society with responsibility for

Biomedicine has concomitantly assumed a dominant role in shaping
interpretations and responses to human distress, with the very categories through
which health and illness are represented, coming to encompass what were once
understood as primarily social and existential concerns (Lyon 1996:56).

Since the late nineteenth century, the field of psychiatry in particular has
experienced unprecedented growth, a development that is clearly reflective of
transformations in social and material structures, including the exercise of
political power (Rose 1996b:11). This upsurge in the knowledge and practices of
psychiatry and psychology and in the dissemination of their categories into lay
vocabulary is fundamentally inter-connected with transformations in concepts of
personhood (Rose 1996b:11). The psy disciplines have become increasingly
integral in the ‘making up’ of persons and in the government of others.

Recognition of the medicalisation of everyday life in contemporary
society and now globally is crucial to this analysis since ‘like any other mode of
symbolization, medicalized perception sets boundaries on ways of thinking and
channels consciousness and behavior’ (Crawford 1980:371). While its
epistemological foundations rest in empirical science, biomedicine is nonetheless
an institution of Western culture. Its emphasis on the rational mastery of the
physical body, conceptualised as a biochemical machine, reiterates Western
cultural traditions of naturalism and individualism (Gordon 1988) to powerfully
reinforce duality (Kirmayer 1988:58) and to clinically locate ‘solutions’ to moral

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1 Preventive medicine, for example, encourages us to jog, diet, rest, avoid stress, and to

2 I shall primarily use the term ‘biomedicine’ in order to highlight the global diffusion of the
theories and practices of ‘Western medicine’ and their epistemological and ontological
commitments (see Kleinman 1995:25). At the same time, it must be recognised that
biomedical knowledge is not the product of a monolithic autonomous institution but rather
comprised of numerous and diverse sub-specialities, interest groups and individuals who
bring a variety of perspectives to their practice (see Lock 1988:6).

3 By definition, the process of medicalisation pertains firstly, to an expansion of the
professional jurisdiction of medicine over wider spheres of life. Secondly, and relatedly, it
refers to an increase in the range of social phenomena mediated by the concepts of health and
illness such that the boundaries of extant medicalised categories are extended within both
medical science and broader society.

4 As Hahn and Kleinman aver: ‘Biomedicine [like] other sociocultural systems continually
remake[s] nature, including human nature; but nature reciprocally constrains what can be
made of it. Biomedicine is thus the product of a dialectic between culture and nature’
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dilemmas and social distress at the level of individual biology (Lyon 1996:56). Moreover, in encapsulating fundamental cultural propositions and metaphors, biomedical discourses tacitly link ideals of the moral and healthy body to certain images of personhood and social behaviour (Comaroff 1982:56, Good 1994:5). Biomedicine is thus both constituted by and constitutive of society, an interdependency that while not unique to biomedicine and Western capitalist society, tends to be obfuscated by its claims to neutrality and universality (Gordon 1988:19, Hahn & Kleinman 1983).

However, while the theories of disease foundational to general medicine and surgery, for example, provide ‘a commentary about the physical body and indirectly about the self, disease accounting in psychiatry is a direct commentary on the self and of the self’ (Fabrega 1993:167). Shaped by prevailing cultural tropes and bounded within a particular framework of personhood, psychiatric nosologies define, frame and interpret social experience according to the parameters of a specific ethnopsychology and its delineation of ‘normal’ (Barrett 1998b:627, Gaines 1992a:4).

As powerful forms of classification, psychiatric categories have interacted with Aboriginal lives to inform and shape ‘who they are’. The historical analysis presented in these two chapters confounds simplistic, anachronistic notions of medical power as oppressive and institutionally based. Instead, we shall see that the psychologisation of Aboriginal loss is not a straightforward, linear process of

Behind its rhetoric of scientific rationality, biomedicine embodies oppositions central to Western metaphysics: those between spirit and matter, mind and body, supernatural and natural, unreal and real (refer to Kirmayer 1988, Lock & Scheper-Hughes 1996). Although dualisms are evident in diverse societies worldwide (see Kirmayer 1988), that of mind-body is deeply entrenched in the Western moral order and social construction of the person. This is a legacy of Cartesian thought as well as capitalism’s ideology of rational individualism and its modes of production, which divide human labour into mental and manual activities (see Comaroff 1982:57, Lock & Scheper-Hughes 1996:59). In the field of psychiatry, an accent on (patho)physiology has been historically countered by the psychoanalytic tradition, some forms of community psychiatry, and the incorporation of a bio-psycho-social model into some fields of psychiatric practice. However, as will be discussed in Chapter Five, biologism has resurfaced to once again predominate in biomedical psychiatry.

The value-laden nature of biomedical categories is nowhere more evident than in everyday rhetoric. Strong symbolic associations exist between moral and health status, the term ‘sick’, for example, being a powerful metaphor of moral condemnation (Comaroff 1982:62, Gilman 1988:7). The stigmatising and discriminatory effect of the metaphors surrounding particular diseases such as cancer and AIDS are discussed at length by Sontag (1983:3-4) and Clatts and Mutchler (1989:108).

As Young (1990:113) notes, there is no system of knowledge that simply labels facts that already exist in nature.

The cultural unity implied by the term the ‘West’ masks a multitude of differences and glosses over three distinct major cultural traditions: the Mediterranean, the Northern Germanic (Protestant) and the Eastern European area (although transformed by half a century of totalitarian rule), in addition to many minor cultural traditions (Gaines 1992b:11). However, Gaines argues that ‘... it is the Northern European Germanic Protestant conception of self and person and its ethnopsychology that are vividly, albeit implicitly, embodied in the U.S. psychiatric voice’ (1992b:12).
hegemonic imposition, but the outcome of a dynamic relationship between Aborigines and psychiatric knowledge.

This chapter focuses on the colonial era when Aborigines were clearly the objects of the psychiatric gaze. Psychiatry’s authoritative and definitive ‘truths’ about the psychological (dys-)function of Aborigines inscribed Aboriginal bodies with ‘difference’, predominantly their inherent incapacity to ‘civilise’. The brutality and injustices of colonial policies and practices remained largely immune from scrutiny as Aboriginal individuals, social groups and at times the entire ‘race’ were subjected to analyses and diagnoses of pathology. However, with the rise of Aboriginal political activism, Aboriginal health workers began to actively interact with psychiatric knowledge in a variety of ways, with some aligned, others vehemently opposed and still others re- appropriating its categories to describe the mental stress, strain and trauma of Aborigines as the products of oppression. A distinction thus becomes apparent between

the power of the medical profession and the extension of professional jurisdiction ... [and] the power of a way of thinking which is linked to but also detached from the medical profession – the cultural dissemination of medical perception or ideology (Crawford 1980:370).

I argue that it is with this progressive dissemination of psy categories beyond the clinics of their respective professionals that they have come to play an even greater role in the (re)formation of Aborigines as both ‘subjects’ and ‘objects’. The categories of ‘stress’, ‘depression’ and ‘trauma’ ostensibly provide Aborigines with a compelling means of articulating the continuing aftermath of historical injustice. Yet as value-laden judgments of (ir)responsible personhood and social (dis)organisation, these discourses not only (re)locate social distress in the individual body, but work to construct certain limited kinds of subjects and bodies (see Lupton 1995:5).

This historical review of the psychiatric categories imposed upon, later taken up by Aboriginal people unveils psychiatric nosologies as sociocultural discursive forms produced in particular historical contexts. As Hacking comments:

Each label was thought of as a classification ... that improved on previous ones. Each classification has been associated with a regimen of treatment, schooling, exclusion, or inclusion. Each has surely affected the experience both of those so classified and of their families ... At various times in our history each classification has been an interactive kind. At the time that each classification was in use, it

However, I neither imply that psychiatric categories are cultural artefacts or ‘myths’ nor that they are without material foundation. Rather, I aver that the categorisation and interpretation of disease and distress reflect a dynamic inter-relationship between biology, cultural values and the social order, which defies determinism of any kind (see Anderson 1995, Lock 1988:7).
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 seemed somewhat inevitable, a perfectly natural way to classify [people] with various sorts of deficit. Yet ... these classifications are highly contingent. Each reflects the medical and social attitude of a particular epoch. They could have been otherwise ... (1999:111).10

We will see how psy knowledge and classifications of Aborigines and their experiences have been tied to changing notions of their personhood. For much of the twentieth century, Aborigines, like other ‘primitive’ peoples positioned at the far end of ‘the great chain of being’, were believed to be psychologically and socially incapable of experiencing neuroses. By the last two decades of the twentieth century, however, Aborigines were being widely described as suffering from high rates of depression, post-traumatic stress disorder (PTSD) and intergenerational trauma, the psy legacies of invasion. I contend that this psychologisation of Aborigines’ experience of loss signifies a contemporary facet—albeit a critical one—in a longer trajectory of constructions of Aboriginal identity.

**Medicine and empire**

Take a full blood native baby, bring it up from early infancy, with white children and away from squalid surroundings, and the resulting adult should fit into the general community as reasonably as most people do, save for the important matter of colour, which may give rise to an inferiority complex.


Medicine powerfully mediates broader social forces. In Australia, as in many other colonies, medicine both informed and was informed by imperialism: ‘It gave the validity of science to the humanitarian claims of colonialism, while finding confirmation for its own authority in the living laboratories enclosed by expanding imperial frontiers’ (Comaroff 1993:324). Medical knowledge was not only enabled by, but consolidated colonial ideology and asymmetrical relationships of power, an alliance that was disguised by its rhetoric of science. Colonial instruments of governance were directed by physical and social scientists and their delineation of the causative processes and conditions

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10 The dynamic nature of psychiatric categories is evident in the series of nosologies developed by both the American Psychiatric Association (APA) and the World Health Organisation (WHO). These nosologies are those most widely utilised internationally and have been produced almost conjointly. The APA’s *Diagnostic and statistical manual of mental disorders* (DSM), sets the standard in North America but is also widely used overseas, while the WHO’s *International classification of disease* (ICD) is used mostly in Europe. Over time, differences between the nosologies have developed over the specific terms applied to particular disease entities but also because certain disorders which clinicians found elsewhere were unknown in the United States (Gaines 1992b:8).
underlying Aborigines' 'failure' to adapt and to progress towards 'civilisation'. Inequitable power relations pervaded the Aboriginal body, rendering it intelligible within the cultural parameters of dominant society and, until well into the twentieth century, treating it 'as something docile that could be subjected, used, transformed and improved' (Armstrong 1983:3).

Colonial medicine and its sub-disciplines were thus socially and politically constructive. Their modus operandi was the demarcation of 'normal' and 'pathological', a binary intrinsically linked to the Western classificatory dichotomies of white/black, culture/nature, civilised/primitive, healthy/sick, 'us'/'them' (see Gilman 1985). Defined as the antithesis of Europeans, the physiognomy, skin colour, culture, and behaviour of Aborigines were evaluated in terms of the ideals of whiteness, order, discipline, 'civilisation', and so on. Racial or cultural difference was pathologised in terms of the deficiency of the 'character', 'mind' and/or 'nature' of the Other. 'Sickness' or 'madness', therefore, was located in the body or psyche of Aboriginal individuals, as exemplars of their 'race', rather than in their relations with the politically dominant. The effect was to foster (mis)representations of Aboriginal people as racially inferior and inadequate, their childlike dependency clearly necessitating the extension of 'expert' control over the intractable problems they posed (MacLeod 1988:6).

In spite of their rhetoric of scientific objectivity, medical practitioners during the colonial era, like those today, were not immune to the prejudices of their age; their diagnoses were influenced by their political interests and personal experiences as much as by prevailing theories of race and disease-causation, their scientific training and clinical observations (Arnold 1988:4, 7). Yet their social standing and influence meant that their characteristically conservative views 'carried more weight than [manifest] opinion, and were considered, perhaps at times unwisely, to be soundly and objectively based' (Hunter 1991b:780).

In Australia, as typical of colonial states, the framing of disease was intertwined with racial demarcation (see Anderson 2002). In the late nineteenth century, as medical epistemology became increasingly concerned with the biological foundations of disease, pathology was situated in the bodies of racialised individuals rather than in their contexts (see Vaughan 1991:5). Ideas of 'disease' became a means of further differentiating 'civilised' whiteness from 'primitive' blackness. Europeans, priding themselves on their scientific understanding of disease causation, condemned what they perceived as 'the fatalism, superstition and barbarity' of Indigenous belief systems (Arnold 1988:7). Meanwhile, their own privileging of biology naturalised the death and
ill-health of Indigenous populations as symptoms of the inevitable demise of inferior races ill-equipped for civilisation (see Arnold 1988:8).

The conjunction of medical and political interests was strengthened in the early twentieth century with the appointment of the doctors Herbert Basedow and Cecil Cook to the concurrent positions of Chief Medical Officer and Chief Protector of Aborigines in the Northern Territory. Cook reflected that this indicated that ‘initially at least, the Commonwealth Government ... looked upon the native problems as principally medical’ (Cook 1966 cited in Hunter 1991b:780). However, Hunter notes that:

> Whilst the efforts of these doctors in circumstances of great hardship are to be applauded, their position provided a vehicle for enacting politically their sociomedical vision, which in the case of Cook during the 1930s ... [was] informed by 'eugenicist biases of his time' (1991b:780).

Harrison’s (1979) analysis of the *Medical Journal of Australia* between 1914 and 1979 demonstrates the nexus between medical opinion on Aborigines, government policies and broader socio-historical context. The concept of biological inferiority was fundamental to both early medical theory and the policy of protection. Following World War Two, with the erosion of evolutionary theory and the shift towards assimilation, medical practitioners concomitantly became less concerned with the physical foundations of ‘racial difference’ and instead, began to concentrate on internal, invisible, psychological characteristics such as modes of thought and intellectual capacities (Harrison 1979:18). 12

The provision of health care is often cited as a benefit of colonial rule, yet it is clear that the process of colonisation was a major health hazard for most subjugated peoples (see Arnold 1988:3). 13 Moreover, there is no denying that in Australia, medical practices were until relatively recently, overtly racist (see Denoon 1988, Woolcock 1988). It was not until the 1960s that the federal government began to demonstrate concern for the health of Aborigines themselves. Even then, prior to the exposure in the mid-1970s of the gravity of Aboriginal ill-health, the minimal, dedicated provisions for Aboriginal health

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12 Of course, the opinions of colonial medical practitioners were not homogeneous, nor were all doctors bound by the profession’s historically conservative code of conduct. Indeed, while a high degree of uniformity existed in medical opinion on Aboriginal issues prior to World War Two, professional cohesion began to break down in the 1950s, a fact most probably reflective of changing political consciousness (see Harrison 1979:6).

13 The unwitting introduction of epidemic diseases such as smallpox together with the nature of the colonial economy and the ecological changes effected by invasion had far-reaching ramifications for the health and survival of Indigenous populations around the world (Arnold 1988:6). In the light of the sheer numbers who died and the profound and irreversible health problems borne by those who survived, the provision of a health care system, which typically arose late in the colonial era and so benefited a fraction of the total population, is plainly inadequate recompense (Arnold 1988:6).
care were largely restricted to policies aimed at curtailing contagion. Racial segregation in all social life including hospital accommodation was the norm rather than the exception for the first half of the twentieth century and was justified by a scientific/medical discourse that defined the moral degradation of the ‘Aboriginal race’ in terms of contagion and pollution (Morris 1989:113). This classification of Aboriginal bodies as dis-ordered and contaminated consolidated the prevailing hierarchical order and legitimated social avoidance and control (see Douglas 1966). Hence, despite the fact that few colonial doctors had direct contact with Aboriginal bodies, their ‘scientific’ opinions normalised the further enmeshment of Aborigines in the structures of the colonial state.

Psychiatry and colonialism

one of the continuing deficiencies in altruism ... is the failure of Australians to recognise that some pervasive Aboriginal problems should be regarded as psychological, as well as physical and social. The reason for this blind spot is that psychiatry in Australia was slow to establish itself, in comparison with other medical and technological developments.

(Cawte 1976:24)

Like their contemporaries in the natural and social sciences, psychiatrists of the late nineteenth and early twentieth centuries perceived Australia’s Indigenous peoples as living evidence of the universal history of man. Freud, having described Aborigines as ‘the most backward and miserable of savages’ (1919), placed them as central characters in his origin myths. It was Freud’s ‘developmental archaeological model of the psyche’ which led him to describe instinctual qualities as ‘primitive’, terminology which fostered an analogy between ‘the untamed potentially disruptive instinctual parts of the self’ and

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14 Concerns were initially about the spread of venereal disease; later, about the contagion of leprosy (Saggers & Gray 1991a:123).
15 See Morris (1989:113) for a description of the medical segregation of Aborigines in Kempsey, northern NSW during the first half of the twentieth century. However, as Saggers and Gray (1991a:125) note, segregated treatment, whether conducted in the yard, on the verandah of hospitals or in separate consulting rooms, was preferable to the refusal of service which was not uncommon in some parts of the country until the 1960s. See also Hunter (1991b:781) for a discussion of the punitive and moralistic ramifications of the misdiagnosis of yaws and granuloma inguinale among Aborigines in Western Australia.
16 Of course, biomedicine’s alliance with agencies of social control did not end with the demise of formal colonialism. As the Comaroffs comment: ‘Notwithstanding their contribution to the human condition, biomedical knowledge and technology have played a large part in sustaining the economic and cultural dependency of the non-Western world. What is more, we are still all too ready, in the West, to seek the origins of virulent disease in the uncontained nature of “others” - in the undisciplined sexuality of Africa, for example’ (1993:324).
17 I use the word ‘man’ here deliberately to reflect the perspective of the time.
primitive societies (Skultans 1991:6). Likewise, Jung claimed that ‘the different strata of the mind correspond to the history of the races’ and that the Negro ‘has probably a whole historical layer less than the white man’ (cited in Kutchins & Kirk 1997:218). Evolutionism became virtually a creed of psychoanalysis, even more so following *Totem and taboo* (1919) in which Freud compared the psychology of ‘primitive peoples’ with that of the insane. For psychoanalysts, primitive man, like the psychotic, was a child who embodied ‘the untrammeled expression of desires repressed in his civilized counterpart’ (Skultans 1991:6). The pinnacle of human evolution was, needless to say, the ‘optimally adjusted personality’ of the (white) European in whom psychopathology represented regression to a primitive state (Littlewood & Lipsedge 1989:167).

The nosologies of biomedical psychiatry reflect and reiterate particular (Western) cultural ideas of personhood, valorising the qualities of self-control, individualism, rationality, and autonomy, as well as ideals and values of progress and productivity (see Barrett 1998b:627–628). Psychiatric categories may be read as attempts to define self and Others (Gaines 1992b:16). Fundamental to this interpretive framework is the dichotomy of mind/body, which, transposed into a series of hierarchical oppositions, normalises existing asymmetrical relations of power (Leder 1990:154). Perceived differences in thought or behaviour are attributed to a ‘failure of mind’, that is, a lack of responsibility or of the will to exercise control, or as due to ‘brain failure’, wherein the failure of control is linked to genetics, ‘race’, hormonal problems, or generalised vulnerabilities (Gaines 1992b:16). All cases, however, signify a deficiency of personhood that denies such groups as women, Native peoples or the mentally ill the right to autonomy and self-responsibility (see Littlewood & Lipsedge 1989:26).

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18 Psychoanalysis thus biologised the Romantic idea of a single, natural primary state proposed to be common to the archaic ancestors of ‘man’, primitive peoples, children, and the unconscious of the modern European (Littlewood 1993b:22).

19 Jung accompanied Freud to the United States in 1911 where he analysed the dreams and statements of 15 Negroes at a government hospital. He suggested that Negro childishness was contagious and named the infectious disorder ‘the American Complex’ (cited in Kutchins & Kirk 1997:218). Jung posited that contact between civilised and primitive races was inherently hazardous for the former, given the (alleged) correspondence between the repressed, unconscious layers of civilised man’s psyche and the mentality of primitive man (Skultans 1991:6).

20 Witchcraft, for example, became associated with paranoia and primitive magic with the psychosis of schizophrenia (Röheim 1950, 1955). Psychoanalysts interpreted sexual imagery as especially significant, given its prevalence in the day-time symbols of both psychotic and savage, but its repression in the European, apparently confined mostly to his dreams.

21 Whereas men have been identified with the rational mind, women and primitives have consistently been associated with the bodily sphere, linked with nature, sexuality and the passions and thus regarded as inherently unable to exercise control over themselves (see Leder 1990:154). In the nineteenth century, theories about the fragility and emotionality of women were manifest in the medical category of hysteria which served to foster male dominance and maintain women in the privacy of the home, that is, in a domain separate from the workplace (Rhodes 1990, Turner & Samson 1995:117).
The historical association between 'blackness' and 'madness', while thus not surprising, is shaped by particular circumstances (see Gilman 1985, Vaughan 1991). The direct relevance of psychiatry to imperialism and its practical contribution to the oppression of subdominant groups is questioned by a number of authors, including Littlewood, who comments:

The extent ... to which an elaborated set of ideas which might be termed “imperial psychiatry” provided a rationale for colonialism ... is debatable ... [indeed, the] evidence is meagre ... With remarkably few exceptions ... the small number of colonial psychiatrists barely participated in the debates ... Segregated facilities, of course... prejudice and neglect, undoubtedly; but hardly practicable ideologies for racial or cultural inferiority (1996:260-1).

Likewise, Vaughan, in her review of 'madness' in colonial Africa, contends that psychiatry was much less central to colonial control than it was in the modern European state:

[Colonial psychiatry did identify the “lunatic” and sometimes incarcerated her or him ... but in general the need to objectify and distance the “Other” in the form of the madman or the leper, was less urgent in a situation in which every colonial person was in some sense, already “Other” (1991:10).

The strength of the colonisers’ belief in their innate superiority and the social distance between Europeans and Indigenes afforded by racism more than adequately enabled objectification and obviated the need for the invention of the ‘mad’ person to fill this role (Vaughan 1991:107). Instead, psychiatry's classification of subjugated peoples was more potent as a language of expertise that described, defined, created and homogenised the ‘Native population’ and not only the ‘mad Native’.

Like their contemporaries in science, psychiatrists were interested in defining the essential nature of Aboriginal peoples and their potential for ‘civilisation’. They were certainly not alone in making ‘increasingly racist
representations that were routinely presented as scientific studies' (Kutchins & Kirk 1997:220). By the early twentieth century, a strong academic alliance had developed between psychiatry and anthropology. Since most psychiatrists at that time were armchair theorists, they relied upon the rich material afforded by ethnographic studies of Aborigines, although their interpretations frequently distorted anthropological data such that it served more as 'a crystal ball for their private visions' (Stanner 1979:224). Theoretical perspectives did vary within and between disciplines, yet until well into the twentieth century, there was little real challenge to the opinion typified by the anthropologist C. Staniland Wake's oft-quoted paper of 1872, 'The mental characteristics of primitive man as exemplified by the Australian Aborigine':

The only conclusion ... I can draw is that they are something more than the race children of the present era – that, in fact, they represent the childhood of humanity itself, revealing to us the condition of mankind, if not in primeval times, yet when the original potentialities of man's being had been slightly developed by the struggle for existence ... This could not have been long after man's first appearance on the earth (cited in Mulvaney 1990:33).

Although a new branch of psychiatry—'exotic ethnopsychiatry'—had developed in some colonies by the late nineteenth century, in Australia there was little medical interest in the psychological states or syndromes of Aborigines until well into the twentieth century (see Dubreuil & Wittkower 1974:9). The study of Aborigines was left largely to anthropologists, some of whom, like Röheim (1925), Basedow (1925) and Ashley-Montagu (1937), utilised a psychoanalytic interpretation of culture (see Kearney et al. 1973:ix).

Géza Röheim is well known for his 1928 psychoanalytic expedition into the desert of Central Australia. Following this fieldwork, his use of Freudian...
theory became less orthodox although his writings continued to be overloaded with symbolic interpretation and psychological reductionism.\textsuperscript{25} Röheim characterised Aborigines as ‘an essential Oedipal culture with projection as the main defense mechanism’ (1950:488) and summarised Aboriginal ritual in florid psychoanalytic terms:

Notwithstanding the fact that Australian society with its manifold class systems (incest taboos), with its elaborate rituals (phallic rites), looks complicated to the uninitiated European or American anthropologist, it is really an endless repetition of the same thing. It is purely genital, it can be compared to hysteria and phobia (1950:150).\textsuperscript{26}

In the early 1920s, two psychiatric reports on Aboriginal mental illness were published in the \textit{Medical Journal of Australia}. C.A. Hogg, then medical superintendent of the Parramatta Mental Hospital, speculated about the shorter duration of illness in Aboriginal patients:

Probably their lowly developed brains broke down under a small strain than would be necessary in the case of whites and therefore there was less damage to repair and a lower standard of normality (black) for them to attain before they could be considered as recovered (Hogg 1923:455).\textsuperscript{27}

John Bostock, then at the Callan Park Mental Hospital, was more explicit in his biologised hierarchy of race:

Their cerebration may be compared to the functioning of the old-fashioned printing press, which laboriously printed single copies, whereas its supplanter is infinitely more speedy. The blackfellow’s thought issues slowly, whereas the average white is a quick thinker. The former seems to lack quantity of intercallary cortical neurones ... no estimate has been made of the exact mental age of the aboriginal, in terms of the higher races, but all travellers are agreed as to the simplicity of his thought processes ... His emotions as shown by his insanities are of the crude or “all or

\textsuperscript{25} Röheim relied upon the data of other anthropologists such as Spencer and Gillen (1899) for \textit{Australian totemism} (Röheim 1925).

\textsuperscript{26} Morton notes that although Röheim’s psychoanalytic analysis may have scared off many of his contemporaries in Aboriginal studies who were wary of its universalist implications, his work undoubtedly ‘counter[ed] the psychological naïvete typical of the [functionalist] anthropology of his day’ (1993:17).

\textsuperscript{27} In his analysis of twelve cases of insanity in Aborigines, Hogg comments that in comparison with European patients, they exhibited ‘(i) a want of organisation of the sentiments, (ii) a low form of perception, (iii) poor association and poverty of ideas, (iv) absence of acquisitiveness and no constructive ability, (v) ... native intelligence far below that of the white, (vi) little power to appreciate and adapt themselves to the social standard of honesty and sexual morality \textit{et cetera} which are those of the white community, (vii) strong and ruling passions of the animal nature, (viii) the two female imbeciles were married and had children ... [a] fact [which] throws doubt upon the mental attainments and discrimination of their spouses and in accordance with the Mendelian laws one would expect this strain to breed themselves out to ultimate extinction’ (1923:455).
nothing” thalamic pattern. There is mania and melancholia, but the varying lights and shades and half tones of the white are missing (1923:462).

While neither psychiatrist diagnosed any ‘new’ forms of insanity in Aborigines, both described them as emotionally child-like and as having limited capacity to socially and intellectually cope with the superior demands of white society (see Bostock 1923:459, Hogg 1923:455). Dementia praecox (schizophrenia) and manic depression were diagnosed frequently and a high incidence of epilepsy was found in Aborigines in contact with white society, hypothesised by Bostock as one of a ‘long list of factors which are dooming them to extinction’ (1923:460). 28

The apparent absence of neuroses (anxieties, phobias, hysteria, or depression) was (not surprisingly) interpreted as reflecting the ‘primitive nature of the cerebrum rather than the mode of life”; it seemed that ‘the aboriginal has not [yet] reached [this] evolutionary stage’ (Bostock 1923:464).

International observations also confirmed the belief that there was little or no neurosis in primitive societies. In the opinion of W.H.R. Rivers:

“savage society” was characterized by an absence of neurosis because of a stable adjustment between instincts and social ideals, in which personal and social conflicts had long been resolved. “Civilization”, by contrast, would throw up neuroses with a frequency and severity which reflected the fluidity and instability of Western culture itself … (Lucas & Barrett 1995:302).

Emil Kraepelin posited a similar association between civilisation and mental disorder. 29 In 1903, he journeyed to southeast Asia, primarily Java, where he found a higher incidence of dementia praecox than in Europe and a relative rarity of depression (Lauter 1965), symptomatology which he attributed to their ‘lower stage of intellectual development’ (Kraepelin 1904 cited in Littlewood 1996:253). 30 Kraepelin’s theoretical concepts came to exercise a formative

28  Dementia praecox/schizophrenia was the principle mental disease diagnosed in Negroes in the early decades of the twentieth century and remains a common diagnosis among minority racial groups (see Kutchins & Kirk 1997:220, 228). Barrett (1998a) demonstrates how it is bound within the Western framework of personhood. He states, ‘schizophrenia, as a conceptual category, evolved in Europe in an era when state institutions were being established on a broad scale, and when there was an ideological climate of progress, development and evolution. The need for nascent psychiatry to maintain a definition of its institutions as modern, progressive and effective resulted in the patients being construed as regressive, primitive and incurable. Conceptions of personhood in nineteenth century European society were influenced by this climate of progress. In as much as the ideal person (the adult Caucasian male) epitomized the pinnacle of evolution, development, power, and strength, schizophrenia; like a negative photographic image, was characterized in terms of degeneration and weakness” (1998a:624–5).

29 In the last decades of the nineteenth century, there was debate about the relation between the apparent rise in neuroses such as the ‘new’ disease of neurasthenia and the conditions of modern life. This focus on social factors was challenged in the early decades of the twentieth century by the biologism of Kraepelin (see Roelcke 1997).

30 In 1925, he travelled to the USA, Mexico and Cuba where again he found a high incidence of dementia praecox in Negro and Indian hospital inmates and a rarity of depression (Lauter
impact on psychiatric theory and practice throughout the twentieth century. His influential nosology, which accorded etiological primacy to biological variables and his proposition that disease entities are universal, continue to have valence. 31

The widespread perception that primitive peoples did not suffer from depression was linked to ideas about their biological and social abilities: their apparent inability to self-reflect, express their emotions, or even to differentiate an individual identity from that of the group (Littlewood & Lipsedge 1989:61). Depression was the malady of a civilised society; the terrible price to be paid for introspection and intellectual and aesthetic sensitivity. The antithesis of this state was the happy-go-lucky, primitive child of nature who remained free of the responsibilities of civilisation and whose simple mind manifested in poor self-control and a boundless sexual appetite.

Theories of Aboriginal psychology and psychopathology almost universally drew upon such racially deterministic characterisations of primitive peoples. 32 Then, as now, cultural and social influences were ‘fundamental,

1965). An aspect of the biological essentialism espoused by Kraepelin and colleagues such as Griesinger was comparative psychiatry’s racialist formulations (Gaines 1992b:8). Folk biological notions of the etiology of serious mental diseases were incorporated into German academic philosophy and subsequently into scientific medical psychiatric theory, with phrenology and cranioscopy representing parallel attempts to construct the insane as phenotypically unlike ‘normal’ people (Gaines 1992b:17). Transported to North America, these ideas were then applied to categories of people defined as ‘different’ and whose physically distinct normalities were represented in professional literature in distorted forms and theorised as indicative of abnormality and pathology (Gaines 1992b:17).

Social variables had no place in Kraepelin’s etiologies, which accorded primacy to biological processes; deviations from familiar clinical pictures of his own nosological categories were interpreted as consequences of different nutrition, climate, and racial attributes (Roelcke 1997).

Levy-Bruhl (1923:13), however, actively sought to refute the prevailing belief that the mental activity of ‘those whom we, very improperly, term “primitives” – beings who are both so far removed from, and so near to, ourselves’, is ‘childish and almost pathological’. He endeavoured to demonstrate that their mentality is ‘normal under the conditions in which it is employed, to be both complex and developed in its own way’ (Lévy-Bruhl 1923:32). His work *Primitive mentality* (1923) drew extensively on the work of the anthropologists Spencer and Gillen in Central Australia (Spencer & Gillen 1899) and Howitt in southeast Australia (Howitt 1904); *Primitive mythology* (1983 (1935)) was primarily concerned with Aborigines. Yet his writing is pervaded by simple polarities (modern/primitive, rational/non-rational, logical/prelogical, religion/pre-religion) which reflect and support a social evolutionary emphasis. As Morton notes, the consequence is that ‘in spite of disclaimers, [Lévy-Bruhl] continues to give the mistaken impression of primitives as being almost exclusively dominated by mysticism and irrationality’ (1986:31). Morton (1986:34) further comments that whilst ‘Lévy-Bruhl chose not to explore his problem through psychology [perhaps because of Freud’s negative view of primitive man, one which would have conflicted with the nobility Lévy-Bruhl accorded him], psychology by no means ignored him. Freud, although apparently familiar with Lévy-Bruhl’s work, wrote virtually nothing about it, but Jung became a great admirer of the doctrine of mystical participation and mentioned it often in his books and papers. To the very end Jung defended the primitive mentality thesis and accused Lévy-Bruhl’s detractors of being “stupid persons who imagine that “mystic” means their own nonsensical conception of it” (Jung 1960:265).
formative and intrinsic to medical perception' (Gaines 1992b:5). When defining Aborigines as biologically incapable of surviving in white society, psychiatrists were plainly (re)articulating the prevailing ideology and yet their opinions, expressed through a 'scientifically-based' discourse, had an authority that seemingly transcended politics. The flagrant inequities of colonial rule were thus mystified in terms of ‘nature’ as Aborigines faced their inevitable demise. However, as the colonial state was confronted with the growing problem of ‘half-caste’ Aborigines, psychiatry gradually came to play a greater and more direct role in ‘analys[ing], monitor[ing] and fabricat[ing]’ Aboriginal bodies, determining the potential of these apparently disorganised and incoherent beings for responsible citizenship (Armstrong 1983:3).

**The field of ethnopsychiatry**

Australian physicians and anthropologists have the opportunity to establish knowledge in ethnopsychiatry, a field described by Sir Aubrey Lewis (1963) as an “obscure, potentially rich area of inquiry”. What are the “traditional” mental illnesses of the Australian Aboriginal cultures? What are the “transitional” illnesses occurring during the present epoch of re-enculturation? Such inquiries are important not only for academic reasons, but for Australia’s mental health and, perhaps, racial harmony ... an urgent question is: to what extent should Australian Aborigines be regarded as a “sick society”? (Cawte 1974:264)

In the 1960s, the psychiatrist John Cawte pioneered the ‘ethnopsychiatric’ endeavour in Australia, leading field trips to remote Aboriginal settlements in the northern and central parts of the continent. The discipline of transcultural

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33 The empirical, ‘nonideological’ nature of biomedicine is, in fact, shot through with value judgments (Young 1983:209) and infused with racial, class and gender bias. Rates of diagnosis and admission to hospital for mental illness vary considerably by ethnicity with a diagnosis of psychiatric disorder more likely the greater the degree of cultural distance between psychiatrist and patient (Turner & Samson 1995:81). Relatedly, the more physical and custodial the treatment, the more likely the patient is to be of a low socioeconomic position (Turner & Samson 1995:80). Research conducted in America found that women and men, and blacks and whites, are perceived differently even if they exhibited the same behaviour; differences which are then reflected and legitimised in official statistics on psychopathology (Kutchins & Kirk 1997:229). In a study of an East End hospital, blacks were found to be ‘more likely to be diagnosed as psychotic than whites, twice as likely to be compulsorily detained, more likely to see a black member of staff or a lower ranking professional, more likely to be prescribed a major tranquillizer and at higher dosage and were more likely to receive ECT without the customary diagnosis of depression’ (Littlewood and Cross 1980 in Turner & Samson 1995:82). Similar racial biases are evident in Australia where regardless of the nature of the underlying condition, Aborigines are most frequently diagnosed and treated for a serious mental disorder, usually schizophrenia (Hunter 1992:15).

34 Map 1, which is taken from Cawte’s Medicine is the law (Cawte 1974), locates the sites of ethnopsychiatric research that will be discussed in the course of this chapter section.
psychiatry had emerged post-World War Two, subsequent to increased training of psychiatrists, the expansion of the field beyond the affluent and institutionalised, and the growing awareness of the ‘problems in adjustment’ experienced by the Indigenous peoples of (former) colonies. As frank biological racism became disreputable, biological evolution ceased to be a viable explanation for psychological differences between Europeans and non-Europeans. Instead, these came to be perceived in ‘rather uncertain “cultural” terms ... [but] which still emersed the individual in some undifferentiated other, now less their biological level than their way of life’ (Littlewood 1996:256). Aborigines became emblematic of primitive societies undergoing rapid exposure to civilisation. As ethnopsychiatrists examined and documented ‘traditional’ and ‘transitional’ mental illnesses, categories that in reality overlapped, their research spanned a number of objectives. Practically, it could guide policies directed at alleviating Aborigines’ mental distress as they grappled with the forces of civilisation. More academically, Aborigines provided ‘a classic laboratory situation’ in which to examine some of the fundamental assumptions of psychiatry, in particular, the importance of cultural factors (Cawte 1964:467–468). And more broadly, analysis of the process of adaptation as this unusually ancient and primitive society underwent rapid cultural change was seen to provide direct insights into the course of human evolution.

Like their contemporaries in anthropology, psychiatrists mostly refrained from scrutinising colonial relations (see Cowlishaw 1992:20). Their fascination with ‘culture’ as the new foundation of ‘difference’ led to an initial emphasis on the identification of exotic pathologies. Later, rapid cultural change was seen to be the etiology of Aborigines’ mental illness. The specific nature of ‘culture contact’, whether blatant domination, economic exploitation or aggressive assimilationism, received cursory attention, if any. While psychiatrists may have perceived political matters as outside their field of intellectual expertise or professional comment, they downplayed the broader social impact of their own commentaries on Aborigines.

35 Littlewood further comments: ‘In the 1950s, following reaction against German academic psychiatry’s “eugenics” under the Nazis, the social and medical sciences gradually discarded the ideas of biological evolution and psychological development as explanations of differences of experience and action between contemporary societies. All societies were now recognised as having “a culture” in similar ways, and biological differences between groups as a whole – that between men and women still excepted – could not explain their different types of mental illness’ (1996:254).
The psychopathology of the exotic

Are the mental disorders of preagricultural "primitives" different from those found in modern society, or are they variants of the familiar Western diagnostic categories?

(Cawte 1974:106)

Concomitant with the accent on cultural rather than biological interpretations of inter-society 'difference', comparative psychiatry, re-termed 'cultural psychiatry', proposed a new category of psychopathology which encapsulated those behavioural patterns that 'recalled the idea of psychological illness in Europe yet remained unclassifiable' (Littlewood 1996:254). A number of such 'culture bound syndromes' were identified in Aborigines. These culturally distinct and typically dramatic forms of psychopathology included pathological fear states, fear-of-sorcery syndrome, hysterical trance-states, prolonged mutism, hypochondriacal states, and amok (see Eastwell 1982b, Spencer 1983:212). The best known is malgri, a 'traditional possession syndrome' identified in Aborigines of the islands in the Gulf of Carpentaria, with a similar syndrome found in Arnhem Land (Bianchi et al. 1973a:313, Cawte 1974). 37

'Culture bound syndromes' are patent evidence of the cultural-specificity of Euro-American psychiatric nosologies. 38 Psychiatrists' propensity is to interpret these distinctive patterns of behaviour as exotic manifestations of particular underlying universal diseases. For example, the 'territory-based anxiety disorder' of malgri has been described as 'a primitive paradigm for agoraphobia' (Hippler & Cawte 1978:23), while amok is commonly construed as a homicidal version of the brief reactive psychoses seen in Anglo-Saxons (Kleinman 1988:26). Symptomatology is isolated from context, and little consideration given

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36 This phrase is drawn from Hunter (1997a:821).
37 Marked by the sudden onset of abdominal pain and distension, headache, drowsiness and sometimes vomiting, malgri was reported to arise following a breach of territoriality and/or certain behavioural proscriptions (Bianchi et al. 1973a:313). It was seen to reflect totemic affiliation with particular tracts of land and as enforcing the regulation of territorial boundaries (Cawte 1974).
38 Culture bound syndromes denote recurrent, culturally distinct and locality-specific patterns of aberrant behaviour that have distinctive etiologies, symptoms and courses and that may or may not be linked to a particular category of Western psychiatry (see American Psychiatric Association (APA) 1994:844). The fourth edition of the American Psychiatric Association's Diagnostic and statistical manual of mental disorders (DSM-IV) includes a 'Glossary of Culture-Bound Syndromes' which lists 25 conditions from around the world, many of which are exotic idiosyncrasies such as latah of Malaysia and Indonesia, the pibloktoq or arctic hysteria of the Inuit of northern Canada, and brain fag of West Africa. The implication is that psychiatric diagnoses have a universal quality not to be found in culture-bound syndromes, even if the latter may occur in heavily populated areas of the world (Kutchins & Kirk 1997:237). What fails to be recognised is that anorexia nervosa, multiple personality disorder, chronic fatigue syndrome and possibly also agoraphobia are culture bound syndromes of the West, including Westernised elites in Asia (Kleinman & Cohen 1997).
to whether these states are equated with psychiatric disturbance in their own social and cultural milieux.

In general, ethnopsychiatrists read attributions of sorcery as an index of psychiatric disturbance (psychosis, irrational fears and anxieties) and as projective mechanisms that alleviated stress and anxiety (see Eastwell 1977). Yet in their fascination with the exotic, ethnopsychiatrists, themselves, were biased towards the supernatural, their reports not uncommonly presenting sorcery as Aborigines’ primary if not only explanatory framework for illness and disorder. This contrasts with the work of Brady (1987) and Dunlop (1988) who describe traditionally-oriented Aborigines as proffering a multitude of causes across a range of interconnected spheres (physical, spiritual, social, psychological) for ‘deviant’ and/or disturbed behaviour. As Littlewood comments:

[culture bound syndromes] were usually episodic and dramatic reactions, limited to a particular society where they were locally identified as distinct patterns of action very different from those of everyday life. And which, we might now note, had been of colonial concern because they were bizarre, outrageous or frankly troublesome. Less dramatic patterns of distress—personal withdrawal from shared activities, troubling thoughts, chronic pain, bereavement, despondency—which did not come to the attention of the colonial administration or police were ignored (1996:254).

**Diagnoses**

There is a widespread belief that the incidence of psychiatric disorder in preliterate and primitive societies is different from that in Western society ... In preliterate societies methods of data-gathering are scarcely comparable with those in Western societies.

(Cawte 1972:55)

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39 In contrast with the framework of psychiatry which locates the cause of disorder in the individual psyche, traditional Aboriginal people tend not to label and thus objectify ‘deviant’ individuals, but rather to externalise responsibility and causation (see Brady 1987). In her work with Aborigines at Yalata in South Australia, Brady (1987:133) found that atypical or ‘deviant’ events and behaviour were retrospectively attributed to an interdependency of spiritual, supernatural and somatic causes. This conceptual model worked to ‘order the potentially dis-ordering into an overall view of the world’ (Brady 1987:133). See also Reid (1982).

40 As Reser comments: ‘An argument that makes fewer cultural and psychiatric assumptions is that ... attributions of sorcery and other forms of malevolent magic ... provide a familiar and meaningful cultural explanation for [the contemporary circumstances] of many people, and suggest avenues of human intercession and control’ (1991:240). See also the work of Nathan and Japanangka (1983:137, 155) for a discussion of Aborigines’ help-seeking behaviour, which in drawing upon spiritual treatments, bush medicine and the European health service indicate the coexistence of ‘traditional’ beliefs and ‘Western’ conceptions of illness/disorder.
Cawte’s ‘short stay psychiatric field team’ approach (1972) set the methodology of ethnopsychiatry during the 1960s and most of the 1970s. Typically, the field team, comprised primarily of psychiatrists and psychologists, would visit an Aboriginal settlement for up to three or four weeks. Upon arrival, they would conduct a census of European and Aboriginal informants in order to identify individuals potentially suffering from a psychiatric disorder. These persons would then be clinically examined. In addition, the team would administer a modified Cornell Medical Index (CMI) to the community at large with the aim of identifying those persons experiencing high levels of personal discomfort (Cawte 1972).

Such ethnopsychiatric studies mostly indicated a similar incidence of psychotic disorders in Aborigines in remote Australia as that in white Australians. Non-psychotic disorders, however, were found to be more variable, with personality disorders among the most common diagnoses. As Cawte acknowledged, the nature of the census alone directed attention to those Aboriginal persons who were ‘socially troublesome rather than those who suffered from private discomfort’ (1972:69). Equally significant was the linguistic, cultural and social distance between psychiatrists and Aborigines. As few Aborigines in remote communities spoke English, psychiatrists relied on local informants, mostly European welfare officers, nurses, station managers, and missionaries. These lay analyses of Aboriginal behaviour compounded the inherent ethnocentric bias of psychiatric instruments.

Although Cawte recognised the influence of personal and professional variables upon assessments of mental illness, he believed that despite ‘observer error and bias, … an initial [medical] estimate of the size of the problem is better than no estimate at all’ (1964:468). This reflected his paramount concern with the...
‘underdiagnosis, misdiagnosis, underrepresentation, and neglect’ of ‘Aboriginal psychological adjustments to cultural change, including pathological manifestation’ (Cawte 1974:194). Yet while seeking to highlight that ‘tribally oriented Aborigines perceive personal discomfort and distress at a much higher level than is apparent to the outside observer’ (Cawte 1972:80), the methodology and discourse of ethnopsychiatry implicitly constructed Aboriginal communities as disordered and maladjusted (see Biernoff 1982:139).

For example, Aborigines at Kalumburu Mission in the Kimberley region of Western Australia were estimated as experiencing personality disorders at twice the rate of a white Australian rural population (Cawte 1964:468). More than one-third of psychiatric disorders on Mornington Island were also diagnosed as personality disorders (Cawte 1972). These personality disorders were clinically classified as ‘passive-dependent or inadequate, punctuated by episodic reactions to accumulated frustration expressed by passive-aggressive and overt aggressive means’ (Cawte 1972:61). In developmental terms, such disordered behaviour was seen to represent ‘a fixation in oral-dependent activities leading to failure in social maturation’ (Cawte 1972:61).

Most psychiatrists connected the apparently high prevalence of personality disorders to sociocultural factors such as family breakdown, economic and social marginality and cultural exclusion (see for example Cawte 1972:60–61). Concomitantly, variations in rates of sociocultural disintegration were linked to the differing incidence of personality disorders, schizophrenia and affective psychoses between Aboriginal groups, with adherence to traditional Aboriginal lifestyles generally perceived as protecting against psychiatric symptomatology (see Cawte et al. 1968, Jones 1972, Kidson & Jones 1968). Even so, Aborigines’ cultural and personality traits were posited as the most pivotal variables in the etiology of aberrant behaviour. It is noteworthy that Cawte later altered this emphasis:

If I had my work to do over again, I suspect I should be less impressed by Aboriginal personality traits and more impressed by the environmental situations to which such behaviours are a predictable response. In other words, I tend now to attribute the behaviours in question more to a response to the demand characteristics

45 In fact, Morice (1979:296) notes that if one accepts at face value the figures from Cawte’s Mornington Island study and compares them with the results of a study conducted by Krupinski and Stoller (1972) in Prahran (Melbourne) with European Australians, Aborigines suffered from personality disorders at a rate of 15.6 times that of non-Aboriginal Australians. Morice (1976:296–297) further notes that the central criterion of personality disorders is their persistence once adverse environmental stimuli are removed. A diagnostic dilemma therefore arises when adverse stimuli are prolonged and behavioural reactions appear to be fixed. He suggests that most oppressed and socially marginalised people, including Aborigines, occupy this latter category, with some evidence to suggest that ‘maladaptive behavioural reactions’ in Aborigines tend to disappear upon removal of adverse stimuli.

46 Cawte (1972:61) stressed the importance of ego-strength as the regulator of individual susceptibility.
Psychiatry and the colonial state

of the environment – the boredom, the oppression, or the institutionalisation – than to fixed dispositions in the subjects' own personalities. All the same ... [o]ne still has to explain why some individuals are more adversely affected by environmental deprivations than others (cited in Eastwell 1982a:235).47

Across the professional and lay domains of European Australia, aggression was commonly perceived to be a prominent personality trait of Aborigines (see Jones 1972, Kidson & Jones 1968). As late as 1970, the psychiatrist Ivor Jones (1970) drew an analogy between Aborigines' ritualised methods for addressing intra-group aggression and those in lower primates, albeit emphasising factors of environmental adaptation rather than genetics. In 1965, Cawte (1965b) described ten per cent of an Eastern Aranda group as suffering from psychiatric disorders, with hostility towards European society a common theme in aberrant behaviour. In A sick society, (Cawte 1973), he similarly pathologised Aborigines' expressions of resistance to Europeans at Lake Nash, although he does acknowledge the impact of social factors:

On pastoral properties the demand upon Aborigines for some contribution to the general effort, though by no means excessive, is always present; there is less tolerance of conservatism or regression than on a Government settlement or Mission. Pressures from the management, in the face of complete absence of bargaining power by Aborigines, inevitably stimulate direct or devious aggressive responses by individuals unable or unwilling to make their contribution. These responses comprise part of the cause and content of the hostile personality disorders described in this series (1973:376).48

Likewise, he stressed the high incidence of passive-aggressive personality disorders and sick-role behaviour at Kalumburu Mission, while noting that given their inability to directly oppose mission authority, individuals subverted it by the 'circuitous' expression of aggression and the 'adoption of ill health as a rationalisation of inadequacy' (Cawte 1974:68).49

In comparison, Eastwell's work in Arnhem Land exhibits an enduring fascination with the exotic, as evident in his delineation of the syndrome of latah and his many articles on the 'disorders' of associative illness and projective ideation, which he saw as anxiety-alleviating (see Eastwell 1973, 1976, 1977, 1978b, 1982a, 1982b).50 Eastwell also catalogued culture-specific categories such

47 At the time, however, Eastwell (1982b:232) alone noted that while Europeans repeatedly labelled Aborigines as suffering from antisocial or aggressive personality disorders, these diagnoses typically found little support among Aboriginal observers.

48 As Langton comments, an alternative, equally valid interpretation of such behaviour would have been as 'justifiable resistance to brutal racism, exploitation and enforced relegation to subhuman conditions' (1981:18).

49 Cawte described the atmosphere of Kalumburu Mission as one of 'apathy, dependency, and institutionalism' and as fostering 'continuing detribalisation' (Cawte 1974:67-68).

50 Associate illness refers to when the kin of the primary sufferer experience similar symptoms. Biernoff comments that although Eastwell attempted to consider cultural variables, such as sorcery and the close emotional links between members of the same family or clan, his
as ‘fear of sorcery syndrome’, ‘mimetic illness’, ‘shared depressive illness’, which he fitted with the diagnostic categories of the World Health Organisation’s *International classification of diseases* (ICD). By the late 1970s, this re-framing of culturally specific phenomena within psychiatric categories had become a prevalent and much lauded trend in transcultural psychiatry. Morice commented:

Decreasing use can be made of “culture-bound” labels because, for example, “possession syndromes” can now be regarded as attributions for psychiatric disorders such as anxiety neurosis, hysterical neurosis, or paranoid schizophrenia. Such a trend can only be beneficial ... elevat[ing] transcultural psychiatry from the exotic and idiosyncratic to the more scientific mainstream (1978b:94).

Yet in an article the following year, Morice reflected that the growing use of standardised nosologies had in fact increased the diagnostic dilemmas of cross-cultural classification:

While this practice is to be applauded for a variety of reasons it can result in a degree of over-diagnosis. Behaviours which may have been previously explicated in cultural, or *emic*, terms are now more likely to be interpreted in presumed scientific, or *etic*, terms. For example, intermittent aggressive behaviour which might previously have been described in relation to presumed acts of sorcery or breaches of tribal law might increasingly be attributed to antisocial personality disorder due to the constraints of a standardised nosology (1979:294).

Within transcultural psychiatry, conflicting accounts persisted about the frequency of depressive states in preliterate, tribal societies. In Australia during the early 1950s, the German anthropologist Lommel had connected the declining birthrate at Kalumburu Mission with Aborigines’ apathy and depression consequent to European incursion (Cawte 1964:471). However, most ethnopsychiatrists working in remote Aboriginal communities reported a low incidence of anxiety and depression. Psychiatric surveys conducted by Kidson (1967) and Kidson and Jones (1968) among Aborigines at Yuendumu and the Western Desert respectively, found predominantly functional psychoses, personality disorders and organic disorders, a relatively low incidence of classical neuroses, mild to moderate depression, psychosomatic illness, and an absence of suicide. While perceived to lack ideation of unworthiness and guilt, ‘tribal’

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51 Lommel’s theory of ‘psychic genocide – a shared but unformulated wish to end it all’ attributed the despondency of Aborigines to the fracturing of their concept of the universe (Cawte 1964:471). In the early 1950s, deaths of Aborigines at the mission outnumbered births by nine to one. However, by 1955 this pattern was arrested by health measures addressing the physical problems of hookworm infestation, anemia, subnutrition, gonorrheal cervicitis and salpingitis with a population recovery since then. In the 1970s, Cawte commented: ‘Whatever the contemporary problems at Kalumburu, infertility is not one of them’ (1974:66).
Aborigines thus did not seem to be exempt from depressive states (Jones & Horne 1972). Jones and Horne observed typical clinical signs of motor retardation, sleep disturbance and disturbance of affect, although the Aboriginal individuals concerned presented with somatic symptoms or a behavioural disorder rather than complaining of depressed affect (1972:346). Among among the Kaiadilt, an economically deprived and socially marginalised group on Mornington Island, Cawte identified a high incidence of depression, paranoia and suicide attempts (1974:198). However, he suggested that these ‘depressive’ cases could have been equally accurately designated “disorders due to gross stress” had that category been a more commonly recognised one in the standard nomenclature of disease’ (Cawte 1972:67).

The issue of the ‘mis-diagnosis’ or ‘under-diagnosis’ of depression among Aborigines was discussed by Eastwell (1982b:232). He perceived ‘apathetic depression’ to be one of the most common neuroses among Aborigines in the Northern Territory, yet states that these depressions were perceived by Aborigines not as illnesses, but as normal reactions related to complications over bestowal and marriage (Eastwell 1982a:232). He noted regarding extreme reactions of shame [which] resembled reactive depressions ... the lack of indigenous labeling of such states of illnesses [meant that] many tended to be overlooked by Aboriginal field team members and none were recorded in some towns (1982b:232).

Morice (1978b:87) similarly asserted that without knowledge of Indigenous lexical categories, ethnopsychiatric assessments are inevitably oriented towards behaviour rather than symptoms, with a resultant over-estimation of personality disorders and an under-estimation of disorders of mood such as depression and anxiety. Focussing on the concepts and language of emotions of the Pintupi and Loritja people of the Western Desert, he stressed that the Pintupi’s differentiated lexicon for emotional states counters beliefs that preliterate people do not have words for ‘depression’ or ‘anxiety’ and confirms their ability to express, communicate and experience a variety of emotions (Morice 1978b:91). Significantly, he suggested that this evidence that

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52 The Kaiadilt, Indigenes of Bentinck Island, were perceived to be a ‘sick society’ even prior to their evacuation to Mornington Mission in 1948 when famine and a tidal wave made their survival precarious (see Cawte 1972). They were distinguishable from other tribes on Mornington Island by their physiognomy, poorer English, low Western acculturation and education, poverty and economic inequality, and their habitation in humpies and shelters in a peripheral and chiefly endogenous community (Cawte 1972:16).

53 The DSM-I had included the diagnosis ‘gross stress reaction’, superficially the precursor of post-traumatic stress disorder (PTSD). However, the former was described as a transient response, and consistent with the DSM-I’s system of classification, its symptomatology was vague. It was dropped in the DSM-II (Young 1995a:107).

54 Morice (1978b, 1979) found that the Pintupi and the Loritja people had a rich and sophisticated lexicon for the expression of emotional states including many words for anger,
Aborigines, *qua* primitive peoples, experience depressive states brought them into 'the universal category of humankind for whom depression is inherent' (Morice 1978b:92).

‘Culture clash’, maladaptation and the ‘Marginal Man’

Transcultural psychiatrists in Australia have the unique privilege of studying people moving from a palaeolithic age, at a technical level which most of mankind left 30,000 years ago, into modern society in the space of a few generations. Our special concern is to examine the psychic impairment and to assist the psychiatric casualties which arise during this incredible contraction of the time available to adapt to these developments. Even under ideal conditions there is little likelihood that such a massive cultural revolution can be accomplished without social disintegration and individual suffering.

(Cawte 1976:23)

In their studies of the ‘transitional illnesses’ of Australian Aborigines, ethnopsychiatrists almost unanimously emphasised the psychological ‘stress’ inherent in profound social and cultural change and posited the cultural and/or personal impediments of Aborigines to acculturation. This acculturative stress hypothesis persists in a broad cross-section of literature concerned with problems of mental health and drug or alcohol misuse among minority and Indigenous populations (refer to Brady 1991, Spencer 2000:8). The fundamental tenet is that rapid sociocultural change leads to the collapse of the traditional social order and its cultural institutions. The result, a ‘transitional anomic state’ (Seltzer 1980:174), is marked by a high degree of social and personal disorganisation as manifest in generational conflicts, role confusion, identity crises, and feelings of inadequacy, anxiety, powerlessness, and disorientation. Within this framework, alcoholism, depression, family breakdown, and violence are construed as ‘indices

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55 However, Morice’s interpretation of the desert lexicon in terms of Western categories of emotion, to which he had accorded primacy, was criticised for downplaying the cultural specificity of Aboriginal emotions, experiences and behaviours, including the use of metaphor, while upholding the ‘universalism’ of psychiatric illness (Burton-Bradley 1978 in Eastwell 1982a:231).

56 Much of the literature concerned with the mental health of Indigenous populations treats alcohol and substance use and abuse as ‘cause, symptom and mental health syndrome’ (Reser 1991:261). In fact, initial research into petrol-sniffing was conducted by a psychiatric team (Nurcombe et al. 1973) while psychiatrists such as Kamien, Hunter, Eastwell, and Spencer have discussed alcohol use among Aborigines (see Brady 1991).
of psychosocial strain' (Seltzer 1980:174), while individuals most stressed by the acculturation process are seen to seek relief through a variety of 'maladaptive' strategies such as alcoholism and substance abuse (Brady 1991). In addition, the 'stresses' of cultural upheaval are posited as implicated etiologically in a variety of problems such as suicide, schizophrenia, hypertension, diabetes, and chronic illnesses including cancer (O'Neil 1986:249).

The conceptual framework of acculturative stress is central to much of the psy literature on Aborigines (for example Berry 1995, Cawte 1972, Cawte 1974, Kearney et al. 1973, Morice 1978a:24, Nurcombe et al. 1973). The reported rising incidence of mental disorders among Aborigines was read as symptomatic of 'maladaptation', the in-abilities of individuals and groups to resolve the stresses inherent in the 'clash' of cultures (see Cawte 1972:142, Morice 1978a:24, Spencer 1983). Positing that cultural, social and personality factors inhibited Aborigines' 'comfortable social and individual integration into modern technological society' (Cawte 1976:23), this paradigm reiterated ideals of 'difference'.

Few ethnopsychiatrists ventured away from the north and central parts of the continent to observe how Aborigines in the southeast had for over a century been interacting with white society, and in spite of opposition, farming land, pursuing their rights, and forming relatively cohesive communities (see Chapters Two and Three). Nor did psychiatrists locate Aboriginal experience within colonial history, which would have permitted Aboriginal 'culture' to encompass generations of employment in the pastoral industry, for example (see Anderson 1994:120). Instead, the repeated theme was that Aboriginal culture was

57 Brady (1991) cites a number of studies which in demonstrating the variability of drinking styles and subsequent pathology between and within groups, challenge the validity of acculturation or culture clash as the explanation for alcohol abuse among Aborigines. See also Eckerman et al. (1992).

58 This emphasis was congruent with prevailing themes on psychological stress and cultural differences in coping evident in research with Indigenous groups in North America (see Kearney et al. 1973:307).

59 A similar analysis was consistently applied to other Indigenous and minority groups. The factor typically highlighted is the rate of social and cultural change rather than whether it is coerced or voluntary. For example, Spencer comments: 'The transition from a historically earlier form of culture to a later variant requires not only changes in both cognitive and emotional styles, but also sufficient time for these changes to occur. If they are too rapid, then attitudinal differences between successive generations inevitably lead to conflict between parent and child' (2000:7).

60 Cawte states: 'The reason that Australian Aborigines were so severely affected by intruding nineteenth-century British culture is not merely that the bearers of British culture were ruthlessly aggressive. There was a cause on the other side: Aboriginal social institutions did not pave the way for change ... The Aboriginal medical system is so different, in purpose and design, that it is virtually inapplicable in the alien contact. The same may be said of a legal system that is not based, as is British justice, on the laws of real property. There are not the social institutions, not the specialists, in a hunting-gathering society to achieve even an approximate correspondence with an industrial society. This is the essential catastrophe of the culture contact: there is no ready means of picking up the new culture and using it' (1974:xxiii).
antithetical to progress. Moreover, certain cultural and personality variables, such as the ‘evasion of confrontation’, were construed as not only constraining Aborigines’ success in the Western world, but as containing within them a ‘germ of ... pathology’ (Cawte 1972:46).

Cawte’s preferred criteria of mental disorder were maladaptation and maladjustment, which he suggested side-stepped the ‘mystification’, ‘mistrust’ and decontextualisation effected by clinical diagnoses (Cawte 1974:xviii, xix). He also drew upon the concept of ‘gross stress’ to highlight the chronicity and intensity of the environmental stressors afflicting Aboriginal communities. Cawte (1974:192) thus compares Aboriginal experience to that of refugees, an interesting and noteworthy analogy given that two decades later, PTSD, which entered the third edition of the American Psychiatric Association’s Diagnostic and statistical manual of mental disorders (DSM-III) in 1980 and subsumed the earlier concept of ‘concentration camp syndrome’, would become a common category applied to and taken up by both minority groups.

Like many of his contemporaries, Cawte was primarily concerned with the relationship between environmental factors and psychiatric illness. While his work encompassed an interest in ecology, his over-riding emphasis was the

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61 Hippler, who conducted fieldwork for one month and who relied heavily on European informants, describes the culture and personality of the Yolngu of northeastern Arnhem Land in the following terms: ‘[By] comparison with western cultural norms, the Yolngu men are unrealistic and hyperbolic, the women concrete in their thinking and unimaginative ... emotionally impulsive and yet ... rigid in artistic expression ... These ... lesser capacities are ... expressed ... in hysteric, phobic, counter-phobic and other defensive responses which are culturally institutionalised’ (Hippler & Cawte 1978:226). Biernoff (1982) describes these findings as ‘at variance with the experience of all anthropologists who have worked with the Yolngu ... the paper ... is not only ethnographically and theoretically questionable, but is “negative and derogatory”’.

62 There is no doubt that Cawte was fully cognisant of the inherent risks of pathologising Aborigines and their culture by this terminology, and he goes to considerable lengths to counter any implication that Aborigines as a ‘race’ are constitutionally unstable or biologically predisposed to psychiatric disorders (Cawte 1974:191-204). However, this recognition and efforts did not deter him from adopting extremely controversial titles for a number of his publications including Cruel, poor and brutal nations (1972), A sick society (1973) and The last of the lunatics (1998).

63 Cawte primarily referred to the work of Eitinger (1964) who researched the sequelae of physical and psychological trauma among concentration camp survivors. (It must be remembered that Cawte’s focus at that time was on discrete, remote and managed Aboriginal communities.) There are notable parallels between the anxiety reactions to gross stress outlined in Eitinger’s framework (see Cawte 1974:192) and the symptomology of PTSD which, as we will see in Chapter Five, became a common category applied to and used by Indigenous peoples in the 1990s. The critical difference, however, is the pivotal role of ‘traumatic memory’ in the experience and diagnosis of PTSD.

64 Cawte profoundly influenced Kamien, Eastwell, Nurcombe, and Morice, all of whom worked and/or conducted research with Aboriginal people in remote and rural settings during the 1970s (Hunter 1997a:823).

65 Cawte elaborates this approach in his analysis of the Kaiadilt, relating their apparently high incidence of psychiatric disorders to their precarious survival on a remote island in the Gulf of Carpentaria (Cawte 1972).
stress of culture contact and the ensuing problems of maladjustment. Spencer likewise saw this concept as a means of educating the public that

aboriginal [sic] problems are not due to stereotyped behaviour — stupidity, laziness or purposeful deliberation — and that aborigines are not basically aggressive and that their problems should be seen as a disorder of adjustment and adaptation failure (1983:213).

By the late 1970s, Eastwell (1977, 1978a, 1978b) was also diagnosing the majority of psychiatric disorders among Aborigines as reactive illnesses arising from the stress of change and the pressures of life in large (re)settlements. He underscored the pressures on family structures, the changes in social roles, and the tensions for leaders as they attempted to mediate the often conflicting demands of Aborigines and non-Aboriginal administrators. Violence, accidents, and high statistics of incarceration were all construed as related to ‘the stresses and tensions peculiar to Aboriginal communities’ (Waterford 1982:25). A rise in the incidence of mental illness seemed to be the inexorable result of Aborigines’ increasing contact with white society:

That psychiatric illness is absent from a primitive community undisturbed by outside influence is not accepted as true. However, there is little doubt that the disruption of a way of life and the added strains imposed by unfamiliar pressures increase the incidence of psychiatric conditions. While a psychiatric illness is difficult to define, nevertheless, accepting the term in a broad sense, there is a higher incidence in the Aboriginal population than in the non-Aboriginal community (Department of Health 1972:322 in Reser 1991:232).

Such widely cited public statement bolstered the authority of the ‘clash of cultures’ theory. The effect was to sidestep a realistic appraisal of social, economic and political exploitation and marginalisation as critical factors in Aboriginal suffering.

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66 Eastwell saw petrol-sniffing as a symptom of stress, malaise and the lack of outstations among particular groups in the population (Brady 1991:198).

67 In contrast, Stanner stated, ‘I myself think that these four things – homelessness, powerlessness, poverty and the continued disparity between plans and style of life – had much to do with producing the syndrome we have seen for a long time: the inertia, the non-responsiveness, the withdrawal, the taking with no offer in return, and the general anomie that have so widely characterized Aboriginal life during their association with us’ (1979:235).

68 As Littlewood comments regarding Native Americans, if patterns such as alcohol abuse, anomic depression and suicide persisted ‘consequent on [their] relocation ... onto reservations – they were taken as manifestations of “American Indian culture”, ignoring the political relationship between coloniser and native, and thus the context of the psychiatric observation. “New illnesses” identified by more sophisticated epidemiological techniques in urban populations or through the expansion of psychiatric observation to a wider population have been termed “culture-change” or “acculturation illnesses”’ (1996:255).
The model of acculturative stress plainly oversimplifies the relationship between change and behaviour disorder (Reser 1991:248). With contact between cultures presented as an inherently negative and passive experience for Aborigines, the capacity of Aboriginal individuals to actively and voluntarily pursue contact with Europeans and to successfully engage with European society is negated. Aboriginal and European cultures are dichotomised and their relationship de-historicised. ‘Traditional’, pre-contact Indigenous cultures are represented as delicate, rigid, bounded edifices whose structural interdependence left them with little ability to change or adapt in response to either internal or external variables (see Stanner 1979:47). In downplaying pre-colonial contact with other tribes and groups such as the Macassans, and glossing over the intrusive, overwhelming and often violent nature of colonial contact, this perspective fails to differentiate between voluntary and enforced change. Instead, with culture the central focus, social, political and personal variables fade into the background. Aboriginal people thus become ensnared by both their ‘loss of culture’ and their ‘maladaptive’ cultural remnants.

One of the many frameworks developed to explicate the personal effects of culture contact and social change was that of the Marginal Man (Stonequist 1937). This theory posited a higher degree of social deviance and ‘stress’, often manifesting as psychosomatic symptoms, in those persons ‘caught’ between two cultural systems (Berry 1973:223–225). The identity formations of these ‘transitional’ individuals were seen to be strained, if not fractured, by the entangling of cultural beliefs and practices and by the conflicting points of reference arising from competing norms and values. The Marginal Man was no longer an authentic Native, nor was he yet a white man. Instead, trapped on the boundaries of race and culture, he became an object of pathology.

Significantly, in their research on Mornington Island, Bianchi, Cawte and Kiloh (1973a) found no relationship between the acquisition of Western cultural behaviours and the incidence of psychiatric symptomatology. They reported that Aboriginal individuals were not localised on one side or the other of an

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69 Reser (1991:247) further notes that research conducted with other Indigenous peoples undergoing rapid Westernisation has found no clear or direct relationship between substantial social change and the incidence of psychiatric disorder. Instead, the emphasis is generally on heightened vulnerability in particular situations.

70 Merlan states: ‘[It] was not that Aboriginal people lived in a condition of Dreaming immutability and inability to meet change, but rather that they were forced to engage socially on conditions of drastic inequality, so that crucial informing dimensions of their social practice were devalued and overridden’ (1998:233).

71 Marginality is proposed to exist at two levels, the socio-cultural and the personal. The marginal culture is comprised of the overlapping and mixing of two cultural systems, hence it is marginal to both systems but as Berry (1973:224) notes, it may nonetheless be fully satisfying to its members. The marginal personality typically manifests personality traits such as aggression, suspicion, uncertainty, victimisation-rejection, anxiety, and a lack of solidarity (Berry 1973:224).
acculturation watershed and that the adoption of the trappings of technology did not necessarily imply a significant shift in a person's self-identity.\textsuperscript{72}

The psychologist John Berry (1973) also explored the specific concept of psychological marginality among 'mixed-ancestry' Aborigines in 'Storm Cove', a small community on the NSW south coast. Contrary to the predictions of the Marginal Man theory, he found a pattern of more psychological marginality, a higher propensity for deviance, and more psychosomatic stress in those Aboriginal persons who were traditionally-oriented. However, given the high level of acculturation of many of these 'highly marginal' persons, Berry proposed that this traditional orientation in fact represented the re-affirmation rather than retention of traditional values as a reaction against white society (1973:233–234). He made little attempt to examine the basis of this 'attitudinal reaction' amongst the young and most acculturated, nor its potential benefits.\textsuperscript{73} Yet he proposes that the personal discomfort and psychological conflict of these marginal persons could be resolved ultimately and only by their assumption of an 'Australian identity' (1973:234).\textsuperscript{74}

As Stanner notes, the idea that Aboriginal culture is 'collapsing' implies that what follows after is 'a void or a fortuitous jumble', whereas in many cases, 'the tradition has "collapsed" into something of a very different kind, a restless activism and opportunism' (1979:44). Berry's conclusions are indicative of a pervasive tendency to pathologise behaviour such as drinking, gambling or antisocial conduct, acts which may alternatively be interpreted as forms of resistance that not only challenge the social mores of dominant society, but which in securing a degree of autonomy, assist in the formation of a distinctive group identity (Morris 1988:51–55). The acculturative stress hypothesis posits social and mental health problems as inevitable when two cultures of differing degrees of 'primitiveness' or economic and technical 'advancement' collide (Kirmayer et al. 1994b:66). Its unidirectional notion of culture change negates and

\textsuperscript{72} They commented: 'The same folk who listen to "pop" music on transistor radios (though hardly to news broadcasts) take part in corroboree dancing ... Women who frequent the hospital for Western medicine are very likely preoccupied with possession syndrome or with sorcery ... The characteristic of this marginal culture ... is the wide individual variation that exists in the adoption of Western institutions and the retention of traditional ones' (Bianchi et al. 1973a:310).

\textsuperscript{73} Berry acknowledges that 'those who are least, but still recognisably, Aboriginal in appearance resolve their attitudinal ambivalence in the only direction possible in rural Australian society where the barriers are generally high, while the problem of ambivalence resolution does not arise for those who are most Aboriginal in appearance and hence who have lesser opportunity to reject the dominant society' (1973:232).

\textsuperscript{74} Over two decades later, however, in an article outlining the complex variables mediating the relationship between acculturation and mental health problems, Berry notes the pivotal and positive role of policies of ethnic pluralism versus those of assimilation, discrimination or exclusion: 'In my view, acculturative stress is always a possible concomitant of acculturation, but the probability can be much reduced if both participation in the larger society and maintenance of one's heritage culture are welcomed by policy and practice' (1995:482–3, 486).
homogenises the ways in which the subdominant interact with, appropriate, influence and subvert the dominant culture (Kirmayer et al. 1994b:65). The effect is to locate the matter of inter-group conflict over power, which is at the heart of the real nature of 'culture contact', within the psyche of Aboriginal individuals and to reframe it in terms of pathological 'deviance'.

Aborigines of the southeast

[A] fairly close personal association with the Aboriginal population [of Bourke] for twenty-one years has led to the belief that they all suffer from a mild form of chronic depression, though this is not a basis for complaint ...

(Coolican 1973)75

Until the mid-1980s, few psychiatrists conducted any formal research with Aborigines in southeastern states. Those rare studies conducted in the late 1960s and early 1970s focused on adolescents.

Edna Gault (1968) conducted research with 'part-Aboriginal' teenagers in Melbourne and in three country centres in Victoria. She attributed the high incidence of psychiatric and behavioural disturbances to extreme poverty, low educational aims and achievements, discrimination, marginalisation, and social deprivation:

These part-Aborigines had lost their tribal beliefs, their language, and most of their family customs. The majority of them could only remember their ancestors once or twice removed from tribal days, but they still felt themselves to be Aborigines. They had not acquired, for the most part, the religious or moral beliefs of their white counterparts. The problems they encountered were not those connected with tribal life, but rather those associated with feelings of being a “disinherited people” with their land taken from them; they lived marginal to the white community and felt both despised and discriminated against (Gault 1968:132). 76

Coolican (1973), a general practitioner at Bourke from 1948 to 1970, describes the epidemiological 'paradox' that fewer Aborigines than Europeans complain of depression and other mental illnesses. Noting that the Aboriginal people of Bourke were trapped in a hopeless situation, he states that psychotherapy and small doses of antidepressant drugs were all that he could offer as short-term remedies until there was widespread social change.

She further comments: 'These conditions are also found amongst whites of low socioeconomic status, but the adolescents in this study have the added burden of adaptation to a part-aboriginal status in a predominantly white community. Therefore, the disturbances appear to be grossly exaggerated in the case of the aborigines' (Gault 1968:132 ). Eleven adolescents were diagnosed as suffering from delinquency and behaviour problems; twelve from functional and emotional disturbances including depression, neuroses, emotional instability, and psychosomatics; and four from organic conditions and mental deficiency (Gault 1968). On the basis that she elicited no differences between the psychological status of ten adolescents who were fostered or adopted by white families and 50 adolescents who resided with their own families, Gault concluded that social pressures were the key etiological factor in their emotional and behavioural problems.
Jean Lickiss also worked with Aboriginal children and youths, but from her months of close association with Aboriginal mothers in Sydney, she observed:

depression, tension and insecurity are common ... The genesis would appear to be interaction of environmental and personal factors. Excessive childbearing at an early age, financial insecurity, migratory stress, culture clash, domestic crises, etc – all brought to bear on an inadequate personality, inadequate mainly because of suboptimal environmental experiences during the formative years. It is doubtful whether the anomic which was evident in some of the mothers can be attributed to urbanization as such: the roots surely lie far deeper in the confusion wrought by culture clash and dislocation of value systems over many generations ... All these factors may also be operative in the genesis of the problem drinking syndrome of the males. It is significant the problem drinking was accompanied by depression in the women (1971:81).

In the mid-1970s, Max Kamien, a psychiatrist and physician, worked for three years as a family doctor with Aborigines in and around the town of Bourke in far western NSW. Kamien saw his role as that of a ‘social change agent’ among a group of people he described as ‘socially and culturally disintegrated’ and ‘politically powerless’, who occupied the ‘lowest rung in the socioeconomic scale’ and who were ‘excluded from the life of the dominant white society’ (1978:125). At the time of his work, one-third of the Aboriginal community lived on a reserve in humpy dwellings with no electricity and no sewerage.

Kamien’s ‘conservative’ diagnosis was that 32 per cent of adults in the Bourke Aboriginal community suffered from some form of psychiatric disorder.77 The most common psychiatric condition diagnosed was a form of personality disorder that occurred almost exclusively in men and was manifest in excessive alcohol consumption with subsequent behaviour that was unacceptable to their families (Kamien 1978:137). The second most common group of disorders consisted of a depressive reaction and/or anxiety state; it was almost totally confined to women whose low self-esteem and mood meant that they regarded themselves as ‘worthless beings’ (Kamien 1978:137). There was also a comparatively high degree of psychotic behaviour, but over half was attributable to underlying disease such as brain damage or liver failure (Kamien 1978:137).

Kamien’s primary conclusion, like that of Lickiss, was that Aboriginal women reacted to stress with anxiety and depression while Aboriginal men defended against similar feelings by denial and sociopathic, addictive drinking behaviour (Kamien 1978:138). The high use of alcohol by men and of non-

77 Kamien describes this estimate as confirmed by Aborigines’ own reports of aberrant behaviour (1978:136–137). He notes that Bourke Aborigines’ perceptions of being ‘mentally sick’ did not differ greatly from that of Europeans, and as a consequence, he utilised a Western nosology of psychiatric disorder.
narcotic analgesics by women were seen to be ‘universal, albeit maladaptive, responses ... to try to relieve their feelings of “dis-ease”’ and their underlying ‘misery, anxiety and unhappiness’ (Kamien 1978:145, 164).78

(A-)political?

Psychiatry has a contribution, but ... efforts will be ephemeral without the vigorous and energetic direction of the law of the land. Loss of property rights and economic, education and social disadvantages have arisen from inadequate legal safeguards for the native occupants of Australia in the early phases of colonization. It seems now that nothing but radical and imaginative legislation can redress the situation.

(Cawte 1972:158)

Ironically, many of the psychiatrists who had long-term engagement with Aboriginal people sought to provide sensitive, insightful analyses of the ‘problems’ hindering their ‘progress’ into modernity. If not deterred by the clinical tone of their reports, it is evident that they were fully cognisant of the broader social and political underpinnings of Aboriginal distress, although not foregrounding these factors in their accounts. Cawte in particular was much maligned. His work was widely recognised among his international peers in the nascent field of transcultural psychiatry as well as highly regarded by Aboriginal people in remote communities to which he returned annually to continue his research and in southeast Australia where he provided decades of service (Hunter 2001). Yet he received little support from either his Australian medical colleagues or from Aboriginal health activists among whom, we will see, he was perceived to be ‘dangerously paternalistic’ (Hunter 2001).

Until Cawte, few potentially influential papers described the overcrowding, poverty, restricted life options, and lack of real decision-making in Aboriginal settlements. Cawte identifies identity crises, racial discrimination, social fragmentation, and pervasive deprivation as dominant themes in the causation of Aboriginal mental illness.79 However, like his peers, he perceived his medical role as inherently apolitical.80 This is despite the reality that medical reports informed government policy concerning the administration of Aborigines, not merely with respect to their health. Psy analyses during the 1960s and early

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78 Kamien (1978:138) highlighted the loss of dignity, the impotent anger, and the wearing down of the spirits of Bourke Aborigines by the institutions and attitudes of white society and emphasised the importance of social change. Significantly, he was able to demonstrate a notable improvement in many illnesses through his work.

79 He notes, for example, that on Mornington Island: ‘Traditional fishing and foraging is superseded but not replaced by any activity resembling it in its capacity to motivate, inspire, and organise human existence’ (Cawte 1972:16).

80 By ‘apolitical’, I do not imply that Cawte and his ethnopsychiatric colleagues were politically conservative.
1970s espoused the benefits of assimilation, later integration, for Aborigines' mental health (for example Berry 1973), although as Cawte wrote:

The policies of assimilation or integration could be considered satisfactory from the point of view of the mental health of Aborigines, if either were attainable. The same cannot be said for the actuality - segregation, fraught with the dangers of social tension ... economic and social reality determine that the Aborigine does not in fact possess freedom of choice to assimilate into European society (1972:157).

In the late 1970s, Morice (1978a) advocated land rights and Aboriginal outstations as mechanisms of overcoming the hopelessness and anomie that he perceived lay at the root of Aborigines' ill-health and 'maladaptation'. Eastwell also spoke about the failures of government policies:

It is in these administrative ghettos that the greatest amount of psychopathology is observed ... Aboriginal settlements were set up in an effort to encourage internality and self-development, but in practice they foster externality and abdication of responsibility in their own government (1982a:242).

Although the interventions of psychiatrists remained predominantly conservative, Cawte passionately advocated the training of Indigenous mental health workers as fundamental to the emergence of an Aboriginal mental health movement, envisioned as transcending the boundaries of conventional psychiatric practice. Writing in the mid-1970s, he commented: 'To be safe, effective, and resourceful, the psychiatric activity must be culturally attuned, and it should involve Aborigines as executives' (1976:32-33). It would be a circuitous route, however, before this objective would be realised.

The rise of Aboriginal health activism

The disastrous status of Aboriginal health can only be resolved in a situation whereby Aboriginal people have: a) total control of their own affairs; b) control of

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81 He describes the outstation movement as within a relatively short period of time, having led to improved health, elevated self-esteem and a more highly integrated sense of group identity (Morice 1978a:25).

82 Medication was prescribed, primarily for psychotic Aborigines but since psychiatrists visited Aboriginal settlements irregularly, the administration and overseeing of treatment was left in the hands of nursing staff or Aboriginal health workers (see Biernoff 1982:150).

83 Cawte also advocated an understanding of and an engagement with Aboriginal medicine for Western doctors working with Aboriginal people, encouraged ongoing support for European staff in Aboriginal communities and training for Indigenous mental health workers, as well as instigating the Aboriginal Health Worker. This journal, inaugurated in 1977, aimed to serve the needs of health workers; it used simple English and was practical in focus. While initially medical practitioners such as Cawte, Morice, Eastwell, and Kamien were among the most common contributors, the journal increasingly came to be comprised of articles written by Aboriginal health workers. It continues to be published as the Aboriginal and Islander Health Worker.
resources and facilities to enable them to alleviate ALL contributing factors to their problems; c) inalienable Title to Land which can be an economic base.

(Foley 1982:15 cited in Brady 1999:36)

Traditionally, health care in Australia comprised a mixture of government-sponsored and private health services and practitioners (Saggers & Gray 1991a:127). Early colonial hospitals were privately owned but government-subsidised. Although from the late nineteenth century there was agitation for affordable or free medical care, attempts to alter the fee-for-service system of remuneration were successfully resisted by private medical practitioners. Between World War Two and 1975, Australia had a voluntary, private but government-subsidised health insurance system under which individuals could insure for medical and/or hospital benefits and receive partial reimbursement of expenses. For those who were unable to afford health insurance, limited, free medical services were provided in hospital outpatients departments while care in public wards was means-tested (Saggers & Gray 1991a:128).

In 1970, the conservative Gorton government introduced free health insurance for low income-earners and recipients of various social security payments. Yet its complex procedures actively discouraged use of the concessions such that an estimated two million people remained ‘uninsured, subject to charity, to means-tested public ward care or to no service’ (Davis and George, 1988:118 cited in Saggers & Gray 1991a:128). In 1975, the Whitlam government introduced the Medibank universal health insurance scheme, which although government-funded, maintained the historical mix of public and private insurance. This system was dismantled by the Fraser government in 1978. In 1984, the Hawke government established Medicare, a scheme in which the Commonwealth’s Health Insurance Commission (HIC) reimburses 85 per cent of doctors’ scheduled fee for services (Saggers & Gray 1991a:128–129). Under this system, doctors are able to bulk-bill the HIC for services, and in so doing, forgo the difference between their bill and the reimbursement. However, since the late 1990s, there has been a patent decline in their willingness to do so.

Although the 1967 referendum granted the federal government the constitutional right to legislate for Aborigines, responsibility for service-provision in Aboriginal health remains largely in the hands of state and territory governments who historically have been resistant to arguments that the health needs of Aborigines warrant special attention or dedicated services (Brady et al.

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84 Although this system was strongly opposed by many medical professionals, it has become so popular with the Australian public that conservative governments ideologically opposed to the provision of universal access to health care have not yet dared to dismantle it (Saggers & Gray 1991a:129).
Until well into the 1970s, Aborigines in urban settings had few options but to attend hospital outpatient departments or to call on charitable GPs; not surprisingly, they generally delayed seeking help until they were seriously ill (Brady et al. 1997:277). On missions and settlements in remote regions, nurses provided basic health care, with little coordination between health services and environmental health infrastructure (Brady et al. 1997:277). The sheer inadequacy of this situation was manifest in extremely high rates of infant mortality and adult morbidity and mortality in Aborigines across Australia.

In 1971, the first Aboriginal Medical Service (AMS) was established in Redfern, Sydney. Similar services were established in Fitzroy, Melbourne in 1973 and in Perth in 1974; by 1978, 14 services had been instituted predominantly in urban centres and by 2000, around 200 Aboriginal health services (AHSs) were scattered across the country. These community controlled services, with a predominance of Aboriginal staff, aim to provide primary health care to Aboriginal persons who are unwilling to access public hospitals and unable to afford private health care or visits to general practitioners. As Sibthorpe (1988:304) notes, however, from the outset, the functioning and funding of Aboriginal health services were distinguished by two markedly differing philosophies. For Aboriginal activists, these (relatively) independent services were viewed not only as critical to long-term gains in Aboriginal health, but as expressive of the right to self-determination, itself espoused as fundamental to health. In contrast, the federal government, although providing AMSs with direct funding from 1972, perceived them as a temporary means that would facilitate

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85 The demarcation of responsibility for Aboriginal health has been a continuing matter of debate between federal, state and territory governments, as evident in ongoing policy conflicts and cost-shifting. This situation contrasts with that in the United States where the responsibility of the federal government to Native Americans is formalised in a treaty and the operations of the Indian Health Service, a national, well-funded program which is separate from the Bureau of Indian Affairs, are not subject to the bickering of federal and state governments (see Kunitz & Brady 1995). Without a treaty, Aborigines remain supplicants, dependent upon goodwill and the strategies of guilt and embarrassment, but with no legal rights or entitlements. Indeed, the absence of a treaty is often regarded as a critical factor in the ongoing poor health status of Aboriginal Australians, whose health improvements over recent decades have been markedly less than those of the Indigenous peoples of other settler-colonies (see Kunitz 1994). Since 1996, the development of multilateral Framework Agreements between the Commonwealth government, state and territory governments, ATSIC, and the Aboriginal community controlled health sector has committed signatories to cooperative action in Indigenous health, in particular: increasing the allocation of resources to reflect need; joint planning processes, including regional planning and joint identification of priorities to inform allocation of resources; improving access to both mainstream and Aboriginal-specific health and health-related services; and developing a coordinated approach to data collection and evaluation (Anderson 2004b:255–6). The passing of responsibilities (and costs) between governments is as a consequence much more difficult. Anderson (pers. comm. 2005) suggests that these agreements in fact function as de facto health treaties. However, the link between Framework Agreements and health funding mechanisms remains indirect (see Anderson 2004b:270–2).
Chapter Four

the integration of Aborigines into mainstream public health services. While this latter viewpoint was never publicly stated, it contributed to the absence of a strategic plan to provide Aborigines around the country with equal access to this form of health care (Brady 2004:28, Sibthorpe 1988:304). Yet the ad hoc development of AMSs also reflected prevailing views about determinants of health, with policy discourse privileging broader social change over improved health service provision towards the reduction of Indigenous health disparities (Anderson 2003:233).

Aboriginal health services have survived and indeed multiplied in this enduring context of financial insecurity, shaky bipartisan political support and threat of ‘mainstreaming’. Although bureaucracy consistently champions self-determination and Aboriginal control, the practical reality is that AMSs remain financially dependent upon and accountable to government departments, whose perceptions of Aboriginal health needs and the best means of addressing them regularly conflict with those of Aboriginal workers (see Saggers & Gray 1991a:157, Sibthorpe 1988:307). The controversial matter of separatism, where AMSs are seen to ‘duplicate’ mainstream services, has been rendered even more complex by the accent on multiculturalism in social policy. Aboriginal health activists have found it necessary to constantly justify and defend their position through arguments reliant upon assertions of ‘difference’ and the cultural uniqueness of Aboriginal perceptions of health (see Brady 2004:28–9). This sense of precarious survival has undoubtedly fostered the politicisation of AMSs and their workers. It is exemplified by the description of the National Aboriginal and Islander Health Organisation (NAIHO), established in 1974 to promote the agenda of Aboriginal health and to lobby the federal government for increased commitment and resources, by Gary Foley, its then secretary, as ‘an overtly political organisation’ (Foley 1982:15 cited in Brady 1999:36).

Frustrated by the tenuous status of AMSs, Aboriginal spokespersons and health activists turned to the international arena, presenting Aborigines’ appalling health status to the United Nations, the World Health Organisation (WHO) and the Working Group on Indigenous Peoples. They drew in particular on the ideals of community participation in primary health care, which had been promulgated

AMSs were initially funded by the Department of Aboriginal Affairs (DAA), then by its successor, ATSIC. In 1995, when the federal government transferred responsibility for Aboriginal health from ATSIC to the Commonwealth portfolio of health, the Office of Aboriginal and Torres Strait Islander Health (OATSIH) in the Commonwealth Department of Health and Ageing took over the funding of Aboriginal health and substance misuse services. AMSs receive funding in a number of ways: through a block grant base fund, billing under Medicare for individual patient consultations, and from grants tied to specific health programs, for example diabetes management, maternal and child health or housing assistance.

NAIHO evolved into the National Aboriginal Community Controlled Health Organisation (NACCHO) in the early 1990s, but its agenda of political advocacy for Aboriginal health services remains unchanged.
Psychiatry and the colonial state

in 1978 by WHO as a result of the Alma-Ata Declaration. Brady (2004:31–3) suggests that Alma-Ata firstly provided Aboriginal health activists with international legitimisation of the principles of community-control and social justice. Secondly, it reaffirmed WHO's 1948 declaration of health as 'complete physical, mental, and social wellbeing and not simply the absence of disease or infirmity'. This broad definition facilitated the formulation of an ‘Aboriginal’ definition of health which in distancing itself from the narrow, ‘disease model’ of biomedicine, and implicitly the materialism of Western society, was to become a critical strategy in the validation of separatism.

The health of Aboriginal peoples is thus inseparable from politics in a number of key, interrelated respects. Contemporary patterns of Aboriginal ill-health are largely symptoms of the ‘inheritance of loss and social upheaval that remains a central feature of Aboriginal consciousness’ (Reid & Lupton 1991:xxi). Accordingly, the activism of Aboriginal health workers encompasses much broader concerns than those of immediate health issues. But in addition, the public arena of health provides Aborigines with a legitimate place in which to appropriate discursive space and to take a cultural and political stand vis-à-vis dominant society’s (mis)representations of the realities of their lives and selves (Reser 1991:228). Discourses on health thus are key mechanisms through which Aboriginality is being re-constructed.

88 At the 1978 international conference in Alma-Ata, sponsored jointly by WHO and UNICEF, the member countries of WHO endorsed primary health care as the basis for achieving ‘Health for All by the Year 2000’. With an emphasis on health promotion, prevention, and community participation, primary health care was espoused as a solution to the social, political and economic roots of disease, but its implementation is often far from this conceptualisation (Brady 2004:30–2).

89 Brady, Kunitz and Nash (1997:272) elucidate how the WHO definition is rooted in Western cultural assumptions about 'progress and perfectibility and the role of science in the direction of human affairs', and yet it has been adopted and reworked by Aboriginal health activists as if it is at variance with the Western tradition. While this strategy is useful in sustaining or recreating Aboriginality in opposition to the culture of dominant society, it tends to reduce both Western and Aboriginal traditions to ‘one-dimensional caricatures’ (Brady et al. 1997:273). This is not to deny that the Aboriginal worldview of wellbeing is a diffuse concept which emphasises harmonious social relations, and in more 'traditional' regions, the fulfilment of obligations associated with particular tracts of land and the eating of hunted meat from that land (Brady et al. 1997:287, Mobbs 1991, Nathan & Japanangka 1983). However, it is also important to recognise that non-Aboriginal people's ideas of health and wellbeing also encompass much broader factors (psychological, social, spiritual, environmental) than simply the absence of disease (see Brady 2004).

90 Mobbs elaborates on this perspective: 'the politicisation of health has confused many non-Aborigines steeped in the medical paradigm, who assert that hygiene [for example] is what Aborigines need to attend to, not the regaining of land. It is certainly the case that Aboriginal health has, over the last decade or more, been a controversial topic for both state and federal governments. However, this health debate has taken place within a non-Aboriginal framework, focusing solely upon disease incidence, housing, and mortality and morbidity rates. By comparison, scant attention has been paid to the Aboriginal world view of wellbeing, which is socially, not biologically or pathologically, determined and which begins, and ends, with the land and its rightful indigenous inhabitants' (1991:297–298).
Since the mid-1970s, there has been a veritable explosion in the number of public documents, government inquiries and reports, journal articles, and theses concerned with the ‘health’ of Aborigines.\(^1\) While broader federal policy still prioritises Aborigines in rural and remote regions, as exemplified by its mutual obligation policy (see Chapter Three), the reality in the twenty-first century is that in spite of ongoing debate, rural, remote and also urban AMSs remain fundamental to the overall strategy of Indigenous health policy and continue to be funded.\(^2\) Moreover, although the separatism of AMSs was historically justified in terms of the provision of culturally appropriate care, a concept underscored by ‘difference’, the shift in the 1990s towards a centrally-planned and coordinated population health strategy has largely displaced this accent on ‘cultural appropriateness’ with an emphasis on ‘need’ (Anderson, pers. comm. 2005). Statistical accounts and evidence of Aboriginal suffering and disadvantage thus have become critical in the determination of health and welfare policy and the concomitant resourcing of AMSs. Aboriginal ‘health’ (and ‘illness’), like ‘tradition’, therefore remains a critical discourse through which Aboriginal persons articulate the uniqueness of their identit(ies) and experiences as dispossessed first peoples and accordingly, vie for autonomy and real self-determination.

**The politics of Aboriginal mental health**\(^3\)

They used to tell us we were dirty or lazy, now they’re trying to tell us we’re mad or crazy …

(Aboriginal Medical Services Cooperative 1991)

In the mid-1970s, psychiatrists began to acknowledge the inappropriateness of existing mental health services for Aborigines whose values, cultures, languages, and experiences diverged profoundly from those of non-Aboriginal workers. This

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\(^1\) Shore and Manson (1983:159) describe a similar rise in the number of published articles on American Indian psychiatric and social problems following the development of the first mental health program in the Indian Health Service in 1967. They note that the number of relevant publications in the 1930s was 48 in comparison with 759 in the 1970s, the latter figure also reflecting the growing participation of American Indian scholars in the fields of substance abuse and mental health.

\(^2\) The report by the Commonwealth Grants Commission (2001) provoked much debate, with parts of the federal bureaucracy arguing that it demonstrated that Aboriginal-specific services were not relevant to urban Aboriginal populations (Griew et al. 2004:274).

\(^3\) As Hacking (1995:210) comments: ‘It has become commonplace to speak of a politics of this or that or almost anything. Such generous usage strips the word of much meaning’. However, ‘the politics of Aboriginal mental health’ is not intended as a metaphor. Instead, as will become apparent in this and later chapters, the confrontations between Aboriginal health activists and psychiatrists are plainly political.
recognition lead to the development of a short, intensive training course for Indigenous health workers, conducted in Townsville, North Queensland. The program focused on communication skills, case-identification and intervention measures, including crisis management, family and individual counselling. Alcohol abuse, understood as a symptom of mental distress among marginalised population groups, was a particular emphasis. This training of an initial five Indigenous ‘behavioural health technicians’ seemed to signify the beginning of an Aboriginal mental health movement with its aims to ‘relieve suffering, promote proud identity [and] improve social circumstances’ (Saleh 1978:30). Based at an Aboriginal health service, the program ultimately floundered due to contestation over administrative control. Kahn et al. (1976) accurately predicted that without resolution of this fundamental ideological conflict, the Aboriginal community mental health movement would be slow to gain ground.

Psychiatrists in the 1970s were becoming more interested in the social determinants of Aboriginal ill-health and psychiatric disorder, widening their focus to look at rural communities and drawing attention to the context of social disadvantage (Hunter 2001). This period was also marked by ‘the politics of protest and the consolidation of community control in health ... [which] coalesced in a rejection of psychiatry as a mechanism for State-supported social control’ (Hunter 1997a:823, Hunter 2001). Notwithstanding this opposition from more politically militant sectors of the Aboriginal health movement, the National Aboriginal Mental Health Association (NAMHA) was formed in 1979 by a group of around 50 Aboriginal health workers who had gathered in Canberra at a conference on drug and alcohol dependence. As Cyril Hennessy, its then secretary, reflects:

[the] conference ... was supposed to be about drug and alcohol but the theme that ran right through it was mental health. People got up and spoke about the mental health problems they were experiencing in their own communities – schizophrenia, psychosis, depression, etc. It was obvious from their comments that mental health for Aboriginal people is different than it is for other groups in society. It is a whole range of things – poor incomes, legal issues, poor education, the courts (1996:27).

94 It was run by Marvin Kahn, a psychiatrist who had been involved in establishing the Papago Psychology Service in Arizona, and Joseph Henry, a Papago mental health technician.
95 According to Cyril Hennessy, a key figure in the Aboriginal mental health movement of the late 1970s and early 1980s, the designation, ‘behavioural health technicians’, was adopted to avoid the use of the stigmatising word ‘mental’. In actual fact, therefore, these technicians were Australia’s first Indigenous mental health workers. Accordingly, the term ‘behavioural health’ may be understood as a precursor of the later term ‘social and emotional wellbeing’, which was espoused by NACCHO in the early 1990s (Brady, pers. comm. 2001).
96 Like Hennessy, many of the Aboriginal health workers active in the NAMHA were alcohol counsellors and shared a background in Alcoholics Anonymous. The publication in 1977 of the Australian Parliamentary report Alcohol problems of Aboriginals reflected the contemporaneous accent in the domain of Aboriginal affairs.
The steering committee of the NAMHA drafted a Declaration of Mental Health, which was unanimously endorsed at the inaugural conference in Sydney later the same year:

We declare that mental health problems in Aboriginal society are at least as common and as serious as in any other society in Australia.

We declare that Aboriginal society does not enjoy the services for the relief and care of mental illness enjoyed by other groups.

We hold that psychiatric services planned to assist people of European descent are not suited to relieve the distress of Aboriginal people.

Therefore:

We express the need to develop, with all urgency, Aboriginal services to meet the needs of Aboriginal people suffering from mental distress.

We maintain that these services should be conducted by and for Aboriginal people, with proper links with other health services.

We recognise that services are provided for Aboriginal problems of the body, but that mental health problems go overlooked and ignored.

Therefore:

We pledge ourselves to the National Aboriginal Mental Health movement, designed to promote professional and vocational development in this field (National Aboriginal Mental Health Association (NAMHA) 1980:4).

Significantly, the Federal Inquiry into Aboriginal Health, tabled in 1979, had, like its predecessors, given little weight to mental health, dedicating only two paragraphs to the array of problems subsumed by this category. In response, the NAMHA formulated a letter of protest that highlighted the escalating incidence of suicide, depression, and alcohol and substance abuse, and which was accompanied by a detailed submission for a national training body to ensure the adequate delivery of mental health services to Aboriginal people (Hennessy 1988:3). This request was declined.

From the outset, the discourses of Aboriginal health workers related Aborigines' emotional and psychological problems to the 'suppression of identity and culture, loss of relationship to land, and separation from the spirituality of our ancestors' as well as the 'interminable pressures, deprivations, and oppressions' characteristic of many Aboriginal lives (National Aboriginal Mental Health Association (NAMHA) 1980:36). Many of the early Aboriginal health workers including Hennessy, Cyril Coaby, Marian Kickett, and Eva Kennedy, then President of the NAMHA, were highly influenced by Cawte and his ethnopsychiatrist colleagues. Arguing that untreated mental health problems were major underlying factors in physical health problems, family discord, alcoholism, and accidental deaths, these workers emphasised that a focus on social measures

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97 There was a clear intersection between local and international discourses. For example, in December 1978, in an article in the Aboriginal health worker, the emotional problems of Native Americans were linked to the degree of strength of their cultural roots; confusion of identity such as that among Native American children sent to boarding schools was seen to underpin many mental health problems.
alone is 'naive and inhumane ... In fact, psychological problems may frustrate ... social and medical effort' (National Aboriginal Mental Health Association (NAMHA) 1980:82). Undoubtedly, delegates at the inaugural Aboriginal mental health conference in 1979 perceived the provision of appropriate and adequate services to be matters of social and political right, particularly given the 'huge strides ... made in the mental health care of white society since World War II' (National Aboriginal Mental Health Association (NAMHA) 1980:82). Indeed, while some health workers were reluctant to use the potentially stigmatising label of 'mental illness', others like Chicka Dixon interpreted arguments that Aborigines were not prone to depression or suicide as 'a ploy to cheat us out of mental health services' (National Aboriginal Mental Health Association (NAMHA) 1980:37, 43).

At that point in time, the Aboriginal mental health movement largely remained under the control, or at least direction of psychiatrists. However, in 1980, during a national conference jointly sponsored by the NAMHA and the National Mental Health Association, their authority and expertise were forcefully confronted and rejected by spokespersons affiliated with Aboriginal health services. The published proceedings, aptly entitled *Hitting our heads against a brick wall*, evince the intensity of political tensions that were to render Aboriginal mental health a non-issue for much of the 1980s. Hennessy reflects:

> Up to then mental health for Aboriginal people had never been an issue and our purpose was to highlight that to the wider community and gather support. People thought it meant locking people away in institutions or saying that people were mad. It wasn’t the case but that was the argument. Other people felt that if you had land rights you wouldn’t have any mental health problems. In the end there were fights and the whole thing was a disaster and it basically put mental health on hold for the next ten years. It took that long before people would even start talking about it. During that time we continued to write submissions and we got a lot of verbal support but no fundings (1996:27).

Notably, only two recommendations arose from the conference:

> In recognition of the deep feeling and the stress expressed by Aboriginals at the conference, this association supports all attempts at consultation on matters relating to Aboriginals and mental health including land rights and total health care. The Australian National Association for Mental Health recognizes that a cultural and spiritual identification with the land is basic to Aboriginal mental health (Australian National Association for Mental Health and National Aboriginal Mental Health Association 1981:123).

With land rights foregrounded as central to Aboriginal wellbeing, the efforts of psychiatrists and allied Aboriginal health workers to develop a community mental health movement were effectively sidelined.
Closer examination of the proceedings indicates that the conference was historically significant in a number of respects. Firstly, it is the earliest, notable public event at which all Aboriginal people, but particularly ‘half-caste’ Aborigines, are described as suffering from mental distress. In his opening address, Aboriginal Senator Neville Bonner\textsuperscript{98} asserted:

Your interest displays a concern for my people: a concern long overdue, in a field where the strangling tentacles of mental or emotional, or psychological despair reach out to enfold each and every, and I repeat “every” Murree (Aborigine) and Islander to some degree, in this nation ... And sadly, not every indigene is aware of his or her personal dilemma. How did this come about? In the past – you, White Australia. In the present – you, White Australia (Australian National Association for Mental Health and National Aboriginal Mental Health Association 1981:5).

Bonner attributed the problems of depression, fatalism, passive hostility, and the absence of self-esteem to the colonial history of massacres, disease, cultural destruction, and forcible removal from the land as ‘the foundation of our being’ (1981:7). However, he identifies the ‘fringe-dwellers’, ‘the legion of the lost’, as especially psychologically afflicted:

Psychological scars appeared and we walked, and still walk in two worlds, a part of us absolutely unable to cast off all of the “old” within us, and unable to accept totally the “new”. It is this condition that I maintain is our major inescapable problem. Perhaps it is safe to say that 90% [sic] of us – the sons of the dreamtime – suffer the pangs of psychological scarring (1981:9).

While there are parallels here with the theory of the Marginal Man, Bonner’s solution was not that of assimilation into white society:

... there will be no solution; no cure till such time as where it is at all possible, our Mother Earth (Land) be returned to us the Aborigine, for the retention of our culture which in itself will give us back pride and identity. We will once more be succoured by the land as in the past, and our spirit-anguish will begin to fade (1981:9).\textsuperscript{99}

Conference delegates tended to fall into two opposing camps. Those aligned with Aboriginal health services were vehemently anti-psychiatry, stressing that the real issues were political rights and social justice. Without exception, the statements of Aboriginal delegates attributed Aboriginal mental illness to invasion:

Before the Europeans came ... there was no mental disease ... but now we have been depressed, suppressed, put down, every way we could possibly be put down we

\footnotesize{\textsuperscript{98} Neville Bonner was the first Aboriginal person to be elected to Federal Parliament as a member of the Liberal party and Senator for Queensland from 1971 to 1983.\textsuperscript{99} Bonner’s reference to ‘Mother Earth’ is undoubtedly one of the earliest uses of this term, if not \textit{the} earliest (Maggie Brady, pers. comm. 2005). See also Chapter Seven.}
have been put down, and we have been stamped into the ground and I am sick and tired of it (1981:40).

The removal of ‘half-caste’ Aboriginal children from their families was among the factors highlighted in the causation of mental health problems. A delegate from Fitzroy AMS commented that the identity confusion of such adolescents led to more ‘stress problems’ than any other group in the Victorian Aboriginal community (1981:20). We will see that this nexus between the removal of children of mixed-descent, their loss of cultural identity and high incidence of mental health problems would soon become a prominent and influential discourse.100

Maggie Brady, who was present at the 1980 conference, remembers that Aboriginal delegates were particularly outraged at the suggestion that all population groups suffered from psychiatric illness (pers. comm. 2001). Eastwell described the number of moderate to severe cases of psychiatric illness diagnosed among Northern Territory Aborigines as similar to the incidence in the white community, but nonetheless acknowledged the existence among Aborigines of a great deal more ‘stress and strain amounting to something much less than psychological symptoms’ (1981:46). His conclusions were reiterated by Gordon Urquhardt who postulated that economic or social problems manifested in individuals as psychological problems and that individual neuroses were an outward expression of the identity crises of individuals caught between cultures (1981:49–50).101 Cawte similarly commented:

I do not know whether my point of view will be very acceptable, but ... I think, without question, there were plenty of stresses and strains in tribal society before the arrival of white people, but since that time I imagine it must have increased by any factor that you care to name. The conditions of cultural change, discrimination, disintegration, all of the kinds of things that we have spoken about must clearly have added immeasurably to the base line of problems which all poor struggling men and women having to live with each other have the whole world over. Nobody is immune, but it is greatly amplified, as I say, in the case in point (1981:61).

These statements generated an uproar and were denounced by Archy Kalokerinos, a general practitioner from Redfern AMS, as

top heavy, academic, and [as] mislead[ing] a lot of people into thinking that what Aborigines need is someone to tell them that they need to have their heads read, whereas all they really need is what Australians call a “Fair Go” (1981:65).

100 This will become apparent in Chapter Five.
101 Urquhardt, then Chair of the National Health and Medical Research Council (NH&MRC) Working Party on Aboriginal Mental Health, underscored the finding that while the incidence of psychotic disorders among Aboriginal people was no larger than in the general population, non-psychotic disorders were more variable and more common.
However, the response of an Aboriginal woman is especially interesting. Noting that the majority of figures were based on research in remote communities, she differentiated the experiences of ‘urban’ from tribal Aborigines on the basis of the ‘trauma’ produced by the loss of land and culture:

I am not questioning [Eastwell’s] figures but it is only one situation, and perhaps the tribal people in the north have been undisturbed to the extent that they have been able to hold on to a lot of their, can I say culture ... their important laws, ceremonies and language, etc. If we come further down, we see how Aboriginal people in the other States: Victoria, New South Wales and Queensland have been completely dispossessed from their land, and the mental stress and strain, the trauma must be much greater in black society than it is in white society. One of the things that does concern me is eventually those tribal people in the north who are now on a par with white society in their level of mental stress or strain or mental health will deteriorate. In urban society mental stress and strain among blacks has really skyrocketed ... Dr Eastwell mentioned was that there was either no suicide or very little [in the north] ... How I wish that I could say the same because I can name at least five people that I grew up with who have committed suicide ... (Lila Watson in 1981:69).102

This accent on the psychological distress of ‘urban’ Aborigines would become a pivotal discourse in the emerging field of Aboriginal mental health.

Extremely divergent perspectives on Aboriginal mental health were evident also among medical practitioners whose opinions were largely reflective of their political as much as professional alliances.103 Although it was conceded that AMSs in both Redfern and Fitzroy utilised the services of psychiatrists, staff from these services denounced diagnoses and treatment in terms of discrete conditions as ‘un-Aboriginal’. The imposition of Western cultural models of health and normality was contrasted with the Aboriginal perspective of health and healthcare as formulated by NAIHO in 1979:

Health does not just mean the physical well-being of an individual, but refers to the social, emotional and cultural well-being of the whole community. For Aboriginal people this is seen in terms of the whole of life view, incorporating the cyclical concept of life, death, life. Health care services should strive to achieve the state where every individual is able to achieve their full potential as human beings, and

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102 She concluded her response by quoting Fanon, ‘I believe that the fact of the juxtaposition of the white and the black races has created a massive psycho-existential complex. I hope by analysing it to destroy it’.

103 Cawte later wrote: ‘The two medical practitioners invited to advise the Aboriginal Health Organizations contributed antipsychiatric views. Both were leading figures politically, one an ophthalmologist and the other a vitamin therapist. The first began by saying that he was not an expert on mental health, nor on Aborigines. He said that he had heard a lot about how Aborigines are “going off their heads” but that his experience of Aboriginal people had been highlighted by their mental and emotional strengths. He gave what proved to be a rousing antipsychiatric address. The vitamin therapist then had his turn. He delivered a dietetic view of psychiatry, asserting that he had cured senile dementia by vitamins and minerals. Neither of these advisers had any conception of the practice of psychiatry or of mental health, but each voice gave powerful messages of prejudice’ (unpub:11 in Reser 1991:230).
thus bring about the total well-being of their community (Australian National Association for Mental Health and National Aboriginal Mental Health Association 1981:19).

For a number of delegates, the term ‘mental’ was inherently derogatory, since Aboriginal problems were rooted in the racist attitudes and discriminatory practices of white society. Other delegates, such as Naomi Myers from Redfern AMS, saw the likely separatism of Aboriginal mental health services from Aboriginal health services as more problematic and reiterated the importance of community control over any training programs and services in the field of Aboriginal health (1981:121). While individuals’ specific concerns may have varied, however, the net effect of the acrimonious polarisation of political and professional positions was a practical and ideological stalemate that would have ramifications for almost a decade.

Conclusion

This chapter has examined the contribution of colonial psychiatry to the ‘making’ of Aborigines. It has demonstrated that with few exceptions, colonial psychiatrists working during the first half of the twentieth century had little direct contact with Aboriginal people and indeed, were noticeably absent from debates and discussions about Aboriginal welfare and colonial policies for their management. Those rare early psychiatrists who did describe and analyse cases of mental illness among Aborigines plainly reproduced and perpetuated scientific and lay notions of a racial evolutionary hierarchy. Like all ‘primitive peoples’, Aborigines were perceived to have the emotional and intellectual qualities of children, with limited capacity to cope with the demands of ‘civilisation’. Dementia praecox, ‘the acme of inferiority’ (Barrett 1998a:623), was a predominant diagnosis, while the apparent absence of depression among Aborigines attested to their biological and social deficiency, their lack of the necessary complexity to incubate neuroses, the maladies of ‘civilised’ society.

Following World War Two, with the erosion of evolutionary theory and the rise in the policy of assimilation, the elucidation of Aborigines’ psychological, intellectual and cultural characteristics, as the new foundations of ‘difference’, became more pressing. Although the initial interest of ethnopsychiatrists who worked and studied Aborigines in the far north and centre of Australia, was sparked more by exotic, culture bound psychopathologies, they were soon to become preoccupied with the illnesses of ‘transition’, predominantly personality disorders, which they attributed to ‘culture shock’ and the ‘stresses’ of rapid acculturation. Colonial relations were neither foregrounded nor subjected to scrutiny, a fact reflective of the psychiatric focus on individual subjects rather than context, but also the perceived boundaries of professional
expertise and commentary. Instead, the experiences of oppression, marginalisation, discrimination, and poverty were read and represented as forms of psychopathology that demanded continuing intervention into Aboriginal lives. Framed within the rhetoric of science, the implicitly moral and cultural discourses of psychiatrists thus worked to construct all Aborigines, and not only ‘mad Aborigines’, as utterly Other and as fundamentally—culturally, socially, personally—in incapable of adapting to the new world effected by colonisation.

It was not until the 1970s, with a broadening of the etiological frameworks of ethnopsychiatry to encompass social and environmental variables that the psychological status of ‘town’ Aborigines in southern Australia became of greater interest. This period witnessed a noticeable increase in the diagnosis of depression in Aborigines, a development which, while intertwined with transformations in prevailing notions of Aboriginal personhood and reflective of changes in the relationship between Aborigines and the state, was also related to shifts in psychiatric knowledge.  

Yet while the meanings and usage of psychiatric categories are constantly evolving and coming into being (Gaines 1992b), they remain enmeshed and implicated in enduring relations of power and in the constitution of particular kinds of subjects. Mental health is thus not surprisingly an arena in which political struggles are enacted. By the late 1970s, with the rise of Aboriginal activism in national politics and in health service provision, AMS spokespersons began to actively resist psychiatry as an agent of social control. The legitimacy of psychiatric categories was rejected on the basis that they were stigmatising, culturally inappropriate and moreover, that they signified the medicalisation of social problems that were clearly the sequelae of invasion and continuing injustice. However, the relationship between psychiatry and Aborigines is not

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104 With the discovery in the 1950s of powerful psychoactive drugs, the ‘major tranquillisers’, which enabled the treatment of severe mental illness, and the concomitant policy of de-institutionalisation, the problem and meaning of ‘psychosis’ was overshadowed by neuroses (Littlewood & Lipsedge 1989). And as the anxieties and depressions of everyday life became the focus for psychiatric practice and the wider counselling movement, the frame of mental health problems and the nature of remediation expanded to encompass behaviours such as substance abuse, violence and criminality.

105 Medicalisation as a concept originated with political economists such as Irving Zola (1972) and Eliot Freidson (1972) who contended that medicine, as practised in Western societies and despite its iatrogenic side-effects and lack of effectiveness in treating a range of conditions, was becoming a major institution of social control, superseding the influence of religion and law as a ‘repository of truth’ (Zola 1972:487). A more radicalised interpretation was proposed by Ivan Illich who saw dependence upon medicine as acting as a panacea, obscuring the political conditions that cause ill health and removing individuals’ autonomy in dealing with their own health care: ‘medicine is but a device to convince those who are sick and tired of society that it is they who are ill, impotent, and in need of technical repair’ (Illich 1975:9, Lupton 1994:9). Within this framework, disempowered social groups such as women, members of the working class and minorities, are seen to be particularly vulnerable to exploitation as questions of social inequality are deflected into the realm of illness and disease to be treated inappropriately by drugs and other medical therapies (Lupton 1997:96).
reducible to the equation of domination and resistance. Rather, we have seen that Aboriginal persons variously interact with psychiatry as a knowledge-system that has defined them. At the end of this chapter, the seeds of a counterdiscourse are evident as the ‘mental stress and strain, the trauma’ of ‘half-caste’ Aborigines in the southeast are attributed to dispossession, the removal of children and the subsequent loss of culture and cultural identity.

Discourse is socially situated and shaped. Amidst the movements for land rights and self-determination of the late 1960s to mid-1980s, Aboriginal health activists likewise stressed these issues as central to their identity and wellbeing. But as will become evident in the next chapter, from the late 1980s, with the collapse of hopes of land rights and native title, Aboriginal activists, particularly in settled Australia, began to increasingly engage in the mental health domain, which had come to encapsulate the problems of alcohol and substance abuse, child abuse and domestic violence. As the categories of ‘stress’, ‘depression’ and ‘trauma’ diffused into everyday language, they also became potent metaphors through which dispossessed and ‘deculturated’ Aborigines could (re)define their experience and ‘difference’, justify their separatism from mainstream society and carve out a unique political identity and place in multicultural Australia.
The trauma of loss

It is my thesis that Aboriginal Australia underwent a rape of the soul so profound that the blight continues in the minds of most blacks today. It is this psychological blight, more than anything else, that causes the conditions that we see on reserves and missions. And it is repeated down the generations.

Kevin Gilbert (1977:3)

The ideological standoff, which culminated at the 1980 conference rendered mental health ‘the most neglected aspect of Aboriginal health’ (Coaby 1981) for much of the ensuing decade. This relative quiescence, however, arose simultaneous with a proliferation in psychiatric categories and the sites of their deployment in broader society (see Miller & Rose 1986). As psy concepts percolated into lay vocabularies and belief systems, so too were they progressively adopted by Indigenous peoples in former settler-colonies as explanations for personal and social distress and as potent metaphors through which to re-articulate their (post-)colonial loss and injuries. From the late 1980s, an endless series of inquiries, studies and reports into Aboriginal ‘problems’ as well as legal hearings and international conferences and assemblies of Indigenous peoples affirmed the relevance of the psy interpretive frame to Aboriginal experience. By the early 1990s, Aboriginal mental health had become a national priority, with Aboriginal health activists notably leading the movement. Although
Chapter Five

the nature and meaning of particular categories, including that of 'mental health' itself, continued to be challenged by Aboriginal health spokespersons, the psychologisation of Aboriginal suffering and its location within the growing mental health sector was rarely contested.

This chapter focuses on the last two decades of the twentieth century to elucidate the now-global shift towards the medicalisation of social life. The reframing of Aboriginal distress as psy pathology—'stress', 'depression' and 'trauma'—is embedded in the conditions of late-modernity and its culture of 'psychologically minded individualism', in which medical categories confer legitimacy (Summerfield 2001c). Depression has become the common cold of psychiatry and a preoccupation of general practice. The psy domain has also assumed definitional and therapeutic responsibility for a diverse assortment of problems: anxiety, sexual dysfunction, compulsive shopping, and crime to the 'less-bounded constructions' of low self-esteem and poor confidence (Lyon 1996:60), the result being an ever more restricted definition of 'the normal' (Lock & Scheper-Hughes 1996:63). Psychopharmacological developments have been accompanied by a tremendous growth in the array of psychotherapies, counselling, alternative practitioners, and holistic healers that in turn reinforce the authority and uptake of psy explanations of human existence (Crawford 1980:369, Summerfield 1999b:1449, Williams 2000:570–1). But as existential contingencies are described and 'resolved' within the loosely related practices that constitute the field of 'mental health', our experience of ourselves as certain kinds of persons and our perceptions of the realities in which we live are inexorably shaped and transformed (Miller & Rose 1986:3).

This chapter traces the semantic contagion of mental health categories within the highly political domain of Aboriginal affairs. In so doing, it critically examines the matrices in which psy categories have become central modes of describing Aboriginal experience and subjectivities. I argue, in particular, that as the subject position of loss is subsumed within psy concepts, it is transformed and re-constituted, disclosing new realities and 'new ways to be people' (Hacking 1986:222 in Rhodes 2000:347). I also emphasise, however, that the expanding production of discourses on Aboriginal mental health is immersed in the field of multiple and mobile power relations rather than enduring, stable subjugation. Aboriginal persons are thus understood as agents who variously and variably interact with hegemonic ideologies and practices in order to 'actively (re)construct, for themselves and for others, orderly ways of being in and understanding the world' (Schegloff et al. 1996:6). No longer the passive objects of the medical gaze, Aboriginal people engage with the processes of

1 Kleinman (1988:70) comments that there is no scientific evidence that the verbal expression of personal problems is either more cognitively 'advanced' or 'healthier' than other idioms of distress such as bodily complaints that convey emotion indirectly, but often with great subtlety and eloquence.
medicalisation, a fact that attests not only to their own creativity and agency, but to the perceived emancipatory potential of biomedical discourses and practices (see Anderson 1995).

In late-modernity, psy interpretations of experience have become socially-useful and politically-powerful representations of experience. Aboriginal health spokespersons and activists, while ideologically contesting the ‘disease model’ of biomedicine, are compellingly articulating the particularity of Aboriginal identity and suffering through (reworked) discourses of public health and mental health. Psy categories such as ‘depression’ and ‘trauma’ have become common means through which (some) Aborigines (re)frame and (re)interpret the contemporary ramifications of their historical loss(es) on the larger, increasingly conservative, political stage. Yet we must remember that these categories are not ‘value-neutral’ statements of fact. Rather, they are forms of ‘situated knowledge’ (see Haraway 1988:583) that reiterate Western cultural frameworks including ideals of personhood (see Barrett 1998b). The corollary is that as Aboriginal individuals and collectives appropriate psy discourses, they speak themselves into being as particular kinds of subjects, a process that is more likely to consolidate than contest asymmetrical relations of power.

**DSM-III and beyond**

"Post-Vietnam Syndrome confronts us with the unconsummated grief of soldiers — impacted grief, in which an encapsulated, never-ending past deprives the present of meaning" (Scott 1990:301). The past must therefore be exorcised, the grieving process completed, the bio-psychological effects of trauma reversed or controlled. Hence it is not simply a matter of a transient war neurosis, but of treating a comprehensive alteration in life-situation inducted by the residue of acknowledged or covert traumatic memories.

(Kenny 1996:159)

1980 was a critical point in the medicalisation of human experience. That year, the American Psychiatric Association (APA) produced its first standardised nosology, the DSM-III, a document which was to have profound ramifications for the nature of psychiatry and its knowledge-categories. Unlike earlier editions, which were essentially administrative codebooks, the DSM-III was purportedly founded on scientific evidence (see Kutchins & Kirk 1997:247). Further, it

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2 The focus of this thesis on the DSM rather than the ICD reflects the former’s predominance in Australian clinical settings.

3 Arguing that psychiatric classifications are ‘moments in a cultural historical process’, Gaines (see Gaines 1992b), through a comprehensive analysis of the DSM-I through to DSM-III-R, demonstrates the marked shift from psychosocial to biological conceptualisations of mental illness. The DSM-I (1952) reflected the work of William Menninger and Adolph Meyer who
sought to unite the various theoretical and clinical orientations of American psychiatry under 'a diagnostic metalanguage ... that is not particular to any theoretical orientation because it is based on features ... that should be visible to any competent observer' (Young 1995a:94). Whereas psychodynamics had underpinned the classificatory systems of DSM-I and II, the taxonomy of the DSM-III evinced a resurgence of Kraepelinian biologism. Within this systematic typology, the symptom clusters of specific clinical syndromes are read as signs of pathophysiological processes. As '[a] putatively natural, biological discourse [has] replace[d] an existential, phenomenological one' (Gaines 1992b:10),

interpreted psychiatric conditions as symbolic statements of underlying problems. Although originally influenced by Kraepelin and Griesinger (the source of the concept 'mental diseases are brain diseases'), Meyer, in particular, moved away from their model of specific, biologically-based, disease entities. Instead, he stressed the personal and contextual character of psychiatric disorders in which individuals were understood to experience 'reactions' of various types, depending upon their unique life histories, constitutions and the nature of specific situational pressures (Gaines 1992a:8). The DSM-II, produced in 1968, retained the idea of mental illness as the symbolic expression of hidden psychological or psychosocial realities. The DSM-III, however, intentionally moved away from psychological understandings of mental disorders, an 'explicit step away from theory and explanation ... [which] was in reality a step toward the exclusive use of biological etiological models' (Gaines 1992a:9).

The ICD also incorporated Kraepelin's classificatory model of mental illness. The nosological emphasis on biology was further strengthened from the 1960s by the use of four classes of drugs, each ostensibly specific to a category of mental illness: psychosis, depression, anxiety, and manic-depressive disorder. This response pattern paralleled and was thus taken to legitimate Kraepelin's classificatory approach although in reality, psychiatric medications were helpful across these supposedly discrete syndromes (Young 1995a:97-98). The core features of this 'neo-Kraepelinian' (Young 1995a) approach are: (1) psychiatry is a branch of medicine, utilising the same methodologies as scientific medicine; (2) there is a distinct boundary between the normal and the sick; (3) there are discrete mental illnesses; (4) the focus of psychiatry should be particularly on the biological aspects of mental illness; (5) there should be an explicit and intentional concern with diagnosis and classification (Roelcke 1997:383).

This revival of biologism in both the DSM and ICD is especially interesting given the absence of cross-cultural confirmation for all but a handful of categories (refer to Gaines 1992a, Kleinman 1988, Lock & Gordon 1988). A unique pathophysiology for each of the psychiatric disorders is yet to be identified and biological markers remain rare (Kleinman 1988:2). Even the seemingly well-established genetic theory of schizophrenia and the more recent hypothesis of its origins in a faulty neurotransmitter remain controversial without clear-cut biological evidence for more than 30 years of intensive investigation (Barrett 1996, Kleinman 1988). Gaines (1992a:9) proposes that 'an element of symbolic medical modernization' lies at the heart of psychiatry's revival of biological theories. Psychiatry becomes 'more modern and scientific', the growing use of pharmacological interventions is justified (Lock 1987), and as contemporary psychiatry is brought into the dominant biomedical model, its status in the medical profession's hierarchy is enhanced (Gaines 1992a:9). Noting the questionable methodological credibility of the field trials which legitimated the DSM's typology, Turner and Sansom posit: 'The whole DSM exercise, which is perhaps the most important source of professional legitimation worldwide, may be seen as an attempt to "sell" a particular professional agenda to the public ... regardless of methodological rigour' (1995:79). This is not to deny that physical explanations of mental disorders are also well received by many members of the public, including those suffering from mental health problems and their families, as well as politicians seeking to evade analysis of broader social-structural issues.
personal, social and environmental factors have been distanced from analysis to be replaced by biochemical, genetic and physiological agents. This revolution in psychiatric thought and treatment, which was consolidated in DSM-III-R (1987) and DSM-IV (1994), relentlessly focuses on the individual who becomes ‘the locus and ground of pathologies that, though mediated by “vulnerabilities” and “stressors”, never attain any social contextualisation’ (Rhodes 2000:355).  

Depression was delineated in the DSM-III within the categories of ‘major depression’, an entity then quantified as dominating psychiatric practice, and ‘minor depressive disorders’, with further subdivisions such as ‘sub-clinical depression’ and ‘sub-syndromal depression’ appearing in more recent nosologies (Parker 2000). The 1980s also saw the development of a new class of antidepressants, selective serotonin-reuptake inhibitors (SSRIs), of which Prozac is the most famous, perceived to be a great advance over the older tricyclic antidepressants (TCAs) due to their safety and limited side effects (Kirmayer 2002:297). SSRIs were launched on the Australian market in 1990 leading to an information explosion about depression and a remarkable growth in both the number of people diagnosed and the volume of antidepressants prescribed (McManus et al. 2000). In 1996, a study of the global burden of disease projected that by the year 2020, depression would be the second most pervasive health problem worldwide (Murray & Lopez 1996). These statistics resonated with local conclusions. In 1995, the Australian National Health Survey found that

6 Mental health research is primarily funded by governments and international pharmaceutical companies who are ‘at best, ambivalent’ about supporting research initiatives into the complex, psychosocial causal factors of depression and other psychiatric conditions (Hunter 1997b). Hunter further notes: ‘Predictably, drug companies are unenthusiastic about alternative interventions that (at least for governments) hinge on potentially costly issues of social equity. In the middle is the profession of psychiatry which is increasingly reliant on the legitimacy of biological treatments and, as the font of expert opinion, generally supports the political and biomedical status quo. Given certain broad social trends in Australia, the incentive to explore underlying social issues at all may be waning’ (Hunter 1997b).

7 Parker comments: ‘If such trends continue, depression will soon be destigmatised by virtue of a depressive subtype for everyone!’

8 These drugs reap huge profits for pharmaceutical companies. In 2000, the sales of the antidepressant market in leading regions grew by 18 per cent totalling $13.4 billion per year (IMS Health, 2001 cited in Kirmayer 2002:297). However, analysis of the majority of trials conducted by drug companies in recent decades indicate that sugar pills have done at least as well as antidepressants. This growing placebo effect itself attests to the effectiveness of drug marketing (Vedantam 2002b).

9 Between 1990 and 1998, five SSRIs were approved for subsidy by the Australian pharmaceutical benefits scheme (PBS).

10 This five-year study was conducted by WHO, the World Bank and Harvard University. It measured health status in terms of not merely the number of deaths but also the impact of premature death and disability on a population and combined these into a single unit of measurement of the overall ‘burden of disease’ on the population (Murray & Lopez 1996). To estimate the total burden of disability, the study measured the amount of time lived with each of the various disabling sequelae of diseases and injuries, in both treated and untreated states, and weighted for their severity in each population. The worldwide incidence of depression projected for 2020 is anticipated to be second in prevalence only to ischaemic heart disease.
the number of people reporting depression as a recent and/or long-term condition had nearly doubled since the previous survey of 1989–90 (Australian Bureau of Statistics (ABS) 1995c). As depression moved from the tenth to the fourth most common problem managed in general practice between 1990/91 and 1998/99, SSRI prescription rates tripled (McManus et al. 2000). Depression has become the top-ranking cause of non-fatal disease burden in Australia (Mathers et al. 2000) with one in 16 Australian adults meeting the criteria for clinical depression over the period of one year (Andrews et al. 1999).

The pharmaceutical industry in alliance with the psychiatric profession have popularised depression as a universal, biologically based and medically treatable disease (Kirmayer 2002:316). With depression now perceived as one of the most common but also most commonly unrecognised and untreated chronic illnesses, consciousness-raising among doctors and public alike has become a focus of national and international programs and policies. Yet while now construed as of epidemic proportions globally, depression is at risk of being overtaken and subsumed by the ever-expanding phenomenon of ‘trauma’ whose rapid rise over the last two decades exemplifies the growing pace of the medicalisation of life (Summerfield 2001a).

PTSD, which Summerfield (2001c) describes as ‘the flagship of the medicalised trauma discourse’, was first given official disease status in the DSM-III. Its origins lie in the combat experiences and post-war fortunes of American

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11 Sales of SSRIs in Australia were consistent with those in the US and only slightly higher than in the UK (McManus et al. 2000). Given that this increase was accompanied by a relatively small decrease in the use of TCAs, it reflects absolute growth in the market rather than redistribution within it. Of the PBS-subsidised prescriptions dispensed for antidepressants in 1998, 85 per cent were written by GPs, while 11.2 per cent were written by psychiatrists (McManus et al. 2000).

12 In 1996, mental health was identified as an area of national priority and in 2000, the Australian federal government established the National Depression Initiative, ‘Beyond Blue’, a $35 million five-year project which aims to destigmatise depression by raising community awareness (including a national schools-based education program) and to improve its detection and management among family doctors. ‘Mental health literacy’, that is, community knowledge of mental disorders, is promulgated as a major determinant of the effectiveness of psychosocial and pharmacological interventions (see Mitchell et al. 2002). In America, primary care physicians are now being advised to routinely screen all patients for depression by asking them two simple questions: ‘Over the past two weeks, have you felt down, depressed or hopeless?’ and ‘Over the past two weeks, have you felt little interest or pleasure in doing things?’ (Vedantam 2002a). In Asia, where antidepressant sales remain low, depression is being actively medicalised through programs like the WHO Nations for Mental Health, a program largely supported by Eli Lilly and other pharmaceutical companies (Kirmayer 2002:316). As depression is being linked to lower GDP, Asian governments are encouraged to view the enhancement of national mental health for its economic merits (Saywell & McManus 2001). Eli Lilly and Pfizer both sponsor programs in Asia to train doctors in recognising the symptoms of depression and in China, Lilly sponsors a television program in which psychiatrists take questions from callers and the audience (Saywell & McManus 2001).

13 Notably, by the late twentieth century, the apparent epidemic of depression worldwide was prompting some scholars to suggest that this historical era might be aptly termed the ‘Age of Melancholy’ (Klerman 1979 in Marsella et al. 1985:299).
Vietnam War veterans whose high rates of mental health problems, antisocial acts and self-destructive behaviours led groups of committed veterans and their psychiatric allies to advance the PTSD concept and to persuade the APA to include it in the DSM (Young 1995a:108–114). As patients of the Veterans Administration Medical System, those assessed by psychiatrists were not uncommonly diagnosed with anxiety, depression, panic disorder, personality disorders, substance abuse, or schizophrenia. These diagnoses were later supplanted by PTSD, which redirected attention away from the psyche of an individual soldier to highlight the fundamentally traumatogenic nature of war (Summerfield 2001c). This shift in focus was effectively a political transformation in which those widely perceived to have perpetrated atrocities were re-constructed as victims themselves: ‘brave fighters in a lost war adrift in a civilian society which fail[ed] to honor them, damaged souls lost in time, tied to each other but to no-one else’ (Kenny 1996:159). The canonisation of PTSD in the DSM provided Vietnam veterans with moral exculpation as well as a form of compensation, guaranteeing them a ‘service-connected’ disability pension and specialised psychiatric care organised around this distinctive diagnosis (Summerfield 2001c, Young 1995a).14

PTSD represents as much a socio-political as a medical response to the problems of a particular group at a particular point in time (Summerfield 1999b:1450). However, it was rapidly accorded the status of scientific truth and assumed to be a universal and essentially context-independent entity. Central to PTSD is the ‘man-made object’ of traumatic memory, ( see also Hacking 1996, Young 1995b:141, 287, 1997:246).15 But while PTSD is genealogically

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14 Yet as Young (1995a) demonstrates and as Hacking also argues, the mission of the psychiatrists and psychologists of the Veterans Administration ‘was not so much to help the combat veteran with ghastly memories. On the contrary, the vet who is unable to get on with his life, but who can not remember what made him that way, is the victim to be helped. In many cases a man obtained treatment and a special pension only if he could not, except in therapy, remember what had happened to him. And if he still could not remember, he could get even more help. The men who remembered very well the god-awful things that happened were sometimes less able to benefit under this program, because PTSD was made to essentially involve not remembering but forgetting’ (Hacking 1996:78).

15 The concept of traumatic memory originated in the scientific and clinical discourses of the nineteenth century; posited as the basis of the traumatic hysterias and neuroses described by Charcot, Janet, and Freud, it thereby mediated the transfer of ‘trauma’ from body to mind (Young 1995b:141). The theory of traumatic memory holds that although catastrophic events may be forgotten, everything that has happened is preserved in some part of the brain, with the potential to resurface even years later in potent, typically negative ways (Hacking 1996:76). Young elaborates: ‘The basic idea is that victims of traumatic memory seek out circumstances that replicate their etiological events [rather than developing routines that help them to avoid noxious stimuli, or simply giving up]. This scenario is based on anecdotal and experimental evidence suggesting that endorphins (endogenous opioids) are released into a victim’s bloodstream during moments of traumatic shock. This would be an adaptive response during fight-or-flight emergencies, since endorphins would produce a state in which the individual is undistracted and undeterred by pain. In cases of PTSD, endorphins would produce a tranquilizing effect by reducing the feelings of anxiety, depression, and
connected to earlier formulations like 'shell shock' of World War I or 'gross stress reaction' of DSM-I, as Young (1995b:287–9) elucidates, the practices and technologies surrounding PTSD transform and extend old ideas about traumatic memory in two significant ways. Firstly, it was part of an obligatory nosological system introduced by DSM-III, which moved traumatic memory from a 'clinically marginal and heterogeneous phenomenon' (Young 1995a:7) into a standard classification. Secondly, it was tailored to the syndromal features of its target population of Vietnam veterans, with symptoms potentially emerging years after the traumatic experience and developing concurrently with other diagnoses, usually depression, general anxiety disorder, panic disorder, and chemical substance (ab)use (Young 1995a:112). Since it is believed to be the incomplete processing of memories of traumatic events rather than the events themselves, that gives rise to the symptoms of PTSD, the therapeutic objective is to 'help the victim complete the blocked process of integration by [recalling the forgotten memory of the traumatic event and] reexperiencing the crisis in a safe environment' (Farrell 1998:6).

Although the symptoms of PTSD virtually duplicate the features of those disorders with which it most commonly occurs, the critical difference is the 'eponymous event': a trauma-class stressor that changes the social, moral and
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clinical meaning of symptomatic behaviour (Young 1995b:289).

Defined in the DSM-III as that which ‘would evoke significant symptoms of distress in almost anyone’, the nature of a traumatic event became more specific in the 1987 revision of the DSM-III with the addition of the feature that it be ‘outside the range of usual human experience’. However, the criteria of a traumatic stressor were profoundly revised in the DSM-IV (1994).

No longer was a traumatic event required to be outside the norm of experience. Moreover, exposure to a traumatic event now encompassed ‘observing’, ‘witnessing’ or ‘learning about’ the ‘violent personal assault, serious accident, or serious injury experienced by a family member or a close friend’ (American Psychiatric Association (APA) 1994:424). The DSM-IV thus expanded the variety of experiences and memories on which basis PTSD could be diagnosed. Until that time, the diagnosis had been dominated by the experiences of Vietnam veterans and the research and treatment provided by the Veterans Administration. This criterial change meant that ‘trauma’ now included other, more insidious experiences such as rape, child abuse and domestic violence, and moreover, relatively commonplace rather than extra-ordinary events (Summerfield 2001c).

The theory is that ‘time and causality move from the traumatic event to the other criterial features and that the event inscribes itself on the symptoms’ (Young 1995a:115). Young argues, however, that ‘the sense of time that is now firmly attached to PTSD does not emerge spontaneously from the facts. Rather, it is an achievement, a product of psychiatric culture and technology’ (Young 1995a:116). Within the explanatory framework of PTSD, intrusive ruminations, which are a common feature of major depression, turn into intrusive ‘reexperiences’ of the etiological experience, and phobias, such as an irrational fear of crowds, a common symptom of anxiety disorder, become symptomatic ‘avoidances’ of environmental stimuli that trigger these re-experiences (Young 1995b:289).

The DSM-IV defined the criteria of a traumatic stressor as: direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one’s physical integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate (Criterion A1). The person’s response to the event must involve intense fear, helplessness, or horror (Criterion A2). The characteristic symptoms include persistent re-experiencing of the traumatic event (Criterion B), persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (Criterion C), and persistent symptoms of increased arousal (Criterion D). The full symptom picture must be present for more than one month (Criterion E), and the disturbance must cause clinically significant distress or impairment in social, occupational, or other important areas of functioning (Criterion F) (American Psychiatric Association (APA) 1994:424, 427-429).

Young (1995a:288) attributes the need for these changes to the lack of congruence between diagnostic criteria and diagnostic practices, the vast majority of cases diagnosed with PTSD not corresponding with the definition established in DSM-III and DSM-III-R.

On the basis of DSM-IV’s criteria for PTSD, a psychiatrist in Cape Town suggested that an extremely large proportion of the South African population could be considered to be post-traumatically stressed and that the disorder already constituted a ‘grave problem in South Africa’ (Ross 2003:154).

A diagnosis of PTSD is now not uncommon following road accidents, muggings, a difficult birth, verbal sexual harassment, and since DSM-IV, hearing the news that something bad has happened to someone else (Summerfield 1999b:1451). The workplace is also being increasingly portrayed as traumatogenic, with paramedics attending road accidents, police
PTSD has become 'a category of diagnosis so powerful that it has seemed to engulf everything around it ... [although it] has provided anything but a solid explanation of disease' (Caruth 1995b:3). The trauma model has been adopted as an explanation for a range of psychiatric disorders; Dissociative Identity Disorder and Borderline Personality Disorder are also being attributed to past and sometimes forgotten trauma (Kenny 1996:152). A subtype of depression following trauma, appropriately termed 'posttraumatic depression', has been proposed as distinct 'in important ways from clinical major depression of non traumatic type' (Davidson and Fairbank 1993:167 cited in Robin et al. 1996:243). ‘Trauma’, now almost synonymous with PTSD, has become a ‘remarkable organizing concept’ (Hacking 2002:18), encapsulating more and more forms of existential experience. Whereas earlier constructs located the memory traces of directly experienced, catastrophic events within individual bodies, trauma has become insidious and contagious, accumulative and shared, chronic, collective, and/or communal (see Herman 1992, van der Kolk 2000). Trauma now has a life both inside the clinic as a psychiatric category, and outside it as a commonplace cultural idiom of distress (Summerfield 2001a). Indeed, as we shall see in this chapter, ‘people not only suffer trauma; they use it, and the idea of it, for all sorts of ends’ (Farrell 1998:21).

The ‘stress’ of ‘cultural loss’

While symptomatic relief of the emotionally disturbed may be necessary in the short term, mental ill health [in Aborigines] is predominantly the result of extreme stress. Stress-related conditions, such as alcohol abuse, depression, hypertension, aggressive outbursts and other traumas result from chronic ill health, the breakdown of traditional and social authority structures, the loss of purpose and self-esteem, a perception that social and personal crises are beyond one’s ability to change or control, suppressed fear and anger and discrimination.

(House of Representatives Standing Committee on Aboriginal Affairs (HRSCAA) 1979:26)

A review of articles published in the Aboriginal health worker since its inception in 1977, demonstrates the emergence in the 1980s of what would become key recurring themes in lay and professional analyses of Aborigines’ mental health. The spate of articles published on this topic in the late 1970s to early 1980s and

constables on duty at disasters and employees caught up in relatively straightforward disputes seeking compensation for PTSD or for not being offered appropriate treatment, primarily counselling (Summerfield 2001c). Summerfield cites an editorial in the American Journal of Psychiatry which observed that it is rare to find a psychiatric diagnosis that anyone likes to have, but PTSD is one (Andreasen 1995 cited in Summerfield 2001c).

Formerly Multiple Personality Disorder.
The trauma of loss again in the late 1980s evinces a growing discursive emphasis on 'stress'. For example, Cyril Coaby, an Aboriginal psychiatric nurse and health worker from Adelaide, attributes the depression, low self-esteem, addictive and other behavioural problems evident among urban Aborigines to such 'stress' factors as the 'loss of identity which goes with loss of culture, unemployment and lack of acceptance by the white community' (1981:11). By the late 1980s, as Aboriginal health worker training programs began to incorporate modules on mental health, they typically emphasised the etiological factor of loss—'loss of identity, loss of dignity, loss of independence, loss of social control'—and linked the social and mental disorders of Aborigines to 'the stress and distresses they experience because of their cultural alienation' (Coaby 1987:8–10). Yet while establishing a uniquely ' Aboriginal' perspective of mental health and mental health problems, in which cultural, social and experiential difference is fundamental, such formulations utilised conventional scales and literature on 'stress' and advocated standard stress management strategies including yoga, massage, meditation, and counselling.

As detailed in Chapter Three, from the late 1960s the notion of cultural loss became prominent in the political discourses of Aborigines in settled Australia. This idea percolated into the field of Aboriginal health, itself a highly political arena, such that the loss of culture and cultural identity are perceived as implicated in the etiology of a range of health problems, including alcohol abuse (Brady 2004:73). Within this framework, the reclamation of identity and reconnection with one's cultural roots is fundamental to healing and recovery. These ideas have been fuelled and affirmed through international affiliations of Indigenous peoples who from the late 1960s met together and exchanged ideas. It appeared self-evident that their common experiences of dispossession and cultural loss underpinned their similar drug and alcohol problems (Brady 2004:77).

This philosophy of addiction and healing was promulgated in particular by Native Canadians with whom Australian Aborigines working in the drug and alcohol field have had particular and extensive contact (see Brady 2004:73–9). In the early 1970s, a small group of First Nations peoples in Alberta, Canada, established Poundmaker's Lodge, the first alcohol treatment facility specifically for First Nations peoples, together with the Nechi Institute, an organisation training Native peoples as addictions counsellors (Phillips 2003:139). The foundation of the Nechi/Poundmaker treatment model is culture and spirituality; the practice of sweatlodge and other healing ceremonies is a central emphasis as is the abstinence-based philosophy of Alcoholics Anonymous and other twelve-

24 By 1993, the Nechi Institute had trained around 2500 Native peoples as addictions counsellors, a figure which had doubled by 1999 (Phillips 2003:139).
Chapter Five

It is a model which has been adopted and adapted by most other Native-run addictions programs in Canada; the Round Lake Treatment Centre’s slogan, for example, is ‘culture is treatment’ (Phillips 2003:141). However, a number of attempts to apply an adapted version of the Nechi model to Indigenous Australia have met with limited success for a variety of reasons (see Phillips 2003:152–154, Rowse 1996).

The dissemination of the framework of cultural loss into Aboriginal analyses of mental health problems was also facilitated by bureaucratic factors. Hunter (1997a:824) notes that whereas mainstream mental health and substance abuse services have proceeded along quite separate paths, health administrators during the 1980s typically responded to requests from Aboriginal agencies for mental health resources in terms of substance abuse (primarily alcohol) services. This overlap in services and philosophies was consolidated by the professional and personal backgrounds of Aboriginal (mental) health workers, many of whom had a history of involvement with alcohol services.

The framework of cultural loss, however, is not without its critics. Langton (1992:16), for example, disputes that alcohol abuse can be attributed to dispossession and cultural alienation on the basis that many Aboriginal groups in the Northern Territory have never been dispossessed and yet are ‘crippled’ by the grog problem. Brady, who has conducted extensive research on Aboriginal drug and alcohol use, notes that while such interpersonal factors as the influence of family and peers are highlighted as salient factors precipitating drug and alcohol abuse in the general population, with sociodemographic factors seen to contribute very little, explanations for Aboriginal drug and alcohol (ab)use posit ‘entirely historical, social and political’ factors connected to ‘dispossession, colonisation, low socioeconomic status and rapid social change’ (Brady

25 The treatment model also incorporates ‘culturally appropriate’ psychotherapy, and training in addictions awareness, family dynamics, and health promotions activities (Phillips 2003:141).

26 Phillips states: ‘In 1992, there were 51 Native-run residential treatment programs in operation across Canada, and further, hundreds of communities implementing healing from addictions programs, including mobile treatment, family treatment, adolescent treatment, health promotions and other prevention programs, Native counselling services, alternative corrections, and cultural and spiritual revival and healing programs’ (2003:141).

27 In the early 1990s, the Central Australian Aboriginal Alcohol Planning Unit (CAAPU) in Alice Springs developed a residential treatment program in conjunction with a First Nations’ consultancy firm led by Eric Shirt, the founder of Nechi/Poundmaker (see Rowse 1996). Other attempts to adapt the Nechi model include the Bama Pacific International Addictions Training School in Cairns, the Doonoch Healing Centre in western NSW, the South Australian Aboriginal Sobriety Program in Adelaide, and the Family Well-Being Program, also based in Adelaide (Phillips 2003:153).

28 Until the mid-1990s, mental health services available to Aboriginal people were not only extremely limited but focused on tertiary preventions such as rehabilitative alcohol services (Aboriginal Medical Services Cooperative 1991:13).

29 Advocating a more specific and local analysis, Langton (1992) argues that the severity of the alcohol problem varies in accordance with the type of community and the nature of its access to alcohol.
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1991:186). Brady (1992:111) and Rowse (1996:66) further contend that the framework of cultural loss fails to consider that culture may in fact be alive and well in situations of social dysfunction. The attribution of violent conflict, sexual abuse, and large-scale drug and alcohol consumption to dispossession and cultural disruption is plainly contested by their severity in communities that have retained a considerable degree of cultural knowledge and practices and connections to land (Brady 1995, Martin 1993, Sutton 2001). In such contexts, it is the persistence rather than the ‘loss’ of such cultural mores as individual autonomy and family loyalty, which may actually mitigate against confronting aberrant and antisocial behaviour.

The paradigm of the loss of cultural identity reiterates the concept of ‘acculturative stress’ which, as previously discussed, is a one-dimensional perspective that conceals the complexities of domination and resistance, exchange and interaction that continue to occur between Indigenous and non-indigenous persons (see also Bibeau 1997:22). As a form of explanatory reductionism, it downplays the salience of social, political and personal variables, while once again reifying some ill-defined, static concept of ‘culture’ as constitutive of Aboriginality. Moreover, it (re-)establishes a false binary between those who ‘have’ culture and ostensibly suffer from less distress and disorder (see Cawte et al. 1968, Jones 1972, Kidson & Jones 1968) and those who have ‘lost’ their culture and are thereby apparently prone to social and personal distress.

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30 Brady (2004:82) cites North American research that found the same factors underlying drug use among young American Indians across regions and cultural variations as in other minority populations: poverty, prejudice and the influence of the peer group particularly among those who received little support or discouragement of drug abuse from their families, were the factors of primary significance.

31 Sutton also refutes the etiology of cultural loss in drinking behaviour, noting: ‘Some of the heaviest drinkers I have ever encountered have been people who had the privilege of a bush upbringing, had never been deprived of their land, and had a rich grasp of classical high culture, including the holding of vast religious knowledge, and who were multilinguals of enviable facility’ (2001:45).

32 Brady (1992:111) comments: ‘While it is often asserted, and indeed has become conventional wisdom, that petrol sniffing continues to be practised because previously tradition-oriented Aboriginal groups are “losing” their culture and suffering from family “breakdown”, on the contrary it appears that in many instances traditional cultural mores are alive and well. People are behaving in an entirely appropriate manner in which they adhere to customary modes of conduct and family loyalties’. Martin makes the following comment in relation to the Wik of Cape York Peninsula: ‘contemporary fighting [was understood] as a continuing expression of their particular ways of doing things. The expression of anger and aggression ... related to such matters as the high stress on personal autonomy and on how individuals and collectivities could appropriately act upon the world in order to achieve their ends or redress wrongs done to them. The potency of alcohol in particular, lay ultimately in the powerful resonances between drunken behaviour and core cultural themes concerning the expression of emotions and the tension between autonomy and relatedness. Alcohol consumption established a quasi-ritualized domain in which Wik could establish a power of sorts over others that they could not do in mundane life, and at the same time assert a degree of autonomy from the demands and obligations of the relationships in which they were enmeshed’ (1993:300).
fragmentation. And yet this cultural and experiential demarcation that, which both reflects and reiterates the orthodox hierarchy of Aboriginalities, remains pervasive and influential in the discourses of (many) Aboriginal health workers. While implicitly critiquing wider society and highlighting the aftermath of invasion, it is an explanatory simplification that may ironically, work to support the status quo (see Young 1980:133), directing remediation more towards the enhancement of individuals’ coping abilities and cultural skills rather than social change.

The escalation in Aboriginal ‘depression’

Depression, from being a rarity in the traditional culture, is beginning to emerge more prominently in the transitional culture. With it comes suicide and attempted suicide, events uncharacteristic of tribal life.

(Cawte 1965a:280)

As discussed in Chapter Four, early ethnopsychiatrists reported a low incidence of anxiety and depression among ‘tribal’ Aborigines. In 1976, Kahn, Henry and Cawte (1976:222) noted that “[w]hile depression and suicide are problems frequently encountered among the Papagos, this does not appear to be paralleled among the Australian Aborigines”. Only two years later, however, in a follow-up study (Kahn et al. 1978), the frequency of depression among Aborigines was reported to be second only to alcohol-related problems. An even further increase in its incidence was described in a final follow-up report (Kahn 1982:556). This rapid growth in the diagnosis of depression is possibly attributable to the interplay of several factors: psychiatrists’ greater sensitivity in the use of psychiatric instruments cross-culturally, a deterioration in Aborigines’ psychological status, and the standardisation of diagnostic criteria in the DSM-III.

In 1981, a special issue of the Aboriginal health worker dedicated to mental health included articles by Morice, Cawte and Kamien on the topic of depression. Arguing that it is a commonly missed diagnosis, being wrongly attributed to ‘social depression’ or oppression, Cawte outlines 11 ‘clinical’ types of Aboriginal depression (1981:26). In his role as editor, he later prefaced Morice’s article on the lexicon of the Western Desert with the following statement:

[the finding] that they had many words for the symptoms we find in states of depression ... shows that like all other human groups, Aboriginal bands were not immune to depression. It disproves two prejudices: (a) depression is a disorder of Whites; (b) it is caused only by the presence of Whites. Some people have used
these prejudices to suggest that Aboriginals do not need mental health services like other people, only social action (1981:32–33).33

The 1980s witnessed a growing interest in the psychological status of ‘urban’ Aborigines among whom Eastwell (1985) found anxiety, depression and hypochondriasis to be more common than in the general population.34 In 1986, the psychiatrist Jane McKendrick conducted standard psychiatric assessments of a random sample of people attending the Victorian Aboriginal Health Service (VAHS) in Fitzroy, Melbourne. Fifty-four per cent of respondents were diagnosed with significant psychological distress, most commonly manifesting as depression, but also in anxiety and high-risk behaviours including heavy psychoactive substance use (McKendrick 1993:228).35 These findings, together with the low utilisation of mainstream mental health services by Aborigines in Melbourne, led to the establishment of the Victorian Aboriginal Mental Health Network (VAMHN), Australia’s first mental health program specifically for Aboriginal people.36 In 1989, McKendrick examined the course of psychological distress by re-interviewing 85 per cent of the participants of the original study. She found 90 per cent to be significantly psychologically distressed at some time during the follow-up period, while 62 per cent were significantly psychologically distressed for most of the three years. She reported that depression was by far the most common type of distress irrespective of sex or age (McKendrick & Thorpe n.d.).

The sample assessed by McKendrick was representative of Melbourne’s Aboriginal community, being young and socioeconomically disadvantaged. One-third had been brought up outside their Aboriginal communities. The highest rates of chronic psychological distress were found in men, respondents in the 30- to 39-year-age group, those not in paid employment, those whose childhood carer was not Aboriginal, those with a forensic history, and those who were heavy users of psychoactive substances. In comparison, those who had grown up with their Aboriginal families and those with a strong sense of Aboriginal identity,

Likewise, Kamien emphasised that Aborigines suffer from the same ‘emotional disorders’ as whites, the main difference being ‘that the living conditions of Aboriginals are more stressful’ (Kamien 1981:43).

Noting the high prevalence of depression among Aboriginal women, especially those who had been found ‘unfit’ to care for their children, Eastwell (1985:67) proposed that while medication would be beneficial in the short-term, the real solution would be to find something ‘of value’ for them to do, such as caring for other people’s children.

McKendrick opted for the term ‘psychological distress’ on the basis that her clinical assessment ‘took into account a broad range of diagnostic concepts including local Aboriginal idioms of psychological distress’ (n.d.), that many Aboriginal people find the language of psychiatry alien and stigmatising and that psychiatric diagnoses can render invisible the real health needs of Aboriginal people (1998:5).

Victorian Health Department statistics showed that on average there had been only four admissions of Aborigines to Melbourne psychiatric hospitals per year over the period 1983–1986 and that Aboriginal people infrequently attended outpatient mental health clinics (McKendrick et al. 1990:349).
who knew about and had visited their traditional country, were more likely to have remained well (McKendrick & Thorpe 1998:6).

In an additional study conducted in Victoria, 42 Aboriginal people were asked about mental health problems in general and depression in particular. Eighty-three per cent of female respondents said they had been or were currently depressed, with 97 per cent reporting depression either in themselves or those close to them; 85 per cent of men said they had been or were currently depressed (McKendrick 1993:71). Little was said about the ‘old ways’ of describing depression, perhaps indicative of changing idioms of distress, including consciousness-raising through research participation.

McKendrick’s findings are congruent with international consensus, in spite of limited epidemiological data, that Native groups suffer from high rates of major depressive disorder. This pervasiveness of depression among Aboriginal peoples seems not only self-explanatory, but almost inevitable. Since Freud, the experience of loss, combined with a reduction in status and/or sense of helpless entrapment, has been understood as an essential factor provoking depression (see Kendler et al. 2003:789). While biology is now granted etiological and therapeutic priority, ‘the evidence is compelling that, in addition to biological change and psychological experience, social relations and meanings are implicated in the onset, process and consequences of depressive illness’ (Kleinman 1986:39). Depressed mood, like all emotions, has a social-relational ontology. As a discursive form as well as a bodily experience, a lay idiom of distress as well as a psychiatric syndrome, ‘depression’ is culturally and socially shaped and situated. Signifying the medicalisation of the somatic and rhetorical affect of mourning, ‘depression’ among Aborigines is an inherently political state.

Alcohol and substance abuse were understood as ways of expressing or dealing with sadness, anxiety and stress (McKendrick 1993:65, McKendrick & Thorpe 1998:5).

For example, the prevalence of depression in selected Native American communities has been reported as four to six times higher than in the non-Indian population (Manson et al. 1985), while a survey of leaders of 57 reserves in Manitoba, Canada found that 47 per cent of respondents perceived depression as a serious problem in their communities (Kirmayer et al. 1994a:24).

The correlation between stressful life events and the onset of major depression has been replicated frequently and is most probably causal, but the attributes rendering the events depressogenic have remained uncertain (Kendler et al. 2003:789). Brown and Harris argue that it is when the ‘loss of important sources of value’ stimulates an appraisal of one’s place in the world as profoundly hopeless that prolonged and clinically recognisable depression is likely to arise (Brown & Harris 1978:244, Keyes 1985:158). Kendler et al. (2003:794) likewise found the most potent depressogenic events combined events/experiences with high ratings of loss (death, respondent-initiated separation or other key loss) with elements of humiliation, involving loss of status and eliciting defeat and submission.

Hence, it cannot be assumed that the experience and reporting of depressed mood retain the same meaning and implications across cultures and social groups (Kirmayer 2002:303, Summerfield 2001b).
While land rights preoccupied Aboriginal activism for much of the 1980s, attention was redirected towards the pressing issue of Aboriginal suicide following a series of deaths in custody and the subsequent establishment of the RCIADIC in 1987. Undiagnosed depression was perceived to be a precipitating factor in Aboriginal self-harm. In June 1988, an entire issue of the *Aboriginal health worker* was dedicated to the ‘neglected fields’ of suicide and depression.\(^{41}\) Charged with the task of examining the complex factors predisposing Aborigines to alarmingly high rates of detention and incarceration, the RCIADIC investigated 99 deaths in custody that had occurred between 1 January 1980 and 31 May 1989. The hearings and nature of the Inquiry brought the framework of psychiatry to bear upon the lives and deaths of particular individuals and their communities of origin. Reser comments:

> The Royal Commission investigations themselves, psychiatric testimony, and prepared case histories of individuals who died in custody also raised further questions pertaining to individual psychiatric histories and psychiatric morbidity rates in the remote Aboriginal communities from which many of those who died in custody had originated (1991:269).\(^{42}\)

Cyril Hennessy, a protégé of Cawte, described ‘few, if any, of the victims [as having] had the chance of mental health consultation from trained Aboriginal mental health workers’ (1988:6), a comment which exemplifies the widely-held view that persons who suicide are almost by definition psychiatrically disturbed.\(^{43}\) But as Reser argues:

> This mental illness argument is less than convincing for many of the reported suicides in custody. Many of the Aboriginal individuals were young, extremely intoxicated at the time of death, incarcerated in appalling facilities, in instances that were perceived as unjust, and at a time when prior suicide deaths were salient and of particular symbolic poignancy (1991:275).\(^{44}\)

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\(^{41}\) In this edition, Cawte reworked and extended his 1981 article, *Aboriginal recovery from depression: eleven clinical types*, retitling it, *The devil’s dozen: 13 Aboriginal depressions*. The extra two depressions were ‘payback depression’ and ‘drug depression’ (Cawte 1988).

\(^{42}\) However, since psychiatry focuses on the individual, it may fail to identify factors that account for differences in the prevalence of suicide and other social problems between communities (Kirmayer et al. 2000:12).

\(^{43}\) Cawte perceived the need for the Royal Commission to be an indictment of both government insensitivity and the weakness of Aboriginal influence, given the failure of the federal government to respond to the NAMHA’s 1979 request for a Chair in Mental Health: ‘If there is any institutional neglect and brutality, it comes from medicine, not law enforcement’ (Cawte 1987 cited in Bennett 1989:151).

\(^{44}\) Reser conducted an independent investigation of Aboriginal suicides in custody, particularly nine reported deaths in Queensland between 1986 and 1987. He found strong evidence of a ‘cluster’ phenomenon in at least eight of these deaths, as well as the influence of a number of distinct psychological, cultural and community factors including age, sex, alcohol, family-related self-injury and suicide attempts, the circumstances (including prior history) of arrest, and the inter-relationships between the victims and communities involved (Reser 1991:269). While noting the role of personal, family and community factors in Aboriginal suicide and
Although the Royal Commission found that most of the self-inflicted deaths in custody were associated with acute situational factors rather than underlying psychiatric disorders (Tippett et al. 1994:24), this did not negate the relevance of the psychological frame to the interpretation of Aboriginal experience. 45 Commissioner Elliott Johnston wrote in his national report:

By all the indicators, as has often been said, Aboriginal people are disadvantaged when compared with any other distinct group in Australian society and with the society as a whole. In these chapters I discuss the economic position of Aboriginal people, the health situation, their housing requirements, their access or non-access to an economic base including land and employment, their situation in relation to education; the part played by alcohol – and other drugs – and its effects. All these matters are calculated to lower self esteem … (Royal Commission into Aboriginal Deaths in Custody 1991:7).

This use of the concept of ‘self-esteem’ in a highly political document reiterates and expands its usage in the less influential 1979 report of the HRSCAA, 46 to further propagate psychological analyses of Aborigines and their continuing subordinate position in the nation-state. 47 In its final recommendations, the RCIADIC advocated the substantial expansion of Aboriginal mental health services, advocated the dedication of resources to the training and employment of Aboriginal mental health workers in AMSs, and highlighted the principles of Aboriginal community consultation and control (1991:91). The RCIADIC thus not only provided Aboriginal health services with a critical strategic lever in their quest for funding but directly contributed to the proliferation of discourses on mental health that would become manifest in a range of political forums concerned with Aboriginal affairs.

An ‘Aboriginal’ framework of mental health

The only form of expertise which those Aboriginal people who do not have health training can bring to such a discourse is ‘Aboriginality’.

(Anderson 1997a:206)

45 Those Aboriginal individuals who were more at risk of suicide were less than 30 years of age, under the influence of alcohol and confined alone.

46 See quote introducing the section, The ‘stress’ of ‘cultural loss’, earlier in this chapter.

47 Two pages later, Johnston again finds the concept of ‘self-esteem’ useful when summarising the impact of the policies of protection and assimilation upon Aborigines: ‘Gradually many of them lost their capacity for independent action, and their communities likewise. With loss of independence goes a loss of self esteem’ (Royal Commission into Aboriginal Deaths in Custody 1991:9).
By the late 1980s, the relationship between psychiatrists and Aboriginal health activists had undergone a significant shift. In their analyses of Aboriginal mental health and illness, psychiatrists were demonstrating a growing awareness of the role of socio-historical and political factors, including the contribution of their own profession to Aboriginal distress (Hunter 1997a:824). At the same time, Aboriginal health spokespersons were becoming increasingly professionalised, engaging with psychiatry and negotiating their demands in terms of an 'Aboriginal' position on mental health. The seeming commonality of language, interests and intentions, however, belied the fact that the key players used and conceptualised mental health categories in quite distinct ways (see Hunter 1997a:824–5).

In 1988, Pat Swan, an Aboriginal psychiatric nurse from Redfern AMS, presented the paper ‘200 years of unfinished business’ to the Mental Health Status of the Nation Conference. She described a high, but largely unrecognised level of mental health problems in Aborigines which she attributed principally to the continuing systematic removal of Aboriginal children. The removal of ‘half caste’ children from their families had been highlighted by Aboriginal delegates at the controversial 1980 Aboriginal mental health conference as causative of ‘stress problems’. Yet Swan’s paper, presented at a significant national health forum, signified a key historical moment in Aboriginal affairs, a point after which Aboriginal ‘mental health’ would increasingly become entwined with the experiences of the stolen generations.

Significantly, unlike the Aboriginal activists of the late 1970s/early 1980s, Swan (1988:38) conceded that Aborigines suffer the same major psychiatric disorders as other population groups. Even so, she attributed the majority of mental health problems to ‘reality factors’ and enumerated the multiple losses productive of a pervasive feeling of ‘bereavement’ in Aboriginal communities (1988:38). She argued, therefore, that psychiatric diagnoses not only fail to capture the meaning of Aboriginal distress, but that their imposition on Aboriginal people by dominant society signifies a further act of domination:

Many Aboriginal people have seen their brothers and sisters labelled as mentally ill (and hospitalised or incarcerated as a result) when they understand and know the problem as a social and political one. These diagnoses are always “white” non-Aboriginal ones, and the solutions are seen as another form of oppression (1988:33).

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48 This important shift in Aboriginal perceptions of mental illness would be further consolidated over the next decade.
49 She states: ‘Contact has resulted in ... loss of land; loss of hunting grounds and hence starvation; social fragmentation; loss of good health; enforced relocations onto missions and reserves; loss of freedom; loss of cultural and legal norms; loss of citizenship; loss of control over their lives and the environment; [and] forced removal of children’ (Swan 1988:33). This litany of loss was reiterated at the 1993 Aboriginal mental health conference (Lola McNaughton in Aboriginal Medical Service Cooperative Ltd NSW 1994) and in Ways forward (Swan & Raphael 1995:16).
On this basis, Swan accentuated the need for the development by Aborigines of an appropriate ‘framework (cultural and historical) ... within which problems can be defined and understood from an Aboriginal perspective’ and which should direct the development and resourcing of appropriate Aboriginal community controlled programs and services (1988:39). She concluded:

For 200 years non-Aboriginal Australia has made many mistakes on our behalf, and there is no Western model that can address the Aboriginal situation. Aboriginal people must be empowered by education and resources to control decisions affecting our lives, including mental health services. It is clear to Aboriginal people that those with unfinished business have low self-esteem, and those with high self-esteem don’t mutilate. If Australia is to show that it is genuinely interested in the mental health status of the nation, with equality and justice for all citizens, the authorities need to deal honestly with the causes underlying Aboriginal mental ill health (Swan 1988:39–40).

Arising from and attesting to the repercussions of invasion, Aboriginal mental health problems thus signified the need for justice and recognition of self-determination, at the very least, within the field of health.

In 1989, the National Aboriginal Health Strategy (NAHS), which dedicated three pages explicitly to the issue of mental health, reiterated Swan’s recommendations and attached her paper as an appendix to the report (National Aboriginal Health Strategy Working Party 1989:171–174). It repeated her assertion that even though Aboriginal health services (AHSs) had been aware of the ‘pressing need’ for culturally appropriate mental health services for over a decade, requests for resources had been consistently treated as a ‘low priority’, with governments ‘only respond[ing] to the high visibility needs or those that receive media attention’ (1989:171). The NAHS reaffirmed the primacy of both ‘difference’ and self-determination. It is also noteworthy for the nexus it established between domestic violence, child abuse and neglect and mental health, positing common etiological variables of low self-esteem, identity confusion and alienation, which were in turn attributed to colonisation, forcible childhood removal, discrimination, and social disadvantage (1989:174).

This emphasis on the interconnection of multiple, diverse variables in the causation of all Aboriginal health and social problems is reflective of the Aboriginal definition of health which was ‘canonised’ in the NAHS (Brady 2004:34). Drawing directly upon the definition formulated by NAIHO in 1979 (see Chapter Four), the NAHS working party further differentiated between Aboriginal and Western ideas of health and health care:

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50 These were envisaged as including ‘assertiveness training, reculturalisation and reparenting programs, support and self-esteem programs, drug rehabilitation programs, etc’ (Swan 1988:39).
‘Health’ to Aboriginal peoples is a matter of determining all aspects of their life, including control over their physical environment, of dignity, of community self-esteem, and of justice. It is not merely a matter of the provision of doctors, hospitals, medicines or the absence of disease or incapacity (1989:ix-x).

In spite of reservations about how such broad concepts translate into health policy, the NAHS became the ‘blueprint for Aboriginal health in the 1990s’ (Brady 1999:44-5). Anderson asserts, however, that the NAHS nonetheless remains ‘significantly orientated towards biomedical and bureaucratic constructs of health and illness’:

Considerable discussion in this document focuses on the appropriate policy and funding relationship between the Commonwealth, state and Aboriginal community sectors. It also outlines strategic approaches to health improvements, based upon biomedically defined disease problems ... this process [transforms] the sense of problem into a form of discourse that cannot be implemented without an army of health professionals who are required to translate this conception of need into programs (1997a:206-207).

The pre-dominance of biomedicine in directing the policy priorities and problem-definitions of bureaucracy inevitably over-rides and deflects Aboriginal priorities such as sovereignty and self-determination. The task at hand then becomes the ‘cultural’ modification of pre-existing biomedical solutions rather than acknowledgement that the biomedical framework itself ‘automatically links the resolution of these problems to a particular set of social relations that may actually be part of the problem’ (Anderson 1997a:206). In this context, the capaciousness of the field of ‘mental health’ ostensibly offers the potential to move beyond the biomedical framework towards broader structural change.

Grief, loss and trauma

They have taken my baby away and I have seen a doctor and he said I have a personality disorder, but I am mad with grief ...

(Schuhmacher Smith 2000).

From the late 1980s, the growing salience of mental health in Australian social policy, in the absence of ‘hard data’ on the incidence of mental illness within Aboriginal communities, prompted a series of research studies and national reports into this issue. In comparison with the ethnopsychiatric studies of the

51 For example, the submission provided to the Working Party by VAHS described Aboriginal health as contingent upon ‘land rights and sovereignty’ and the removal of ‘structures that foster domination and dependency, which breed inequity and encourage a welfare mentality’ (Victorian Aboriginal Health Services Co-operative Limited 1990:7).
1960s/1970s, these latter-day inquiries were more oriented towards the mental health of Aborigines living in settled Australia and gave greater credence to Aborigines' own descriptions of their psychological and emotional problems.

Two studies were conducted in the late 1980s by non-indigenous researchers. In the Kimberleys in Western Australia, Hunter interviewed 600 Aboriginal adults among whom he found symptoms of anxiety and depression to be common and correlated with a range of factors reflecting socioeconomic and political disadvantage (1993, 2003:138–9). In 1988 and 1989, Radford et al. (1990) investigated the social health of Aborigines in Adelaide, with a particular focus on stress and self-destructive behaviours. They reported that during interviews with 88 heads of households, of whom 72 were women, one-third reported a history of suicidal thoughts and 20 per cent had made at least one suicide attempt (Radford et al. 1990:2). Socioeconomic disadvantage was endemic and violence common, with many of the interviewees raised in institutions or non-Aboriginal foster homes and socially isolated due to poverty and disconnection from families and communities. 'Stress-related' problems, self-harm and drug and alcohol abuse were attributed to powerlessness, feelings of inadequacy and hostility and consequent depression and/or anxiety (Radford et al. 1990:89–90).

In 1990/91, Pat Swan and Trish Fagan from Redfern AMS undertook extensive community consultations with rural and urban Aboriginal communities and with Aboriginal and non-Aboriginal health professionals and service-providers throughout NSW. A survey of clients presenting to AMSs in Redfern and Taree, NSW was also conducted. Their findings were published as the NSW Aboriginal mental health report (Aboriginal Medical Services Cooperative 1991). Based on the clinical assessments of general practitioners, mental health problems were identified as among the most common clinical presentations. Of survey participants, 21.5 per cent were diagnosed as suffering from a mental health problem during the survey period: substance (ab)use was present in 74 per cent of these disorders, depression in 21 per cent and anxiety in 15 per cent (1991:28). A large number of these problems were associated with 'inescapably difficult life situations' including endemic poverty, institutional and public racism and discrimination, high levels of chronic illness and high rates of premature

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52 Hunter describes how he was frequently confronted by non-Aboriginal locals who insisted that 'blackfellows haven't got mental problems, what have they got to worry about?' sometimes with the cautionary reminder 'except when they're on the piss'. He notes that such statements were typically made by inebriated individuals (1993).

53 One in every two interviewees lacked a telephone, a similar proportion had no access to a motor vehicle; one third had no or weakening ties with 'outside' Aboriginal communities, and one in two were described as using 'little traditional Aboriginal language/ways/customs' although these factors were not seen to be significantly associated with attempted suicide (Radford et al. 1990:1). A high degree of contact with the police characterised the lives of around two-thirds of participants (Radford et al. 1990:84).
The trauma of loss

dead, poor physical environments, and educational and employment difficulties (1991:12). The likelihood of a mental health problem was further increased by a history of childhood disruption, a relatively common experience among Aborigines in NSW (1991:29). The authors highlighted the gross underutilisation of mainstream mental health services by Aboriginal people and strongly advocated the provision of culturally specific mental health services and training programs for Aboriginal mental health workers. Yet they also emphasised that the impact of these services would be limited in the absence of wider social and political change and community development initiatives, which would 'give Aboriginal people the hope of choice and hence the ability to exert power over their and their children’s future' (1991:29).

The timing of Swan and Fagan’s study coincided with the development of the first National Mental Health Policy, due to be formalised by the end of 1991. Their objective was thus primarily two-fold. Firstly, it sought to raise Aboriginal community awareness of mental health issues such that they became matters of community discussion (Aboriginal Medical Services Cooperative 1991:18). Secondly, it aimed to provide funding authorities with community-based data, which in demonstrating the significant and specific mental health needs of Aborigines, supported the quest by NSW Aboriginal health affiliates for the rapid development of community mental health services and education programs.

In 1992, state and federal health ministers endorsed the five-year National Mental Health Strategy and Plan which infused approximately $1 billion into the national mental health sector. Although primarily concerned with service reform and the improved management of serious mental illness, the plan nonetheless had significant consequences for Indigenous mental health, with the commissioning of a national consultancy and eventually funding for centres for Aboriginal social and emotional wellbeing across the country (Hunter 2001).

In 1993, a National Inquiry into the Human Rights of People with Mental Illness was conducted. Aboriginal witnesses averred that the complexity of cultural, historical and political issues that underpin the psychological wellbeing and ill-health of Aborigines, means that Aboriginal and non-Aboriginal 'mental health' cannot be straightforwardly equated and compared (Human Rights and Equal Opportunity Commission (HREOC) 1993:692). The Central Australian

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54 In the 1992 plan, Aborigines, like older people, children and adolescents, people from non-English speaking backgrounds, people living in remote and rural areas, and offenders with a mental disorder, are described as an 'at risk' group whose 'special' needs require appropriate planning and resource allocation at a local or regional level (National Mental Health Policy 1992:20–21 cited in Swan & Raphael 1995:19). By the third National Mental Health Plan of 2003, enhancement of Aborigines' access to mental health services had become a recommendation separate from those concerned with other ethnic and minority groups, an emphasis which attests to the success of a decade of lobbying for recognition of the uniqueness of Aboriginal needs and identity.

55 Swan’s 1988 paper ‘200 years of unfinished business’ was a key Aboriginal submission to the HREOC.
Aboriginal Congress described colonisation as having left Aborigines with a continuing legacy of grief and loss (Human Rights and Equal Opportunity Commission (HREOC) 1993:693). An Aboriginal witness testified, 'the pain and bitterness of these memories are passed on from generation to generation ... resulting in feelings of hate, anger, frustration, grief, depression and alienation' (Barbara Miller in Human Rights and Equal Opportunity Commission (HREOC) 1993:693). The continuing denial of Aborigines' human rights and the ubiquitous experiences of racism and economic and social disadvantage were described as profoundly affecting the collective psyche of whole communities (Pat Dudgeon in Human Rights and Equal Opportunity Commission (HREOC) 1993:693).

Aboriginal witnesses emphasised, therefore, that Aboriginal mental health 'should not be viewed from a medical model of abnormality' (Wyatt and Wilkes cited in Human Rights and Equal Opportunity Commission (HREOC) 1993:694) that distorted and misinterpreted manifestations of Aboriginal distress as forms of 'deviance'.

Evidence was presented indicating the massive over-representation of Aborigines in involuntary admissions to state psychiatric hospitals, although as Reser noted, diagnostic assessments conducted in psychiatric hospitals fail to capture the prevalence of less debilitating symptoms of psychological distress and mental ill-health in Aboriginal communities (Human Rights and Equal Opportunity Commission (HREOC) 1993:699). Likewise, Hunter submitted:

'It is important in looking at mental health problems affecting the Aboriginal population to recognise that there are two overlapping areas of difficulty. One is a group of people who have mental disorders as we would usually understand them and then there is another very large group of people presenting with symptoms of distress, which really reflect in social issues [such as] depressive symptoms, substance abuse problems and suicidal behaviour. I think this clearly represents mental distress, but it has to be understood in a social context (evidence to Human Rights and Equal Opportunity Commission (HREOC) 1993:695).'

In 1992/93, a project was established through the Commonwealth Department of Health and Human Services with the support of the NACCHO, Redfern AMS and the University of Queensland's Department of Psychiatry, with the intention of developing a National Strategy for Aboriginal Mental Health

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56 'Being Aboriginal carries a three-fold increase of involuntary psychiatric admission to State hospitals and being a metropolitan Aborigine carries a five-fold increased risk of compulsory admission. In comparison with non-Aboriginal patients, Aboriginal patients have a seven-fold greater chance of an alcohol and organic brain syndrome diagnosis being made' (Spencer n.d. cited in Human Rights and Equal Opportunity Commission (HREOC) 1993:698).

57 Hunter further stated that the paucity of knowledge of Aboriginal society and culture among non-indigenous mental health professionals means that symptoms of social distress are either interpreted and treated as medical disorders or fail to be addressed (Human Rights and Equal Opportunity Commission (HREOC) 1993:697).
The trauma of loss for the next five years. The first major national initiative was what was promoted as the First National Aboriginal Mental Health Conference, which was held in Sydney in November 1993. This conference, jointly supported by the Royal Australian and New Zealand College of Psychiatrists (RANZCP) and Redfern AMS, drew together around 900 delegates, primarily Aboriginal persons from around Australia who were engaged and interested in the field of mental health and whose recommendations were to provide NACCHO with an informed basis for future policy.

From the opening address, the themes of grief, loss and trauma were foregrounded in Indigenous testimonies and conference presentations. In comparison with earlier descriptions and reports, which recommended culturally specific and appropriate mental health services and programs, there was a pervasive emphasis on ‘healing’ through the reclamation of Aboriginality and the right of self-determination:

When I was first asked to address this Conference, I asked myself what is normal? And I tell you destroying land, forest and rivers is not normal, taking small children from their mothers, families and country, locking up young people, bashing and murdering is not normal. However much of the destruction, mental ill health, substance abuse that can be found in Aboriginal communities is normal when considering the terrorism and the loss that has been dealt to the Indigenous people of this country, and we still bear the scars. Many still suffer from enormous loss, trauma, grief and cannot begin healing without recognition of our history and of our rightful place within our country. We have survived and healing must begin. The answers to our problems and confusion are in finding strength in our Aboriginality. The challenge to all of us is to remember that mental health problems in our communities must be dealt with our way and only our way (George Rose, Aboriginal Elder of the Ularai people, cited in Swan & Raphael 1994:2).

Swan acknowledged the reticence of Aborigines to define problems within their families and communities in psychiatric terms:

Talking about mental health problems seems almost disloyal ... as if we are turning on ourselves and those close to us, particularly as we feel rightly proud of the personal strength evident in our families and communities – the strength that has enabled us to survive despite the last two hundred years – there has been no mental weakness evident in that struggle. At the same time, we cannot deny the problems. There is mental and emotional suffering in our communities ... The dimensions of the trauma that Aboriginal people and communities have been subjected to, is overwhelming (National Aboriginal Mental Health Conference 1994:5).
Presenters repeatedly posited unresolved grief and loss as underlying the intertwined problems of mental health and substance abuse:

If the past had been dealt with as it happened, if our ancestors had been able to grieve for all the losses at the time of the events, then I believe the destructive patterns wouldn’t have been set up and passed down the generations. The deaths go on, the losses continue. I’m left reeling, there’s hardly time to grieve and the next death happens. If our losses and our grief were acknowledged instead of being treated as though they were nothing, we wouldn’t still be carrying the grief and the losses around with us, turning it into stress (Barbara Armytage in Aboriginal Medical Service Cooperative Ltd NSW 1994).

Loss of cultural identity was presented as a primary cause of transgenerational bereavement, an experience described as prevalent among colonised Indigenous peoples and as underlying their characteristically poor physical, spiritual, emotional and mental health (Sol Bellear cited in Swan & Raphael 1994). Notably, although the removal of Aboriginal children was the focus of much discussion, the experiences of ‘those left behind’, whose heritage and Aboriginality was often suppressed to ensure their own safety and that of their families, were also acknowledged. Every Aboriginal person thus began to be represented as directly or indirectly affected by the removal of children—removed themselves, family members taken, or living with the threat of removal (Carol Kendall, Link-Up in Aboriginal Medical Service Cooperative Ltd NSW 1994). ⁶⁰

Conference recommendations connected the ‘healing’ of Aborigines’ mental distress to political as much as psychological ‘therapy’:

That the Federal and State governments acknowledge the trauma and grief that has been caused to Aboriginal people and provide resources to Aboriginal people to develop healing and counselling for the trauma and grief, and politics to prevent further trauma and grief (National Aboriginal Mental Health Conference 1993 cited in Swan & Raphael 1995:45).

In 1995, a national consultancy into Aboriginal mental health commissioned by the federal government, culminated in the Ways forward report, which became integral in directing government policy. Authored by Pat Swan and Beverley Raphael, a professor of psychiatry then at the University of Queensland, the report was based upon consultation with Aboriginal health workers, regional councils and Aboriginal people from around Australia and incorporated many of the recommendations of the 1993 conference. In addition, the authors conducted a comprehensive review of government policies and

⁶⁰ Several videos of the conference proceedings were produced and organised around key themes. An entire video is dedicated to the subject of trauma and grief.
reports and relevant research findings. This provided them with a broad foundation on which to conclude that Aboriginal people suffer mental health problems such as depression at a very high rate, compared to non-Aboriginal people, that rates of self-harm and suicide are higher, and that substance abuse, domestic violence, child abuse and disadvantage contribute additional risk factors. Trauma and Grief are seen as overwhelming problems, both related to past history of loss and traumatisation and current frequent losses with excess mortality in family and kinship networks (1995:1).

Swan and Raphael emphasised that trauma and grief are 'amongst the most serious, distressing and disabling issues faced by Aboriginal people - both as a cause of mental health problems, and as major problems in their own right' (1995:3). These ubiquitous emotions were seen to arise from the history of invasion, the ongoing impact of colonization, loss of land and culture, high rates of premature mortality, high levels of incarceration, high levels of family separations, particularly those consequent upon the forced separation of children and parents, and also Aboriginal deaths in custody. Domestic violence, sexual and physical abuse, and a whole range of other traumas also contribute. Sexual assault is considered to be very frequent and traumatic (1995:41).

*Ways forward* recommended a range of preventative, clinical, social and political measures. Trauma and grief were seen to be urgent priorities best addressed through liaison between the (proposed) National Aboriginal Mental Health Advisory Committee and the CAR to form a National Program for Healing, Trauma and Grief (1995:3). This program would seek to establish positive and empowering aspects of dealing with trauma and grief so as not to create a "victim" culture in this context, but rather link to the Positive Survival themes that have been successfully used by Aboriginal people. It is also important that there is recognition of the transgenerational transmission of the impact of trauma and loss ... and that opportunities are taken to prevent further consequences in the future (1995:47).

Education about the role of history in shaping contemporary Aboriginal experience was seen to be essential. Indeed, it was suggested that Aborigines' lack of awareness that they are a 'traumatised people' potentially contributes to their ill-health (Hayden 1993 cited in Swan & Raphael 1995:42).

The national program advocated by Swan and Raphael was necessarily broad in focus. It encompassed intersectoral liaison to prevent further trauma,
separation and loss; recognition and support for Aboriginal cultural practices about child rearing, death and dying; support for reunion organisations and processes; and the development of special healing programs and places (1995:47). In the clinical arena, assessment formats for trauma and grief, special counselling programs for a range of situations of trauma, including abuse and sexual assault, programs for grief and loss, and critical incident stress debriefing were to be developed through mental health teams in Aboriginal health services. Since most respondent perceived counseling to be a major area of need, the development of culturally appropriate counseling models was also recommended (1995:4). In addition, the authors (1995:45) highlighted the need to investigate post-trauma morbidity such as PTSD or Complex PTSD, including vulnerabilities such as borderline personality traits or disorder, substance abuse and self-harm, on the basis that these disorders may explicate the complex problems afflicting Aborigines.

Ways forward thus built upon the ‘Aboriginal’ view of health with its emphasis on the interrelationship of multiple and diverse variables to delineate the psychological, emotional, physical, and social ramifications of historical and contemporary injustice in terms of the categories of ‘trauma’, grief and loss. Accordingly, the authors advocated self-determination as central to Aborigines’ mental health and also, the effective provision of mental health services (Swan & Raphael 1995:v). They comment in fact that Aboriginal people may be ‘further traumatized’ by non-Aboriginal mental health care systems (Swan & Raphael 1995:21). The categories of ‘depression’ and ‘trauma’, as re-articulations of the multiple losses of Aboriginal Australians, can thus be read as potent discursive tactics in the quest for autonomy.

Social and emotional wellbeing

For Aborigines, mental health must be considered in the wider context of health and well-being. This requires that this health issue be approached in the social emotional context and that both social emotional health and psychiatric disorders encompass oppression, racialism, environmental circumstances, economical factors, stress, trauma, grief, cultural genocide, psychological processes and ill health. (NACCHO 1993 cited in Swan & Raphael 1995:15)

Since 1995, the National Strategy for Aboriginal Mental Health has provided Indigenous mental health advisory groups with their first opportunity to provide direct input at a senior Commonwealth departmental level (Hunter 1997a:824). This political forum is thus a key context in which an Indigenous position on health and mental health can be consolidated. Since the late 1980s, Aboriginal health activists, primarily those affiliated with NACCHO, had begun to articulate
an alternative, holistic construction of Aboriginal mental health. Whereas mainstream 'mental health' is situated within the clinical field of psychiatry which classifies mental illness in terms of discrete categories and accords primacy to individual biology, NACCHO's terminology prioritises 'social and emotional wellbeing' rather than disorder and emphasises the inter-relationship of multiple determinants in health and healing. This concept was embraced, at least outwardly, by the federal government when in 1996/97, based on the recommendations of *Ways forward*, it established an Action Plan on Aboriginal and Torres Strait Islander Social and Emotional Wellbeing (Mental Health). The objectives of this plan included training in trauma and grief counselling for workers in AHSs, a youth suicide program and the development of a network of regional centres for social and emotional wellbeing. These centres, formed through partnerships between AHSs, mental health training providers, Indigenous university enclaves, and state mental health services, were allocated responsibility for developing and delivering culturally appropriate mental health training programs and counselling models and for undertaking research and data collection on the mental health status of their regional populations (Monten 1997).

However, within the broader field of mental health, the federal government has a minor role in service provision, and rhetoric aside, state mental health policies and programs remain concerned with the management of moderate to severe mental disorders. At the local level, therefore, the discourses of Aboriginal health services and state fund holders predictably clash in their negotiations over the distribution of resources and the nature of programs (Hunter 1997a:825). While the domain of 'mental health' arguably falls within that of social and emotional wellbeing, as Phillips astutely comments, the reality is that

61 Ian Anderson (pers. comm. 2005) notes that there were two, at times contradictory impulses driving the construction of the policy term 'social and emotional well-being'. The first was the refusal of mainstream mental health professionals to see Aboriginal people unless they had a formal acute psychiatric diagnosis. The consequence was that people who were extremely acutely distressed and at a risk to themselves and others could not access respite care and/or even basic counselling. The second driving impulse was that Aboriginal delegates wanted to develop non-biomedical cultural health programs, but felt that such interventions were not accommodated by the overly biomedical bias of the mental health domain.

62 $20 million was allocated over four years to the execution of the Action Plan.

63 In a submission to the Senate, the RANZCP commented: 'The Government has provided funding to set up or continue eleven [social and emotional wellbeing training] programs in various parts of Australia. It seems that the primary emphasis for those programs, with the exception of the Djirruwang program in Goulburn in NSW, is on social and emotional healing. While the College supports this approach which is centred on Aboriginal methods and traditions, there is also a need to provide training for Indigenous professionals in mainstream psychiatric diagnosis and treatment. The two are not mutually exclusive' (2000:5.4.2).

64 Conventional psychiatric assessment and treatment remain the approach used most commonly by non-Aboriginal medical practitioners when Aborigines present with mental illness. Inevitably, Aborigines are treated by someone from a different culture and those
social and emotional health is often perceived as an “off-shoot” of mental health, where the primary operating practices rely on western psychiatric diagnosis, categorisation and treatments and where Indigenous people are situated in an unequal power-sharing and funding relationship with governments. In trying to make programs culturally appropriate, the system has merely transferred Indigenous human resources (workers) and cultural concepts into the existing non-Indigenous theoretical framework and system of classification, diagnosis and treatment (2003:30–31).

With the progressive relocation of the Aboriginal struggle within the state apparatus and the continuing dependency of Aboriginal organisations upon the allocation of government funds, Aboriginal health advocates have remained concerned about the inequities of resource distribution. While the framework agreements between Commonwealth and state governments and the Aboriginal community controlled sector may function as de facto health treaties (see Chapter Four), in the absence of specific legal rights or entitlements and without the voting power or capital to be a powerful lobby group, Aboriginal activists continue to utilise tactics aimed at capturing the attention of governments and spurring them to action (see Anderson 1997a:207). Recognising this, one can also that how the ‘Aboriginal’ position on mental health is entwined with the politics of recognition. The prominent, well-resourced field of mental health offers a critical arena in which to reaffirm the distinctiveness of Aboriginal identity and the uniqueness of Aboriginal experience in contradistinction to dominant society which seeks their incorporation and to other ‘ethnic groups’ who are competing for resources (see Morris 1989:4). Moreover, the diffuseness of ‘mental health’ as a category facilitates its ready incorporation into social justice and human rights discourses, the imputed poor mental health status of particular population groups bearing witness to despotic rule, global trade inequities, or inhumane detention (see Desjarlais et al. 1995, Kleinman & Cohen

coming from remote areas will be treated in an unfamiliar and threatening city hospital environment. Those Aborigines whose problems are recognised are more likely to be seriously disturbed and regardless of the nature of the underlying condition, will most frequently be diagnosed and treated for a serious mental disorder, usually schizophrenia (Hunter 1992:15). Compared with non-Aboriginal people, their treatment is more likely to be with sedative medications which may be addictive, they are less likely to be offered consistent ongoing treatment, and they are greater risk of being exposed to treatments which carry unwarranted risks of side-effects (Hunter 1992:16). Such racial biases in psychiatric diagnoses and treatment are of course not unique to Australia (see Littlewood & Lipsedge 1989:55–59).

My use of ‘tactics’ in this context draws upon de Certeau: “The space of a tactic is the space of the other. It must play on and with a terrain imposed on it … It does not have the means to keep to itself, at a distance, in a position of withdrawal, foresight, and self-collection: it is a maneuver “within the enemy’s field of vision” … and within enemy territory … It takes advantage of opportunities and depends on them, being without any base where it could stockpile its winnings, build up its own position, and plan raids. What it wins, it cannot keep … In short, a tactic is an art of the weak” (1984:37).
For Aboriginal Australians, the re-formulation of 'mental health' as 'social and emotional wellbeing' reiterates long-standing tropes of loss and mourning to foreground—in a new discursive form—the contemporary salience of historical injustice and injury and to impart political process to their bodies and everyday lives (see Adelson 1998:17).

The focus of public and political attention on Aborigines in more remote regions of the continent is true in the field of health as much as in the arenas of land rights, native title and art. The corollary is that the high mortality and morbidity rates of Aborigines who live in urban areas are often overlooked or at best attributed to factors of class rather than Indigeneity. With its stronghold in settled Australia, NACCHO is a fervent advocate for urban Aborigines, as exemplified in this statement by Craig Ritchie, then its CEO:

Over one third of our people live in metropolitan areas. But there's a misconception among policy makers, and indeed, the general public, that efforts should be directed at Aboriginal people in remote areas only, as Aboriginal people in urban areas are not seen as having the same level of unmet need. They're the "invisible blacks". This is a dangerous myth, and one that needs to be overcome (2001).

Nevertheless, lay and professional opinions alike continue to equate 'real' health needs and 'real' cultural differences with 'real' Aborigines in the outback. Staff at metropolitan AHSs are ever aware of the possibility of 'mainstreaming'. In a social context which is fascinated with the psychological and which directs ample funding towards the enhancement of national mental health, the polysemous category 'social and emotional wellbeing' offers Aboriginal advocates in the southeast a potent means of bearing witness to the trans-generational damage of colonial policies and practices of assimilation and of resisting further attempts at absorption.
Post-colonial trauma and healing

All over this country on reserves, city ghettos, jails, fringe settlements, you can see them, staring. It's still, you know, like shell-shock, like battle neurosis. They're staring at nothing, anaesthetized it seems, from the effect of a two hundred-years-old trauma that repeats its effects generation after generation after generation.

Kevin Gilbert (1977:267–268)

The foregoing analysis of the evolving discourses of NACCHO affiliates has evinced the proliferation in the early to mid-1990s of the themes of trauma, grief and loss in Aboriginal formulations of 'social and emotional wellbeing'. Yet 'social and emotional wellbeing' signifies but one Aboriginal position, albeit an influential one, which has been successful in securing a considerable degree of financial support from the federal government. Concurrently, other Aboriginal individuals also working in the fields of addictions and violence have taken up the theories of traumatic loss and unresolved grief to explicate Indigenous distress and disorder and to develop alternative frameworks of healing. This section examines the social and political matrices that have contributed to the prevalence of this explanatory model among Aboriginal persons who typically work and conduct research in more remote communities.

The concept of colonial trauma derives from Fanon's powerful and influential conceptualisation of the self-alienation suffered by the subjugated:

I had to meet the white man's eyes ... I was battered down by tom-toms, cannibalism, intellectual deficiency, fetishism, racial defects ... I took myself far off from my own presence, far indeed, and made myself an object. What else could it be for me but an amputation, an excision, a haemorrhage that spattered my whole body with black blood? (Fanon 1967:112).

In the 1970s, the Aboriginal poet and activist, Kevin Gilbert, plainly inspired by Fanon, described the internalisation by Aborigines of colonial imputations of their inferiority. Whereas Fanon promoted the redemptive value of collective violence, Gilbert believed that Aborigines' 'loss of a valued identity' could be remediated by formal recognition of their civil and political rights:

The principal social-recognition trauma is caused by shame – the inferiorised racial-cultural image with which Aboriginal people have been forcibly indoctrinated. The main problem is one involving loss of a valued identity. Such identity can only be re-established by according dignity and justice to the Aboriginal, by recognizing his
Within the arena of Aboriginal mental health, the concept of ‘trauma’ first surfaced briefly at the 1980 NAMHA conference (see Chapter Four). However, it was not until the early 1990s that ‘trauma’ formally and compellingly re-emerged in multiple discourses as a primary lens through which to interpret the social suffering of Aboriginal people.

With the advent of PTSD in the DSM-III, ‘trauma’ was standardised and legitimised as both a psychiatric category and an idiom of distress (see Young 1997:246). From the early 1980s, as the traumatic stress field rapidly grew to become an important mental health specialty, psychiatrists, health professionals and humanitarian aid workers began to apply its ideas to communities beyond the clinic which had suffered loss and fragmentation through war, forcible displacement, natural disasters, and acts of violence. Trauma counselling and psychosocial treatment programs were added to the relief supplies of shelter, food and medicine provided to refugees, battered women and communities devastated by environmental disasters. In turn, this ‘trauma business’ reinforced the valence of post-traumatic stress as a paradigm of human suffering (see Summerfield 1999b).

The often-interchanged categories of trauma and PTSD have remained entwined with politics. Vietnam veterans, the ‘first traumatic victims to demand collective recognition’, were soon followed by ‘victims of other suppressed traumas’, including childhood incest, domestic violence and rape (Young 1997:246). The Aboriginal playwright Jack Davis also used the term, although in a more general, less psychoanalytical sense in his article, ‘The traumas affecting Aboriginal children and which retard their progress’, published in the Aboriginal journal Identity (see Davis 1975).

Summerfield (2001c) notes that the American National Center for Post-Traumatic Stress Disorder, which tracks a diverse range of English-language publications on the subject of PTSD, had indexed more than 16,000 publications by September 1999.

Summerfield (2001c) argues that the diagnosis of PTSD lacks specificity and precision in distinguishing between the physiology of normal distress and the physiology of pathological distress. He suggests that since the diagnosis can be made in the absence of significant objective dysfunction, it reifies subjective consciousness in such a way as to render PTSD a ‘pseudocondition’. To highlight this, he cites a community survey conducted in war-torn Freetown, Sierra Leone, in which PTSD was diagnosed in 99 per cent of 245 randomly selected adults (Summerfield 2001c). UNICEF similarly has claimed that millions of children caught up in wars across the globe have been psychologically traumatised and that addressing this through psychosocial programs and counselling is essential since ‘time does not heal trauma’ (cited in Summerfield 1999b:1451). As Summerfield emphasises: ‘There is no acknowledgment of the role of sociocultural, situational and indeed political factors in shaping outcomes over time, and of the limitations of Western psychiatric approaches in non-Western contexts’ (1999b:1454).

In South Africa and Bosnia, men accused of politically-inspired multiple murders have claimed PTSD as a defence; in Holland, a diagnosis of PTSD enables compensation to be paid to victims of Nazi atrocities, even after 50 years (Summerfield 1999b:1450).
1995a:142). As Judith Herman, author of the seminal book *Trauma and recovery* (1992), writes:

The study of war trauma becomes legitimate only in a context that challenges the sacrifice of young men in war. The study of trauma in sexual and domestic life becomes legitimate only in a context that challenges the subordination of women and children (Herman 1992:9).\(^{75}\)

With the criterial expansion endorsed by the DSM-IV, ‘trauma’ and ‘PTSD’ became linked to more insidious, chronic experiences, thereby becoming more relevant to the experiences of colonised peoples. The uptake of this explanatory framework by Indigenous peoples was fostered by international forums concerned with the spiralling problems of domestic violence, sexual abuse and substance (ab)use in Indigenous communities.\(^{76}\) While broadly reflective of Fanon’s conceptualisation of colonial trauma, Indigenous discourses draw in particular on the ‘master-narrative’ of the Holocaust (Huysen 2003:16) as well as the therapeutic rhetoric of Native Addictions treatment programs, the testimonies of survivors of domestic and sexual abuse, and the opinions of psy professionals who, since the mid-1990s, as growing allies of subjugated groups, have described the (post-)colonial experiences of Indigenous peoples in terms of the concepts of traumatic stress and PTSD (see Daniël 1998, Duran et al. 1998, Gagné 1998, Raphael et al. 1998). The discourses of government inquiries, reports and forums modelled on Truth and Reconciliation Commissions have also confirmed the salience of these paradigms to Aboriginal experience.

However, in taking up these ideas, Indigenous peoples have also expanded and re-framed them. Duran et al. (1998) describe the ‘American Indian soul wound’, Brave Heart and DeBruyn (1998) write of the American Indian holocaust and ‘historical unresolved grief’, and Tariana Turia, a Maori politician, has proposed the sub-category of Post Colonial Traumatic Stress Disorder, which situates the issue of Indigenous trauma in its ‘proper historical, political and economic context’ (Turia 2000).\(^{77}\)

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\(^{75}\) Hacking, however, argues that ‘although the sciences and the politics mutually interact, it is the underlying depth knowledge, that there are certain sorts of truths about memory and forgetting, that makes the politics possible’ (1996:69). See also Young (1995a).

\(^{76}\) The Healing Our Spirit Worldwide Conference, for example, is a key forum which brings together Indigenous people from around the world to celebrate their cultural survival and to share and address their struggles against the inter-related issues of substance abuse, domestic violence, health care, and governance. It was held in Alberta, Canada in 1992, in Sydney in 1994, in Rotorua, New Zealand in 1998, and in 2002, in Albuquerque, New Mexico. In Canada, the conference was hosted by the National Native Association of Treatment Directors, the Nechi Institute on Alcohol and Drug Education and the National Association for Native American Children for Alcoholics; in Australia it was hosted by the NSW Department of Health.

\(^{77}\) In 2000, Turia, then Associate Maori Affairs Minister, introduced this category during an address to the New Zealand Psychological Society Conference. Describing the symptoms of Post Colonial Traumatic Stress Disorder as poor self-image, loss of traditional identity,
The trauma of loss

The concept of ‘trauma’ first appeared in the *Aboriginal health worker* in 1990 amid discussion of the escalating problems of domestic violence and sexual abuse in Aboriginal communities. Judy Atkinson, an Aboriginal woman from Central Queensland who had been commissioned by the federal government to report on domestic violence, writes frankly about the ‘total social crisis’ of many communities (1990). She situates this disorder in the violence of history and the continuing structural violence that denies Aborigines basic rights:

The greatest act of violence in Australia (as it is now called) began by declaring the land *terra nullius* [sic] ... any recommendations for preventative strategies must be based on a clear understanding of the impact of colonization on a nation of people whose cultural and spiritual values were radically different from the colonizers, and the trauma and injury which followed, within Aboriginal Australia (Atkinson 1990b:7).

In a subsequent journal article, Atkinson reflects on her attendance at a Women and Wellness Conference convened by Native Canadian women. She describes the insights gained about sexual abuse and its prevalence in wider society, but in particular, its broader historical context in Native communities and other colonised populations wherein the colonising process can be understood as ‘an abuse of power by an abusive (white male) system’ (1992:13).

Construed as the product of a specific form of patriarchal abuse, that of colonisation, post-colonial trauma was thus re-configured in the late 1980s/early 1990s in a way that owed much to the feminist movement and the discourses of psy professionals working with victims of sexual abuse. The trauma...
experienced by subjugated peoples, like that experienced by women, was
insidious rather than extra-ordinary, a less-visible injury to the soul and spirit
produced by ‘ongoing, everyday humiliations, abuses and violences that are one
aspect of the operation of power across race, gender, class and sexuality’ (Brown
group was seen to entail a constant, lifetime risk of exposure to trauma, with post-
traumatic symptoms spreading laterally across the group and also across
generations. The experience and concepts of trauma and PTSD once again
signified explicit critiques of the status quo:

When we ... start to count the numbers of those for whom insidious trauma is a way
of life, we must, if we have any morality, question a society that subjects so many of
its inhabitants to traumatic stressors (Brown 1995:108).

Child abuse was an integral part of the patriarchal system which feminists
and, increasingly, other minority groups sought to subvert. As Hacking observes:

the public recognition of child abuse, starting with battered baby syndrome in 1962,
and encompassing incest by 1975 ... [i]s [a]rguably ... the most important
[consciousness raising activity of the past thirty years] for it has led to awareness of
many other features of current life, starting with other kinds of family violence

It is amid her own exercise in consciousness-raising that Atkinson connects the
childhood traumas of family violence and sexual abuse to addictive, depressive,
self-harming, and violent behaviours in adolescence and adulthood (1992:14). By
1994, her exposition of Indigenous trauma had become more explicit:

Violence in indigenous families and communities comes from the anger and grief of
feeling powerless and marginalized with colonial dispossession and the resulting
trauma of environmental disasters. There are no “quick fix” solutions to destructive
and self-destructive behaviours in colonized, traumatized people ... A case study of
an extended Indigenous family or community will often show multiple, inter-
generational layers of trauma. This trauma, layering itself from the first waves of
colonization, may result from unrieved family deaths and injury from introduced
diseases, starvation because of economic (land) dispossession; overt physical and
sexual brutality; covert structural violence including forced removal of people to
reserves and the separation of children from their parents; and the psychological and

normal and erotic (Brown 1995:107). Within this framework, many women who have never
been raped, but who know someone who has been raped and/or are aware of the possibility
of being raped themselves, are diagnosed as suffering from symptoms of rape trauma such as
hypervigilance to certain cues, avoidance of situations that they sense are high risk, and
numbness in response to friendly overtures from men (Brown 1995:107). The ‘rediscovery
of the same syndrome of psychological trauma’ in victims of rape, domestic violence and
incest as in survivors of war was perceived as not only collapsing the gulf between the public
and private spheres, but as confirming that ‘the subordinate condition of women is
maintained and enforced by the hidden violence of men’ (Herman 1992:32).
The trauma of loss

physical suffering which has been the Indigenous experience in the colonizing process (1994:9–10). 81

In her later book, Trauma trails, recreating songlines (2002), Atkinson argues that the DSM-IV’s definition of PTSD fails to capture the cumulative and continuing trauma produced by the multiple violations of Indigenous populations across history. 82 While emphasising the prevalence of intergenerational, transgenerational and secondary traumatisation in colonised peoples, she states that symptoms such as ‘illness, dependency and dysfunction ... should not be seen as mental illness, but rather the normal human responses of traumatic violations that remain unhealed’ (2002:92). 83 Drug and alcohol abuse, family violence and sexual abuse represent the internalisation of ‘the varied and multiple impacts of colonisation’ and their ‘re-experienc[e] in the lives of the children of survivors in new and even more traumatic ways’ (Atkinson 2002:86).

Greg Phillips, an Aboriginal medical anthropologist, likewise describes colonisation as an ongoing process of abuse and control that engenders a complex or chronic traumatic stress response in its subjects:

colonisation is not a concept which is relegated to the distant past, but rather is a process which continues to destabilise the foundations of Indigenous society and human rights. That is, trauma from initial colonisation remains largely unresolved, and produces inter-generational legacies of PTSS [Post Traumatic Stress Syndrome]. This is compounded with new incidences of situational trauma, and continuing cumulative grief over the amount of deaths, discrimination, loss, and grief that may be experienced on a daily basis (Phillips 2003:24). 84

81 In his book entitled Why warriors lie down & die, Richard Trudgen, a non-indigenous community educator, includes trauma and PTSD in his list of 43 primary causes of the ‘secondary symptoms’ suffered by Yolngu people as a consequence of ‘culture shock’ and their ‘almost total loss of control over their own lives and living environment’ (2000:176–197). See Cowlishaw (2004, 1999) for an examination of this form of dualism with its implicit victimisation of Indigenous people.

82 Herman (1992:123) and van der Kolk (2000) have proposed the category of complex or chronic PTSD as applicable to individuals with histories of prolonged, often early, severe interpersonal trauma. In such forms of PTSD, hyperarousal and avoidance are often predominant features (Pedersen 2000:57).

83 Drawing on relevant literature, Atkinson defines intergenerational trauma as that which is ‘passed down directly from one generation to the next, while transgenerational trauma ... [is] transmitted across a number of generations’ (Cameron 1998:13–15 in Atkinson 2002:180). Secondary traumatisation arises from witnessing another person experiencing trauma (Root 1992 in Atkinson 2002:181).

84 Phillips elaborates on the differing types of trauma arising from colonial history and contemporary circumstances: ‘not only did colonisation produce situational traumatisation, such as seeing relatives shot or taken away, but it also produced cumulative trauma as a result of shame and self-hate, and intergenerational trauma as a result of unresolved and unaddressed grief and loss ... Presently, situational trauma includes police harassment, continuing deaths in custody, and deaths of family members to suicide, self-harm, or other injury, for example. Cumulative trauma experienced today includes frustrations in attempting to gain equal access to services for example, and structural violence, where institutions operate to the frustration and detriment of Aboriginal populations, or perpetuate stereotypes and stigmatisation of Aborigines as “dirty, drunken, lazy Abos”. Inter-generational trauma is
In the discourses of Indigenous peoples, intergenerational trauma and PTSD, categories which are often conflated in spite of their distinct discursive histories, are posited as produced by layers of deep, unresolved grief, arising from a history of serial traumatic loss. ‘Healing’, then, must address ‘the emotional and spiritual circumstances of individuals, families and communities’, not merely ‘the physiological, mental, psycho-somatic, economic, political and environmental factors contributing to problematic alcohol or marijuana usage, compulsive gambling, or early death by suicide’ (Phillips 2003:163). This process necessarily involves reclaiming and reconnecting with Aboriginal culture and spirituality, together with a variable emphasis on diverse psychotherapeutic techniques, as integral to the recognition and release of generations of hurts and traumas (Atkinson 2002, Phillips 2003, Wanganeen 1994).

By the mid-1990s, Atkinson, drawing in particular on her personal experiences at the Nechi Institute, had developed a program of healing. Termed We Al-Li, these workshops aim to create ‘safe places, healing circles or environments where people [can] start to break the denial, talk together and share stories’ (Atkinson 1994:10). Central is the practice of dadirri, ‘a unique gift of manifest in the identity crises and fractured family and social cohesion which is subsequent to forced separations and removal, internalised shame and self-hate, and self-destructive behaviours such as violence and self-harm’ (2003:23–24).

Phillips comments, ‘when traumatic events are left unresolved – the loss is not grieved, or the events are not integrated into a meaningful place in a person’s life – then traumatic stress syndromes may develop. These include dissociation, depression or depression-like symptoms, psychic numbing, and somatisation. These concepts explain emotional and mental discomfort in physical terms’ (2003:19).

Rosemary Wanganeen, who founded the Sacred Site Within Healing Centre in South Australia in 1993, describes the demise of traditional grieving practices as another legacy of colonialism: ‘I believe the unresolved grief goes back as far as 200 years ago. We were never allowed to grieve for our ancestors or grieve traditionally for the loved ones who had died, because we weren’t allowed to practice our sacred ceremonies. Traditionally our grieving process was a part of our culture. Amongst other practices within our ceremonies this part of our culture was severed’ (1994:13). Wanganeen proposes that wholeness, healing and the reclamation of positive identity are enabled as individuals reconnect with traditional Aboriginal spirituality, in particular rites of grieving and forgiveness that allow the multiple losses of invasion to be mourned and their emotional legacies relinquished (1994:10–13). Wanganeen’s theoretical model draws on the philosophy of Louise Hay (1984) and the stages of grief described by the Lutheran pastor, Granger Westberg (1986), but is also pervaded by such binaries as Indigenous/European, peaceful/volatile, spiritual/materialistic. She has presented her model for dealing with unresolved grief to academics and psychoanalysts in Italy.

Her model of healing reproduces the stages of recovery described by Herman (1992:3): establishing safety, reconstructing the trauma story, and restoring the connection between survivors and their community (see Atkinson 2002:238).

Until the late 1990s, the workshops, which were open to Indigenous and non-indigenous people, were predominantly conducted in Rockhampton, Central Queensland. Atkinson (2002:94–95) describes how in the local Woppaburra language, we means fire, as symbolic of the great anger or rage of people but also the spirit of cleansing necessary for healing and re-creation, and al-li means water, symbolic of the deep grieving that needs to be done to restore health within Aboriginal communities, but also the essential life-giving force of
Aboriginal people ... inner deep listening and quiet still awareness’ (Ungunmerr 1993), which along with a smoking ceremony, is ritually performed each morning. Through activities such as story maps and genograms of family trauma, individuals are encouraged to ‘come to grips with the past’ and to ‘make links that explain the present’ such that they can move onto a ‘new future’. Atkinson’s mode of healing entails re-entering the emotions of rage, grief and anguish, identifying, naming, sharing, and witnessing experiences of trauma in order to make sense of the senseless and to awaken individuals to the possibility of change, the opportunity to re-discover and to ‘re-[m]ak[e] themselves’ (Atkinson 2002:259). The rebuilding of family and community is also espoused as crucial to healing, and facilitated through the use of ceremony to strengthen cultural and spiritual identity, but also through the sense of solidarity arising out of the sharing of pain across genders, generations and cultures. Like the authors of *Ways forward* (Swan & Raphael 1995:3) who explicitly connected the healing of Indigenous trauma and grief to national reconciliation, Atkinson highlights the importance of dialogue between Aboriginal and non-Aboriginal Australians, the re-formation of a national community made viable as all parties begin to identify and talk about their contribution to acts of violence across history (Atkinson 2002:259–261).

The framework of post-colonial trauma and healing as espoused by Atkinson and Phillips, while reflective of their personal contact with addictions...
healing programs in Canada and North America, is undoubtedly also driven by the contexts of their lives and work. In comparison with NACCHO’s primarily urban constituency, both have a history of personal involvement and commitment to Aboriginal communities in Cape York and far north Queensland. It is in these remote settings, where cyclic violence has become almost normative across generations in certain families, that researchers are describing a new pathology of ‘dysfunctional community syndrome’ (Memmott et al. 2001:51). Sutton (2001) counteracts idealised images of harmonious ‘traditional’ communities by appropriating the term ‘outback ghettos’ to accentuate the social suffering that has escalated and engulfed many more remote settlements in recent decades. The rhetorical accent on cultural loss as the fundamental etiology of Indigenous social distress and disorder is challenged by the epidemic of interpersonal violence in Aboriginal communities that have retained relatively strong language and ceremonial life and access to their traditional lands and have a history of comparatively recent contact with white society (Sutton 2001:3). While often-sensationalist images of endemic violence and misery are ‘only part of a far more complex and interesting story’ (Cowlishaw 2004:107), their pervasiveness in certain communities plainly calls for comprehensive analysis and new modes of redress.

The concept of intergenerational trauma is a powerful metaphor for the overwhelming personal and collective injuries suffered by colonised peoples. As an explanatory framework for social disorder, it is appealing not least because it ‘implies a single, unidirectional cause from trauma to specific symptoms’, (Kirmayer et al. 1994a:26). Symptoms of PTSD virtually duplicate those of depression, general anxiety disorder, panic disorder, and chemical substance use disorders, with which it often occurs (Young 1995a:112). The key difference is the antecedent trauma-class stressor that transforms both the clinical meaning of symptoms such as phobias and anxieties but also the social and moral meaning of

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93 In 1999, Phillips also visited Indigenous addictions treatment programs, in particular those of the Nechi Institute, Poundmaker’s Lodge, Round Lake Treatment Centre, and Alkali Lake, all of which are in Canada (see Phillips 2003:6–7).
94 ‘A typical cluster of violence types in such a dysfunctional community would be, male-on-male and female-on-female fighting, child abuse, alcohol violence, male suicide, pack rape, infant rape, rape of grandmothers, self-mutilation, spouse assault and homicide ... Such communities need to be viewed as in states of dire emergency’ (Memmott et al. 2001:51).
95 This term was first coined by Peggy Brock in 1993 (Sutton 2001:33).
96 Sutton comments, the statistics are now proving one vital overarching point above all others: existing approaches to dealing with community violence are a hopeless failure’ (2001:19).
97 However, most research into PTSD highlights the salience of premorbid characteristics in the development of symptomatology. Characteristics such as generalised anxiety, a past history of depression, panic disorder, personality disorder, substance abuse, and/or other problems are seen to incline particular individuals towards responding to a traumatic event with persistent symptoms of intrusive images and thoughts, anxiety, emotional numbing and functional impairment (Kirmayer et al. 1994a:27, drawing on McFarland 1993).
behaviour such as substance abuse and violence, providing the individual with moral exculpation for their problems which are attributed to an external locus (Young 1995b:289). The liberation of sufferers from stigmatising diagnoses such as personality disorders effects psychological, social and economic advantages, not least 'exculpation, rebirth [and] self-respect' (Young 1995b:289).

Pivotal to personal and collective recovery is the recollection of traumatic experience, to be narrated in a particular rhetorical genre (see Young 1995a). Atkinson avers, 'what cannot be talked about can also not be put to rest: and if it is not, the wounds continue to fester from generation to generation' (Bettelheim 1984 cited in Atkinson 2002:186). Yet this clinical emphasis on 'recovering, disclosing, reliving and transforming traumatic memories' as the pathway to healing is problematic for many Aborigines whose experience of violence is often structural or implicit and thus difficult to clearly identify and name (Kirmayer et al. 1994a:26).

Others may avoid remembering or disclosing memories of personal traumas due to their painful implications. Indeed, '[w]hat is at issue for people who are suffering is often precisely their sense of coherence as individuals – the very coherence that narrative assumes' (Spicer 1998:140).

While the recollection of past abuse may be a source of empowerment, it may in fact work in quite the opposite way. For example, the claim that child abuse has terrible sequelae in later life inexorably shapes how individuals conceive of themselves and interpret their past and present circumstances. Similarly, as the complexities of historical and contemporary experience are veiled by the unitary schema of post-colonial trauma, Indigenous peoples are potentially re-subjugated as passive, helpless and damaged victims (see Hacking 1995:75–76).

The framework of post-colonial trauma also pays little attention to the range of traumas that were a feature of pre-colonial Aboriginal societies and with the exception of rituals of mourning, do not examine what means may have been available to address it.

98 Herman states, '... traumatized people ... have been cut off from the knowledge of [their] past ... [They] need to understand the past in order to reclaim the present and the future. Therefore, an understanding of psychological trauma begins with rediscovering history ... Denial, repression, and dissociation operate on a social as well as an individual level' (1992:2).

99 Kirmayer comments: 'It is tempting, therefore, to focus only on the stories that can be told about explicit traumatic events and use these to explain all of the perduing inequities. But these historical events also have implicit effects that people may not be able to describe because they were never fully aware of their impact. These damaging events were not encoded as declarative knowledge by rather “inscribed” on the body, or else built into ongoing social relations, roles, practices and institutions' (1994a:69).

100 Frow comments, ‘Lawrence Langer (1993:83) coins the term “humiliated memory” to describe “an especially intense form of uncompensating recall” among Holocaust survivors, a form of remembering that, far from restoring a sense of power or control over the past, torments the survivor, “reanimating the governing impotence of the worst moments in a distinctly non-therapeutic way”, and refusing to lend itself to the ennobling uses of history’ (1998:364–365).

101 The framework of post-colonial trauma also pays little attention to the range of traumas that were a feature of pre-colonial Aboriginal societies and with the exception of rituals of mourning, do not examine what means may have been available to address it.

102 Noel Pearson is an Aboriginal lawyer and activist from Cape York whose own analysis of the social problems rife in some such communities prioritises the deleterious impact of
that trauma which is personal and immediate and may incapacitate individuals or families, and that trauma which is inherited and more remote – which renders people susceptible to problems, but does not leave them incapacitated. Prevailing discussions of trauma in Aboriginal society unhelpfully conflate these two kinds of trauma. Personal trauma needs to be recognised and attended to. Inherited trauma needs to be recognised but it is also imperative that we recognise that economic and social empowerment is ultimately the best, arguably the only cure. It is by re-establishing our families and communities in the wake of social disaster and dislocation that we put trauma behind us (Pearson 2000:35-36).  

Atkinson and Phillips, like the authors of Ways forward, plainly reject the stasis of the victim position. Instead, they espouse self-determination, versus further ‘re-traumatising’ state intervention, and inter-cultural dialogue and reconciliation as fundamental to personal and collective ‘recovery’. The reclamation of Aboriginal culture and spirituality is likewise seen to be integral to this process of healing, of re-forming a positive personal and collective identity and meaning in overwhelming difficult situations:

Realistically, ... culture in itself will not heal trauma and additions ... the best of AA, harm reduction, therapy, residential treatment and after-care must all be blended. Yet ... culture and spirituality is the foundation of all these approaches ... when people realise their life is out of control ... they need something equally as powerful, in this case their culture, to assist them in recovery (Phillips 2003:170).

The entwining of Aboriginality with the experience of ‘trauma’ is nonetheless double-edged. In theory, the categories of (post-colonial) trauma and PTSD provide suffering individuals with new forms of self-representation and self-knowledge and the opportunity to re-narrate their lives and selves by connecting ‘heterogeneous, stigmatizing, and self-defacing memories into a

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103 In his discussion of trauma-related disorders in Native communities, Kirmayer also differentiates between ‘high levels of individually experienced trauma and a backdrop of shared cultural or communal traumatization which both intensifies and alters the meaning of individual trauma and loss’ (1994a:26).

104 Atkinson, for example, stresses that the interventions of the state not only reduce the capacity of communities to develop and utilise their own forms of cultural and social healing, but often work to increase the extent of personal and collective traumatisation (2002:91–92).
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unitary[, meaningful] and satisfying account’ (Young 1996:99). But simultaneously, these explanatory paradigms shape the subjecthood of sufferers in a direction that may prove more personally and politically damaging than empowering, directing remediation towards psychotherapeutic interventions rather than the rebuilding of fractured social worlds.

The stolen generations

I remember that she came in the truck with us curled up in the foetal position. Who can understand that, the trauma of knowing that you’re going to lose all your children? We talk about it from the point of view of our trauma but – our mother – to understand what she went through, I don’t think anyone can really understand that. When I finally met [my mother] through an interpreter she said that because my name had been changed she had heard about the other children but she’d never heard about me. And ... every morning as the sun came up the whole family would wail. They did that for 32 years until they saw me again. Who can imagine what a mother went through?

Fiona (1997:129–130)

I still to this day go through stages of depression. Not that I’ve ever taken anything for it – except alcohol. I didn’t drink for a long time. But when I drink a lot it comes back to me. I end up kind of cracking up.

Witness 529 (1997:197)

Many people who were removed say they don’t have a mental health problem.

Audrey Kinnear (Chairperson, National Sorry Day Committee, 2000)

In 1997, with the tabling of Bringing Them Home, the ubiquity of mental health problems in Aboriginal communities was propelled into the national spotlight. Notably, like the RCIADIC, it was an ostensibly ‘non-health’ although highly political forum which compellingly interpreted Aboriginal experience and,

105 Yet as Young notes in relation to war-related PTSD, there will also be memories of acts ‘in which the individual is not a victim of terror and atrocity, but a perpetrator – circumstances in which self-defacement seems irreparable’ (1996:99).

106 Sommerfield cites a number of studies which highlight the key role that social factors play in the wellbeing of refugees from war or atrocity: ‘Gorst-Unsworth & Goldenberg (1998) ... found that depressed mood in Iraqi asylum-seekers in London was more closely related to the presence or absence of current social supports than to a history of torture. Eastmond (1998) found that survivors of Bosnian concentration camps living in Sweden did better when offered work-training than when offered psychological services. At one year the majority of the second group were on indefinite sick leave. The one surely indisputable fact in the literature of involuntary migration is that people do well, or not, as a function of their capacity to rebuild social capital and meaningful ways of life’ (2002).

107 This woman was fostered as a baby in NSW in the 1970s.
ultimately, personhood within the knowledge-concepts of psychiatry. As discussed in Chapter Three, the paradigm of the National Inquiry was psychotherapeutic rather than legal.\textsuperscript{108} Central to the Inquiry's broader mission of national healing was the concept of 'trauma', which came to frame and shape individual testimony and in the process, mediate self-knowledge and collective 'truth':

Separation and institutionalisation can amount to traumas. Almost invariably they were traumatically carried out with force, lies, regimentation, and an absence of comfort and affection. All too often they also involved brutality and abuses. Trauma compounded trauma (National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families 1997:196).\textsuperscript{109}

With the authority of a state-sanctioned Inquiry, \textit{Bringing Them Home} is noteworthy for its highly public psychologisation of Aboriginal grief and loss. Yet as the survivor testimonies of Aboriginal subjects challenged heroic tales of Australian settler history, the imputation of 'trauma' re-constructed all individuals who had experienced removal in some shape or form as irreparably damaged (see Kennedy \& Wilson 2003:119–120). Political categories thus became psychological ones and individual psychologies foregrounded as the sites bearing witness to historical injury.\textsuperscript{110}

The Inquiry drew upon the evidence of psychiatrists and other health practitioners in formulating its conclusion that while the social and economic achievements of separated children were generally no better than those of other Aboriginal children, their physical and, in particular, their mental health were typically much worse.

This tragic experience, across several generations, has resulted in incalculable trauma, depression and major mental health problems for Aboriginal people ... [clients who had been forcibly removed were at risk of] major depressive disorder and use of alcohol and other drugs to ease feelings of hopelessness, helplessness, [108] This is to a degree exemplified by the fact that in an article in the Australian edition of \textit{Time} magazine, it is a psychiatrist, rather than a politician or lawyer, who provided an interpretation of the significance of the stolen generations: 'The grief echoes through generations. With no experience of family life themselves, many find parenthood difficult – one woman told how she had to be taught how to hug her children' (Clausen 1997:46 cited in Povinelli 2002:53).

109 Ash notes the prevalence of the idiom of 'trauma' during the proceedings of the TRC in post-apartheid South Africa, commenting: 'It may or may not help [the victims] to be spoon-fed categories like “trauma” in which to define their experience ... [but this acknowledgment of the severity of their suffering] has a value in itself' (1997:38). Likewise, Kirmayer et al. (2003:20) describe how as Canadian Aboriginal peoples have re-told their experiences, particularly of residential schools, in communal settings, their accounts have often 'explicitly linked' individual traumas and losses to collective traumas.

110 Due to the 'traumatic nature of their memories' and the risk of being 're-traumatised' as they recounted their testimony to strangers, Indigenous witnesses were provided with personal and psychological support, including counselling (National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families 1997:19).
The trauma of loss

marginalisation, discrimination and dispossession, leading to breakdown in relationships, domestic violence and abuse (Sydney Aboriginal Mental Health Unit, submission to National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families 1997:197).

The trauma of being separated from one’s primary carer was described as becoming ‘embedded in the personality and physical development of the child’ (1997:196). Such individuals were presented as at risk of a range of psychological and emotional disturbances, being ‘more likely to “choose” trauma-prone living situations’ and to be ‘particularly vulnerable to the ill-effects of later stressors’ (1997:196). 111

Sexual exploitation and physical abuse were reported by at least one in every six witnesses to the Inquiry (1997:196). These experiences were interpreted as predisposing individuals to a variant of PTSD, further compounded by repeated abuse (1997:196). 112

People subjected to prolonged, repeated trauma develop an insidious progressive form of post-traumatic stress disorder that invades and erodes the personality. While the victim of a single acute trauma may feel after the event that she is “not herself,” the victim of chronic trauma may feel herself to be changed irrevocably, or she may lose the sense that she has any self at all (1997:196). 113

Psy professionals emphasised the generational effects of unresolved grief and trauma. High rates of depression were reported not only among persons who had been removed, but their children were also described as more commonly developing behavioural problems, in turn, placing them at risk of removal (1997:228). 114

111 To cite Bringing Them Home: ‘Unresolved trauma and grief has its own severe consequences. There is an association between bereavement in childhood and later psychiatric disorder (Wolkind and Rutter 1984:47). The circumstances and consequences of bereavement render the child vulnerable to stresses, perhaps damaging the child’s self-esteem and self-efficacy and often resulting in depression in adolescence and adulthood. The bereavement experienced by many forcibly removed Indigenous children was traumatic ... They could be punished for expressions of attachment or grief” (1997:184).

112 Among the West Australian Aboriginal Legal Service sample of 483 people who had been forcibly removed, almost two-thirds reported having been physically abused (1997:196) although there is some ambiguity about how this was defined.

113 Bringing Them Home cited research indicating that one-third of ‘child victims of abuse’ have significant difficulties parenting or become abusive of their own children, one-third are vulnerable, more likely to become abusive under social stress, while one-third do not have these outcomes (Oliver 1993 cited by Raphael in National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families 1997:195).

114 For example, a psychotherapist submitted how the removal and institutionalisation of ‘Grandmother Helen’ had ramifications across three generations: ‘as her own ability to trust and form close relationships was damaged due to her traumatic removal from her parents at such a young age with no substitute attachment figures provided, she was unable to maintain intimate long-term relationships, her marriage broke down and all her children were placed in care by “the welfare”’ (1997:199). The Western Australian Legal Service provided evidence that of 483 clients who had been forcibly removed, more than one-third reported
Although "the connection between events in early childhood and disturbed behaviour [may have been] forged rather than discovered by psychiatry" (Hacking 1995:94), there is no doubt that this etiological framework has a stronghold in theories of Indigenous distress and disorder.\footnote{Hacking notes that the claim that child abuse has severe sequelae in adult life 'seems so obviously true - yet even when there are statistical connections, they seem to be more local than might be thought. Thus a longitudinal study in New Zealand (where the universal health coverage applies to psychiatric care) found that psychiatric problems of adult women correlated less well with abuse than with straightforward poverty' (Romans et al. 1993 cited in Hacking 1995:65).} The image is that of a linear progression from traumatic event to adult dysfunction with concomitant neurobiological pathology.\footnote{An emphasis on biology is not unique to psychiatry and aligned health professionals. In a seminar entitled Social and emotional wellbeing: an indigenous perspective, Christopher Edwards-Haines, whose mother was removed from her family and raised in Cootamundra Girls' Home, commented that the emotional, social and psychological legacies of such an experience 'are passed down genetically as well'.} Bringing Them Home (1997:199) again cited Herman (1992:44):

> a chemical reaction occurs in the brain at the time of a traumatic event. This helps the victim to survive the event psychologically intact by permitting a degree of dissocation from it. However "traumatised people who cannot spontaneously dissociate may attempt to produce similar numbing effects by using alcohol or narcotics". Thus "traumatized people run a high risk of compounding their difficulties by developing dependence on alcohol or other drugs".

Beverley Raphael described the neurochemical changes induced by trauma:

> Holocaust studies suggested [trauma] could impact on the functioning of the brain as well as the immune system. There have been recent studies of trauma such as Vietnam veterans' combat experience without damage [ie without physical injury being incurred] showing changes in brain structure and function as a result of the traumatic experience (1997:198).\footnote{Young expounds: 'Biological accounts of PTSD are based on three ideas: 1. The biological processes that explain "ordinary" stress responses also explain the etiology, symptoms, and chronicity of PTSD. 2. While the biological effects of ordinary stress responses are transitory, PTSD is characterised by enduring neurophysiological changes. 3. To explain the disorder's symptoms and chronicity, psychological processes also need to be taken into account' (Young 1995a:276, direct quote). For a discussion of the neurobiology of PTSD, see Young (1995a:276–283). Summerfield comments that in spite of substantial funding by the United States' Veterans Administration, '[t]he search for a biological marker – which would give the disease status of PTSD the imprimatur of hard science – has proved unproductive to date' (Summerfield 1999b:1450).} Yet as parallels were drawn between Aborigines and Holocaust survivors and Vietnam Veterans, the diversity, complexity and particularity of the experiences of collectives and individuals were obfuscated, to be amalgamated and re-formed into the argumentation of biopolitics and the law. As 'experts' that their children had also been removed (see National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families 1997:226).
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legitimated the veracity of Aboriginal testimony, richly metaphoric descriptions of self and suffering—a hole inside, an empty space, an inherited sadness—were reduced to the cold, hard fact(ors) of neurobiology. Lambek and Antze astutely observe, 'where legal and diagnostic categories have become the only legitimate terms in which to remember suffering, then it becomes important to ask what has been forgotten' (1996:xxiv).

In 1994, in an article published in the *Aboriginal and Islander Health Worker*, Carol Kendall from Link-Up wrote:

> We separated adults suffer more from psychological trauma and physical violence which we do to ourselves or to others. We suffer alcohol and drug related problems. Even those of [us] who may appear to live happy and “normal” lives suffer in different ways from the grief of separation, loss of culture, loss of families, lost history and the loss of identity (1994:19).

This demarcation of Aborigines into the ‘stolen generations’ and those ‘left behind’ was quickly downplayed. In 1996, during the National Inquiry’s NSW hearings, Commissioner Dodson reportedly described the removal of children from their families as ‘an essential part of Aboriginality’ (Ellis 1996:5). *Bringing Them Home* reiterated, ‘[t]here is no Aboriginal family that is untouched by this policy’ (1997:373). A submission provided by the RANZCP to the Senate described ‘both the children who were taken and the children who

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118 These and similar images predominated in a presentation by Link-Up at the 1999 Aboriginal Mental Health Conference held in Sydney.

119 As discussed in Chapter Three, *Bringing Them Home*, while not proposing a precise figure, argued that between one in three and one in ten Aboriginal children were separated from their families between 1910 and 1970. Manne (2001a:25–27) argues that the lower estimate is more soundly based. A survey of the self-identified Indigenous population conducted by the Australian Bureau of Statistics in 1994 (1995b) found that 1.6 per cent of those of 14 years or under, 4.6 per cent of those between fifteen and twenty-five, 10.1 per cent of those between 25 and 44, and 10.6 per cent of those older than 44 had been separated as children from their natural families by missions or governments or welfare. Manne (2001:a:26) suggests that on this basis, one may surmise that about ten per cent of all Aboriginal children born before 1970 were removed from their families, although it remains unclear as to whether the per centage of Aboriginal children removed in the period before 1970 was as high or higher than the per centage separated between 1930 and 1950. As mentioned in Chapter Two, the proportion of Aboriginal children removed was far greater in NSW than in Queensland and the Northern Territory, two of the major areas of Aboriginal population.

120 Read notes: ‘By 1930, there was hardly an Aboriginal family in the state [NSW], certainly not one living in close proximity to the whites, which had not been touched by these acts of dispersal’ (1996:206). Likewise, Markus comments: ‘The impact of the policy on Aboriginal populations was devastating, not to be measured solely by the number of children removed (a preoccupation of some commentators) but also by the impact on those who remained behind — in a population distinguished by the strength and extent of its kinship networks. There was not only the effect of personal loss on parents, siblings, extended families and friends; there was also insecurity faced by those left behind, not knowing who would be next, and the brutal nature of the relationship with those in authority’ (2001:65).
remained at home ... [as] likely to develop illnesses such as depression and anxiety' (2000:3.10.1).  

The forcible removal of Aboriginal children thus became symbolic of the social suffering of all Aborigines, thereby subsuming myriad other forms of colonial injustice and inhumanities. Likewise, the concept of ‘trauma’, which framed all experiences of removal and separation, progressively came to encapsulate the experience of all Aboriginal people. The effect is to re-present the entirety of Aboriginal experience post-invasion as ‘traumatic’, a schema that obscures the complexities and ambiguities of inter-racial relations to re-construct Aborigines as the victims of history. There is the risk, then, that amid the fragmentation of personal and collective identity consequent to state-authorised intrusions into Aboriginal lives, that the experience of post-colonial trauma becomes the defining ‘difference’ of Aboriginality, concomitant with its new ‘culture’ of drug abuse, violence and incest. As trauma is thus rendered a ‘crude notion’ of ‘violent disruption from the outside or secondarily from within’ (Robinson 1995a:120), embodied idioms of social distress and dissent are read as individual and collective psychic pathologies.

It is consequently of little surprise that the federal government’s primary response to Bringing Them Home was to expand Aboriginal social and emotional wellbeing programs, with increased funding for grief and loss counsellors. This medicalisation of social justice issues (Hunter 2000a:41) granted primacy to psychological legacies rather than causative human rights violations in the configuration of both the nature of problems and appropriate redress. Aborigines are concomitantly compelled to voice their moral and political

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121 'In communities and in the homes of Aboriginal people there was constant apprehension that a child or all the children could be taken at any moment. Children had to run into the bush when “the welfare” was sighted. Families living in cities and towns had to abandon their Aboriginal identity and pretend to their neighbours that they were Indian or some other less persecuted race. This meant that even those children who were not taken lived in an atmosphere of constant fear ... The taking of children brings immense grief to the community. Even children who were not taken lived in a grief stricken world' (Royal Australian and New Zealand College of Psychiatrists (RANZCP) 2000:3.10.1, 3.10.3).

122 As discussed in Chapters Two and Three, while Aborigines were undoubtedly overwhelmed by colonising forces, at the same time they were not without agency: resisting, engaging, choosing, avoiding, interacting with Europeans across a range of contexts.

123 The federal government allocated $39 million over four years to address the consequences of family separation (Monten 1997). This ‘realistic and practical assistance’ included an expansion in the network of regional social and emotional wellbeing centres and the establishment of 59 counsellor positions (mostly within Aboriginal health services), in addition to parenting and family wellbeing programs. However, grief and loss counsellors generally have non-recurrent positions and, often, little or no training with which to address serious problems (Hunter 2000a:41). This issue which will be further discussed in Chapter Eight.

124 This conflation of responsibility and legacy is also reflected in the TRC slogan ‘revealing is healing’ which focuses on the suffering of victims at the expense of identifying the source of violence that caused it. The question of their rights thus effectively disappears (Humphrey 2002:114).
The trauma of loss

grievances through psychological idioms, 'with legal recourse for those affected being argued in terms of its consequential mental health harm rather than on the fact and illegitimacy of those acts' (Hunter 2001).

In the absence of a Reparations Tribunal to resolve claims to restitution and compensation, the stolen generations must attempt to win justice individually in expensive, adversarial court proceedings. Psychiatric diagnoses are privileged forms of persuasion founded upon empirical evidence of damage. PTSD, in particular, functions as 'a certificate of impairment', 'the instrument by which a moral charge is fashioned into a medicolegal one' (Summerfield 2001c).

Prior to the Cubillo-Gunner trial, two psychiatrists diagnosed Lorna Cubillo as suffering from chronic depression and PTSD due to her removal (Manne 2001a:20). However, even though the Federal Court accepted that both plaintiffs 'had suffered long-term psychological damage as a consequence of their removal and that during their institutionalisation, they had experienced physical and sexual abuse' (Manne 2001a:85), their claims were dismissed due to insufficient evidence of unlawful removal. In the test-case brought by Joy Williams against the state of NSW in 1999, the outcome ultimately was contingent upon whether her acknowledged mental illness was consequent to or independent of her removal and institutionalisation (Hunter 2001). Williams lost her appeal in 2001; her submission that she was a member of the stolen generations was rejected on the basis that she was not removed against the will of her mother.

125 At the first national workshop of the stolen generations, Tony Buti, a human rights lawyer, stated: 'To bring an action in court you have to show damage ... in our ... common law legal system generally, the position is that -- the orthodox position is that mental suffering caused by grief, fear and anguish is not compensable ... you only can obtain compensation if it's a recognised psychiatric illness. So that in itself creates a problem because many of the problems faced by people [who were removed] ... may not necessarily fit into mainstream white Australian psychiatric diagnosis ... and also the problem is: do you want to have to go through the trauma of having to go to certain psychiatrists, being diagnosed in many cases in a culturally inappropriate manner, to be labeled as having had certain psychiatric illness so you then can take an action?' (1996:12).

126 As discussed in Chapter Three, this was the first common law action brought in 1999 by members of the stolen generations against the Commonwealth. The defendants, Lorna Cubillo and Peter Gunner, both of whom had been separated from their families and placed in institutions under the Commonwealth's Aboriginal Ordinance, sought compensation for the loss of family and culture and claimed general damages for consequent mental and emotional distress, including a post-traumatic syndrome (ABC Radio National 2000).

127 However, Cubillo is also a feisty and determined survivor, stating to a press conference, 'We may be down but we are not out ... Our people have survived for so long and I can tell you we'll survive this too' (Farrant 2000).

128 The decision was described by Aboriginal spokespersons as compounding Aborigines' existing high levels of psychological and emotional distress (see Chapter Three).

129 Hunter points out the ironies disclosed by this case: 'if you were removed it is not a human rights violation, but can cause mental health problems. But, if you have mental health problems it is not because you were removed, it was probably your genes. [Williams] was victimized by the state, the mental health system and the judicial system' (2000a:42–3).
The proliferating modes and ideals of psychotherapy, now manifest in a range of social practices and behaviours, are premised upon the act of confession, a process which is ‘both identifying, in that it construct[s] a self in terms of a certain norm of identity, and subjectifying, in that one bec[omes] a subject at the price of entering into a certain game of authority’ (Rose 1996b:96). As individuals become the subject of their own narratives and become attached to the work of re-constructing their identities, they also become bound ‘to the languages and norms of psychological expertise … the words and rituals that govern the[ir] confessions’ (Rose 1996b:96).

The concept of ‘trauma’ facilitates the externalisation of responsibility for profound personal and social problems, enabling a form of liberation from de-stigmatising identities and (theoretically) facilitating a ‘transition from passive victim to active survivor’ (Alcoff & Gray 1993:262). Yet the transgressive potential of Aboriginal narratives is lost ‘when … victim[s] [are] reified purely as object[s], in need of expert interpretation, psychiatric help, and audience sympathy’ (Alcoff & Gray 1993:278). The Kleinmans make the following relevant comment about political refugees:

memories ... of violation are made over into trauma stories. These ... then become the currency, the symbolic capital, with which they enter exchanges for physical resources and achieve the status of political refugee. Increasingly, those complicated stories, based in real events, yet reduced to a core cultural image of victimization (a postmodern hallmark), are used by health professionals to rewrite social experience in medical terms ... We need to ask, however, what kind of cultural process underpins the transformation of a victim of violence to someone with a pathology? What does it mean to give those traumatised by political violence the social status of a patient? And in what way does the imagery of victimization as the pathology of an individual alter the experience – collective as well as individual – so that its lived meaning as moral and political memory, perhaps even resistance, is lost and is replaced by ‘guilt,’ ‘paranoia,’ and a ‘failure to cope’? (1997:9-10).

The traumatic injuries of history have become Aborigines’ social and political capital. But as their loss and grief are medicalised, their rights are potentially reduced to those of welfare and the roots of their suffering obfuscated and over-ridden by concerns about its pathological manifestations.

Medicalisation: a two-edged sword

Ten years ago placing a tap on a community would not have been seen as part of the health portfolio; it is today. Similarly the scope of the term “mental health” has increased in recent times. Government structures can be made to adapt to address a

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130 Survivor speech acts are disruptive to the extent that they cannot be subsumed within a dominant discourse (Alcoff & Gray 1993:268).
community's needs but, as I said, this is something that we have to change. The question is: what is the best structure to deal with these issues?

Barbara Cummings (1996:57)\textsuperscript{131}

The danger with ideological fixation on inherited trauma is that we promote a culture of victimhood amongst our people, rather than a determination to get back on our feet as a people. We must never let the true history of our people be forgotten or obscured but we must avoid creating an ideology that makes history a personal disability for able-bodied members of our community.

Noel Pearson (Pearson 2000:35-36)

In the last half of the twentieth century, the knowledge-concepts and cultural categories of biomedicine and its psychiatry have become fundamental to popular beliefs about selfhood and existence, their 'scientific truths' and capacity to 'do something' granting credence to their claims about the nature of persons and their problems. As biomedicine has become 'the core of our soteriological vision' (Good 1994:70), our conceptions and experiences of self and other and our understandings and responses to the vicissitudes of life have been transformed.

In this and the previous chapter, we have seen how the psy domain is profoundly implicated in the (re)formation of (political) identity. Colonial psychiatrists may have absented themselves from political debates, but their constructs of knowledge undoubtedly shaped how Aborigines were known. In post-colonial settings, psychiatrists have become more cognisant of, and often more overtly engaged in the social and political contexts in which their profession is grounded. Not infrequently, they have become strong advocates for marginalised and disenfranchised groups, but in the process, have fostered the medicalisation of suffering for political ends.\textsuperscript{132} Good intentions aside, the justification of rights in terms of the remediation of distress signifies a conflation of issues. Clearly, the re-framing of experiences of discrimination or poverty in terms of psychiatric conditions or issues of 'mental health' may be more favourably received in the current conservative political climate. The potential

\textsuperscript{131} Barbara Cummings made this comment in her address to the first national stolen generations workshop, convened in Alice Springs by the Stolen Generations Litigation Unit of the North Australian Aboriginal Legal Aid Service.

\textsuperscript{132} For example, McKendrick, responding to the Howard government's rescinding of Wirr, wrote: 'Unresolved grief, depression and post traumatic disorders are common in Aboriginal communities and pose a major public health problem ... the sorrow and trauma will continue unless the underlying issues are addressed to allow Aboriginal people to achieve social justice and equal human rights' (1998:4). Like McKendrick, the RANZCP advocated a formal apology on the basis that '[i]t would make a major contribution to achieving better mental health outcomes for Australia's Indigenous people if the nation were to say sorry for having mistreated and injured and killed so many of its Indigenous people' (2000:4.3.1).
consequence, however, is to inappropriately consign the resolution of social suffering to the arena of health and to inexorably further de-limit and diminish ‘Aboriginality’.

The suffering and self-representations of Aboriginal Australians are clearly inseparable from their relations with the state. Subject to the mediation of their identities and experiences within shifting discursive arenas and social relations, Aborigines interact with dominant metaphors, concepts and resources, fusing together old and new to ‘both become and transform who they are ... and to sustain or transform their social and cultural universe’ (Adelson 2000, Bakhtin 1981, Hacking 2002:3). As a process that transcends the agency of health professionals and the state, the medicalisation of social distress is a tactic increasingly, although selectively, employed by Aboriginal people pursuing remediation of suffering as well as related political objectives. An implicit critique of psychiatry and dominant society is signified by the category of ‘social and emotional wellbeing’. This framework has been critical in establishing a distinctively Aboriginal ‘place’ within the health domain and equally importantly, of asserting a contemporary Aboriginal identity in southeastern Australia. The concept of post-colonial trauma, as exemplified by the work of Judy Atkinson and Greg Phillips, in particular, is more overtly anti-psychiatry, disputing the ubiquity of ‘depression’ and the appropriateness and usefulness of psychiatric diagnoses or mental health treatment (Atkinson 2002:184, 2003). Psychotherapeutic concepts nonetheless figure significantly, albeit differentially, in their conceptualisation(s) of cultural and social healing.

Yet there is no doubt that the invocation of psy constructs by Indigenous advocates operates to contest dominant meanings and post-colonial asymmetries of power. In Indigenous discourses, ‘depression’, ‘intergenerational trauma’ and ‘PTSD’ operate as idioms for the emotions of grief and loss. As polysemic metaphors, they communicate a cry of protest and distress, a criticism of continuing injustice and inequity and a case for special recognition, compensation or redress (see Farrell 1998:14, 24). As signifiers of the personal and social breakdown perpetrated by the state’s intrusions into Indigenous lives, they are an expedient means of justifying not merely cultural but political autonomy, that is, the right to self-determination. Notably, the idiom of ‘depression’, with its inherent focus on the individual and its implication of passivity, even immobility, is being progressively superceded in Aboriginal discourses, as in the field of psychiatry itself, by the construct of ‘trauma’. As discussed earlier in this chapter, a history of trauma is now being implicated in the etiology of depression, dissociative identity disorder and personality disorders. Some SSRIs are now being used in the treatment of PTSD (see Korn 2002).
The trauma of loss

paradigm to Indigenous experience has been fostered by the work of revisionist historians and endless state-authorised inquiries, studies and reports, but, in particular, the language and methodology of the Inquiry into the stolen generations. Hence, while depression may be foregrounded by Australian and international mental health policy as a primary source of debility in wider society, the construct of psychological trauma, more specifically post-colonial and/or intergenerational trauma, is a ‘mental health problem’ specific to Aborigines, a discourse that expresses their unique history of ongoing loss and concomitantly, their collective identity as ‘victims’ of colonial violence and violation.

While denoting a form of medicalisation, ‘trauma’ is a flexible and capacious idiom that may facilitate possibilities for agency foreclosed by the implicit stasis of depression. In situations of incoherent suffering, its explanatory paradigm may offer the possibility of transcendence and hope through the imposition of order and meaning and through the re-formation of more positive personal and collective identities. Indeed, this ‘reinterpretation of life [potentially] alters life itself’ (Kenny 1996:165). As symptoms of the past, violence, sexual abuse and self-destructive behaviours are (somewhat) normalised and self-worth restored, albeit through admission to the community of ‘victims’, perhaps eventually, ‘survivors’ (Young 1995b:291). Yet as Reser comments:

the individual is encouraged to identify with and draw strength from their condition as victim ... a framing of one’s circumstances [that] is of course a motivational and behaviour change cul de sac ... ultimately disempowering and counter-therapeutic rather than ... liberating and empowering (1994:6-7).

But trauma is a ‘partial truth’ with limitations and ‘unwanted connotations’ (Kirmayer et al. 2003:20). Current theory and therapy mostly focus on the psychiatric disorder of PTSD, which now encapsulates a multiplicity of disparate events and experiences. The implication is that all traumas are the same and that people respond to similar traumas in similar ways (Kenny 1996:159). Yet there is more than one way in which to interpret and respond to seemingly traumatic events. Trauma and PTSD, like depression, are not simply descriptions of natural phenomena, but social and cultural constructs that have arisen and

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134 As people interact with such studies, ‘the very phenomenon being investigated may be changed by the inquiry itself’ (Hacking 1995:66). Significant and unintended behavioural consequences may arise. For example, it has been argued that ‘the media attention and constructions of Aboriginal suicide that accompanied and followed the RCIADIC may have contributed to the dramatic increase in non-custodial suicides by young Aboriginal males in the 1990s’ (Hunter 2001).

135 ‘Trauma’ is also a far more richly communicative idiom than reductionistic diagnostic categories or banal bureaucratic rhetoric (see Sutton 2001:20).

136 Trudgen notably comments: ‘blaming Yolnju [sic] for the crisis they now face is akin to blaming a battered woman, an abused child or a victim of war for the predicament they find themselves in, when the situation is almost totally beyond their control’ (2000:195).
make sense in particular contexts (Kirmayer & Young 1999 in Kirmayer 2002:300). At root, and as noted by both Atkinson (2002:191) and Phillips (2003:30–31), they are psychologically reductionist, paying little heed to moral, emotional and spiritual dimensions of severe suffering: the erosion of ‘secure attachment and trust, belief in a just world, a sense of connectedness to others and a stable personal and collective identity’ (Kirmayer et al. 2003:20). Contemporary problems, as ‘normal’, almost inevitable responses to ‘abnormal situations’ (Young 1995b:291), bear witness to the (predominantly violent) injuries of history rather than to more insidious, present-day social, political, economic, and cultural realities that structure the context in which suffering is experienced and interpreted (Bracken et al. 1995:1077).

At the turn of the millennium, the disappointing results of self-determination, land rights, native title, and reconciliation, paired with ‘concern’ over the ‘culture of violence’ at apparently crisis levels in some Aboriginal communities, have manifested in an excess of bleak portrayals of gambling, drinking, fighting, abject peoples. Such media spectacles work to widen the apparent experiential distance between Aboriginal and non-Aboriginal people and to foster binaries of good/evil, moral/immoral, white/black. While analysts propose frameworks of ‘faulty culture’ and/or ‘faulty policies’, the net effect is to re-entwine Aboriginality with social pathology and to confirm pervasive loss and misery as the sum of Aboriginal lives. The medicalisation of the spectrum of problems as symptoms of ‘intergenerational trauma’ and/or ‘depression’ is undoubtedly a counter-argument to these stigmatising representations. But it too has pitfalls, running the risk of associating Aboriginality with definitive damage. And while Aboriginal spokespersons propound ‘healing’ through the reclamation of culture and spirituality, in association with the re-narrativisation of experience and identity facilitated by the trauma paradigm, the accent on injury may over-ride the perceived capacity for ‘recovery’.

In the current conservative political climate, amid the compassion fatigue and despair generated by the sheer weight and seeming insolubility of Indigenous ‘problems’, the medicalisation of social distress has questionable broader efficacy as a political resource to effect social change. The approach of psychiatry is ‘not only an emphasis on pathology but on the individual’ (Littlewood 1993a:262) and with the resurgence of Kraepelian biologism, and concurrent marginalisation of sociocultural context, the person and the disease have become ‘increasingly isomorphic’ (Gaines 1992b). Social distress and dissent are thus reduced to

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137 Kirmayer comments: ‘The location of the origins of trauma in past events may divert attention from the realities of a constricted present and murky future, which are the oppressive realities for many Aboriginal young people living in chaotic and demoralised communities . . . an emphasis on past trauma as an explanation for current suffering [also] ignores the pervasiveness of everyday, routinised practices of exclusion and marginalisation’ (2003:20).
The trauma of loss

biological dysfunction and psychological pathology for which short-term, politically-neutral technical solutions like medication and counselling are deemed most appropriate (see Pedersen 2000:62). And while Aboriginal agency is manifest in the redefinition and reworking of dominant biomedical and psychiatric categories, the propensity is for these 'new' formations to be subsumed within state-sanctioned frameworks and modes of remediation. As Aborigines consequently become the recipients of further 'well-meaning' forms of governance (Rose 1996a:145), the political dimensions of their suffering may be silenced as, also, the desires of Aborigines to determine and direct the nature of remediation as representative of a greater degree of political autonomy.

\[\text{At a workshop concerned with the formulation of appropriate measures of Aboriginal social and emotional wellbeing, conducted in Canberra in 2003, the terminology 'mental health' and 'social and emotional wellbeing' co-existed and were used interchangeably by Indigenous participants. Notably, non-indigenous professionals were biased towards the measurement of depression and anxiety rather than of anger, rage or severe mental illness. When an Aboriginal delegate responded, 'there's more anger out there than depression', a medical doctor emphasised that by measuring and demonstrating the high levels of depression in Aboriginal communities, the association of Aborigines' anger with more derogatory diagnoses such as antisocial personality disorder could then be challenged. Aboriginal terminology, emotions and behaviour were thus subsumed within those frameworks of interpretation which white liberals perceived to be more 'ideal', that is, less stigmatising.}\]
‘Being Aboriginal’ in the nation’s capital

... the problem of the part-aborigine ... is the primary aborigine concern of the Eastern States. I lived among these people for two years and know something of the psychological conflict that is within the people of mixed-blood ... these people belong just as much to the paved streets of Sydney as they do to the red dust of the Western Plains. They belong to two worlds and so belong to none. That is the tragedy. The half-caste.

Ted Noffs (1961)

... only a few years ago there was a response by the ACT government into Bringing Them Home and in that response they said that Aboriginal people in the ACT had been integrated into the wider community – in other words, we’d been assimilated. Now if that’s the attitude of the Chief Minister and her Department in 1999, what hope?

Kerri (Winnunga Nimmityjah, Canberra, 2002)

In 1901, the six colonies of Australia were joined together into one ‘indissoluble federal Commonwealth’. The new constitution, which excluded ‘aboriginal natives’ from citizenship of the fledgling nation, gave weight to the formation of a national capital. In 1911, circumventing the longstanding rivalry for pre-
eminence between the cities of Sydney and Melbourne, a landlocked area of 2368 square kilometres on the southern tablelands of NSW was transferred to the Commonwealth of Australia to become the Australian Capital Territory (ACT). The site of the proposed national capital was located in the northeast of the territory, 305 kilometres from Sydney and 650 kilometres northeast of Melbourne by road. Its name, ‘Canberra’, was ostensibly derived from a ‘local’ Aboriginal word believed to mean ‘meeting place’.

Construction of the capital progressed slowly, however, and although Federal Parliament was convened in Canberra from 1927, major infrastructural development and concomitant population growth did not begin in earnest until the late 1950s. By the 1960s, with the relocation of government departments and their staff to the capital, the Commonwealth public service had become Canberra’s major industry and a primary determinant of the enduring cultural and socioeconomic character of the ACT. Indeed, despite the proclamation of self-government for the Territory and the election of its first Legislative Assembly in 1989, Canberra’s fortunes remain closely tied to those of the public service. This relationship combined with the city’s decentralisation, its predominance of architecturally bland government institutions, and its population’s apparent social, economic and cultural homogeneity have meant that Canberra and Canberrans alike are often denigrated as quintessential bureaucrats: soul-less fat cats who ‘bludge off’ the masses and are disengaged from the realities of ‘ordinary’ Australia(ns).

This chapter introduces the ACT as the ethnographic location of this thesis. Situated in the heart of settled Australia, the geographical region that now constitutes the ACT is noteworthy for its apparent ‘absence’ of Aborigines. Although historical records of the late nineteenth and early twentieth centuries variously refer to the Ngun(n)awal or Onerwal of the broader region, the nation’s capital was established on land believed to have been emptied of its Indigenous inhabitants. It was not until the early 1970s that the complacency of the capital and its institutions of governance were shaken by an avowedly Aboriginal presence as the ‘half-caste’ radical activists of Redfern erected their Tent

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1 In the years spanning 1959 to 1966, the population of the ACT almost doubled to 96,032 and in the next five years increased by 50 per cent to 143,843 (Public Health Information Development Unit et al., 1999). In 2001, the population of the ACT was 311,947 (Australian Bureau of Statistics, 2001b).

2 The ACT has a unicameral form of parliament. Its Legislative Assembly consists of 17 members, referred to as MLAs (Members of the Legislative Assembly). All members vote to elect a Chief Minister, who in turn selects a further three ministers to form a cabinet. Two Senators and two Members of the House of Representatives represent the ACT in the Federal Parliament.

3 At the 1996 Census, the population of the ACT had the highest socioeconomic status of all regions in Australia. Yet while Canberra does not exhibit the range of social inequalities that characterises most cities, social differentiation has become more marked in recent years (Public Health Information Development Unit et al., 1999).
Embassy on the lawns of Parliament House. While the embassy is now a declining symbol of Aboriginal rights and a place where more socially marginal Indigenous and non-Indigenous persons gather, Canberra remains a site in which Indigenous politics, including the politics of Indigeneity, are played out in a public and often heightened polemic.

This and the subsequent two ethnographic chapters are concerned with the re-production of Aboriginality in the nation's capital. The accent is on public self-representations, wherein 'Aboriginalities' are understood as strategic points or subject positions through which individuals and groups engage with the state and dominant society. By no means, however, does this discussion assume that these public narratives and discourses are totalising, that is, that they 'sum up' the identities and subjectivities of particular persons. Clearly, the forms and modulations of subjectivity that arise in more private settings—at home with family, socialising with friends or interacting with a greater diversity of people ('black, white and brindle')—are not captured. Rather, my intention is to explore how in a context that stresses invisibility and alienation, Aboriginal people publicly re-form and articulate their identity within different and particular social and political matrices, in dialogue with the configuration of ideas that 'hail' them.

'Losing' Aboriginality?

_I just looked at her and said, “Don’t give me that stuff about them being ‘real.’ They’d be just like us if Captain Cook had landed up there first”. (Pat)_

Although the Indigenous population of the ACT is now estimated as around 4000 to 5000, approximately 1.2 per cent of the broader population, Aborigines remain relatively invisible in the capital. The signs welcoming visitors to 'Ngunnawal Land' and the 'traditional owners' on the public circuit of launches, openings and ceremonies thus are construed primarily as symbolic recognition of Aborigines’ historic occupation, formalities embedded in bureaucratic protocols and the (re)configuration of national identity, rather than as evidence of the existence of 'real' Aborigines in the region.

In the 1970s, as the 'more white than black' troublemakers of the Tent Embassy sought recognition of their uniquely Indigenous rights, they foregrounded the loss of land and culture and concomitant loss of identity suffered by Aborigines in the southeast. 'Tribal' Aborigines were valorised as repositories of shared pre-colonial tradition and seen to be the means through which those who had 'lost their culture' could reclaim their Aboriginality (see Attwood 2003:344, Brady 2004:73). The 'remote' Aborigine remains 'the...
touchstone of Aboriginality' (Beckett 1988b:207) in the nation’s capital. The architecture of Canberra’s new Parliament House includes a mosaic of a Warlpiri totemic design drawn by an artist from the Western Desert, some three thousand kilometres from the ACT and its traditional owners, the Ngun(n)awal.\textsuperscript{5} Wolfe argues:

the continuing dispossession (cum welfare-dependency) of historical Aboriginal subjects is effaced by the valorisation of an authenticated extrahistorical Aboriginality which, for its part, seals an eternal bond between the settler-colonial state and the land of the Ngunnawal (1994:126–7).

The value attributed to such ‘fetishised forms of Aboriginal culture’ inevitably calls into question the special status of those in urban settings who identify as Aboriginal, but who generally do not ‘look the part’ and fail to demonstrate the prescribed material and cultural resources that connote legitimacy (Beckett 1988b:207, Macdonald 2001:186–7). This ‘insidious ideology of tribal and detribalised Aborigines’ (Langton 1981:16) re-constructs Aborigines in the southeast as less authentic ‘outcastes’; their identities and lifestyles are construed as a matter of socioeconomics and class while their ‘culture’ becomes that of poverty.\textsuperscript{6} This ‘steady indifference to the viability of a modern, distinctive Aboriginal society’ is congruent with the belief that ‘what constitutes an Aboriginal “society” today consists only of undesirable traces: dregs in a largely empty vessel’ (Chase 1981:24–5).

The Indigenous inhabitants of Canberra are beset by images that portray them as ‘fully integrated’ or as capable of being so, if they relinquished their assertive proclamations of Indigeneity. Most are assumed to be public servants, in the employ of government departments concerned with ‘Aboriginal affairs’.

\textsuperscript{5} There are two main spellings of Ngun(n)awal in current circulation—Ngunawal and Ngunnawal—which demarcate particular family networks and their respective and competing native title claims (see Peterson & Carr 1998:12). The spelling adopted in this thesis aims to avoid identification with any of the three incorporated Ngun(n)awal groups, which will be discussed later in this chapter.

\textsuperscript{6} Michael Dodson comments: ‘There would be few urban Aboriginal people who have not been labelled as culturally bereft, “fake”, “part-Aborigines”, and then expected to authenticate their Aboriginality in terms of percentages of blood or clichéd “traditional” experiences’ (1994). Dodson (1994) further emphasises that these forms of categorisation are not “ancient history”: ‘In 1988 at the national congress of the RSL, Victorian state president, Mr Bruce Ruxton, together with the national president, Brigadier Alf Garland, loyal disciples of the geneticists, called on the federal government to “amend the definition of aborigine to eliminate the part-whites who are making a racket out of being so-called aborigines at enormous cost to taxpayers” (The Australian, 9 September 1988) and for some kind of genealogical examination to determine whether the applicant for benefits was a “full blood or a half-caste or a quartercast or whatever” (Slee, J. ‘Definition of an Aboriginal’, The Sydney Morning Herald, 16 September 1988). Just last week we once again heard calls from certain members of the National Party in Queensland for the federal government to insist that only people with more than fifty percent Aboriginal blood be eligible to identify as Aboriginal’. 
Notoriously slurred as ‘buppies’ (Cowlishaw 2000:102), light(er) skinned Aboriginal bureaucrats are often perceived to be the source of many of the troubles besetting the Aboriginal cause. Inexorably, as these individuals move between ‘the bush and the boardroom’ (see Lawson 2002b), their ‘authenticity’ is ‘contaminated’ by their modernity and/or positioning within the state apparatus.

While Canberra’s Indigenous public servants may be ‘dangerously un-Otherable’ (Gandhi 1998:127), those Aboriginal youths of varying skin colours and states of intoxication who loiter, fight and panhandle in the city square provide some reaffirmation of conventions of Aboriginality. Discursively located on the racial borderlands, their imputed identity is that of ‘the lost’ and hence conflated with other categories for the socially marginal, such as ‘drug addicts’ and/or the ‘homeless’. It is these welfare issues, complicated by their Indigeneity, that single them out for special attention.

‘Caught between two worlds’, Canberra Aborigines experience ‘a sense of illegitimacy and contingency in the eyes of other residents’, with ramifications for the form of citizenship they can enjoy (Cowlishaw 2003:170). As Povinelli contends:

The gap existing between the promise of a traditional presence and the actual presence of Aboriginal persons is not simply discursive. It also produces and organizes subaltern and dominant feelings, expectations, desires, disappointments, and frustrations sometimes directed at a particular person or group, sometimes producing a more diffuse feeling (2002:49).

Fixed to their ‘traditional lands’, a regulatory injunction that denies them freedom of attachment to ‘new’ localities, the majority of Aborigines in Canberra are assumed to be ‘out of place’. I argue, however, that Canberra exemplifies how Aboriginal persons, rather than being fixed to ‘place’ and/or ‘tradition’, are situated within and derive agency from the social transmutations of late-modernity. As social relations have been ‘prise[d] ... free from the hold of specific locales, [to be] recombin[ed] ... across wide time-space distances’, collective constituencies and lifestyle have increasingly become critical to the reflexive re-formation of self (Connolly 2002:xiv, Giddens 1991:2–3). The
repressive system of Indigenous ‘authenticity’ (Wolfe 1994) thus is confounded as Aboriginal persons engage with new forms of knowledge, explore new ways of being and re-make community and identity through new, ‘post-traditional’ social formations.

Statistical profile of Aboriginal residents

*I think that’s the old idea with what government feel about urbanised Aboriginals. Feel that they don’t have a problem, shouldn’t have a problem because they’re living in the city with running water or proper water facilities, sanitary and all that stuff.* (Steve)

*The thing with government is that they see those needs as the real issues, the real problems that need to be addressed. Those things are fixable, you know, they’re doable, you can fix them. The issues that are dealt with in urbanised communities – well, it’s a myth, you’re seen to be living in a society where there shouldn’t be poverty, people should be working, you should be customised or adapted to white society.* ... (Rhonda)

The 2001 Census indicated that the Indigenous population of the ACT was 3576 of a broader population of 311,947 with the vast majority of the population located in the urban area of Canberra (Australian Bureau of Statistics (ABS) 2001b). This figure is questioned by the manager of Canberra’s AHS who describes close to 5000 Aboriginal people in the greater ACT region. Her estimate signifies the contemporary salience of key historical networks of association, and consequently service-provision, between the Indigenous residents of Canberra, Queanbeyan, Yass, and Tumut, which highlight the arbitrariness of the boundaries of both statistical demographics and mainstream agencies.

Although the Indigenous proportion of the total ACT population remains the lowest of all states or territories, the official 2001 figure represents an increase in the ACT’s Indigenous population of approximately 24 per cent from the 1996 Census and of 125 per cent from the 1991 Census. Such dramatic changes disclose the ‘Indigenous population’ as a social construction, the product of the highly variable way in which the state has enumerated Indigenous people.

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10 This figure excluded the population of Wreck Bay Aboriginal settlement, Jervis Bay Territory having been transferred out of the ACT statistical boundary in 1993 (Taylor 1999:3). At the 1996 Census, 2852 Indigenous people were counted in the ACT, an increase of 1084 (61 per cent) from 1991 (Taylor 1999:3).

11 In the 1996 Census, a total of 1047 Indigenous people were counted in the geographical region bordering but excluding the ACT and its hubs of Canberra and Tumut: 704 in Queanbeyan, 120 in the Yass Indigenous Locality and 223 in the Southern Tablelands Indigenous Area (Taylor 1999:4).

12 The 1996 and 2001 census questions on Indigenous origin asked whether each person was of Aboriginal and/or Torres Strait Islander origin. In the 1991 Census, respondents could select either Aboriginal only or Torres Strait Islander only.
and the ways in which people have responded to official collections (Taylor 1998). While the political processes of the colonial era effectively excluded or devalued Indigenous representation in formal statistics, the momentous social changes of the last four decades have seen a shift towards identification, both by the state, with attempts to recognise Aboriginality in population data, and by individuals who have become more prepared to identify themselves as Aboriginal. This generally greater impetus to identify has become especially manifest in the south and east and in urban areas.\footnote{13} Around three-quarters of Australia’s Indigenous population now live in urban settings, with the largest concentration recorded in NSW and Queensland.\footnote{14}

The irony, however, is that while increasing numbers of Indigenous people in settled Australia now feel freer to identify, these persons are often those least able to fulfill the imperative of ‘tradition’.\footnote{15} Urban Aborigines remain hamstrung by injunctions that associate ‘authenticity’ with ‘remoteness’. Concomitantly, while the problems of remote Indigenous communities not infrequently grab public and thus political attention, the substantial socio-economic disadvantage of Indigenous Australians in the southeast generally attracts less interest, to some degree because the variables are more complex, but also because they are seen to pertain less to race than to class.

Nation-wide, the life expectancy of Indigenous Australians is 15 to 20 years less than for the wider population. In 1996, Aborigines living in the ACT were found to have an average age at death of 56.5 years, almost 12 years less than the average age for all ACT deaths (see Standing Committee on Health and Community Care 2001:19). These premature deaths were mainly attributed to chronic non-communicable diseases, accidents, injuries, and poisoning (ACT Department of Health and Community Care 1998).\footnote{16} This lower life-expectancy

\footnote{13} In fact, the recorded growth in the Indigenous population has been greatest in those parts of the country with the lowest fertility and while contributed to by interstate migration and inter-marriage between Indigenous and non-indigenous persons (which contingent upon self-identification potentially adds to the population of Indigenous origin), cannot be entirely explained by these variables (see Gray 1997, Taylor 1997). The 2001 Census indicated that 69 per cent of Indigenous couple families include a non-indigenous partner (Peterson & Taylor 2003:109).

\footnote{14} At the 1991 Census, 67.6 per cent of Indigenous people lived in urban areas; by the time of the 1996 Census this had increased to 72.6 per cent (Australian Bureau of Statistics (ABS) 1999). (‘Urban’ is defined as a population centre of 1000 or more people.) Almost one-third of Indigenous Australians are now resident in major urban areas, compared with just over one-quarter in 1991 and just 15 per cent in 1971 (Taylor 1998).

\footnote{15} In 1976 (no figure available for 1971), the Indigenous population of the ACT was recorded as 823 in comparison with 2844 in 1996, more than a threefold increase (3.43). A review of census figures of the Indigenous population between 1971 and 1996 evinces an increase in Tasmania by a factor of 20; in NSW an increase by 4.25; in Victoria an increase by 3.38; in Queensland by 2.98; in Western Australia an increase by 2.28; and in the Northern Territory an increase by 1.98. Population growth was therefore largest in Tasmania, NSW, Victoria, and the ACT (in descending order).

\footnote{16} Over the last twenty years, the causes of excess mortality in the national Indigenous population have shifted from acute infections to chronic non-communicable diseases and
(less than three per cent were aged greater than 55 years compared to more than 12 per cent in the total ACT) together with higher fertility rates (2.6 compared to 1.8 for all ACT women) not only means that the Aboriginal population of the ACT, like other Indigenous populations, has a much younger profile than the broader population, but also indicates that Aborigines in the nation’s capital confront illness and death in their community more often and at a younger age than do their Anglo-Australian neighbours.

In comparison to Indigenous people in other parts of Australia, including southern NSW, Aborigines living in the ACT are likely to be better educated, to have a higher income and standard of housing, and to be employed. And yet, when compared with other ACT residents, these rates remain low (ACT Department of Health and Community Care 1998, Glover et al. 1999). In 1996, almost half (48 per cent) of the Indigenous people employed in the ACT worked in federal departments compared with 34 per cent of all other employed persons in the Territory (Taylor 1999:3). It is this key source of employment that attracts high rates of Indigenous migration to the region, with family members often following kin who have obtained work.

Back in the early 70s, a lot of people were moving from Condobolin to Canberra. It got to the stage where they called, well, the main focus was Queanbeyan, that’s where everyone lived. It was called little mini Condo, basically. Yeah, and that’s what happened. Friends, family, everyone followed. (Rhonda)

And like where the main aim probably for the first person, or the first three or four people from a different culture or different area came to Canberra for the specific reason of employment, the other people come down and there’s no employment, there’s no housing, and then all of a sudden, all the refuges fill up and then you’ve got the problems of the streets with drug and alcohol problems, then you’ve got the mental health problems, you’ve got the Centrelink problems. Each problem compounds another. (Steve)

The Indigenous population of the ACT continues to grow, but there is a trend towards worsening labour force status both in absolute terms and relative to the broader population (Taylor 1999:vii-viii). Even though the number of Indigenous

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17 Thirty-eight per cent of the Indigenous population of the ACT is aged less than 15 years compared with 23 per cent in this age group in the broader population.

18 The Social atlas of Australia (Glover et al. 1999) points out the existence in the ACT of an association at the statistical local area level between high proportions of Aboriginal and Torres Strait Islander people and socioeconomic disadvantage. Meaningful correlations were elucidated between Indigenous residents of the ACT and the variables for low income families and single parent families (both 0.51), and associations were also found with the variables for public rental housing (0.46), early school leavers (0.42), unskilled and semi-skilled workers (0.42) and unemployed people (0.38).
people recorded as employed has risen, growth in employment has failed to keep pace with population growth; the unemployment rate among Indigenous people is around two and a half times that recorded for all other adults in the Territory and the mean Indigenous income only three-quarters of the ACT average (Taylor 1999:vii).

Given that 74 per cent of Indigenous people in the ACT reported no qualifications in the 1996 Census, they are clearly disadvantaged in the current labour market, which is increasingly oriented towards skilled occupations (Taylor 1999:20). The downsizing of the public service combined with the fiscal squeeze on many Indigenous organisations and areas of the mainstream public sector where Aboriginal people have typically been employed mean that future employment growth for Indigenous people will demand a greater orientation towards private sector activities (Taylor 1999:vii-viii). This will most likely entail a lowering of average incomes, less job security, more casual/part-time work, and fewer opportunities for women and older people (Taylor 1999:20).

Research conducted since 1999 into illicit drug use in the ACT Indigenous community indicates that there may be as many as 500 Aboriginal people of all ages in the ACT and region using illegal drugs, in particular, marijuana, injectable heroin and/or amphetamines (Dance et al. 2004:68). This figure represents around ten per cent of the ACT’s Indigenous population. This apparently escalating problem and the political attention it has generated has both united and divided the Territory’s Aboriginal community. Such statistical accounts of Indigenous disadvantage have become critical discourses in the pursuit of resources, recognition and remediation.

The Aboriginal ‘community’ of the ACT

A unified, whole, discrete community ... is above all else an imagined one ...

(Cheng 2000:101)

By the first half of the twentieth century, the geographical region of the ACT had ostensibly been emptied of its Indigenous inhabitants. Even in the present day, the majority of the region’s ‘traditional owners’, the Ngun(n)awal, do not live in Canberra but reside primarily in the neighbouring towns of Queanbeyan and Yass, with a small number also living in or near Tumut (see Map 2). Moreover, the Ngun(n)awal are a numerical minority of the district’s Aborigines, most

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19 This figure compared with 53 per cent of non-indigenous people.
20 With respect to Canberra, Queanbeyan (population 29,000) is 10 kilometres east, Yass (population 5500) is 62 kilometres north, Cowra (population 9500) is 200 kilometres northwest, and Tumut (population 7000) is 120 kilometres west.
Aboriginal community controlled services in the national capital being administered and staffed predominantly by Wiradjuri people. In many respects, the Territory’s Aboriginal community is typical of other regions in settled Australia where Indigenous inhabitants suffered profound and forcible dispossession and displacement. And like other more populous regional hubs, perceived to offer prospects of employment, better housing and education, Canberra derives its contemporary Indigenous population from diverse parts of the continent. Although the majority of Aboriginal people in the broader ACT trace their roots to former missions and reserves adjacent to townships located within a few hundred kilometres of the Territory, it is not uncommon to meet Indigenous people from as far afield as the Northern Territory, Western Australia or northern Queensland, including the Torres Strait Islands, who have short- or long-term associations with the ACT. Such diverse, complex communities confound the simplistic demarcations of remote, rural and urban:

So, you know, I guess we’re going back to that diversity again and where people come from in this place and how strong the links that they have back in their own communities and things like that. I have a bit of a laugh when I hear about rural and remote because everybody my age – or most Aboriginal people my age that live in Canberra come from a rural or remote community. None of us were born in Canberra. I know I wasn’t. And even the Ngun(n)awal elders, they were born in Yass. You know, so. And our kids have been born here, but we’ve moved here like a lot of other people and we’ve made Canberra our home. And regardless of what cultural background, we’re all Aboriginal people at the end of the day. (Kerri)

The ensuing heterogeneity of cultural, socioeconomic and personal histories may be politically advantageous as evidence of pan-Aboriginal unity of experience, sentiment and purpose—‘we’re all Aboriginal people at the end of the day’—yet it also proves problematic as conflicting identities, allegiances, views, priorities, and responsibilities generate considerable intra-community factionalisation. With one thing ultimately in common, their Aboriginality, Aborigines in Canberra reproduce their individual and collective identities in complex inter- and intra-cultural contexts, a fact which belies their apparent ‘loss’ of cultural traditions (see Macdonald 1997).

21 The 1991 Census recorded the ACT Indigenous population as having the highest level of mobility in Australia, although most of this movement is between local subdivisions rather than interstate with people shifting backwards and forwards between rural communities and Canberra as the urban hub of the region.
'Traditional' and 'historical' players: the Ngun(n)awal and Wiradjuri

Canberra's not just Ngunawal. They're the minority, the traditional owners, but that doesn't mean that they can speak for everyone, on everything. (Kerri)

Not that long ago anyway, they were Wiradjuri. When we came to Canberra, I said "Who are the traditional owners?" And someone said "Ngun(n)awal, but they used to be Wiradjuri". And I have enough trouble spelling Wiradjuri! (Linda)

On the basis of archaeological evidence, Aborigines are believed to have been present in the greater ACT region for at least 4000 years (Flood 1980 in White & Cane 1986:15). The Ngun(n)awal are variously referred to in a number of historical records dating from the late nineteenth and early twentieth centuries although there is no clear consensus or authoritative historical documentation as to the location of their country (Peterson & Carr 1998:21-22). The source most commonly drawn upon is Tindale's (1974) map of the tribal territories of Australia (see Map 3) although the apparent precision of these tribal boundaries, signifying those areas over which a particular language or named dialect of a language was spoken, is not without scholarly reservation. Cartographic representations of Ngun(n)awal territory most consistently focus on the Yass, Boorowa, Goulburn, and Lake George area, but vary considerably in the degree to which they encompass the contemporary ACT and Canberra (see Peterson & Carr 1998:24). The country to the south is identified as Ngarigo (Ngarigu) and Walgalu (Wolgal) (see Map 3). To the west and northwest, Ngun(n)awal territory joined that of the Wiradjuri although it appears that there was significant social and ceremonial interaction, rather than exclusivism, between these two groups in particular (Matthews 1896:327 in White & Cane 1986:16).

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22 These general terms follow a convention exemplified in the work of Macdonald (1997:69): 'traditional people' refers to those community members identifying themselves as having ancestral roots in their community of identity (irrespective of whether they reside in it) and who would therefore claim rights as native title owners; 'historical people' refers to those people who reside in the community but who identify with communities in other language areas, or who no longer know their spatial-social origins. At the same time, a range of people also exist who variously identify with one or other grouping or with both.

23 Such 'boundaries' were prone to change over time, for reasons largely internal to Aboriginal groups, and were also highly permeable with considerable social interaction and movement across them (Peterson & Carr 1998:15-21). Peterson and Carr (1998:14-15) note that although 'the tribe', as conceptualised especially by Tindale, is commonly understood as a clearly bounded entity with its own language, customs and social practices, it was not a political, land-owning or residential unit with any coherent, fixed or unambiguous internal organisation. It is with colonisation and a shift away from specific, highly localised ties arising from a self-sufficient hunting and gathering existence, to sedentary life in reserves and towns, that 'the tribe' has come to denote a bounded, land-owning unit.

24 Wiradjuri country, covering an area of over 80,000 square kilometres of inland NSW, extends from Mossgiel in the west, Deniliquin in the south, Bathurst in the east and
Initial European incursion into the greater ACT region occurred in 1818. Settlers moved into the district soon after the discovery of the Limestone Plains, the site of contemporary Canberra, in 1820 (Gillespie 1984:32, Peterson & Carr 1998:56). Records from that time estimate an Aboriginal population of between 400 and 800 (Gillespie 1984:2). While there are reports of substantial killings early on—in 1844, George August Robinson noted in his journals that the Yass blacks were ‘dreadful’ and were shot by settlers whenever they were seen—relations between Aboriginal people and Europeans in the area appear to have been ‘quite reasonable’ and it seems as if Aborigines were initially able to maintain a relatively independent existence (Peterson & Carr 1998:28).

Even so, by the 1860s, massive depopulation due to disease and the expropriation of land had caused most Aborigines in the region to abandon a self-sufficient existence. Some left the region altogether to become absorbed in other communities (Peterson & Carr 1998:50), others settled on reserves and camp sites around the townships of Yass and Cowra, both of which were within the Wiradjuri network of association (Read 1988:xvii, 9–10), while others relocated to the fringes of stations in the district whose owners were congenial towards them (White & Cane 1986:28, 62). In many respects, the nature of these re-settlements reflected traditional forms of social organisation with two or three families generally camping in close proximity (White & Cane 1986:28). Between the 1880s and 1920, a number of Aboriginal families also cultivated small-scale farming leases within 30 to 40 kilometres of Yass (Read 1982:10). These local migrations and the absence of Aboriginal reserves in the immediate ACT region rendered the resident Aboriginal population of Canberra-Queanbeyan extremely small if not negligible from the turn of the twentieth century until the 1960s (Peterson & Carr 1998:44).

As described in Chapter Two, by the early twentieth century, ‘authentic’ Aboriginality in settled Australia was believed to have been virtually extinguished with the near demise of ‘full bloods’ and their traditional culture and social formations. Policies of ‘protection’ involving child removal and forcible expulsions from reserves and, later, policies of assimilation actively discouraged cultural maintenance with many Aboriginal people concealing their Aboriginality in order to escape the hand of the law. While the retention of cultural and traditional values remained very important, the immediate priority for Aborigines in NSW was ‘how to overcome hardships and to protect and raise their families’ (Peters-Little 2000:8).

In southeast NSW, a chain of Aboriginal kin-relationships and movement patterns extended between the population centres of Condobolin, Cowra, Yass, Wellington in the north, and is comprised of approximately 20 communities (Macdonald 1997:66).

The main diseases included influenza, measles, smallpox, tuberculosis, syphilis.
Being Aboriginal in the nation’s capital

Brungle, and Warangesda (see Maps 2 and 4). These extant cultural and historical linkages across the territories of the Ngunnawal and Wiradjuri while most likely representing long-standing affiliations that predated European incursion (Read 1988), undoubtedly also reflect the impact of policies geared towards the dispersal of Aboriginal families throughout southern NSW. These connections were further fostered by the establishment of reserves and missions around the towns of Yass, Cowra and Tumut, the latter two of which lie within Wiradjuri country, and which remain sites of historical and relational significance for many Aborigines now living in Canberra-Queanbeyan.

By 1903, as the prediction that ‘part-Aborigines’ would abandon reserves and choose to integrate into white society proved false, control of the Aboriginal population rather than the fostering of individual enterprise became the APB’s primary focus (Read 1982:12). With the passing of the Aborigines Protection Act of 1909, the APB was given statutory power to remove Aboriginal children to institutions and to expel from reserves and stations those people deemed to be too young, lazy or light-skinned (Read 1984:3). Read (1982:16) estimates that 800 children throughout NSW were removed from their parents between 1916 and 1928, including nine from Yass in a single year. Those few Aboriginal children living in the ACT were also subject to the control of the NSW Protection Board (National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families 1997:47).

During this time, the closure or destruction of many Wiradjuri stations and reserves generated an influx of people to unmanaged reserves such as Yass and Erambie Mission near Cowra (Read 1982:16). In Yass, growing pressure from the white population for a new reserve at a greater distance from the township led to the establishment of Edgerton Station, around 20 kilometres away, to which Aboriginal people were forcibly moved between 1910 and 1912. With the establishment of the ACT in 1911, the APB compelled all Aborigines in the Territory (including those who had been granted land for farming) to move to Edgerton. By 1916, however, the station was deserted, a number of people having been expelled and others having simply walked back to Yass to exist as harassed fringe-dwellers on the outskirts of town. Many of these Edgerton refugees ultimately relocated to Erambie.

The rising Aboriginal population at Erambie Mission, however, led to the appointment of a manager and a subsequent profound change in lifestyle for residents. A manager had the vested rights of expulsion and the withholding of rations to persons whom he regarded as ‘not Aboriginal’ or as rightfully employed elsewhere. Visitors were required to obtain his permission to enter the station. Gambling and the consumption of alcohol were prohibited and residents could be charged with a seemingly infinite number of offences including the use of indecent language and the refusal to obey a lawful instruction (Read 1984:6).
Houses were inspected weekly, children were removed to institutions, men and women were forced to leave. Available records indicate that 19 children were removed from Erambie between 1945 and 1969 (Read 1984:9). However, the large and diverse population, comprising many non-Cowra Wiradjuri families expelled from other stations, was renowned for its political activism from the late 1940s with open opposition and often violent confrontations with management. Read (1984:8) comments that ‘at Erambie the distinguishing feature was the reasoning ... that not only were Aborigines as good as whites, but also that they were owed something special in recognition of their title to the country.’

But as Erambie residents became increasingly militant, Aboriginal residents of other stations and reserves in the region were subjected to assimilation. At Yass, the Hollywood reserve, established in the 1930s, was revoked in 1959 and its population resettled in Yass or Cowra. A protracted war between the residents of Brungle (near Tumut) and the Board dragged on for decades until in 1969, only 30 people remained. The particularities of these experiences clearly shaped the identities of respective communities. The retention of their historical base at Erambie Mission, for example, seemed to cultivate an enduring sense of solidarity among Cowra Aborigines as well as foster their progressive engagement with the Aboriginal protest movement (Read 1982:25, Read 1984:10, Read 1988:125). In comparison, the repeated enforced relocations of Yass Aborigines, who as a hard-working farming community were neither revolutionaries nor passive pawns of the Board (Read 1982:10), effected a much less cohesive sense of collective identity, with many Aboriginal families originally from the Yass district continuing to live in other towns in the broader region (White & Cane 1986:62–63).

In the 1960s and early 1970s, the expansionary years of the ACT, there was a progressive migration of Aboriginal people to Canberra and the neighbouring town of Queanbeyan, primarily in search of employment. Family members eventually followed. In 1977, the NSW Land Council was established and in 1983 the Wran Labor government enacted the NSW Aboriginal Land Rights Act, which gave freehold title to the state’s existing reserves to 117 local Aboriginal land councils (LALCs) based roughly on traditional tribal boundaries. These councils also received seven per cent of state land taxes per annum (worth $15 million in 1987) with half of this money to be used by councils for their own funding and towards the establishment of enterprises, the purchase of land on the open market or the claim of unalienated Crown land.

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26 Read (1982:9) comments that by old age, an Aborigine born in 1900 at Yass, might conceivably have lived in five officially designated Aboriginal reserves, having been forcibly relocated in each instance. In 2001, the Aboriginal population in Yass was 181 of a total population of 9708 (Australian Bureau of Statistics (ABS) 2001a).

27 Former reserves could not be claimed and the only non-reserve land that could be claimed was Crown land that was not being used or had no future use (Burgmann 1993:53).
Being Aboriginal' in the nation's capital

(Burgmann 1993:53). The degree of white incursion mitigated against the recognition of traditional ownership.

In 1983, the Nganawal Land Council was established in Queanbeyan and then re-established after it was closed down following complaints of mismanagement, largely a manifestation of factional tensions. In 1984, the Onerwal Land Council (later Nganawal Land Council) was set up in Yass. In the aftermath of Mabo, between October 1996 and March 1998, three native title claim applications were lodged over portions of the ACT, the applicants representing three Nganawal organisations associated with three different although related family networks.

While the towns and reserves of Cowra, Yass and Tumut acted as refuges for Aboriginal people displaced from their historical country across much of southern NSW and what is now the ACT, assimilatory pressures made it difficult if not impossible for many groups, including the Nganawal and Wiradjuri, to maintain their particular linguistic and cultural identities (Peterson & Carr 1998:43). Peterson and Carr, who interviewed older Aboriginal people in the ACT region, note that these individuals ‘are quite clear that until recently they did not think of themselves in terms of identities such as Nganawal or Wiradjuri ... but as “Aborigines” or “Blacks”’ (1998:44). While linguistic identities may once have had salience in the Aboriginal domain and like other cultural knowledge been perceived as possessions to be concealed from whites, their public (re)emergence is undoubtedly intertwined with the cultural renaissance and differentiation of ‘Aboriginal’ identities that arose in conjunction with the establishment of land councils across the state, many of which adopted the name of the local linguistic identity indicated on Tindale’s (1974) map. This ‘revival’ of tribal identities was later further intensified by the mechanisms of native title.

28 The name ‘Onerwal’ as a term for the ‘Yass blacks’ first appeared in the journals of George August Robinson in 1844 (Gillespie 1984:31).

29 These are the Nganawal and District Indigenous Peoples Aboriginal Corporation associated with the Bulger (Shea) family network, the Nganawal ACT and Districts Aboriginal Council of Elders linked with the Carroll/Bell family network and the Ngannawal Local Aboriginal Land Council associated with the Williams family network. The Bulger family network, however, is closely aligned with that of the Williams family (Peterson & Carr 1998:5–6). It is important to recognise there are also other Aboriginal people in the region who identify as Nganawal, but who are not associated with any of these networks or organisations.

30 Kamien, writing about Aborigines in the NSW town of Bourke, states, ‘the anthropologist Hausfeld (1963) in Woodenbong ... found that the remnants of Aboriginal culture that had been made secret and hidden from whites would have been purely secular material in the tribal situation. These secrets seemed to have some importance for the Aborigines as a possession which they had managed to keep from the white man. By 1973 however there had been such a resurgence of interest in all things Aboriginal and a pride in their Aboriginal ancestry, that Aborigines began to enjoy talking about what they knew’ (1978:37–38).

31 When interviewed by Peterson and Carr in 1998, Peter Read commented that as recently as 1980 to 1983, when he was conducting research with Wiradjuri people, hardly anyone used or was aware of ‘Wiradjuri’ identity and that it was his research together with the establishment of land councils which led people to become familiar with the term (Peterson & Carr 1998:57).
which compel claimants to reconstitute their genealogies and historical connections to land, a process that inevitably gives rise to conflicts, disputes and ambiguities about who and what constitute a particular identity (Peterson & Carr 1998:9, 41). Peterson and Carr assert, however:

The current ambiguities and uncertainties are not simply a product of social dislocation and transformation, although these processes have undoubtedly complicated the situation considerably, but mark an intensification of the always present potential for ambiguity. Land claims and native title applications are an intervention in the flux and processes of Aboriginal people’s everyday life. They require people to explicate and formalise relations and identities which are otherwise unexamined and taken-for-granted and to confront unresolved disputes and problems directly, sometimes creating further difficulties and problems, rather than a resolution (1998:10).

Although the complexities of reconstituting tribal identities and, indeed, asserting an Aboriginal identity in an urban setting are not unique to the ACT, the stakes are plainly amplified in this region. Firstly, the long-standing inter-relationships of Ngun(n)awal and Wiradjuri, which pre-date European incursion but were accentuated by their co-habitation in the townships and reserves of Yass, Cowra and Tumut, belie the hegemonic notion of discrete tribal identities and connections to place. Secondly, the long-term displacement of Aborigines from this geographical area together with the generally impoverished historical record—both oral and literary—creates considerable difficulties for people attempting to reconstitute their ancestral connections to country. Thirdly, the relocation of Ngun(n)awal and Wiradjuri people to Canberra-Queanbeyan since the 1960s and 1970s has been accompanied by the migration of Aborigines from across the continent who have, in turn, had children in the region. The latter variable alone means that native title applicants must have a greater claim than simply being born on Ngun(n)awal land and in fact, claimants generally demonstrate a combination of descent and residence. Fourthly, while the interests of the traditional owners of the ACT are represented by the factions of the Ngunnawal and Ngunawal Local Aboriginal Land Councils, based in the neighbouring townships of Queanbeyan and Yass respectively, the Ngun(n)awal themselves are considerably outnumbered by ‘migrants’, with the majority of the Aboriginal population being Wiradjuri. Finally, intra-community contestation is undeniably heightened by the considerable degree of social, cultural, political, and material capital that is perceived to be derived from being identified with the nation’s capital (see Peterson & Carr 1998:40).

It would seem, in fact, that contestation among Aborigines living in the broader ACT region is hyper-visible, perhaps because as Macdonald argues:

To argue for the Aboriginality of New South Wales Aboriginal people not only places at risk of pollution the exotic representations of Aboriginalities upon which
national identities and cultural industries depend, but it also threatens the security of non-Aboriginal land-holders who have been led to believe the prior owners were long gone, at least as encultured beings (2001:177).

A site of contestation

Aboriginal people in this region come from a whole lot of different places and backgrounds so their life experiences and opinions are really diverse ... But there’s this expectation that Aboriginal communities are made up of people who are all the same, we’re treated as if we all have the same ideas and should be able to easily reach consensus in decision-making. I mean, how realistic is that? They don’t expect that of the Vietnamese community, do they? (Joan)

The concept of the Indigenous ‘community’ is ubiquitous in the state’s governance of Aborigines, its prevalence belying the fact that it is a product of non-indigenous policy and administration rather than an organic social entity (Rowse 1992:82, Sullivan 1996:41). The term was first adopted and promoted in the early 1970s by the newly established Department of Aboriginal Affairs (DAA), charged with moving Aboriginal policy from ‘subservience to self-determination; from colonial control to civil equality’ (Smith 1989:16). Perceived to connote the necessary qualities of ‘democracy and free choice’, the ‘community’ soon subsumed other collectives, such as settlements, missions and pastoral properties, even though it remained ill-defined (Smith 1989:17). The term has continued to grow in popularity, having been further stabilised in accordance with notions of European land tenure, corporate structure and the equitable delivery of material services (Sullivan 1996:41). Now central to service delivery, funding, administration, and decision-making processes, the community is a construct that dominates Aboriginal lives.

Most problematic, however, is the term’s implicit equation of ‘geographic’ with ‘socially organised’ communities, an association that is not only unsubstantiated but fundamentally misleading (Smith 1989:12). This idealised model both misrepresents the uneasy relationship that exists in reality between geographic and social groupings and masks the fact that these tensions themselves are ‘a deep structural legacy of the [post-]colonial encounter’ (Rowse 1992:58). It seems naïve to assume that the ‘heterogeneous aggregations’ (Rowse 1992:82) that constitute many geographical communities in settled Australia would function as ‘self governing social unit[s]’ (Shimpo 1985:3 in Smith 1989:12) and that institutions shaped by European ideas of equity would supersede long-standing cultural and political affiliations and allegiances. The reciprocal sharing of interests and responsibilities across such a disparate

32 Some of the material in this section appears, and is elaborated upon in Ethics, power and politics in Aboriginal health research (Adams 2003).
membership is generally far from the reality (Sullivan 1996:11). Rather, there may be a number of communities of ‘solidarity’ (families, language groups, clans), which have their own purpose, identity, interests, structures or goals and which may be in competition for resources (Smith 1989:17, 20).

Even so, bureaucrats commonly continue to conceptualise the community as ‘an end rather than as a process’; the possibility of self-interest is not accommodated since ‘communities are assumed to be functioning corporate entities where forms of democracy will ensure the allocation of resources’ (Pollard 1988:42, 58 in Smith 1989:12). Smith argues that the concept can, in fact:

1. act as a barrier to self determination; 2. deprive some residents of access to services, goods, jobs, training and so on; 3. set geographic communities up for administrative failure, and therefore create feelings of guilt and cause lack of confidence; and 4. deny Aboriginal people the opportunity to work through the development process, with specialised professional support, and in their own time (1989:19).

The structures of the post-colonial nation remain pivotal in the (re)production of Indigenous subjects, their contexts and activities (see Appadurai 1995:204–11). Legislation and other forms of intervention call forth certain types of social identities and relationships, thereby mobilising particular types of internal differentiation on the basis of inherent although previously quiescent distinctions and antagonisms. With the impetus of self-determination since the 1970s, the federal government has funded local Aboriginal organisations and services across the continent. While the ideal may have been that of ‘a renewed social order, led by newly educated Aborigines’, Cowlishaw argues that ‘[t]his represented a new form of an old process, where the state’s control usurped any culture and kin-based moral authority which had endured or emerged since earlier intrusion’ (2004:178). The community concept, evident in legislation concerning the registration and/or incorporation of Aboriginal groups and associations (Smith 1989:2), is re-invoked to optimise equality and democracy, values that may be threatened by ‘cultural remnants’ such as kinship obligations and affections. Concomitantly, office bearers, catapulted into the world of bureaucracy, are assumed to represent the whole community (simultaneously geographical and social). The corollary is that as the largely mythical concept of the egalitarian Aboriginal community has been made real through the practices of bureaucracy, it has also become prominent in the discourses of (some) Indigenous spokespersons as they legitimise their authority and secure funding for particular organisations (Pollard 1988:78 in Smith 1989:3).

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33 Strong ties such as those of language, kinship and identification with a particular tract of country are rarely shared across an entire residential community (Sullivan 1996:10–11).
Homogenised by the appellation ‘Aborigines’, Indigenous Australians are differentiated from other citizens of the nation on the basis of the uniqueness of their ‘culture’ as well as their moral and political position as dispossessed first peoples. This collectivisation of Indigenous peoples, like other groups whose rights and needs call into being particular forms of state regulation and intervention, is necessary for the smooth operations of welfare colonialism. Apparently detribalised and acculturated Aborigines in settled Australia are often construed as more readily engaging with the principles of democracy. The reverse, however, is often the case. The multiple, severe intrusions of the state into the lives of Aborigines in the southeast have produced layers of identities: kin, mission, organisational, institutional, which are potentially contradictory and conflictual in their outworking. Complex intra-community politics thus arise as individuals negotiate their identities, allegiances and interests in relation to the differing arenas of affiliation that make up a particular community.34

What must not be downplayed is that conflict, politics and negotiation are also characteristic qualities of ‘classical’ Aboriginal sociality, the outcome of the inherent tension between the entwined values of autonomy and relatedness (see Martin 1993, Myers 1986, 1988).35 The complicated politics of many Aboriginal communities in the southeast thus arise not only from individuals’ differing experiences of colonial practices, but also from the continuing dynamic of cultural traditions, including relations to land, that forment certain allegiances and alliances (see MacDonald 1997). Hence, (certain forms of) tensions and contestation among ‘deculturated’ urban Aborigines may be read as bearing witness to the continuation or persistence of ‘tradition’.

The ACT is basically made up of every different culture. You’ve got Torres Strait Islanders, you’ve got Murris from Queensland, you’ve got Nungas from South Australia, you’ve got the Kooris from NSW, you’ve got Noongars from Western Australia. You’ve got everyone coming in. And it's not all one I dunno, dare I say, tribe, I guess, I don’t like saying that word, but, yeah, it’s not just one. (Steve)

Conflict and opposition become ‘problematic’, however, when juxtaposed with the imposed structures of bureaucracy. In NSW and the ACT, intra-community conflicts, struggles to control community organisations, disputations and denials of people’s Aboriginality have undoubtedly been heightened by the

34 Sullivan suggests that Aboriginal communities may be visualised as ‘a number of discrete circles occupying the same locality, without touching’ although ‘boundaries are permeable’ (1996:11).

35 Writing about the Wik people of Cape York Peninsula, Martin comments, ‘Wik themselves saw competition and conflict as intrinsic to the human condition, and portrayed contemporary fighting as a continuing expression of their particular ways of doing things. The expression of anger and aggression, while rendered more problematic and difficult to contain in the contemporary settlement, related to such matters as the high stress on personal autonomy and on how individuals and collectivities could appropriately act upon the world in order to achieve their ends or redress wrongs done them’ (1993:300).
nature of resource allocations. The passing of land rights legislation with the subsequent establishment of land councils is often singled out as a primary source of conflict.\(^{36}\) This new source of resources, both material and symbolic, mobilised the identity-formation of ‘traditional’ people, as distinct from non-local residents, but itself riven by sub-groupings of solidarity. The process of native title has accentuated tensions with specific traditional groups now differentiating their ‘exclusive’ spatial and social interests. Moreover, the rhetoric on which the broad collectives of ‘traditional owners’ and ‘historical’ people base their claims for resource allocation has become more demarcated. While both social groups propound their fight for justice in terms of the principles of equity, the politics of recognition are undoubtedly those of traditional people whereas the claims of migrants commonly highlight social equity issues in the arenas of education, housing, health, and employment (Macdonald 1997:75).

The conflation of geographic, administrative and social communities is particularly awkward in regions such as the ACT, which are primarily comprised of historical people. The complex composition of such communities renders cohesion fragile, prone to subversion by various land-based, kin-related or institutional alliances which are often in competition for political and material resources. As Rowse (1992:54) notes, such intra-community conflicts may actually be integral to the preservation of political and economic distinctions between groups and to the differentiation of their positions with respect to land and other concerns. Nonetheless, while organised around particular issues such as land and health, and/or certain social identities and personalities, social groupings in the ACT are relatively loose and fluid in their composition, a characteristic of Aboriginal sociality elsewhere (see Martin 1993:300). Affiliations tend to be contingent not only upon shared experiences, actions and objectives, but on individuals’ present-day exigencies.

Several distinct, often contested but nonetheless inter-connected loci of discourse and practice characterise the Aboriginal domain in the ACT. The primary sources are the government-funded ‘community’ organisations of the AHS and the land council and to a now much lesser extent, the Tent Embassy, all of which, however, share the ‘raison d’etre [of] (theoretically) the advancement of Aboriginal interests’ (Ariss 1988:133) The critical arenas of land, politics, and health and welfare delineate competing communities of solidarity and political and economic interests. Conflicts between Ngun(n)awal groups over the legitimacy of identity and, hence, native title rights regularly surface in the public domain. Family groups and alliances are distinguished through a difference in spelling: Ngunnawal versus Ngunawal, although in the discourses of

\(^{36}\) During a conversation in Canberra in 2001, an Aboriginal woman asserted that the establishment of land councils in the 1980s, with improved access to funding and resources, had perpetuated dependency and factionalisation within Aboriginal communities.
‘mainstream’ agencies, the former is commonly assumed to encompass all traditional people, a trend which understandably provokes the ire of the latter.\(^{37}\) This contestation over public recognition chiefly derives from the fact that it is through claims to traditional ownership that people are able to secure access to institutional structures, status, power, and resources (see Peterson & Carr 1998:51). And possibly for similar reasons, there is conjecture among some non-Ngun(n)awal Aboriginal people that the Ngunnawal, now primarily based in Queanbeyan but whose families resided for generations at Erambie Mission, are ‘really’ Wiradjuri.\(^{38}\)

A dimension of intra-community conflict that captures media attention, is that arising between the Ngunnawal Land Council (NLC) and the Tent Embassy who regularly and, on occasion, violently clash over the ‘appropriateness’ of Aboriginal representation in the nation’s capital (see Campbell 2002, Lawson 2002a, 2002). In October 2002, members from the land council stormed the embassy, extinguishing the ceremonial fire, burning down a gunya\(^ {39}\) and dismantling tents. This action arose amid allegations by the National Capital Authority that the site constituted illegal camping, Federal Territories Minister Wilson Tuckey having described the site as an eyesore and a risk to the public.\(^ {40}\) Matilda House, a Ngunnawal spokesperson, asserted that ‘the Redfern mob’ camped on the embassy grounds were there without permission from her people, as traditional owners, and that they no longer represented the cause of Indigenous Australians:

> It’s lost its way. It’s up to us, the traditional owners of this country, to make sure that we bring it back into the perspective of what it was in the first place. They’ve turned it into a come-what-may, caravan camping place (Australian Associated Press 2002).\(^ {41}\)

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37 In 2001, an advertisement invited ‘Ngunnawal’ groups to submit tenders for a Sunrise Ceremony to ‘bless’ the site of the future National Museum of Australia. Ngunnawal spokespersons responded by requesting a public apology from the museum to their 200 to 300 members on the basis that the advertisement firstly, did not recognise them and secondly, commercialised Aboriginal culture. Acknowledging their error, museum staff contacted Ngunnawal representatives to ensure that they did not feel excluded by the spelling and would consider submitting an expression of interest. A spokesperson from the politically active Ngunnawal, who eventually conducted the ceremony, was reported as commenting, ‘It is a pity that some of our people attempt to involve others in local political differences’ (Kazar 2001:7).

38 However, the fact that Ngun(n)awal and Wiradjuri people historically co-habited and intermarried in the reserves and townships of Yass, Tumut and Cowra and continue to do so in Canberra-Queanbeyan renders absolute distinctions extremely difficult. Indeed, many people attest to both Ngun(n)awal and Wiradjuri identities, a position of dual, even multiple identities which is not uncommon in native title claims across the country (Peterson & Carr 1998:9-10).

39 A ‘gunya’ is a makeshift hut.

40 Although the Authority denied involvement in the confrontation, it had provided bins and a tow truck to assist with the clean-up.

41 A floating population of about twenty Aboriginal and non-Aboriginal people now squat at the site, which is primarily visited by international tourists.
Representing the embassy, Wadjularbinna, from the Gulf of Carpentaria, claimed that the Ngunnawal had sided with the government to turn 'black against black': 'They’re the puppets of the government,' she said, refusing orders to leave (Australian Associated Press 2002). While the embassy endures as a potent symbol of Indigenous rights, its future is tenuous, its relevance to the contemporary nation challenged by the construction of Reconciliation Place in the heart of Canberra’s Parliamentary Triangle.

A fractious relationship also exists between Canberra’s AHS and Queanbeyan’s NLC, with simmering tensions periodically culminating in hostile confrontations. The central issues remain those of legitimacy and jurisdiction: the ‘right’ to control the field of health and to speak about Aboriginal issues in the region. Certainly, the more capacious orientation of the AHS means that it acts as a focal point of affiliation for migrants and visitors to the Territory. This is also true of the broader field of Aboriginal health (encompassing the AHS, the executive office of NACCHO, Aboriginal Liaison Officers (ALOs) in mainstream services, and Aboriginal workers in various sections of federal and territory health departments), which while dominated by Wiradjuri people, is staffed by Indigenous people who derive from all over the continent. The field of Aboriginal health is clearly a primary domain through which non-Ngunnawal Aboriginal people are able to derive status, legitimacy and a sense of belonging in the ACT.

The domain of Aboriginal health in the ACT

Politicians don’t need to fly out to Broome or the Northern Territory to see Aboriginal people with major health problems. They just have to jump in their cars and drive across the bridge to Winnunga. Drug and alcohol problems, mental illness, stolen generations, we’ve got it all. (Kerri)

In the broader ACT region, the domain of Indigenous health is dominated by the region’s AHS, Winnunga Nimmityjah. This appellation, interpreted as ‘strong health’ in Wiradjuri language, is noteworthy. Firstly, it reflects the dominance of Wiradjuri control over the AHS and by extension, the field of Indigenous health in the nation’s capital. Secondly, it appears to exist in tension with the idea promoted by Indigenous health activists since the early 1980s, that there is no

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42 Wadjularbinna’s autobiography will be presented in Chapter Seven.
43 Opened in July 2002, Reconciliation Place was to include ‘a memorial and depiction of the removal of children from their families as part of the very difficult and traumatic experience of the indigenous people of this community’ (John Howard 2000 cited in Sanders 2002:11). However, at the time of the official opening, the promised depiction of the stolen generations was absent, having become mired in controversy over issues such as consultation and the questionable appropriateness of images and sounds that represented children playing happily.
Aboriginal word for ‘health’, a notion that underpins the accent on holism and separatism (see Brady 2004:39-41, 1997). But while its discourses may not always completely dovetail with those of NACCHO, there is no doubt that Canberra’s AHS is a pivotal player in the nation’s Indigenous health sector and in its relentless drive towards self-determination.

Winnunga was founded in 1988 by a Wiradjuri woman, Olive Brown, and a handful of Aboriginal and non-Aboriginal supporters. Inspired as people converged on Canberra to protest the opening of New Parliament House by Queen Elizabeth II and mobilised by concerns that Aboriginal people in the region were not gaining access to suitable health services, Olive and a group of volunteers set up a temporary medical service at the Tent Embassy. This makeshift service soon moved to a shopfront where, operating on a shoestring budget, it was staffed by a sessional doctor, funded through medicare rebates, and voluntary Indigenous and non-indigenous support staff. It later relocated to an office in a seedy alleyway in the city centre. Frequenting by injecting drug users, the site was typically littered with syringes and not uncommonly staff and clients had to deal with an overdose. In 1990, a small amount of funding provided by the ACT’s first Labor government enabled the service to begin full-time operations.

In 1993, Olive died at the age of 48. A board of directors was subsequently formed, three of the six original members continuing to be actively involved in Winnunga’s administration: Kerri, the existing Chief Executive Officer (CEO), Pat and Fran who have acted in various roles on the board. In 1998, with the offer by the conservative ACT government of a small heritage-listed building in the suburb of Ainslie, Winnunga relocated to Canberra’s middle-class inner north. These premises were initially made available rent-free, but after the election of the Labor Stanhope government to the ACT Legislative Assembly in 2001, the 99-year lease was transferred to the AHS. However, the location was less than optimal, determined by the availability of a free building rather than accessibility or a high local density of Aboriginal people. For the majority of the region’s Aboriginal residents who live to the southeast of the city centre and in the nearby town of Queanbeyan, a trip to Winnunga entailed at least two to three bus changes. By 2001, growing staff numbers and concomitant cramped working conditions provided the impetus for the service to lobby for another, ideally purpose-built site. Although this objective was not fully realised, in 2004 the service relocated to premises vacated by a mainstream health service in Narrabundah, a suburb with a high(er) concentration of Aboriginal residents.

44 Olive Brown worked tirelessly for the health of Aboriginal people in the region. A plaque in Winnunga’s waiting room commemorates her founding role.
45 In 1996, Queanbeyan (2.6 per cent) and the eastern fringe of Canberra (2.4 per cent) were the only areas at the postcode level in which Indigenous people comprised more than two per cent of the population (Glover et al. 1999).
46 In 1996, the Indigenous proportion of the Narrabundah population was 2.6 per cent (Glover et al. 1999).
Kerri, the existing CEO, was appointed to her role in 1997. At that time, the service had five staff; by the end of 2001, this number had increased to 26 and by 2004, to 36 (See Appendix One). This exponential growth was concomitant with a surge in budget from $241,000 in 1997 to $1.9 million, with $1.2 million recurrent funding, in 2003 (Kerri, pers. comm. 2003). From 1997 to 2002, the number of registered clients increased from 2500 to 5550 (Kerri, NAIDOC speech, 2002) with approximately ten per cent of these being non-Aboriginal, ‘marginalised people, disadvantaged people, who have drug or alcohol problems and complex health needs [and who] fall through the cracks of mainstream’ (Kerri to Legislative Assembly for the Australian Capital Territory 2001:6). Winnunga is one of the few general practices that continue to offer bulk-billing medical care.

As the manager of Canberra’s only AHS, Kerri has a prominent and influential position and adeptly avails herself of the opportunity to provide input into ACT as well as national-level processes concerned with health as well as Indigenous affairs more broadly. Deriding herself as a ‘former alcoholic, now a workaholic’, she is well experienced in the field of politics, having worked in the office of the federal (Labor) Minister for Aboriginal Affairs in the late 1980s/early 1990s and been involved in the formulation of the NAHS. She is a key figure in the community controlled sector at local, state and national levels and in 2002, was elected to the ATSIC Regional Council.47

The extraordinary growth in Winnunga’s staff and resources can be largely attributed to Kerri’s tireless efforts, chiefly her incessant political lobbying and strategic use of the media. Her public discourses commonly centre on the contentious topic of (under-)resourcing, an issue that predominates in the field of Indigenous health in general. Under current arrangements, only a small proportion of funds for Indigenous health is allocated to dedicated programs; the majority of expenditure is realised through such mainstream state and Commonwealth-funded services as hospitals, community health services and the Medicare and the Pharmaceutical Benefit schemes.48 Kerri’s first objective as

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47 Kerri has served as a NACCHO Director and been a member of the NACCHO Service Activity Reporting Steering Committee, NACCHO Finance Committee, NACCHO Workforce Issues Committee, NACCHO Recruitment Committee, and NACCHO Lobby Group. She is a Member of the NSW Aboriginal Health and Medical Resource Committee (AH&MR), a Director of the Indigenous Business Chamber, and a Deputy Chairperson of the ACT’s Gugan Gulwan Aboriginal Youth Corporation.

48 With the exception of the funds allocated directly to AHSs, which in 1995/96 represented only 11 per cent of total expenditure on Indigenous health, the federal government’s contribution to Indigenous health is made primarily through Medicare Agreements and other grants. The corollary is that the states and territories provide nearly 80 per cent of health and related services for Indigenous people, doing so primarily through mainstream agencies (Deeble et al. 1998).
manager was to secure direct funding from the federal government. This achieved, she confronted the Liberal ACT government about its lack of commitment to the health of its Aboriginal residents. Having historically dedicated minimal resources to the AHS on the basis that its operations were a federal responsibility, the conservative government eventually allocated an additional $100,000 for Indigenous health in its 2000/2001 budget, although Kerri expressed her fears that the extra money would ‘slide into another mainstream health service run by white bureaucrats’ (Armitage 2000).

In her determination to demonstrate that the apparently ‘well-resourced ACT’ (Bill Wood, MLA in Legislative Assembly for the Australian Capital Territory 2001:11) dedicated less resources to Indigenous health than any other state or territory government, Kerri adroitly utilised the “‘staggering statistics’ and ‘worrying trends’ ... [that] were putting the ACT to shame on the national stage’ (cited in Furse 2001). She particularly highlighted the politically- and emotionally-laden issue of the ‘heroin epidemic’ affecting not only young people but ‘whole families in the Aboriginal community’ (Kerri in Dance et al. 2000). For the first few years of her tenure, Kerri’s comments were vehemently anti-mainstream, a propensity that has lessened somewhat with the consolidation of Winnunga’s role and position in the Territory and with the change in government in 2001. For example, in 2000, when the re-allocation of funding subsequent to the closure of a safe injecting room did not incorporate the employment of dedicated drug and alcohol workers at the AHS, Kerri publicly accused the ACT and federal governments of ‘racism’ (De Forest 2000c). Her argumentation, like that of NACCHO, continually justifies separatism, thereby countering speculation that dedicated Aboriginal services in urban areas should be ‘mainstreamed’ and valuable resources redirected to communities in remote regions (see O’Loughlin 2002).

Like other AHSs, Winnunga’s primary aim is to provide affordable, acceptable and accessible primary health care to Aboriginal people in the surrounding region. Intertwined with this objective is the struggle for recognition and self-determination. Central to their operations is an emphasis on community control and participation, as manifest in the fact that health services are both run by Aboriginal people and as much as possible employ Aboriginal people in the ‘para-professional’ role of community health workers (Brady 2004:35). The role of non-indigenous professionals including doctors is downplayed, indeed often

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49 Until 1999, a Commonwealth grant for Indigenous health in the ACT was directed through the ACT Department of Health, which deducted the salary of the ALO at The Canberra Hospital from the budget before distributing the remaining funds to Winnunga.

50 While AHSs are primarily funded by the Commonwealth through direct operational grants, most services are also funded by their respective state or territory for specific programs. Until 2000, the ACT government provided Winnunga with a rent-free building and subsidised a women’s health clinic one afternoon each week.
subordinated to that of Aboriginal health workers (AHWs) whose presence alone defines and differentiates an Indigenous arena of health.

Such community controlled agencies are a primary source of paid employment for Aboriginal people and most commonly are staffed by kin and quasi-kin, that is, by people drawn from a relatively small network of close contacts (see Brady 2004:70). Appendix Two demonstrates the types of affiliation connecting staff members at Winnunga: those of kinship, membership of an allied organisation (in particular NACCHO), and friendship, although these categories plainly overlap. New staff members have for the most part been employed because of their association with the particular social networks that define the broader Winnunga ‘community’. Involvement in and knowledge about a particular community are essential qualities of AHWs (see Saggers & Gray 1991a:162), although these criteria leave health services, as with other Aboriginal associations, open to accusations of nepotism.

Aboriginal persons find themselves negotiating between the demands of bureaucracy and those of social relationships, and yet it is the continued re-production and nurturance of social networks that is central to legitimacy and authority within the broader Aboriginal community (Dale Sutherland, pers. comm. 2002).

Conflict also arises between the emphasis placed on community knowledge and that of expertise, both general (language, literacy, administration) and professional. The majority of AHWs at Winnunga, for example, had no training and little previous experience in the health care system; instead, their expertise was founded in ‘Aboriginality’ and their personal life experiences. Their role thus inevitably became primarily ‘liaison’ and although formal statements highlighted the provision of primary health care, most workers were under-skilled, under-confident and effectively incapable of conducting such programs (see also Hunter 2001:10). Limitations in professional expertise were further compounded by the ideological and practical separatism of AHSs, a position that was a source of contention among some Canberra Aborigines:

The problem is that the separatist approach of [AHSs] encourages racism. They discourage people from using mainstream services because they’re white, but they don’t provide the services that are needed. So they encourage division but at the same time, they aren’t helping where it’s needed. Aboriginal people need to develop

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51 Incorporated Aboriginal associations are governed by the *Aboriginal Associations Act* which, reflecting overall Commonwealth legislation dealing with associations, makes no provision for Indigenous organisations to be structured and operated in a way that for example, recognises kinship ties and responsibilities (Mudrooroo 1995:78).

52 Rhetoric aside, collaboration between Winnunga and mainstream organisations is unavoidable and relations are in practice often amicable. Moreover, Aboriginal people living in the ACT do access mainstream agencies by choice for a range of personal reasons (including confidentiality), as well as by necessity, since the services provided by Winnunga remain relatively limited.
and learn skills from non-Aboriginal people rather than just concentrating on being separate and building their own empires. (Joan)

Winnunga’s very existence is justified on the basis that it provides ‘a culturally safe holistic health service to the Aboriginal people of the ACT and surrounding areas’ (Winnunga Nimmityjah Aboriginal Health Service 2001). The nature of the services it provides definitely do differ in kind from those of mainstream agencies. A key focus is on enhancing access to services, via the provision of transport to the AHS itself or to specialist medical services, or through assisting in negotiations with potentially ‘difficult’ service-providers such as Centrelink and Housing.

Our work is often about acting as role models, encouraging, showing people how, like helping them fill in forms, advocating for them in Centrelink or Housing, then supporting them while they learn to do these things themselves. (Michelle)

In addition, specific clinical services (general medical care, midwifery, psychotherapy, substance misuse programs) are provided, mostly by non-Aboriginal staff.

No less importantly, Winnunga functions as a drop-in community centre where people feel at liberty to present with a range of concerns—housing, finances, welfare—in addition to medical problems. This ‘holistic’ focus is a central tenet of Aboriginal health services whose open-door policy ensures that people are not accepted or excluded on the basis of fitting program criteria. Towards this objective, AHSSs endeavour to create a welcoming and non-threatening environment, which further operates to distinguish them from the ascribed sterility and formality of mainstream services.

The service means a lot to our community. Many people travel from all over Canberra, from Queanbeyan, and from as far as Yass to access the care we provide, which shows we are doing something right! The clinic is like a meeting place for the community, a place for people to have a yarn while they wait to see the doctors or health workers. It means a lot to our people to have their own service, and to know they will be treated well by the staff. (Pat)

In its locale in a suburban weatherboard house behind the local shopping village, Winnunga proudly declared its Aboriginality. The building’s façade was decorated with an oversized painting of the corroboree frog, the service’s logo, over-arched by the words ‘Winnunga Nimmityjah’, and the Aboriginal flag unfailing fluttered from the flagpole at the side gate. The large garden was normally filled with people: children playing around a cubby house adorned with red and black handprints, staff and clients chatting and smoking outside the front door. It was the setting of casual Friday barbecues, of crowded community celebrations such as NAIDOC, of formal inquiries and meetings with the
Territory’s politicians and bureaucrats, and of apparently casual but significant exchanges between community members.

Upon entering reception, regular clients were typically greeted by name while unknown prospective clients were warmly welcomed. More official (white) visitors were treated with reserved politeness. Carol and Lorraine, who had staffed reception for several years, were equally committed and liked. Lorraine’s palpable concern for individual clients led them to frequently, although mistakenly, assume that she was Aboriginal. Beyond the foyer lay the waiting room, or lounge room, where people ‘yarned’, laughed and teased, watched television, made coffee, shared food, as their children played in the garden or rifled through a meagre collection of toys. It was not uncommon to find staff and clients exchanging news over ‘a cuppa’ and to see clients drifting down the hallway searching for a particular worker or hoping to use a telephone. Only after a spate of thefts was a demarcation physically established between client and staff areas, concomitantly between clients and staff, with the installation of a locked door and a notice ‘No Entry. Staff Only’.

_The thing about Winnunga is that we know people by their first name, we make a coffee, we sit outside and everyone comes up to talk about their problems. Individual counselling becomes group therapy!_ (Rhonda)

Winnunga indeed operates as a site in which community is constantly re-created, where divisions or differences at least temporarily become secondary to the communality of experience (see Mitchell 1996:264).

This broader orientation of AHSs, together with their holistic focus, places them in a strategically influential position with direct access to a high degree of economic and political power. However, this potential also means that they are often the focus for the political aspirations of particular groups or individuals. Management thus remains constantly vulnerable to challenge from within the community (Sullivan 1996:79). 53

In 1999, a small group of Aboriginal people aligned with the Queanbeyan NLC made a very public takeover bid for Winnunga by establishing a ghost board of management. Although dissent was expressed through allegations of financial misconduct and inadequate community support for management, the dispute signified the re-surfacing of chronic discontent among particular traditional people about Wiradjuri control of the local AHS. An ensuing action in the Supreme Court led to an official audit into Winnunga’s status and operations. The service was placed in a tenuous position as government resources were withheld for almost a year and staff subjected to a barrage of departmental, media

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53 Sullivan (1996:81) suggests that it is exactly this precarious position that provides members of Aboriginal communities with the greatest degree of influence over community organisations and the services they provide.
and community inquiries until the matter was finally resolved and management vindicated.54

While Winnunga exists, Queanbeyan Ngunnawal people don't have a hope of getting their own AMS. That's what they're upset about. (Celia)

Approximately 20 per cent of Winnunga’s clients live in Queanbeyan, a further number commuting from Yass and Goulburn.55 In 2000, Winnunga proposed conducting an outreach clinical service at Queanbeyan hospital. A section of the Queanbeyan Aboriginal community (predominantly NLC-affiliates) vigorously opposed this offer on the grounds of lack of community consultation. The service never eventuated. In comparison, in 2001, members of the Yass Aboriginal community (predominantly Ngunawal) petitioned Winnunga to conduct an outreach service in their town.

Most of the conflict between the Queanbeyan Ngunnawal and Winnunga is related to struggles over power and resources and a lot of it centres around personalities. Yeah, and I guess maybe a small part of the tension is also related to affiliations like the NLC as traditional owners while Winnunga represents people drawn from a whole lot of other areas. But when it comes down to it, the Ngunawal are in the minority in this area so on that basis, they don't have the right to control all Aboriginal services in the ACT. (Ralph)

The well-resourced and prestigious field of Aboriginal health is not surprisingly a major site of conflict. But, of course, such simple oppositions as traditional versus historical people, or mainstream versus Aboriginal controlled agencies are neither clear-cut nor enduring since individuals and groups variously and strategically realign themselves in relation to their own interests and concerns. Amid the evolving and competing allegiances and priorities that characterise many Aboriginal communities, like that of the ACT, Aboriginal organisations are unlikely to be unanimously supported by the larger Indigenous community. Instead, in and of themselves, they function as critical sites in which community is re-made.

Re-creating identity and community in Canberra

I've got pale skin; I don’t look Aboriginal. People ask me why I identify as an Aborigine – “You don't look Aboriginal. Why do you identify as one?” I guess they think that life would be easier if I identified as a white person. But I say, “I am

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54 At a special AGM held to elect the board, 80 of the 101 Aboriginal people present re-elected the original board of directors.

55 Although a significant percentage of Winnunga’s clients live outside the ACT, Winnunga’s constitution and the ACT government consider its catchment area to be the ACT, whereas the NSW Health Department as well as OATSIH consider it to include Yass, Queanbeyan and Goulburn.
Aboriginal. I was brought up as Aboriginal. It doesn’t have to do with the colour of your skin, how dark or light you are. You can’t be part-Aboriginal – you either are or you aren’t.” I feel Aboriginal, that’s who I am. It’s something that I feel inside. And of course, if I didn’t call myself Aboriginal, if I tried to pass myself off as white, there’d always be someone who’d say “Oh, she’s Aboriginal”. That was what it was like back home, there was always someone to pull you down as a ‘black’ if you tried to be something you weren’t. (Michelle)

Aboriginal people in the ACT continue to be both overlooked and over-determined. While the activism of the Tent Embassy, the land councils and Aboriginal community agencies contests the historical erasure of Aborigines’ very existence, it nonetheless is unable to overcome the sense of impoverishment that permeates prevailing ideas about ‘urban Aborigines’. Interdicting imperatives of ‘Aboriginality’ leave many Aborigines living in the towns and cities of southeast Australia in a state of suspension, hanging between assimilation and ‘the real’. Their ‘hybrid’ bodies, testifying to the underside of history, are less a positive presence than a troubling and troublesome one.

Marked by an explicit essentialism and a politics of place, Aboriginality remains entwined with the exotic, the traditional, and the archaic, valued for its bark paintings, bush food and corroborees, and respected for its connections to country providing they do not hamper the ambitions of white society. ‘Authenticity’ is contingent upon untainted ‘difference’; white and black bodies and worlds are constructed as fundamentally antithetical, an artifice that becomes a ‘conceptual’ as well as experiential ‘prison’ (Anderson 1994:121–122, citing Deloria). The imperative of ‘Otherness’ inexorably becomes an inner compulsion for Aborigines, a demand that produces a sense of inadequacy or failure in those who are perceived, and come to perceive themselves, as insufficiently culturally or phenotypically ‘different’.

Yet like all identity-formations, while it is secured through socially recognised difference (Connolly 2002:64), Aboriginality is ‘subject to the continual interplay of history, culture and power’ (Hall 1989:70 in Thomas 1999:xiv). It is a dynamic articulation, a temporary attachment to a particular subject position, which is re-produced and enacted in specific and changing milieux. The ‘assumption’ of Aboriginality is thus, crucially, an inherently corporeal process through which the self is realised and, moreover, enjoined to others (see Hall 1996:13, Rose 1996a:136–137). Anderson reflects:

Notions of blood, and the feeling that identity reflects “something within”, allude to the way in which we experience ourselves as being connected to others. Such experiences are inevitably entangled with emotion. Our relation to the past and to people and country is a complex landscape of comfort, hope, sadness and many other emotional experiences. It is perhaps inevitable then that Aboriginal people will describe identity in terms of an internal experience. This suggests that identity is an embodied experience ... not merely a social or idealised abstraction (1997b:12).
The Indigenous self is relationally constituted and identified. Individuals are born into a ‘web of connectedness … expressed mainly in the idiom of kinship, [which] largely subsumes the individual such that they are seen and see themselves in terms of their relations with other people’ (Martin 1993:286, Peterson & Taylor 2003:109). These formative ties of relatedness are further reproduced and strengthened through the principles of sharing and reciprocity. The emotional connections signified by the concept of ‘kinship’ are thus grounded in and consolidated by reciprocal actions of nurturance, help and cooperation, the mutual sharing of food, labour, lives, and concern (Myers 1988:597).

‘Kinship’ is thus socially reproduced rather than biologically bound. Myers (1988:597), for example, describes how the Pintupi understand kinship in terms of co-habitation and economic as well as recreational cooperation. Moreover, this propensity to extend ‘kinship’ beyond blood ties to broader social networks has increased with movement away from classical life- ways. Among Aborigines in Canberra, relatedness is forged and ‘made’ through the sharing of experiences, emotions and resources, through the daily praxis of social connectedness and concern as much as ‘blood’. The notion of ‘kinship’ is commonly extended to those persons and social networks with whom an individual has ongoing social interactions and exchange:

Whilst a lot of us don’t come from here initially, we still see ourselves or we do become part of extended families that are actually here. All the people that have been here long-term, we do have extended families like we take on out of respect. All my kids everyone down here’s their aunts and uncles. And initially they may not be through blood, but they’re still aunts and uncles. And that’s extended family. I’ve been here 25 years and my kids were born here and everyone at home’s their relatives and that, but here they’ve got extended family. It’s not blood you know, but we’re still part of one big family. (Maureen)

This more diffuse approach to relatedness demonstrates the strength and tenacity of the Aboriginal cultural system, its adaptability in the face of changing circumstances and social structures (Macdonald 2001:185). Furthermore, the sense of shared identity denoted by ‘kinship’ remains critical in defining and demarcating new and particular social networks and domains. Members of the Winnunga ‘community’, that is, staff and clients, were often (loosely) described in terms of a ‘family’, an image that distinguished them within both the broader Aboriginal community and the wider population of the ACT. Morris likewise posits that the Dhan-gadi’s generalisation of the cultural mores of reciprocity beyond kin to a wider range of community members was concomitant with

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56 As Myers notes of the Pintupi of the Western Desert: ‘The qualities that feature so strongly in the Pintupi child’s world – support, generosity, familiarity, and warmth – are precisely the qualities that ideally characterise relations among adult walytja [kin]’ (Myers 1988:597).

57 The Pintupi were among the last Aborigines to abandon a hunting and gathering existence.
a shift away from the kin/non-kin distinction and towards community affiliation which served a similar dichotomising function. The distinction was in keeping with the Europeanisation of the social and material world and the Dhan-gadi’s encapsulation within it. The dichotomy circumscribed the Dhan-gadi community vis-à-vis the wider European population. Underpinning this division was a process of alienation which did not refer to the breakdown of social relations within the community but rather the loss of control over wider domains (1989:89).

Across the nation, the values of ‘caring’ and ‘sharing’ are central and ubiquitous themes in Indigenous self-identification (see Peterson & Taylor 2003:107–8). These essentialised qualities, promoted ‘against constructions of whites as selfishly materialistic and immoral’ (Lattas 1991:313) counter prevailing stereotypes to establish Indigenous ‘difference’ in terms of moral superiority. Rhetoric aside, there is no doubt that although these ideals may not be (fully) realised in practice, the emotional connections that derive from acts of ‘sharing’ and ‘caring’ are fundamental in ‘sustaining strength of identity in an environment of fractured and disrupted relationships’ (Mitchell 1996:271).

Urban Aboriginal communities tend to be characterised by a diversity of cultures, experiences and identities and to be comprised of larger, looser and often widely dispersed groupings of people. While kinship ties may initially prompt individuals to move to the city, to visit relatives and/or to escape family obligations in home communities, Aboriginal migrants to metropolitan areas are vulnerable to feeling social isolated:

> And you feel that within, and this is just my feeling or my belief, for urban Aboriginals, there’s no extended family any more whereas in a lot of remote areas, you’ve got your auntsies, and your uncles, and your grandmother and your cousins, it all comes down to basically one big family out there. But within, I guess, urban Australia, it’s basically like throwing them in the deep end. (Maureen)

> They’re separated. So then who do you turn to? Basically they turn to people like us, the Aboriginal health service, for the support there ... well, it is like a family environment, they feel comfortable you know, they’re meeting, communicating with other Aboriginal people that have an understanding, are prepared to listen to their issues, their concerns. (Rhonda)

> Yeah, that’s true. Even if you don’t have problems, you find a connection somewhere. Just because of our history and who you are – black – you have respect for the old people. You find that connection, you latch onto people, families. (Brian)

‘Actual’ kin relationships are supplemented, therefore, by the making of ‘kin’. As individuals are drawn together on the basis of their common ‘Aboriginality’, understood more as biological descent, shared heritage, history and experiences
than explicit cultural tradition (see Macdonald 1997:75), new social affiliations and relatedness are potentially forged.  

Aboriginal health organisations are primary sites in which Aboriginal identity and community are re-formed. It is in such settings that ‘a sense of being Indigenous above being Koori or Murri’, Ngun(n)awal or Wiradjuri arises (Mudrooroo 1995:15). At Winnunga, Aboriginal staff and clients differed in the degree to which they foregrounded their tribal or linguistic identity or connections with particular country, their divergent emphases generally reflecting their vested interests in land. Although if asked, most Aboriginal people could identify themselves as ‘Wiradjuri’, ‘Barkandji’, ‘Bandjalung’, and so on, the importance of this form of identification to social networks and sense of self was extremely variable. For example, the following lighthearted exchange arose between two Aboriginal health workers who had been working closely together for more than a year.

*I'm Wiradjuri. Rhonda's something - what are you, Rhonda, I know you're something!* (Linda)
*I'm Tharawal, from down the south coast!* (Rhonda)

Likewise, during a discussion of disputes over land that had arisen in a particular country town, an Aboriginal health worker, who originated from that region, commented:

*I didn't have anything to do with land in Wellington, don't really know much about it. I've always worked in health.*

This is not to deny that ‘historical people’ are also attached to place. Many Aboriginal persons who migrate to the ACT stay long-term, working, buying houses, rearing their children, and cultivating a sense of ‘home’ and belonging in Canberra or neighbouring towns. These connections plainly defy notions of urban Aborigines as rootless and displaced, as ‘impossibly’ metropolitan.

And yet with eligibility for land and scarce resources contingent upon the articulation of Aboriginality in a form congruent with regulatory ideals, the issue of ‘identity’ has become ‘the focus of intense public scrutiny’ in both white and black domains (Bauman 2001, Jacobs 1988:31). Among Aborigines, disputation of one another’s ‘Aboriginality’ mostly arises amid contestation over power.

*She married a white man and didn’t live with Aboriginal people until all of a sudden she became involved with the land council and now she makes out she’s a traditional Aboriginal!* (Joan)

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58 Of course, not all persons go on to become ‘kin’.
The delegitimation of one's own Indigeneity was often taken up as a form of self-parody, the humorous recounting serving to expose the fragility of the accuser's own claims to Aboriginality.

*She tells people I'm Greek even though we grew up together in Cowra!* (Pat)

*She calls me Malay because I'm from the Torres Strait!* (Jasmin)

*They say that I only became Aboriginal when I started to work in health!* (Kerri)

These statements affirm that racial identification is neither fixed nor static, but rather, changes with context, loyalties and desires (Cowlishaw 2004:13). While skin colour is 'neither a necessary nor a sufficient criterion for belonging to the category Aboriginal' (Cowlishaw 2004:13), it is nonetheless a volatile issue. Physical markers may mean less for those who have an established identification, but they remain part of the critical material through which individual subjectivities are formed. Black(er) skin undeniably has real-world effects, inexorably shaping self-perceptions and negotiations in Indigenous and non-Indigenous spheres.

*I call cross-cultural training “hug a Black”. They still think you have to be black to be Aboriginal. Roger used to say to me “Aunt, you may have pale skin, but you're black on the inside, that’s what counts”.* (Kerri)

Racial boundaries are also demarcated through language, social behaviour, dress, lifestyle, and employment, although of course these are not definitive indicators (see Cowlishaw 2004:14). The assumption of 'Aboriginal style' not only expresses a certain worldview, orientation and values, but is also a means by which people may overcome a perceived ambiguity of their identity (see Schwab, 1988:83). The (re-)production of Indigenous identity thus (predictably) entails establishing some form of contrast with dominant society (see Cowlishaw 2003:13–14).

Normative indicators of Aboriginal identity include 'kinship connections, family groupings, descent, place of birth, places of residence, knowledge of ceremony, songs, sites, country and of language' (Peterson & Carr 1998:9). Most Aborigines, however, found their personal identities in social networks and relations. Proximate ancestors and living kin are usually foregrounded, but community involvement, how one 'lives', with whom one associates, are also central to 'being Aboriginal'. Legitimacy is conferred through the (re)enactment of social belonging, by acts of generosity, reciprocity, affection, help, and support, that is, the fulfillment of social obligations.

Unlike traditional people whose public identity is vested in land, Aboriginal workers at Winnunga usually cited the extended family as the primary

The family connection's the backbone of our community. (Debbie)

Both 'actual' and 'quasi' kin-relationships were strategically mobilised in the employment of staff at the AHS. The 'fictive extensions' of 'aunt', 'uncle', 'bro', 'cuz', etc., signified respect and affiliation in the absence of traceable kin relationships and worked 'to anchor both individual identity and the Aboriginal community's identity' (Schwab 1988:80). Bonds of solidarity were consolidated through the sharing of experience, from the pain, love, laughter, and tears that arose as people worked together and became part of each others' lives.

In urban settings, Indigenous organisations are pivotal in re-presenting and articulating a distinctive Aboriginal identity that challenges notions of (necessary) assimilation. A sense of shared existential experience, generated by a common heritage of displacement, marginalisation and discrimination, over-rides divisions or differences to publicly and politically unite the disparate Indigenous individuals who would otherwise remain invisible in metropolitan areas. Aboriginal community is thus re-formed and personal identity re-created through institutional affiliation and participation in the ideology of 'the struggle'.

I find working in an organisation like Winnunga, working with my people, gives me my spirituality back. (Maureen)

I had a nervous breakdown after my marriage broke down. You know, I used to be really shy, I'd never speak up for myself. Since I've been working here, I've gotten stronger and more confident about standing up for myself and for Aboriginal people. Like last night, I had an argument with someone about Aboriginal rights! Now that's something I never would have done before. (Rhonda)

A symbiotic relationship can be seen to exist, therefore, between Aboriginal organisations as social, inherently political movements, and the persons who constitute them (see Burgmann 1993:19).59

I could not walk away from Winnunga Nimmityjah. I have been involved for so long, it is a part of me. (Pat)

An individual's sense of the world is grounded in the material experiences of her/his body, that is, in her/his interactions with other bodies and with the

59 Burgman elaborates: 'Social movements are imagined communities of the oppressed, disadvantaged or threatened. A symbiotic relationship exists between movement and participants; they make each other. A movement is defined by the aspirations of its supporters, yet the image of the movement becomes part of the self-identity of its adherents. It is this forging of a common self-identity that achieves for the group a political impact, that makes the collection a collectivity, a mass of people a coherent political actor' (1993:19).
environment (Lyon 1995:256). The corollary is that as individuals participate in and come to identify with a particular social movement, their sense of themselves and of the world is mediated by its prevailing ethos, sentiment and ideology.

Previous chapters have established how amid insecure funding and ongoing delegitimation of the identity and needs of Aborigines in metropolitan regions, Aboriginal health activists have taken up but also (largely) medicalised the trope of ‘loss’ to articulate their claims upon the nation. This (re-)attachment to loss is a compelling moral and political statement about continuing injustice. But, as will be elaborated in Chapters Seven and Eight, while providing Aboriginal people with a point of allegiance and imposing a degree of coherence upon widespread social and personal fragmentation and alienation, the ideology of loss is also potentially paralysing, drawing Aboriginal people into a suffering collective and socialising them into a culture of melancholia.

Conclusion

As they are forced to make rigid distinctions between themselves and whites at the ideological level, what it means to be Indian has become increasingly problematic for individual Flathead Indians ... neither formal regulations nor informal definitions capture the fragmented and negotiated reality of contemporary Flathead Indian identity ... the identities of individuals ... unfold within a charged setting.

(O'Nell 1996:46)

The setting of the nation’s capital offers a number of key, public sites in which Aboriginality is re-produced. Distinctive, although overlapping, forms of identification arise within certain social and political matrices that are particular but not necessarily unique to the ACT. New social alliances and differences have been mobilised and prompted and new and old concepts activated by the post-colonial context of land rights, welfare, Mabo, and reconciliation. While ideals that bind Aboriginality to place undoubtedly remain hegemonic, we have begun to see that their tenacity is loosened and challenged as apparently ‘dislocated’ individuals re-form their subjectivities through new modes of expression, affiliation, re-connection, and emplacement.

Aboriginalities continue to be re-made and articulated in dialectic with the operations of the state and its regulatory norms of Indigeneity. This situation is heightened for Aboriginal organisations, which, reliant upon government funding, are compelled to negotiate their claims in relation to the expectations and demands of bureaucracy. Within the construct of the Aboriginal ‘community’, resources and recognition are primarily accessed in the arenas of ‘culture’ and ‘health and welfare’. In the broader ACT region, these domains parallel and accentuate the factions of traditional and historical people, a divide
that reflects and reproduces the constructions of ‘landed’ and ‘landless’, ‘cultural’ and ‘deculturated’. ‘Aboriginality’ thus remains bound by ‘the cultural’, and yet we have begun to see how a ‘new’ kind of Aboriginality, one founded on past injury, is being prompted and publicly mobilised especially among those less able to fulfill the imperative of ‘tradition’.

Within urban settings, AHSs function as crucial sites in which Aboriginality is reproduced and publicly enacted. Amid the sense of relatedness generated by common origins and histories, the experience of dis-connection (from land, family, culture) becomes an important basis of re-connection, displacement the foundation of a new type of em-placement. The sense of shared loss, pain, suffering and moreover, survivorship thus acts as an important source of unity and moreover, (necessary) alterity. The potential effect is to generate an ‘orthodoxy of marginality or victimage’ (Morrissey 1998:107) wherein ‘authentic’ experience is restricted to life on the social margins.

In the nation’s capital, homogenising conventions of ‘Aboriginality’ are defied by the diversity of persons who comprise its Indigenous community. It is such ‘post-traditional’ contexts that may open up the space of agency, wherein ‘hybrid’ bodies differentially engage with regulatory norms of ‘repressive authenticity’ (Wolfe 1994). Notions of ‘urban’ Aborigines as deculturated and assimilated are controversially contested by Aborigines who reside in the ACT but retain and enact ‘culture’ and connections to land, who work in the public sector but are vehemently opposed to assimilation, who look, behave and live like ‘whitefellas’ but identify as Aboriginal. These lives testify to the capacity of individuals to engage in transformative processes and to develop new kinds of coherent and sustaining Aboriginality (see Anderson 1994:121–2). Dislocation and dispossession, therefore, need not be equated with disempowerment. As Gelder and Jacobs propose:

new forms of Aboriginal[ity] ... may come into being through the very structures of dispossession ... [such that] to be “out of place” is still to be “in place”, to lose is also to gain ... [T]o be modern and unbounded [thus may allow Aboriginal persons] to be more activated [and self-determining] than ever before (Gelder & Jacobs 1998:51).

The ‘unboundedness’ of Canberra Aborigines as they negotiate their identity and ‘place’ within certain and influential political and public domains will be examined in the following chapter.
Re-presenting ‘Aboriginality’ in the ACT

How does an urban Aboriginal person become a convincing indigenous subject and thus secure the social, discursive, and affective resources available through this convincing performance?

(Povinelli 2002:57)

How can a human being live Otherwise?

(Bhabha 1993:122)

This chapter describes several key arenas in which Aboriginal people resident in the broader ACT region publicly re-construct their identities, engaging with and contesting dominant representations of their ‘absence’, ‘cultural loss’ and ‘inauthenticity’. Such projects of personal and social re-definition attest to Aborigines’ attempts to reclaim control over the production of their identities, an apposite response to a colonial history of categorisation, stigmatisation and assimilation. Yet the shape of these re-presentations undoubtedly reflects both the interpellation of Aboriginal bodies by dominant discourses and the manoeuvrings of Aboriginal subjects within the constraints imposed upon them by the nation-
state. Here then lies ‘the paradox of subjectivation’ as formulated by Judith Butler:

the subject who would resist such norms [such discursive constitutions of subject positions] is itself enabled, if not produced, by such norms (1993:15).

Drawing upon Butler, I posit that each of the public enactments of Aboriginality discussed in this chapter may be regarded as ‘performative’, that is, as reiterating certain regulatory norms which precede, constrain and enable Aboriginal subjects and which give form to their dispositions and bodies (Butler 1993:2).1

Performativity is critically differentiated from performance by the concept of agency. Whereas performance implies volition, intentionality and choice, performativity locates power not with the subject, but with those citational practices through which discourse produces the effects that it names (Butler 1993:2). Butler elucidates:

Performativity is thus not a singular “act,” for it is always a reiteration of a norm or set of norms, and to the extent that it acquires an act-like status in the present, it conceals or dissimulates the conventions of which it is a repetition. Moreover, this act is not primarily theatrical; indeed, its apparent theatricality is produced to the extent that its historicity remains dissimulated (and, conversely, its theatricality gains a certain inevitability given the impossibility of a full disclosure of its historicity) ... Indeed, could it be that the production of the subject as originator of his/her effects is precisely a consequence of this dissimulated citationality? (1993:12–13).

Within this schema, the efficacy of the re-forming and re-crafting of Indigenous selves is linked to the citation of historical conventions of ‘Aboriginality’. Agency is not that of voluntarist subjects in external opposition to power and its ‘normativizing injunctions,’ but rather, it is derivative, to be found ‘paradoxically, in the possibilities opened up in and by that constrained appropriation of the regulatory law’ (Butler 1993:12–15).2

1 In Bodies that matter (1993), Butler, concerned with the ‘discursive limits of sex’ and the politics of feminism, draws upon Foucault and psychoanalysis to explore the complex interconnections between the subject, the body and identity. She describes her analytical approach in the following terms: ‘This text accepts as a point of departure Foucault’s notion that regulatory power produces the subjects it controls, that power is not only imposed externally, but works as the regulatory and normative means by which subjects are formed. The return to psychoanalysis, then, is guided by the question of how certain regulatory norms form a “sexed” subject in terms that establish the indistinguishability of psychic and bodily formation’ (1993:22).

2 Arguing that the power of the subject and her/his will is always derivative, Butler cites Derrida: ‘Could a performative utterance succeed if its formulation did not repeat a “coded” or iterable utterance, or in other words, if the formula I pronounce in order to open a meeting, launch a ship or a marriage were not identifiable as conforming with an iterable model, if it were not then identifiable in some way as a “citation”? ... in such a typology, the category of intention will not disappear; it will have its place, but from that place it will no
In previous chapters, I have argued that 'Aboriginality' is best understood as an articulation, an inter-cultural product. Individuals 'become' a certain type of subject not simply because they are 'hailed', but because they come to identify with a particular subject position (see Hall 1996:6). 'Aboriginality', then, is a co-production, a group of constructed norms in which Indigenous subjects invest differentially at particular times and places. Moreover, the enduring force of these regulatory categories is itself contingent upon the very reiterations and attachments that they compel. A dynamic and interactive relationship thus exists between subjects, who 'never quite comply with the norms by which their materialization is impelled' (Butler 1993:2), and the systems of classification that interpellate them. Indeed, it is

the[se] instabilities, the possibilities for rematerialization, opened up by this process [of necessary reiteration] that mark one domain in which the force of the regulatory law can be turned against itself to spawn rearticulations that call into question the hegemonic force of that very regulatory law (Butler 1993:2).

Acts of re-presenting 'culture' and the 'self' are permeated, therefore, by an inherent tension between performance and performativity, coercion and agency, scripting history and individual response (Cheng 2000:59).

As previously elaborated, the sanctioned avenues for 'being Aboriginal' remain profoundly constrained by the 'totalising' concept of 'culture' (Muecke 1992a:40). This burdensome imposition places in question the legitimacy of those who identify as Aboriginal, but who 'lack' overt connections with land or 'tradition'. Butler suggests that it is such 'delegitimated' bodies that have the potential to unsettle and disrupt 'the foreclosures that are prematurely called "identities"' (1993:22–23, see also Hall 1996:15). Bhabha likewise speaks of a 'Third Space' in which the fluid, diasporic and hybrid identities emerging with transnationalism are articulated in between static forms of modern identity, disrupting their homogeneity and enabling the 'enunciation rather than the erasure of difference' (1994:38–39 in Mackey 1998:152). However, this discourse of hybridity is not only redolent of the fractionalisation of 'Aboriginality' according to racial admixture, but downplays the persistent

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3 As Rose contends: 'Human beings are not the unified subjects of some coherent regime of domination that produces persons in the form in which it dreams' (1996a:140). Rather, individuals move across disparate, contested and conflicting regimes of subjectification, wherein they are 'addressed as different sorts of human being, presupposed to be different sorts of human being, acted upon as if they were different sorts of human being' (Rose 1996a:140).

4 'The ideal that is mirrored [thus] depends on that very mirroring to be sustained as an ideal' (Butler 1993:14).
reification of ‘difference’ as ‘given, immutable, racial’ in public and popular discourse (Cowlishaw 1999:294). Cowlishaw comments:

The metaphor of hybridity ... stresses the choices and intentions of those who can take advantage of the messing up of racial and cultural categories and too easily bypasses the varied experiences of those who remain hidden on the margins. This theorizing does not refer to the everyday, ongoing struggles, which are part of the always incomplete colonial subject (1999:294).

What are the implications then for those Aboriginal persons who are insufficiently ‘Other’—too light-skinned, too modern, too Westernised, too urban—but who are equally ‘hailed’ by regulatory norms and ideals of Aboriginality? For as Merlan notes, ‘[t]here is a palpable sense of disappointment if Aboriginal people are not “really” the way they were [or should be]; all kinds of special pleading are felt necessary for the way they now appear to be’ (1998:234). Aboriginal persons living in Canberra want to be ‘bodies that matter’ (Butler 1993). Yet their path to public recognition is more difficult; the subtleties of ‘lived’ rather than material culture are not easily articulated and portrayed, particularly given demands that they be overtly ‘distinctive’ (see Schwab 1988:77–78). In (post-)colonial Australia, few Aboriginal people can afford or, indeed, desire ‘hybridity’, nor do they generally experience the freedom of remaining unreflective about their identities (see Bauman 2001, Cowlishaw 1999:294).

Lost ideals of Aboriginality haunt Aborigines in Canberra, who are caught in the liminal space between the simultaneous attributions of ‘hybridity’ and ‘culturelessness’. The public enactments of Aboriginality described in this chapter grant an insight into some of the ways in which ‘urban’ Aborigines legitimately re-present themselves. As re-presentations of selves, Aboriginalities are re-produced in specific sites, in relation to power and in articulation with dominant systems of classification and knowledge. Through the ensuing case examples, this chapter elucidates how some Aboriginal persons and groups in the ACT differentially negotiate the interdicting imperative of ‘tradition’ and its facets of ‘possession’ and ‘loss’ and begin to bring the concepts of trauma and depression to bear on their experience, distress and self-hood. Situated in the inter-cultural domain, the analysed events make clear the specific relations and interests that endure between certain Aboriginal subjects and the nation-state at the turn of the millennium. Moreover, we shall see how some Aboriginal persons—with the encouragement of the state and mainstream society—come to identify with particular subject positions that have inherent liabilities, a situation which Wendy Brown terms a ‘wounded attachment’ (1995b, Eng & Han 2003:351).
Re-presenting 'Aboriginality' in the ACT

Nggunnawal smoking ceremony

Proving, making visible and theatrical something subtle, near the skin ...

(Clifford 1988:327 in O'Neill 1996:73)

On July 31, 1998, a smoking ceremony was performed on Canberra’s Acton Peninsula, the site of the then forthcoming National Museum of Australia (NMA) and the new premises of the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS). As the location of the former Royal Canberra Hospital for almost 50 years (from 1943 until 1991), Acton Peninsula holds significance for generations of Canberrans. More than 100,000 spectators had flocked to the foreshores of Lake Burley Griffin in July 1997 to witness the hospital’s controversial implosion, promoted as a spectacle and a farewell. With detonation, however, flying debris and fragments of steel had showered the crowd, killing a 12-year-old girl. In 1998, a coronial inquiry was mid-process, with the contractor and explosives expert yet to stand trial for manslaughter by gross negligence.5

As a precursor to construction, the AIATSIS Council sponsored a smoking ceremony to ritually cleanse the site. The ceremony was performed by the Queanbeyan Nggunnawal with the participation of respected Aboriginal leaders and members of other Indigenous communities from around the country. The involvement of this diversity of Indigenous people, as reflective of the national significance of AIATSIS and the NMA, affirmed the existence of trans-continent cultural connections in such a way as to effectively legitimate the ‘authenticity’ of the Nggunnawal as traditional owners of the region. Over 400 people including the ACT’s Chief Minister, Kate Carnell, and members of the Legislative Assembly attended the ceremony, which was seen to ‘mark the beginning of a fresh relationship between Indigenous Australia and this significant and historic part of the ACT’ (Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) 1999).

In the video record of the ceremony, the Director of AIATSIS describes the ritual as a ‘culturally important cleansing and purifying activity ... the very, very first such ceremony performed in the ACT’ (Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) 1998).6 We shall see, however, that the significance of the ceremony extended well beyond its promoted objectives of laying to rest the spirits of those who had died in the

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5 The inquiry cleared the ACT’s Chief Minister of any personal responsibility although there was scathing criticism of the promotion of the implosion as a public spectacle.

6 I was not present at the ceremony in 1998, but base this description and analysis on a video recording of the ceremony produced by and held at AIATSIS.
vicinity of the site and of publicly marking a new beginning (Aboriginal and Torres Strait Islander Commission (ATSIC) 1998).

It is only within the last decade and increasingly so more recently, that smoking ceremonies conducted by Aborigines in disparate parts of the continent have become prevalent as a form of welcoming or 'blessing' of public sites and events. Such rituals have also become an integral component of Aboriginal alcohol and drug rehabilitation programs (see Atkinson 2002, Brady 1999:173–175), an emphasis largely indicative of the influence of North American Indians in the Indigenous addictions field. Historically, Aborigines used ‘smoking’ chiefly to cleanse an area after death but also in the treatment of certain illnesses and in the socialisation of children (Brady 1999:175, see also Rowse 1996:152–153). The contemporary proliferation of smoking ceremonies in diverse contexts thus signifies the re-invention, elaboration and universalisation of a traditional practice such that it has become a potent signifier of Aboriginality and ‘culture’ (refer Brady 1999:175).

Mabo, Bringing Them Home and the reconciliation movement have carved out an important civic role for local ‘traditional owners’; a ‘welcome to country’ is now an almost ubiquitous feature of public events. Critically, the re-enactment of ‘culture’ and ‘traditional ownership’ through the Acton Peninsula ceremony asserted the native title interests of one group of claimants, the Ngunnawal, and established individuals from this family network as public personalities at a time of intense contest over native title in the broader ACT region.

In October 1996, a native title claim application was lodged by ‘Nurri Arnold Williams on behalf of the Ngunnawal People’ over a southern region of the ACT primarily consisting of the Namadgi National Park (Peterson & Carr 1998:5). Comprising 46 per cent of the ACT and containing Aboriginal artefacts and cave drawings, Namadgi is regarded as the most culturally significant area of the entire Alpine National Park. In July 1997, a second native title claim application was lodged by ‘Phillip Edward Carroll on behalf of the Ngunawal People’ over the ACT covering all areas of the first application and others in addition (Peterson & Carr 1998:5). By 1998, Agnes Shea, representing a third Ngun(n)awal group, had registered as a party to both previous claims. The ACT government, endeavouring to negotiate a solution consistent with the Native Title Act but without protracted and expensive court procedures, responded by

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7 Three years later, in March 2001, a Sunrise Ceremony to ‘bless’ the NMA also incorporated a smoking ceremony, again performed by Ngunnawal people. Brady (1999:174) provides a good summary of contemporary examples of smoking ceremonies.

8 In Canada, the burning of sweetgrass in a welcoming ceremony is common to many native-run addictions programs (Brady 1995:1495).

9 Cawte's Healers of Arnhem Land (1996) includes photographs that depict the smoking of an Aboriginal man with a chest infection.

10 To date there have been no non-Ngun(n)awal claims to either Canberra or the ACT.
commissioning an independent genealogical study (Peterson & Carr 1998) to determine with which parties they should process a Local Agreement. In the meantime, it officially acknowledged the three Ngun(n)awal parties as traditional owners of the ACT, inviting all three groups to give evidence before the Bar of the Assembly on the effects of the stolen generations, seeking their views on a range of cultural and heritage matters, and making agencies aware of the need to acknowledge the Ngun(n)awal at all appropriate formal functions.

Peterson and Carr's (1998:24, 50) analysis of historical documents leads them to conclude that the centre of Ngun(n)awal country most likely was further north between Yass and Lake George rather than around what is now Canberra and the ACT. This means that the Ngunawal whose family network has both clear cognatic links to Aborigines in the Yass region and residential connections to that district over a number of generations, most probably have the best claim to the ACT, and hence the national capital, if the two are conflated as per common practice (Peterson & Carr 1998:44). However, rather than proceeding from the linguistic identity to the area delineated on maps such as Tindale's, the Williams family network, the Ngunnawal, who have a patrilineal link to an early Aboriginal figure in the ACT region but who mainly resided in Cowra claim a southern part of the ACT to which they believe they can demonstrate an historical connection (see Map 5). Noting that in technical anthropological terms, there is no evidence to link any family network with any particular part of the ACT, Peterson and Carr suggest that 'the carving out of this southern area [may be seen to be] based not just on the historical record but as a response to the vocal challenge to the Williams family network’s Ngun(n)awal identity’ (1998:51).

While still identifying as Ngun(n)awal, 'if that is the term that their European interlocuters demand', their own form of identification is the Namadgi-Piallago-Nganbra mob. This appellation effectively differentiates them from other Ngun(n)awal, thereby side-stepping challenges to their identity, and demonstrates their awareness that cartographical territorial boundaries are a point of anthropological dispute (Peterson & Carr 1998:45). Associating three 'clans', commonly taken to pertain to a land-holding group,12 with three significant geographical sites in the ACT: Nganbra (Black Mountain in Canberra), Piallago (the site of Canberra's airport, seven kilometres east of the city centre) and Namadgi (National Park), their claim effectively removes 'the plum from the [ACT] pudding' (Peterson & Carr 1998:51).

Although there would have undoubtedly been a number of land-using and land-holding groups in the ACT and surrounding region, interpretations of pre-colonial social and territorial organisation are limited by a paucity of historical

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11 This fact leads to allegations that they are ‘really’ Wiradjuri. Refer to Chapter Six.
12 This uncomplicated, unqualified usage of the term 'clan' can be misleading and problematic (see Peterson & Carr 1998:16).
documents. Since historical figures lived almost 160 years ago, oral histories are problematic forms of evidence of native title, with those people most suspicious of accuracy and the interests these apparent re-constructions serve, tending to be other applicants (Peterson & Carr 1998:32). What is most clear is the often-acrimonious contestation among the Ngun(n)awal who, in the highly symbolic and political milieu of the nation’s capital, necessarily re-present themselves in relation to the regulatory laws of ‘Aboriginality’ and native title.

The ceremony

On the day preceding the ceremony, mounds of sand, encircled and interconnected by arrangements of stones, were formed across Acton Peninsula. These signified the ‘clans of the Ngunnawal’, and ‘their connections through this country’ (Paul House in Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) 1998). On the day of the ritual, fires made of ‘special local wood and leaves’ were lit on each of these mounds (Aboriginal and Torres Strait Islander Commission (ATSIC) 1998). As participants gathered, their identities were symbolically demarcated through the bestowal of headbands: white denoted the Ngun(n)awal or traditional owners, red, those initiated into Aboriginal law, and blue, all Aboriginal and non-Aboriginal ‘visitors’, even if

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13 Given the lack of oral history pertaining to the early period of the ACT region and the long-term displacement of Aboriginal people from the area, native title claimants or those otherwise interested in reconstructing their identities must resort to historical documents. These are readily accessed at the AIATSIS library in Canberra. Since 1980, there have been a number of key publications pertaining to the history and ethnography of the ACT region: *The moth hunters: Aboriginal prehistory of the Australian Alps* (Flood 1980), *Aborigines of the Canberra Region* (Gillespie 1984), *The death and resurrection of the Ngunnawal: a living history* (Jackson-Nakano 1994), and *Wiradjuri places* (Kabaila 1995). When interviewed by Peterson and Carr during their compilation of Ngun(n)awal genealogies, native title applicants frequently produced photocopies of sections of the history and genealogies provided by Jackson-Nakano whose research forms the basis of the documentation substantiating the Ngunnawal’s native title claim (Peterson & Carr 1998:13).

14 Peterson and Carr comment: ‘It would be naïve to think that the ACT could avoid being the locus of contestation, given its symbolic significance to the nation. There is probably, as well, a perception that because of the ACT’s social make-up the ACT government is likely to be more charitably disposed towards the recognising of Aboriginal claims than governments in many other areas in the country. Further, the contestation is fuelled by the fact that there are both substantial areas open to claim (basically Namadgi) and resources known to be available for Aboriginal interests. The competition for access to these resources and the influence and recognition that goes with them is focused on the control of the institutional structures involved in the use and distribution of these resources and on the status and legitimacy given to individuals and their family networks through actively participating at openings, launches, public ceremonies, sitting on boards and committees, and similar activities in and around Canberra’ (1998:51).

15 That is, the Piallago, Namadgi and Ngambra clans.
long-standing residents of the region. Ngun(n)awal elder, Agnes Shea, officially opened the ceremony:

*By your participation in the ceremony you will acknowledge the strong links to our traditional land. This ceremony acknowledges the past history of the place and just as importantly, a new beginning in the relationship of Indigenous communities in its future development.*

Marcia Langton, acting Deputy Chair of AIATSIS, then outlined the process and objectives of the forthcoming ceremony.

*Ritual purification of the site through the smoking [will be] conducted by the traditional owners and other Indigenous people from throughout Australia in recognition of the national significance of the institutions which will be built here. Customary smoking ceremonies promote healing and wellbeing. They ensure that spiritual harmony is achieved so that daily activities can continue without conflict with those sacred dimensions which are an important feature of Indigenous cultures ... You will be invited to walk through the smoke to mark the beginning of a new relationship between Australia and this significant and historic part of the Australian Capital Territory.*

Wearing red headbands and with their faces painted white, but in the quotidian attire of shirts and trousers, Mervin Penrith and John Mumbler from the Yuin nation of the NSW southeast coast began the smoking ritual on the site of the former hospital. After introducing himself and the Dreaming into which he was initiated, John Mumbler spoke firstly in language, then English, “*calling on the spirit to safeguard everyone here*” and asking for “*a blessing from the spirit ... our Mother Earth*”. Two Ngun(n)awal women, Agnes Shea and Matilda House then walked with a group of children around the fires and stones and through the crowd, shaking gum leaves over the ground. They were followed by the ‘lawmen’ who carried smoking leaves in a coolamon. This procession was accompanied by the didjeridu and clapping sticks. At the end of the smoking process, the audience applauded.

Chair of the Ngunnawal Land Council, Matilda House, acted as the ceremony’s commentator:

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16 While officially representing the Ngunawal and District Indigenous Peoples Aboriginal Corporation, Agnes Shea has become increasingly aligned with the Ngunnawal such that her ‘identity’ may be perceived as extending across Ngun(n)awal groups.

17 At that time, Marcia Langton was also Professor of Aboriginal Studies at Northern Territory University.

18 The children, all girls, who wore black clothes and red skirts, were the ‘Dreaming Brolgas’ from South Queanbeyan Primary School (Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) 1998).

19 A coolamon is a wooden dish or vessel.

20 With the exception of her white headband, Matilda House was dressed completely in black and wore a head microphone.
My little niece will smoke the coolamon for all the babies, come across the circle and give it to the lawmen who will put it here for our babies.\textsuperscript{21}

All of the children ran around the arrangement of fires, stones and sand. Three men wearing red lap-laps and with animal skins wrapped diagonally across their bodies, their hair and bodies covered in white paint, then danced with boomerangs in ‘traditional’ style in a space amidst the fires. Two others played the didjeridu and clapping sticks.\textsuperscript{22} Smoke poured into the sky as the fires were built up and the dancers began to mime the movements of kangaroos and emus.

Matilda House described the next stage of the ritual:

We are now going to Women’s Ceremony because of this place. And we will be going in [to a large tent behind the site] to talk business and we’ll be coming out when the time is right for us to do ceremony around the smoke. Hang in there, we’ll be back.

When the Aboriginal women returned to the site, they daubed white paint on the cheeks of all willing female participants. A procession of Aboriginal women and children, waving gum leaves, then walked around the fires and through the smoke, followed at a short distance by non-Aboriginal women. They were accompanied by the didjeridu, clapping sticks and a woman singing.

As people resumed their places, dances from Yirrkala in Arnhem Land and Sabai Island in the Torres Strait were performed.\textsuperscript{23} In comparison with those performed earlier, these were highly choreographed and professionally executed; men and women, wearing elaborate costumes, danced separately on wooden flooring rather than in the space of the fires, to the sound of drumming and singing in language.

The ceremony concluded with a performance by the Nganbra Sunfire Dancers. An Aboriginal man, playing the didjeridu, walked across the site as other men played clapping sticks, sang and performed a solo ‘traditional’ dance.

The fires having burned down and the ritual complete, Aboriginal and non-Aboriginal participants walked slowly from the site to their cars and drove away.

The video record of the ceremony concludes with a series of interviews:

Well, it was important as a traditional owner of this country to know and have that acknowledgment, for everyone to see that yes, the culture is still here, the heritage that we inherited from our forefathers and you know, and our grandparents, is still there with us. We have never ever, you know, lost what people seem to think is our

\textsuperscript{21} Unlike the other children, this young girl was dressed completely in white.
\textsuperscript{22} These performers were the ‘Nganbra Sunfire Dancers,’ based in Queanbeyan.
\textsuperscript{23} These dances were performed by the National Aboriginal and Islander Skills Development Association (NAISDA).
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culture [sic]. We’ve got it, it’s here for always with us, and as you see today, it’s been passed down to all the children. (Matilda House)

It went very well because of the mixture of cultures here. Can only do well for reconciliation and that’s what it’s all about – to let non-Aboriginal people know a bit about our customs, our culture, and that way have a better understanding from both sides of the cultural side of things. (John Mumbler)

One leaves a ceremony like this with a certain feeling. So, how can I describe that feeling? Really peaceful and happy which is the way it should be. And all of the people who came from all over Australia I think feel the same way and are very happy that it’s happened and will feel very good now about … [the Institute] … being hosted by the Ngun(n)awal people. (Marcia Langton)

I thought it was tremendously successful in that we achieved what we set out to do, which was to sponsor a traditional cleansing and healing ceremony and we did that in a very inclusive way by inviting and encouraging participation from all sectors of the community. So overall I thought it was a tremendously effective event … (Russell Taylor)24

Analysis

[I]ndigenous performances of cultural difference must conform generally to the imaginary of Aboriginal traditions and more specifically to the legal definition of ‘traditional Aboriginal owner’.

(Povinelli 1998:590)

Mabo established that the basis of native title is extinguished ‘when the tide of history has washed away any real acknowledgment of traditional law and any real observance of traditional customs’ (cited in Povinelli 1998:587, refer to Chapter Three). To substantiate their claims, Aborigines must successfully demonstrate the continued autonomy of their cultural production (Merlan 1998:150). Claimants are thus ensnared in the law’s inherent antimony:

the impossibility of achieving what it imagines is possible but is not, a form of legal cultural performance not oriented to power, not already an alterity whose internal composition is the hybridized history of colonial identifications, prohibitions, and incitements (Povinelli 1998:591).

The fact that those Aborigines who have gained the fullest rights to land have been overtly ‘traditional’, mostly residing in more remote parts of the continent, may be read as evidence of the enduring influence of the ‘noble savage syndrome’ (see Jacobs 1988:32, Wolfe 1994). Native title claims in urban regions typically elicit greater opposition, provoking anxieties about ‘appropriate’ land

24 Russell Taylor was then the Principal of AIATSIS.
use and fears that ‘militant groups’ may claim sites of importance to white society. Resistance is undoubtedly fuelled and justified by the reality that few Aborigines in settled Australia look and act the part, that is, they fail to conform to the legislative and national imaginary of demonstrable, definitive ‘difference’.

Although most land rights legislation compels claimants to demonstrate a present-day continuity and identification with traditional beliefs and practices, NSW legislation permits Aboriginal groups to claim land on the basis of historical attachment to a particular tract of country (Povinelli 2002:60). This concession nonetheless (re)positions Aborigines outside the forces of history and modernity (see Gelder & Jacobs 1998:59–60). Success remains contingent upon the readiness of claimants to articulate their identity in accordance with ‘externally set constructs of Aboriginality’ (Jacobs 1988:31).

The Acton Peninsula smoking ceremony exemplifies the ‘cultural revival’ that has become central to the re-production of contemporary ‘Aboriginality’. Such re-constructions of ‘tradition’ are plainly entwined with the mechanisms of land claims and native title which compel claimants to re-capture their history and to ‘perform’ the customs, beliefs, and practices that constitute their essential alterity. In the southeast, this process necessarily entails ‘explicit borrowing, teaching and diffusion of “culture” in [a] reified and generalized sense’; the concomitant privileging of objectified cultural forms and the preference for ‘the vivid, the material, the special event’ work to reinforce ‘a “high” view of culture as divorced from everyday social practice and experience’ (Merlan 1998:227–228). Aboriginal ‘culture’ thus becomes less a social process than a discrete entity.

While colonial policies sought to eradicate the cultural remnants that hindered the progress of mixed-descent Aborigines into white society, in the post-colonial nation, Aborigines are re-asserting the autonomy of their identity through the active re-clamation and re-constitution of ‘culture’, re-forming attachments and signifying relationships to ‘place’ and ‘community’ in new ways. But while national and local imaginaries, aspirations and anxieties may impel Aborigines towards positions of cultural essentialism, this impetus, this apparent internalisation of dominant demands and fantasies, is inseparable from the desires of Aborigines themselves to forge a sense of coherence and

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25 As expressed in an editorial in the Weekend Australian: ‘There is a significant gulf between recognising Aborigines’ rights to something like Ayers Rock and to allowing them open slather’ (22–23 July, 1989 in Burgmann 1993:64).

26 As Anderson comments, ‘it is a taken-for-granted non-Aboriginal Australia has the right to dissect and define Aboriginalities – a privilege that is rarely reciprocated’ (1997b:4).

27 Cohn’s observations about India(ns) are apposite: ‘Not only have the colonial peoples begun to think of themselves in different terms, not only are they changing the content of their culture, but the way that they think about their culture has changed as well ... They in some sense have made it into a “thing”; they can stand back and look at themselves, their ideas, their symbols and culture and see it as an entity’ (1984:28).

By no means, then, is dispossession a passive condition. Rather, as Gelder and Jacobs suggest, it may stimulate 'renewed and even intensified modes of possession' (1998:46). Aboriginal groups engage in the highly political and public processes of land rights and native title by consciously selecting, articulating and performing those cultural elements that they know will authenticate their 'unique and special interest' in particular tracts of land (Jacobs 1988:35-36). Indeed, while 'culture' is constrained by an imaginary pre-colonial past, its re-enactment in late-modernity allows it to gain renewed meaning and broader relevance such that it becomes not only integral to a public and self-conscious assertion of Aboriginality, but to the nation's sense of itself (see Gelder & Jacobs 1998:46-47).

Performed in 1998, at a high point in the movement for reconciliation, the smoking ceremony offered Aboriginal and non-Aboriginal Australians a moment of shared physical and spiritual (re-)connection on the path to national renewal. Indeed, 'the sacred' is omnipresent in the ritual which is explicitly introduced in these terms. The concept of 'Mother Earth', expressed by one of the lawmen, effectively transcended spiritual traditions to unite all present, Aborigines and non-Aborigines 'who feel for the land in an Aboriginal way' (Swain 1992:134 in Brady 1995:1495, see also Lattas 1997:241). Acton Peninsula was thus temporarily transformed into a sacred place, a timeless space 'where a nationalist discourse took root' (see Lattas 1997:237).

The ceremony notably defied normative conventions associating Aboriginal 'spirituality' with geographical and cultural remoteness, by reproducing it in the heart of the nation's capital at the end of the twentieth century. The use of boomerangs and didjeridus bear witness to their importance as icons of Aboriginal culture and Australian heritage: the adoption of the didjeridu by Aborigines in the southeast is entwined with new beliefs about its 'mystic spirituality' and its pivotal role in spiritual ceremonies (Neuenfeldt 1998:76-77). The 'traditional' dances likewise were redolent of sacred corroborees and...
‘the primitive’, belying the performers’ urbanity and modernity. Timeless, ‘authentic’ Aboriginality uncontaminated by colonial contact, was re-constructed in view of New Parliament House, bearing witness to the fact that ‘the culture is still here ... We have never ever, you know, lost [it]’ (Matilda House).

Participants were thus invited to celebrate a romanticised vision of Aboriginality as unified, spiritual and potentially transformational, as the source and origin of distinctive ‘Australian-ness’. As the ritual progressed, Aboriginal identity and culture were naturalised and revalorised as ‘primitive’ and ‘primordial’, as national, spiritual and cultural resources and treasures. Moreover, as the Ngunnawal re-presented themselves as having ‘never lost’ their culture, the ceremony worked to assuage the guilt and political anxieties of white Australians, even more so since these particular Aborigines were (desirably) spiritually and culturally ‘Other’ while at the same time, comfortably, non-threateningly familiar. The (re-)enactment of Aboriginal ‘culture’ and ‘spirituality’ outside the bureaucratic arenas in which claims for property are typically expressed, ironically granted the Ngunnawal’s implicit claim to native title more validity. Spirituality thus stood alone, ‘pure’ and ‘uncorrupted’ by its modern entanglement with politics (see Gelder & Jacobs 1998:60).

The aims of spiritual cleansing and of marking a new beginning, while focused on the specific geographical site of Acton Peninsula, were plainly embedded in the objectives of reconciliation. Conducted on the future site of an Institute of research of/on Indigenous people, and a museum with its collections of Indigenous artefacts, both historically centres which appropriated Indigenous knowledge, the ritual signifies the beginning of a ‘new partnership’ as the state comes to recognise

Indigenous cultures as living cultures, with a rich and continuing cultural heritage ... [and] the special contribution of Indigenous people to the cultural identity of the nation ... [as will be signified by] the proposed Gallery of Aboriginal Australia [at the heart of] ... the NMA (Casey 1998).  

30 Historically, the didjeridu was neither predominantly a sacred musical instrument used in spiritual ceremonies, nor traditionally associated with healing in northeast Arnhem Land, but rather, “an integral but not paramount part of socio-cultural and musical practice” (Neuenfeldt 1998:76–77)

31 Familiarity, including that of experience, was generated primarily through Matilda House’s statements: the smoking for ‘all our babies’ and her lighthearted idiomatic comment, ‘Hang in there, we’ll be back!’ (author’s emphasis).

32 The fact that AIATSIS is now controlled by council of Indigenous people is seen to be ‘both a symbol and an expression of the shift in the politics of knowledge ... achieved over the last 30 years’ (Dodson 1994).

33 Dawn Casey, an Aboriginal woman from far north Queensland and from 1999 until 2003, Director of the NMA, stated: ‘Museums have all too often, in the eyes of Indigenous peoples in Australia and throughout the world, been the despoilers, desecrators and robbers of Indigenous cultures. Museums in Australia have in the past been no less imperialistic in approach than their counterparts overseas, and have collected the cultural heritage of Australia’s Indigenous inhabitants, including items of special cultural significance, since the
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For the brief time of the ritual at least, there was the possibility of a shared local and national identity and vision (refer to Lattas 1997:244). As people passed through the smoke, a sense of mutual becoming was generated: becoming-traditional owners, becoming-primitive, becoming-spiritual, becoming-a true Australian (see Lattas 1997:243). In the context of this ceremony then, rather than being both subjects and objects of 'loss', having and being 'lost', Aborigines in Canberra are temporarily constructed as full of a significance which [non-Aboriginal Australians] lack. This ideology positions itself as non-racist because it values the primitive whilst denouncing the spiritual poverty of Western society. However, the effect of this ideology is simply to imprison Aborigines within a binary opposition where they [are compelled to] become the system of meaning that white society has lost (Lattas 1997:244).

As the Ngunnawal identify themselves in a way that is appreciated and valued, in meeting the desires and ideals of white and black Australians and rendering the ACT a 'spiritual' place, they generate solidarity, sympathy and new affiliations. Some, then, may see the smoking ceremony as the commodification, mystification and essentialisation of Aboriginality such that Aborigines become first and foremost forms of exotica, and possibly, but much later, political subjects.

On 30 April 2001, an historic agreement was signed between the ACT government and members of the Williams and Shea family networks. This contract offered joint management of Namadgi National Park contingent upon the withdrawal of all native title claims over the ACT. Although the legislative framework controls major management matters in the park, this symbolic lease acknowledges its Aboriginal signatories as people with an historical link to the area and grants them a defined role in consultations regarding broader regional Aboriginal issues (see Clack 2001, Gentle 2001). Moreover, it provides Aboriginal members of a new Namadgi Advisory Board with their first time of first contact with European colonisers. Museums in Australia are estimated to hold: some 7000 Aboriginal ancestral remains (approximately 5000 of whose origins are unknown); some 11,000 secret/sacred men's business objects; a range of women's business objects and a range of Torres Strait Islander secret/scared objects' (Casey 1998). Following its opening in 2000, the NMA quickly became a focus of the history and culture wars with conservatives regarding it as propagating the black armband image of Australia. Even the museum's unusual design was criticised for its similarity to Daniel Liebeskind's Holocaust museum in Berlin (Fickling 2003). In late 2002, the Howard government, having extended Casey's tenure by only one year, funded a review into the museum's portrayal of national history, in particular, its Aboriginal history exhibits. Accusations of bias and of 'political correctness', however, failed to be vindicated (see Morgan 2003).

Michael Dodson has commented on the imprisoning effects of images which essentialise Aboriginal peoples and cultures as static, timeless, 'pure', whether these be projections of the primitive 'Other' of the West or a more recent equally erroneous inversion in which 'we appear ochred, spiritual, and playing the didgeridu behind the heroic travels of a black Landcruiser' (Dodson 1994, Grossman & Cuthbert 1998:111).
management role in the ACT as well as instituting other training and employment opportunities at the National Park specifically for Aboriginal people.

Describing the agreement as a symbolic reversal of the dispossession process and as having been made ‘in the spirit of reconciliation’ (Clack 2001), the ACT government sought to sign with the three foremost Ngun(n)awal groups. However, as the historic agreement was being signed at the Legislative Assembly, at least three Aboriginal groups were lodging objections. One group not associated with any of the three commonly recognised Ngun(n)awal groups, unsuccessfully sought an injunction to halt the signing on the basis that they had learned of the contract through a newspaper article and were concerned that it would extinguish their native title rights to Namadgi. The Yass Ngunawal Land Council likewise refused to withdraw its native title claim which in 2005 remains before the National Native Title Tribunal. 34 Both of these groups disputed the right of the Shea-Williams family networks to sign anything to do with Namadgi, arguing that they were not local Ngunawal people, but rather were Wiradjuri, from Queanbeyan (Clack 2001). Don Bell, a Ngunawal spokesperson, stated that rather than encouraging a spirit of reconciliation, the agreement had widened a rift in the local community (Gentle 2001).

Matilda House, as one of the primary signatories to the lease, was quoted as saying,

Having gone through the trauma we all had to go through, not just with the Government but within ourselves, when the time came to stand up and be counted there were quite a few bridges to cross ... Now we are looking forward to this very positive attitude we have within ourselves to make the things work that the Chief Minister has spoken of (cited in Downie 2001).

Agnes Shea, another signatory, described the futility of native title claims in the region:

We’ll never get a native title claim in the ACT because they won’t give it to us. Donny [Bell] seems to think he will get it. If he gets it, well, good luck to him – but I can assure you he won’t ... (Lawson 2001b).

The Namadgi agreement therefore consolidated the position of the Ngunnawal as the most publicly recognised ‘traditional owners’ and strengthened their affiliation with the ACT government, while further marginalising those Ngun(n)awal who were not prepared to acquiesce to its terms. The agreement,

34 The argument of the ACT government is firstly, that the Ngunawal are unable to establish their continuing historical association with the land, and secondly, that even if native title was found to exist, it nonetheless would have been extinguished by the act of creating the Territory and by grants of freehold title since. The Ngunawal claimants, however, argue that there are parts of the Territory, in national park and wilderness, where native title has never been extinguished, and furthermore, that native title and the national capital could (potentially) co-exist (Lawson 2001a).
however, is far removed from native title, being concerned with consultation rather than management in any real sense.

The smoking ceremony at Acton Peninsula may be seen as a critical moment when the Ngunnawal successfully overcame the ‘trauma’ of their suspected inauthenticity. As Povinelli observes:

Non-Aboriginal Australians enjoy ancient traditions while suspecting the authenticity of the Aboriginal subject; Aboriginal Australians enjoy their traditions while suspecting the authenticity of themselves (2002:57).

The Ngunnawal adeptly navigated between the poles of excess and lack, re-presenting their ‘uncorrupted alterity’ in a way that enthralled but did not threaten (see Gelder & Jacobs 1998:64–65). Its ‘tremendous success’ was due at least in part to its dissimulated orientation to power. The result was a sharing of experiences, ideals and emotions that temporarily ‘healed’ and united Aboriginal and non-Aboriginal people as Canberrans and Australians.

Practices of re-membering: a stolen child

Remembering is never a quiet act of introspection or retrospection. It is a painful re-membering, a putting together of the dismembered past to make sense of the trauma of the present.

(Bhabha 1993:121)

Wadjularbinna Nulyarimma35 is an Aboriginal woman from Doomadgee, an Aboriginal community in the Gulf country of far northwest Queensland. In 1998, she moved to Canberra largely to assist her daughter in the care of her three children, but becoming equally actively involved with the Tent Embassy as a forum for engagement in national politics. Like many Indigenous people in Canberra, Wadjularbinna explicitly identifies with country and connections far from the ACT. Yet the exceptional nature of her engagement in the starkly differing social and political milieux of the national capital and an isolated Aboriginal settlement means that she is known and respected as an elder and spokesperson of both the Tent Embassy and the Ganggalida people of Doomadgee.

Movement between white and black ‘worlds’ has characterised Wadjularbinna’s life. Removed at a young age from her ‘full-descent’ family, she spent her childhood and youth in the Doomadgee dormitory where, due to her light skin and quick intellect, she was groomed for life in white society and

35 I am using Wadjularbinna’s actual name at her specific request: ‘I’ve seen things I’ve said printed in other articles and my name hasn’t been mentioned. That’s stealing. They’re my words. I need to be quoted and my name given so that if I’m misquoted, I can respond’.
eventually left the settlement to marry into a pastoralist family. In 1984, after an absence of over 30 years, she returned to Doomadgee to care for her invalid mother. In 1988, during a hearing of the RCIADIC conducted in Doomadgee, her biography was formally, publicly recorded for the first time. Over the next decade and a half, she re-told her life story in a diversity of public settings, her biography and, concomitantly, her identity becoming elaborated in ways reflective of the wider concerns, tropes and discursive themes of late twentieth century Australia(ns). Wadjularbinna’s endeavours to articulate and make sense of her own past clearly manifest a concern that transcends the personal. As such, I suggest that her narratives may be better understood as testimonials, wherein she metaphorically, and sometimes literally, takes the witness stand on behalf of all Aboriginal people (see Felman 1992:204, Kennedy 1997:236).

In late modernity, the practice of testimony, to which memory is integral, has become a central mode of describing and vicariously connecting to the momentous events of recent history. However, as Antze and Lambek comment:

When memories recall acts of violence against individuals or entire groups, they carry additional burdens – as indictments or confessions, or as emblems of a victimized identity. Here, acts of remembering often take on performative meaning within a charged field of contested moral and political claims (1996:vii).

An inherently complex relationship exists between the performative aspects of memory and the capacity to recall ‘the truth’ about the past. Memories, especially concerning painful experiences, are often difficult to communicate and not always readily accessible as a straightforward or coherent narrative. Context and the dyad of testimony and witnessing enable and shape what can be safely remembered, retold and socially recognised (Humphrey 2002:106–7, Lambek 1989:xvii). Acts of remembering, therefore, are not neutral, nor should they be evaluated in terms of their absolute truth-value.

Yet while testimonies are often singled out and denounced as ‘symbolic’ (Attwood 2000b:4), that is, as interpretive reconstructions that bear the imprint of present-day social, ideological and cultural concerns (Kennedy 2001:118), all

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36 For example, the Holocaust, Hiroshima, the Vietnam War, the South African apartheid regime, and more locally, Aboriginal deaths in custody and the stolen generations.
37 ‘Performative’ in this context encompasses both elements of ‘performance’ and also, the ‘performative’ in Butler’s sense of the reiteration of dominant norms.
38 Humphrey suggests that it is ‘[t]he social and political context of witnessing [that] ... shapes the possible articulation and narration of trauma’ (Humphrey 2002:116).
39 Testimonies have proven to be problematic forms of evidence in the few stolen generations’ cases to reach the courts and fail. In Cubillo v. Commonwealth, for example, the presiding judge, Justice O’Loughlin, although stating that he did not believe that either Cubillo or Gunner had been ‘deliberately untruthful’, questioned ‘their ability to recall, accurately, events that occurred so many years ago when they were small children’ (2000: para 125). He further stated, ‘they have unconsciously engaged in exercises of reconstruction, based, not on what they knew at the time, but on what they have convinced themselves must have happened or what others may have told them’ (2000:para 125).
historical discourse—and moreover, all experience—is socially situated and mediated. The present and the past, individual and collective consciousness are intertwined in historiography; since one of their fundamental tasks of histories is 'that of making sense of and composing ourselves in the light of present circumstances... ["histories" are] invariably framed and shaped by the wider cultural and political discourses of that time' (Attwood 2001a:188).

Wadjularbinna's unfolding biography evinces how she comes to re-frame, re-think, and re-feel her life experiences in dialectic with the circumstances and discourses that compel her acts of remembering. Her testimonies reveal the interaction of context, memory and identity: as she re-reads and re-describes her past in light of the events and frames of the late twentieth century, her identity, as a ('half-caste') Aborigine and, eventually, as a member of the stolen generations, is gradually re-shaped by her memories of removal and the situations in which she recounts them. In turn, her evolving personal identity influences how she re-members her history, her remembered experience reinforcing, challenging and/or redirecting larger narratives and ideas about 'Aborigines'.

Central to the re-framing of her experience within dominant narratives and tropes are the non-indigenous interlocutors—journalists, liberal Christians, lawyers—who mediate the re-production of her 'autobiography' and moreover, her political quest for land rights and native title for the Ganggalida. As her history of alienation and damage is represented as emblematic of Aboriginal experience post-invasion, so too it becomes not only the etiology of her own condition, but, by extension, that of all Aborigines, and thereby, a focus for the outpouring of shame and sympathy.

The fascination with tales of bloody colonial history in which Aborigines are centrally positioned as victims, is congruent with the percolation of 'the psychological' into everyday thought and practices. The accent on the recollection of past abuse, personal and collective, has arisen in a social context not only 'obsessed with memory' (Ballinger 1998:122 in Humphrey 2002:116), but with memories of trauma. The 'recovery' of repressed memories of abuse is now widely accepted as integral to overcoming their (apparent) present-day legacies.

As discussed in Chapter Three, the public (re-)surfacing of the memories of the stolen generations was largely compelled by national processes of 'recovery'. As the very experiences that had once been a source of personal

40 For example, the style of 'the rhetoric of fact' implies that unmediated facts have been established and simultaneously negates their discursive mediation (Alcoff & Gray 1993:283, Young 1988:9 in Kennedy 2001:118).
41 By no means am I alleging that she has progressively fabricated her memories of removal in the sympathetic political milieu of the 1990s (see Brunton 1998:9, Kennedy 2001:116, Manne 2001b).
42 We have seen in Chapter Three that TRCs essentially apply the same theory and practice to national 'healing'.
shame and confusion became the focus of public attention, they offered 'hybrid' Aborigines a new, socially-validated form of alterity and kind of inverted agency. In the very process of re-membering, therefore, the stolen generations (re-)formed who they are. Indeed, we shall see that as the stolen generation discourse increasingly comes to re-frame her own past, Wadjularbinna gradually and progressively comes to embody the ultimate subject position of 'loss'—that of the 'stolen child'.

Revisionist historiography has ostensibly 'liberated' Aborigines from the margins to the centre of history. The testimonies of the stolen generations are likewise perceived as having restituted '[I]ndigenous voices, presence, status and subjectivity in the nation in the present' (Schaffer 2001). And yet, as Cowlishaw observes, 'this new version of the past is clothed in terms and concepts constructed outside the realm of the Indigenous people it is assumed to benefit' (2004:203). As the experience of loss and trauma is re-inscribed upon Aboriginal subjectivities, the 'empowering' subject position offered to Aborigines may, in fact, be that of 'victim'. Wadjularbinna’s narratives evince the inherent double-bind of this position as a source of agency.

**Doomadgee**

Roughly equivalent in area to the state of Tasmania, but with a population of less than 7000 of whom approximately 80 per cent are Aboriginal, the Gulf of Carpentaria is one of the most remote and isolated regions of Australia. Doomadgee community is situated in the southern part of the Gulf, approximately 87 kilometres east of the Queensland-Northern Territory border and 480 kilometres by road from the nearest major town of Mt Isa (see Map 6). Road access is poor and the region is monsoonal and subject to cyclones. European exploration in the region was comparatively late, dating from 1845, but pastoral incursion soon followed and was established within thirty years (Trigger 1992:18). This period, termed 'Wild Time' in Aboriginal accounts, was marked by extensive violence between Aborigines and Europeans and to a lesser extent among Aborigines, in some areas continuing until 1910 (Trigger 1992:18–25). From the 1880s to the 1930s, widespread dispossession and dislocation from their traditional lands led many Aborigines to congregate near station homesteads or in

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43 Acts of remembering are integral to the (re-)formation of self. Our sense of who we are is 'brought into being and maintained by the stories we tell ourselves and others' (Bruner 1991, Kirmayer 2002:311) and by our capacity to keep these particular narratives going (Giddens 1991:54). As individuals 'recover' and recount their memories, their experiences and sense of self are shaped by their stories and by the responses they generate. One thus becomes the subject of one's own narratives, and in the very act of remembering, becomes attached to the work of re-constructing an identity.
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camps on the outskirts of Burketown and Normanton, not only to escape violence but to access commodities, particularly food and tobacco (Trigger 1992:26).

Although a considerable number of Aboriginal men and women were incorporated into the cattle industry as cheap seasonal labourers, by the early 1930s when missionaries of Brethren and similar fundamentalist backgrounds arrived in the region, they found an Aboriginal population in extremely poor material circumstances (Trigger 1988:218). These missionaries established a base at Burketown in 1931 and two years later, a small mission, ‘Dumaji’, 110 kilometres to the west. In 1936, this was relocated to its present inland site on the Nicholson River. The authoritarianism of this regime is evident in a government report of 1950, which described Doomadgee Aborigines as ‘the cleanest, the best fed and the best housed’ but also ‘the most severely restrained’ (Director of Tuberculosis 9.5.1950:4 cited in Trigger 1988:222). The dormitory system, pivotal to both the moral and social ‘uplifting’ of Aborigines and the active discouragement of traditional practices, was termed a prison, ‘indistinguishable from slavery’ (Trigger 1988:222). In 1983, reflecting the national emphasis on Aboriginal self-administration, control of the community was assumed by the Ganggalida people, one of the main language groups in Doomadgee, although it remains disputed as to whether the town itself is within Ganggalida or Waanyi country (Trigger 1992:110, refer to Map 7). In 1988, the last missionaries departed. The settlement, with its current population of around 1200 of whom 1100 are Aborigines, is now controlled by the Doomadgee Aboriginal Council (Human Rights and Equal Opportunity Commission 2001). It is a ‘dry’ community, but the effects of excessive alcohol consumption are discernible in high rates of domestic violence and suicide, poor health status and life expectancies, and widespread illiteracy and unemployment. Since 1982, a section of the community has lived on their traditional lands to the west of Doomadgee, in an area of the Northern Territory adjacent to the Queensland border that was

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44 Trigger comments: ‘The missionaries were known to be largely ignorant of, and opposed to, many “Blackfella ways”. Most were not happy for children to speak their own language, for marriage and other affairs to be organised according to kin obligations, or for “Blackfella medicine” to be used in healing. They were against all forms of sorcery, and their antagonism to traditional ritual life was most evident on the issue of ceremonies, which have never been allowed in or near the mission. The last time some men held an initiation ceremony a few kilometres west of the settlement (around 1953) is well-remembered by both the Aborigines and missionaries involved. Aboriginal people say that the superintendent threatened to call the Burketown police sergeant in an attempt to stop them, then did so ... The superintendent’s own account illustrates the missionary strategy, which was to insist that such ceremonies could not be carried out on the Doomadgee reserve, while knowing that historical reasons, material necessity and ties to children in the dormitories would keep the people there’ (1992:75).

45 There is no hotel in the settlement and only beer is legally sold at canteens operated by the community council. ‘Sly grogging’, the illegal freighting of alcohol into the community by plane or other means is not uncommon. Alternatively, people seeking ‘hard liquor’ either travel 110 kilometres over rough terrain to Burketown or to the Hells Gate Roadhouse 80 kilometres away.
claimed successfully by the Waanyi people under the Northern Territory’s Land Rights Act. In 1994, following the formation of the Ganggalida Aboriginal Corporation two years earlier, transfer of Old Doomadgee Deed of Grant in Trust (DOGIT) was accepted by the corporation, which now also holds title to five non-exclusive pastoral properties along the Queensland coast.

Royal Commission into Aboriginal Deaths in Custody 1988

Following the death of Alistair Albert Riversleigh in Doomadgee lock-up in March 1988, the RCIADIC conducted a hearing in Doomadgee in October that same year. In this forum, Wadjularbinna acted as an intermediary between Aboriginal witnesses and lawyers, rephrasing both questions and responses, although less an interpreter than a cultural mediator. On the second day of the hearing, having already submitted a written report to the Inquiry, Wadjularbinna, identified as ‘Marquet Whitehead’, came forward to give evidence. While she sought to communicate the cultural, social and historical factors that she perceived were contributing to the community’s social problems, questioning began and ended with her personal life history as lawyers attempted to establish or invalidate the legitimacy of her testimony.

Stating that she was ‘born in the bush under tribal conditions’ in the early 1930s, her father a head stockman and her mother ‘a full blood Aboriginal’ of the Ganggalida tribe who was married to a man from the Garawa tribe, Wadjularbinna described how ‘we roam[ed] around on our own until the missionaries came into the area and worked with the mounted police ... and started collecting children and taking them off their parents’. She and her older sister were taken into the mission by her mother and grandmother when they realised ‘it was getting that way they couldn’t hide any more’ (Royal Commission into Aboriginal Deaths in Custody (RCIADIC) 1988:374). When asked her first recollection of being separated from her family, she stated:

I don’t remember much that went on at that place, but I remember very clearly that day I was taken off my grandmother; it was a screaming match. We screamed and yelled and hung on to her, and clung to her and eventually they took us, ripped us away - took us away from her (Royal Commission into Aboriginal Deaths in Custody (RCIADIC) 1988:374).

46 In 1988, David Trigger described a relatively successful outstation movement in this region, as signified by a general absence of alcohol consumption, reduced conflict and an increased sense of purpose and social connections (Trigger in Royal Commission into Aboriginal Deaths in Custody (RCIADIC) 1988:254).

47 Native title rights and interests exist over these forms of property although in the event of any conflict of interests, the rights of the pastoralist prevail.
The following exchange between Mr Hoath, assisting Commissioner, and Wadjularbinna centres on the institutionalisation of Aboriginal girls in the Doomadgee dormitory:

Mr Hoath: Anything else about those days that you want to tell us?
Marquet: It is just that there are some unpleasant things that went on, you know, with the - we were fenced in by - we had boundaries and we couldn't go out. Our windows were wired up with barbed wire, right across - and then chicken mesh over the top of that so that we couldn't get out.
Mr Hoath: Could you get through the fence to get out to walk around?
Marquet: Well, the older girls did get over it by climbing over, or digging a hole and crawling under and getting out. They wanted to go back to their parents or go out and look for native food, because we were hungry.
Mr Hoath: And then?
Marquet: But they got into trouble when - they were brought back sometimes by an Aboriginal tracker and the superintendent on horse back.
Mr Hoath: Yes?
Marquet: Brought back and then they were flogged with a green hide - plaited green hide rope and chained to the trees around the area.
Mr Hoath: Did you see that?
Marquet: I saw it, yes. We all saw it ...
Mr Hoath: Did that ever happen to you?
Marquet: No, it didn't happen to me.

Wadjularbinna later described how she came to marry a man with whom she had never spoken, her wedding conducted in the absence of her family who were not permitted to attend 'because they were Aboriginal people'.

Marquet: ... I was told I had to marry him and leave this Aboriginal reserve ... and go and live as a white person.
Mr Hoath: And what happened?
Marquet: My mother became upset. I didn't want to go and they just said they were doing the best thing. They were looking after my interests, and they said it was the best thing for me to do.
(Royal Commission into Aboriginal Deaths in Custody (RCIADIC) 1988:382-383).

She related how she lived as the wife of a station manager until 1971 when she left her husband and for a number of years moved between Queensland and NSW following seasonal employment, working in Aboriginal communities and caring for her five children as well as nine foster children. In 1984, she returned to Doomadgee, visiting Ganggalalda lands with her parents and extended family.

Marquet: ... as we were travelling along brother Willie stopped the vehicles, got out - there was no boundary, but he said to me, "This is our grandfather's country," and he started talking to somebody that we couldn't see, probably our ancestors, and
it gave me a funny feeling; it was a strange feeling. When we got to where we were going, to Dumbara, to my mother’s country, I was asked to get out of the vehicle, and all the other Aboriginals sat with their heads bowed, and I was told by my mother to get out of the vehicle and take my shoes off and stand with my bare feet on the ground, and facing the direction that she was going to speak, and she spoke to – she said to our ancestors, telling them of my return to my people and my country.

Mr Hoath: What language did she use?
Marquet: She used Gangalida [sic] language.
Mr Hoath: Were you able to speak Gungalida then?
Marquet: I don’t – I speak it a little, but I can understand – if she doesn’t talk too fast, I can understand what she’s saying.
Mr Hoath: At that time, could you understand what she was saying?
Marquet: A little of it. It was as if – well, saying that – she was thanking them for bringing me back safely and making sure that I came back to my country, to the country of my grandfathers, and she was happy to be able to bring me out there.
Mr Hoath: Have you been back to that country since?
Marquet: No, because it’s – I think it’s leased by somebody else, and we can’t make regular trips to it ...

(Royal Commission into Aboriginal Deaths in Custody (RCIADIC) 1988:386).

Asked why she believed people in Doomadgee were drinking to excess, Wadjularbinna stated:

Yes, well, they can’t cope with too [sic] conflicting laws and they don’t know – and of course parents who are brought up like me and have had to live under that system that I was brought up with here on this mission, it’s made us feel next to nothing, you know, less human. We were told not to use our language, we couldn’t – our parents couldn’t do their corroboree, they were punished, they weren’t given rations and we were told our way of life was heathenism and all this sort of thing and they said, “You must not have that way of life,” so by the time they were finished with us, brainwashing us, you know, they made us feel really, really low; our self-esteem was nil and we feel very – as if there’s no purpose in life for us, and I felt that way before I left the mission. I felt confused, mixed up and thought what was the use, so those people who are drinking, I am sure, because they haven’t had the opportunities that I’ve had to go out and live in the wider society – live – well, there’s a class distinction in European society and I went right to the top, from a little simple Aboriginal girl to the very top. My people haven’t had that opportunity, they haven’t had the same ... they are still as confused as I was when I left this place (Royal Commission into Aboriginal Deaths in Custody (RCIADIC) 1988:388).

The lawyer for the state of Queensland, Mr Bourke, sought to render Wadjularbinna’s evidence inadmissible, particularly her allegations of police intimidation and of institutional impediments to Aboriginal self-management. He averred:

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48 He argued that since she was virtually the last witness of the hearing, there was no possibility of other witnesses refuting her claims, nor was there an opportunity of testing her on instructions. Goodall comments that the RCIADIC’s historical outcomes were shaped by its ‘most constrained forms of legal process’ (1992:109). Suspicions of foul play and dishonesty
one might as well say that your terms of reference can attest to anything which might have even the least connection with a person, Aboriginal – whether it be full blood, half-caste or just the slightest bit of Aboriginal blood in them (Royal Commission into Aboriginal Deaths in Custody (RCIADIC) 1988:393).

When granted an opportunity, Wadjularbinna addressed this use of the term ‘half-caste,’ asserting:

it doesn’t matter how light the skin goes, you stem from the Aboriginal race and you’ll always remain an Aboriginal (Royal Commission into Aboriginal Deaths in Custody (RCIADIC) 1988:396).

Mr Bourke’s riposte was to subject her to rigorous interrogation about the specific details of her personal history:

Mr Bourke: How old were you when you came to the mission?
Marquet: Well, the missionaries had to guess my age, so it must have been round about 4 or 5 they told me, and they’ve given me – I wasn’t born – I was born in the bush under tribal conditions.
Mr Bourke: Well, you don’t have any real recollection of life under the tribal conditions, do you?
Marquet: When the war was in this area, and Darwin was bombed, we were given back to our parents for 2 months – for 2 months, and my parents made it their business to tell me and teach me.
Mr Bourke: How old were you then?
Marquet: I was about 10 or 11.
Mr Bourke: In effect, you had a 2-month experience of living under tribal conditions in your lifetime?
Marquet: I used to go out every Sunday, after church, for half a day too ... I think it’s enough to ground [my] background, my structure and everything, my culture.
Mr Bourke: Sure, and I accept that, but that’s the extent of it, isn’t it?
Marquet: When you say – I wasn’t allowed to practice [sic] my culture.
Mr Bourke: Now, you say that you’ve had the opportunity to go to the top? ... Had it not been for your education and training, you would not have been able to mix in those circles. Isn’t that correct?

meant that, in spite of attempts to widen the framework and objectives of examination, many of the Commission’s hearings were little different from formal inquests. She further states: ‘These hearings concentrated on individuals ... and operated on highly restricted methods of inquiry: the most legalistic rules of admissibility of evidence, the most formal conditions for hearing evidence, and the most rigid methods of interpretation which sought to determine guilt or innocence in the most immediate circumstances of the death. In this context, the documentary evidence of welfare and justice administrations ... continued to play a central role in determining the past history of the individuals who had died. Its influence, in constructing individuals in the spotlight of bureaucratic surveillance, reinforced the tendency of the inquest to see individuals in isolation from their communities’ (1992:109). This emphasis is evident in the opposition posed by Mr Bourke to the Commissioner’s attempt to enquire into the various social, cultural and legal factors contributing to Alistair Riversleigh’s death.
Marquet: I wouldn’t say that; it depends on the individual.

Mr Bourke: Well, had you merely had a tribal background, do you think you would have then made it to the top?

Marquet: Well, I’m confident enough to know that – I’m strong enough in character to make it, under any circumstance ...

Mr Bourke: Well, had it not been for your educative status, do you think the marriage would have still been arranged?

Marquet: Well, I think so because they were marrying half-caste girls out to ... station managers and people in high places outside this reserve as well.

Mr Bourke: Mrs Whitehead, you left the mission when you were 19 and your mother and stepfather were still here. Did you maintain contact with them after your marriage?

Marquet: Yes ... I wrote to them regularly.

Mr Bourke: Could they read and write?

Marquet: No, but my sisters and brothers did.

Mr Bourke: Apart from writing, did you see them personally?

Marquet: I wasn’t allowed to see them. I was told never to return to this mission.

Mr Bourke: Did you make any effort to come back and see them?

Marquet: I came back in 73 when my brother died; they sent me a telegram that one of my brothers died, and I came back and I was met at the gate over there, that now is the gate of the guest-house, by two missionaries, and said, “We’d like you to go to the church and to the cemetery and we’d like you to leave immediately afterwards,” and that was in 1973.

(Royal Commission into Aboriginal Deaths in Custody (RCIADIC) 1988:400–402).

The performative nature of testimony renders its legal status controversial given that judicial pronouncements and verdicts are determined on the basis of the ‘facts’ of history.49 This accent on ‘truth’ inexorably entails an examination of the ‘accuracy’ of an individual’s memories. To further complicate matters, the courtroom demands that the difficulties inherent in the articulation of suffering are overcome in a manner that accords with the constraints of legal process (see Kirmayer 1996:190, Scarry 1985:4–7). Not only is Wadjularbinna’s experience (as evidence) subjected to scrutiny, but her identity and concomitant right to speak as an Aboriginal person are called into question. Wadjularbinna thus becomes ensnared by her own history. Her ability to speak articulately of injustice, inhumanity and ‘cultural difference’ was predicated upon the

49 Judges and lawyers are profoundly aware of the complexities of memory, ‘that subtleties are always present, that questions shadow and cloud the “facts” and that examination and cross-examination of witnesses is about the construction of a body of belief, rather than about uncovering a simple and unchanging “objective truth”. They are aware that law courts continue to be places of theatre, where dramatic devices are used as tools of persuasion, to evoke feelings of sympathy, hostility or empathy, just as commonly as they are used in any play. Yet the conventions of law and beliefs about the achievement of “justice” demand a public commitment to a more simple vision of “truth”, achievable and “beyond reasonable doubt”, and with it the ability to ascribe responsibility and, where appropriate, culpability’ (Goodall 1992:108).
opportunities (education, marriage, status in white society) ‘conferred’ by practices of assimilation. And yet, it is this very history that is then interpreted as delegitimizing her ‘authenticity’, including the veracity of her statements about ‘culture’ and the Doomadgee community. But while clearly unwarranted, Mr Bourke’s hostile questioning may be also seen as a critical point that prompts Wadjularbinna to re-think and re-present her past and present situation, to re-consider her ‘place’ as a ‘half-caste’ Aborigine.

Although the proceedings of this hearing do not indicate that Wadjularbinna explicitly foregrounded the expropriation of land as the source of Aboriginal suffering, in the early 1990s, she gained a degree of media prominence as a spokesperson and ‘elder’ of the Ganggalida people and as one of several traditional owners engaged in a protracted and highly publicised campaign against the Century Zinc project, then to be established about 90 kilometres from Doomadgee. As these events unfolded in the Gulf of Carpentaria, the process of national reconciliation was formally inaugurated with its key objective of ‘historical understanding’. Calls for a national inquiry into the separation of Aboriginal children from their families had been fuelled by the findings of the RCIADIC. As the stolen generations moved to centre stage in national consciousness, they soon penetrated political, social and legal arenas ‘to be pressed into service by the cause of national reconciliation, on the one hand, and the case for reparation, on the other’ (Attwood 2001a:201).

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50 This project, inaugurated by the mining giant CRA, now Rio Tinto, entailed the pumping of zinc slurry from the Century project through an underground pipeline to a barge loading facility at Burketown, Karumba or Point Parker in the Gulf of Carpentaria (see Map 6). In 1993, around 60 Aboriginal people from Doomadgee prevented the CRA’s negotiating team from entering the community to discuss the proposal’s social impact. Wadjularbinna was reported as stating that the risk of spills would endanger delicate fishing grounds used by Aboriginal people in the Gulf: ‘A situation similar to Bougainville would not be out of the question, because we are not going to back down on this issue. It could come to that because somewhere down the track something has got to give. We are not going to sell our souls for monetary gain – desperate people do desperate things’ (see Mason 1993). In June 1994, the Waanyi people of Doomadgee and Burketown lodged a native title claim over an area of Lawn Hill cattle station, which covered 30 per cent of the ore body. In 1904, this one square mile reserve had been excised from a pastoral lease for the use of miners working in the area. The claim was rejected by the National Native Title Tribunal, a decision that was upheld in an appeal to the Federal Court, but finally overturned by the Full Bench of the High Court in February 1996, when the Native Title Tribunal was ordered to register the claim (Williams 1999). With CRA arguing that the project had to be on line by June 1998 so as to fulfill a contract with Pasminco, the Queensland government sought to mediate to allow the $1.1 billion project to proceed. To secure the support of the Waanyi/Carpentaria Land Council, CRA made a $60 million offer primarily oriented towards training and employment schemes. On this basis, a Gulf Communities Agreement was finalised in May 1997.
The wailing 1993

In 1993, Wadjularbinna’s biography was included in The wailing: a national black oral history published by a popular press. In his introduction, Stuart Rintoul, an Australian journalist, describes how he began the book amidst the ‘shock’ of the bicentennial celebrations:

While Australia’s Indigenous people belong to the oldest living culture on earth, stretching back at least 50,000 years, the past 205 years have been a nightmare of murder and despair, deprivation and imprisonment, grief and struggle. There has been a wailing in this country, a dreadful cry that has soaked black Australia, a wailing behind the mission stile, a wailing in poverty streets (1993:5).

The wailing exemplifies the counter-histories that have sought to expose and elaborate the history of frontier violence and the brutality of the state’s intrusion into Aboriginal lives. Rintoul’s intentions in writing The wailing, however, are more than to document a hidden past. Rather, utilising the genre of oral history, he is explicitly concerned with bringing the continuing suffering and ongoing grief of all Aboriginal people into the public realm. The efficacy of his monograph lies in its reproduction of the memories and stories of more than 70 Indigenous people from across the nation; the intimate disclosures of particular individuals are transcended as ‘history’ is personalised and brought into the present moment.

This is a book of black memories, a book about pain and oppression and struggle. It is also about love, the love of children torn from the arms of their parents, and of a living land that was stolen away and turned into a graveyard for an ancient culture. It is about genocidal violence and courage in the face of it, hatred and fear and laughter and song. It is ultimately, I hope, about understanding (1993:14).

Rintoul’s ‘reconciliatory’ intention is founded on a reductionistic binary of Aboriginal/non-Aboriginal experience and sentiment. Although he admits a diversity of Aboriginal experiences and responses, he nonetheless collectivises Aboriginal people into the bodily practice of ‘wailing’, thereby affirming mourning as a foremost affect of Aborigines post-colonisation.

He introduces Wadjularbinna’s narrative as follows:

Wadjularbinna’s name means “child of the sun” ... During the mission years, she was called Marquette. She cannot pronounce her mother’s Aboriginal name. She was born in the tribal time. For most of the telling, as the memories flow so do her tears (1993:139).

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51 Attwood describes Rintoul as ‘one of a number of journalists in Australia today who seek to take on the mantle of historian’ (2001b:254).
Wadjularbinna begins her own story with the memories of an old man from Doomadgee:

[The people] were getting shot, and the mounted police and the trackers would pick up the kids that fell out of their mother's arms and bash them against the trees and rocks, picked up sticks and killed them to save the bullets (1993:139).

She describes how as her family realised that evasion was impossible and that the children's removal was inevitable, her grandmother took her with her older sister to Doomadgee mission,

because I was a half-caste they decided they would take me as well. I think that broke my grandmother's heart. She thought she was just taking my older sister, and she found she had to give me over as well. I was screaming and yelling and fighting. My sister was full-blood Aboriginal (1993:140).

Wadjularbinna thus foregrounds the essential distinction between herself and the rest of her family. She stresses the clash of cultures between the teachings of the mission and her parents, 'it was a conflict going on in my head all the time' (1993:141). She recounts how life in the dormitory 'was like a concentration camp' where she worked like a 'slave', was constantly hungry and was flogged with a plaited greenhide when discovered foraging for food in the missionaries' slop tin. Yet she emphasises that teenage girls in the dormitory surreptitiously maintained their culture.

The organising theme of her narrative is her marginal status as a 'half-caste', the product of her mother's rape.

I think I must have been about eight or nine when I heard how I was conceived ... I said, "Granny, tell me, tell me why I'm like I am - half white?" And she tell me then, "It really bad, but I tell you. White men been come into our tribe and take at gunpoint the women they want and they just used them, and if blackfella get up to stop them they just fire shot at blackfella, some got shot – a lot of them got shot – or they just make them go back and they just take the women" ...

Then I started to feel sad for my mother. I started to take on this guilt thing for Mama. Soon as I knew what had happened, I was wishing it never happened to Mama ... say that it was OK I was like this, it's not her fault.

And I became angry; that's when I started to realise that I hated white people. And I was really bitter and I started connecting that white person with these missionaries. And I started to hate them too ... (1993:143–145).

She describes how as the missionaries’ plans proceeded for her to marry a white man, she was hospitalised with a 'nervous breakdown':

They couldn't find anything wrong with me, except that my nerves were all shattered. They tried to ask me what was going on, but I didn't tell them that I was
going to be married and sent away from my people, because I was a shy little Aboriginal girl (1993:148).

The plans for her marriage functioned to further divide her from the other girls in the dormitory as well as from her own family:

I would try and say to them, “I know I’m not white, I’m one of you, but I can’t control what’s happening to me, I don’t have a choice in this thing” ...

When we left Doomadgee, my sisters and brothers threw themselves on the ground. My two little brothers were just rolling in the dirt, screaming as the car drove away, and my sisters were crying. My mother cried. We had no power over what was happening. We just knew that these people are doing this and we can’t do anything about it ...

I left them there. What could they do? It was real sad (1993:148–9).

Wadjularbinna was instructed never to return to Doomadgee and her family told never to look for her. However, she relates how after the 1967 referendum, her brother and his wife and her sister and her husband visited for a day, asserting, ‘We’ve got rights now, we can go anywhere we want to’ (1993:151). In 1969, her parents came to the station where she and her husband and children were living, but were forced to sleep in the saddle shed.

The next day ... I broke all rules ... [my children] had never seen anything like it before. We went into the front paddock ... [and] were diving around for lilies and we were down in a hollow, and my husband came back with cattle they were mustering, and he spotted these fat bullocks along the fence ... He galloped down to see what was going on, and when he got into the hollow he saw us all in the water. He rode up and said, “What the bloody hell do you think you’re doing?”

I said, “We’re swimming for lilies.”

And he said, “Well, you look like a bloody black gin.”

I just said, “I am one. Haven’t you noticed?”

We didn’t know what to do: it was a painful thing. I saw the look on my mother’s face because she had the fire going and she was cooking the lilies on the bank. Me and my cousin were in the water and, when I said that, he spurred his horse and galloped away. And of course we all laughed. We laughed to cover the pain; if you don’t laugh, well, you cry (1993:151–152).

Wadjularbinna recounts how in 1984, she returned to her country with her mother who ‘cried out and thanked the Great Spirit for returning me with my soul unchanged’ (1993:152). Her narrative concludes with the following passage:

The fight for me now is to save our little bit of land ... we’ve only got a small corner left. The mining company CRA wants to put a slurry through that land, and one of the Ganggalida clan areas is where the pipe’s gunna go through, and it’s the dingo Dreaming. We see it as our last struggle: to hold on to our spirituality, our connection to the land, and we see it as a race of people struggling on a reserve where there’s alcohol, there’s violence; everything’s going wrong for us. We’re very oppressed and there’s so much confusion, so then black people just drink to choke down and forget (1993:153).
Wadjularbinna’s narrative indicates her increasing embodiment of loss. Within the constructed polarity of white and black ‘worlds’, she positions herself as a liminal figure whose very existence is a source of profound pain, sadness and confusion for her family. Ultimately, the dilemmas of identity and allegiance produced by her forcible removal and coerced assimilation, her loss of control over her life and the imminent separation from her family lead to a fracturing of self, a ‘nervous breakdown’.

Trigger (1992:178) discusses the racial ideology prevalent among Aboriginal people in Doomadgee during the 1980s and early 1990s. He emphasises a clear conceptual separation of the categories of ‘blackfellas’ and ‘yellafellas’. The latter, individuals of mixed-descent who constituted a minority of the community’s population, typically were perceived as positioning themselves above ‘blackfellas’ and next to ‘whitefellas’. Their higher socioeconomic status and ‘flash’ lifestyles generally were attributed to white officials’ favouritism, and their perceived preference for a European lifestyle often equated with a lack of interest in ‘blackfella law’ (Trigger 1992:182). Mixed-descent Aborigines, however, tended to highlight the separation imposed upon them by white administrative systems rather than their derivation of comparative material benefits (Trigger 1992:183).

This demarcation of domains is evident in Wadjularbinna’s narratives. Yet, as Trigger (1992:180) points out (and as also discussed in Chapter Six), while skin colour is important, social behaviour also determines the classification of individuals as ‘yellafella’ or ‘blackfella’. Recognition of mixed-descent is thus not always or inevitably pejorative. One may, in fact, interpret Wadjularbinna’s public declaration of her Aboriginality at the RCIADIC hearing as affirming and consolidating her identity and allegiance as much to the Doomadgee community, after three decades away, as to the Commission.

Critically, however, it is Wadjularbinna’s ‘marginality’ that grants her a pivotal role in the reclamation of Australia’s ‘hidden history’. Works such as *The wailing* impart political process to the act of remembering. As Wadjularbinna and other Indigenous narrators individually reclaim their personal histories, the monograph collectivises their experiences, imposing ‘an imaginary coherence [and thematic] on the experience of dispersal and fragmentation’ (Hall 1993:394). *The wailing* reinscribes the emotions of ‘loss’ and ‘mourning’ upon Aboriginal bodies and subjectivities as a ‘true’ representation of Aboriginal experience, but

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52 A survey conducted in 1980 found that 15 per cent of adults were unambiguously regarded as ‘yellafellas’ with a similar proportion of mixed-descent children (Trigger 1992:177).
53 Trigger (1992:179) notes that most jobs in the DAA bureaucracy have been occupied by people of mixed descent.
54 It is perhaps noteworthy that not long after the RCIADIC hearing, amidst the contestation surrounding the Century Zinc project, that Wadjularbinna became a prominent activist for the Ganggala people.
undoubtedly also as a compelling means of gaining recognition of the plight of Aboriginal people within the nation-state. The risk is that this public consumption of the traumatic memories of Aboriginal individuals may further ‘subjugate and immobilize victims in the very act of recognizing their suffering’ (Lambek & Antze 1996:xxiv).

The story of a stolen child 1997

In September 1997, an edited version of a talk given by Wadjularbinna in Melbourne the previous year was published in the *Melbourne Anglican* and later on the website of the *Anglican communion news service* (1997). Its title, ‘The story of a stolen child’, identified her as a member of the stolen generations.55

Mine is a painful story, but I’m sharing it with non-indigenous people because I want them to understand where indigenous people are coming from and how much pain they’ve gone through. I don’t want anyone to feel hurt or guilty, because you are not responsible for what your ancestors did. But you should understand how we are different. We all need to move on now and try to work together in making positive change in this country.

Wadjularbinna states that she is part white due to the rape of her mother by white settlers chasing Aborigines from their lands. She relates how her Aboriginal grandmother told stories of adults and children being shot and brutalised and how missionaries took children from their families and subjected them to physical mistreatment when they spoke their language or tried to run away.

It was terribly sad and it confused us no end ... But I’ve forgiven the missionaries for what they have done, because if we don’t forgive, we destroy ourselves. I don’t understand why it all happened, but because I am a Christian, I know that there was a purpose in it all. I just say to myself: I was given a second chance, and I have to go out and do what I can.

Acknowledging that she appreciates having learned to read and write, cook and sew, she reflects how her marriage into a white family made her discover the materialism of white society.

It was a completely different world to what I came from. I was a station manager’s wife for 18 years ... but [I] had to pretend I was someone else. I couldn’t behave like a black person. I was very, very unhappy ... Then the government changed the policy and made Aboriginal people citizens in their own land. We’d been here for thousands of years and suddenly somebody had given us the right to be citizens! After that policy was changed, my parents came to the station looking for me, and I

55 The National Inquiry began in 1995, conducted public and private hearings around the country for most of 1996, and published *Bringing them home* in May 1997.
took them fishing and hunting and swimming in the front paddock with the water lilies. I broke every rule that day. I just said “I’ve been a station manager’s wife for far too long. I’ve been living a lie, playing a game of ‘let’s pretend I’m white.’”

She describes her husband’s reaction upon finding her ‘swimming for lilies’ as the catalyst for her realisation that she had to go home, ‘to get back to where I come from’. By making the ‘very, very painful decision’ to leave her husband and children, she broke Aboriginal law, but ‘I was damned if I did and I was damned if I didn’t’.

Pain and injustice are foregrounded in this narrative. And yet, like the project of national reconciliation, this testimony is underpinned by the soteriological concepts of confession and forgiveness, atonement and release, a fact which, of course, also reflects the context in which she speaks. Linking positive change or reconciliation to the recognition of Aborigines’ suffering, Wadjularbinna, in a manner reminiscent of Christ, bestows forgiveness upon the descendants of the colonial perpetrators. Stressing the overwhelming sadness and confusion produced by the missionaries’ brutal acts of physical and cultural domination, she nonetheless describes Christianity as granting her a sense of purpose in the midst of suffering. However, it is as a consequence of having been ‘given a second chance’, by returning to Doomadgee and re-claiming her Aboriginality, that she has become a form of evangelist for her people. This narrative and her political project thus may be seen to form ‘an organic unity’ (Alonso 1988:37) oriented towards national reconciliation, collective obligations and political change.

However, a further evolution is evident in Wadjularbinna’s identity and the claims she makes about what it is to ‘be Aboriginal’. Unable to ‘be herself’ amid the materialism of white society, it was as she swam for lilies that her predicament and ‘real identity’ became apparent to all present: her husband, her parents, herself. This event may be read, therefore, as a type of epiphany, a point of self-realisation that compelled her to contravene the conventions of both cultures—to leave her children and break Aboriginal law—and to tear herself apart in order to reclaim her Aboriginality, her true identity.

Wadjularbinna avails herself of this opportunity to represent the collective misery of people in Doomadgee: the suicides, the alcoholism and the despair arising from their oppression, from ‘living in two worlds’ but unable to freely practise their law, culture and religion. She relates how she promised her dying mother, ‘While I’ve got breath in my body I’ll try to educate white Australia’. She declaims the government’s response to Bringing Them Home.

I heard the other day that they weren’t going to give compensation to the stolen children ... And another thing: they were going to give the stolen children counsellors — white counsellors. You know, the very descendants of the people who did this to us. Indigenous people are wondering: “What are they going to do? How
are they going to help us? They'll probably come along and screw our thinking completely and then we'll all finish up in the madhouse"... The government can't repay everything. We can't put right everything [sic]. But we can at least make some effort to right some of the wrongs. This could mean compensation for people who want compensation. But for myself, no amount of money can compensate for loss of spirituality, for spiritual connection, for losing one's own identity and one's own land. No amount of money that [sic] can put that right.

On the basis of the legitimacy accorded by her experience of removal, of having embodied the conflicts of two 'completely different world[s]', and, moreover, of being able to speak articulately and emotively of this experience, Wadjularbinna has 'become' a spokesperson on a growing range of Aboriginal issues. She articulates a very particular kind of Aboriginality that has valency among white, liberal, urban Australians. In public places of apparent solidarity, the subject position of loss, re-inscribed upon 'half-caste' bodies by Bringing Them Home, is positively valorised as a signifier of (post-)colonial injustice. The recounting and witnessing of Aborigines' trauma thus become integral to national reconciliation, facilitating the coming-together of white and black, perpetrators and victims. Marginality, then, is re-constituted and transformed into a type of political agency, but which remains premised upon an essential(ised) binary of racial domains, identities and experiences.

Genocide case: Nulyarimma v. Thompson 1999

In 1981, Peter Read's essay, The stolen generations, portrayed the removal of Aboriginal children as 'the story of attempted genocide' (1981:5). Sixteen years later, the nation was shaken when Bringing Them Home adopted the same interpretive framework, charging that forcible removal constituted a form of genocide, as defined in international law. Legal counsel and organisations such as Link-Up drew an analogy with the Holocaust and called for compensation on such grounds.

In 1999, Wadjularbinna and three other Aboriginal people associated with the Tent Embassy argued that the policies of assimilation that had resulted in the stolen generations, and the 1998 Native Title Amendment legislation constituted acts of genocide. On this basis, they sought the arrest of Prime Minister John Howard, Deputy-Prime Minister Tim Fischer and Senators Brian Harradine and Pauline Hanson. Following the finding of the ACT Magistrate that there was no relevant law in the Territory to prosecute genocide, the plaintiffs argued their case to the ACT Supreme Court.

Counsel for the claimants, Julian Burnside, stated that the essence of the genocide case was the destruction of the connection between Aborigines and their land, and that there was a demonstrable relationship 'between the removal of Aborigines from their land and the grossly disproportionate mortality rates, child
mortality rates, rates of illness and dysfunctionality as people and as groups of people’ (ABC Radio National 1999). Wadjularbinna accentuated the centrality of land to Aboriginal identity:

The land is the essence of our very being. We live it, we breathe it, we speak it. The land is our cathedral. The land is our chemist ... The land is where we dance, where we have art galleries, where we paint. It is our libraries. The land is us, and we are the land (Federal Court of Australia 1999).

In the summation of his judgment, Justice Wilcox deviated from usual protocol by quoting from Wadjularbinna’s life story, which she had related to the Court in ‘moving and eloquent terms’ (Wilcox in Federal Court of Australia 1999).

I was just called in one day by the superintendent, “we’re marrying you off into a white family”. And I was absolutely shocked. “No, I don’t want to go,” I said, “I don’t want to go.” “This is the best thing for you. You are not a black person; you have white blood in you.” I came from a black woman’s womb. They are my family, my people and I have some white person, superintendent, telling me that he knows what is best for me and his best for me to marry into a white family was added stress, added pain, added trauma. I had no idea. A little black girl coming from humble beginnings now going to be put into the world of snobbery. Not just an urban black; I am going to be there where people measure their worth by their wealth, their position and power, poor sick people, but I was soon to learn that (1999).

He quoted how Wadjularbinna came to leave her children.

... my husband then said [my mother] could not stay there. “This is not a black’s camp.” She had to go. And I had to face the facts, who am I? Am I this black girl playing a game of let us pretend I am white? Well, I had better start dealing with it and just be true to myself. And up to that date in 1970, I came to terms with who I was. And it was the first time I made a choice. And I said to my mother, “I’m going home”. She said, “You leave your husband, now?” And I said, “Mamma, I’ve made up my mind.” And I made it up. I had to decide and my children – I destroyed my children ... That is what white Australia did to me. And I looked into my little children’s eyes and I had to tell them ... “I’m somebody else, with a different law, different values, different system” ... (1999).

Justice Wilcox further commented:

The other appellants also told stories that indicated the trauma still suffered by indigenous Australians as a result of their treatment by whites. It is important to us as a nation that we do not treat indigenous devastation as only a thing of the past. The trauma lives on, and many of the causes as well (Justice Wilcox, Federal Court of Australia 1999).

The construct of ‘trauma’ thus came to frame and hence, simplify Wadjularbinna’s remembered and lived experience, as representative of all
Indigenous Australians. This usage follows the precedent consolidated by *Bringing Them Home*, which in conjunction with the charge of genocide to policies of removal, was a potent rhetorical means of legitimating the analogy between the stolen generations and the Holocaust (see Kennedy 2001:123). At the same time, the influential notion of ‘trauma’ homogenised Aboriginal experience, reducing social suffering to the psychological and orienting attention and ultimately amelioration more towards the remediation of damage than the redress of enduring, present-day structural inequalities and injustice. Aborigines thus are potentially re-subordinated by hegemonic frameworks and processes.

*Nulyarimma v. Thompson* was dismissed from the ACT Supreme Court as was the subsequent appeal to the Federal Court of Australia.56

**Analysis**

Life itself is a creative construction, and there is a point at which a person’s life and the stories she tells about it begin to merge.

(Lambek & Antze 1996:xvii)

Acts of remembering evince how meaning and identity are re-shaped in the light of present-day knowledge-concepts, considerations and priorities. Current beliefs about memory, about the etiological impact of past events upon our present, impel us to remember and to re-explore the significance of our personal and collective histories as explanations of our current condition. But as Hacking elucidates, as past events are recalled and (re)described within prevailing contemporary notions of causation and explanation, ‘a new past comes into being ... [and is] rewritten in memory, with new kinds of descriptions, new words, new ways of feeling’ (1995:94).57

The ‘recovery’ of the traumatic memories of Aboriginal individuals is inseparable from the dramatic revisions of colonial history that unsettled the nation’s international image and sense of itself. The consequent processes towards national reconciliation and the re-formation of national identity, the

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56 The case was dismissed from the Supreme Court on two grounds: that no offence of genocide is known to the domestic law of Australia and that there is no evidence to indicate that the ‘Ten Point Plan’ and the *Native Title Amendment Act 1998*, with the resultant extinguishment of native title in certain circumstances, represent an ‘intent to destroy’, in whole or in part, a national, ethnic, racial or religious group (Federal Court of Australia 1999). However, in highlighting the failure of Australia to bring the provisions of the Genocide Convention into domestic law, this case directly resulted in the Commonwealth government’s introduction of the Anti-Genocide Bill 1999.

57 Hacking further elaborates: ‘It need not be a false past, in the sense that it is at odds with, inconsistent with, what would have been recorded if everything had been overseen by a great camcorder in the sky. But the permanent videotape thus imagined gives pictures of events, not descriptions of them’ (1995:94).
mechanisms of state-authorised inquiries and other legal, social and political processes fostered the restitution of Indigenous people and their voices from the margins. Yet these practices also demanded a relatively singular narrative premised upon the racial and experiential binary of Aboriginal loss and suffering and non-Aboriginal guilt and responsibility (see Attwood 2001b:207).

Amid this upsurge of concern and interest, Aborigines began to publicly recount their stories and to engage, albeit with differing degrees of interest and investment, with these new moral evaluations of history. In public contexts, their role not infrequently was reduced to exemplifying history, a position that necessarily entailed ‘a demand to speak of the past’ (Cowlishaw 2004:202). The ‘trauma’ suffered by the stolen generations was relatively quickly publicly consolidated as iconic of Aboriginal experience post-invasion, concomitantly coming to signify Aborigines’ moral and political entitlement to restitution. Yet in the process of re-forming and articulating a distinctive collective Aboriginal identity and moral position, individual experiences and subjectivities were effectively re-subordinated and homogenised, to become attached to the subject position of ‘victims’. The traumatic loss of Aborigines thus was re-inscribed as the basis of a new kind of Aboriginal alterity.

The public acknowledgement of Aboriginal pain and suffering may be construed then as functioning as a form of collective therapy, a recovery and ‘working through’ of the past in order to achieve an integrated and fully realised national identity. Through the dyad of apology and forgiveness, Aborigines are assumed to be able to ‘release’ their past and to ‘move on’ to their new place in the nation. However, this therapeutic rather than legal framework of reconciliation leaves Aborigines vulnerable to the benevolence of governments and the goodwill of white Australia(ns). With the federal government’s evasion of a formal national apology, their rejection of the recommendations of the CAR, and the end of CAR’s mandate and funding, the process of reconciliation has stalled and the issue of the stolen generations declined in prominence. In the late 1990s, it was the ‘dysfunction’ of Aboriginal communities that predominated in media coverage and political discussion. White sympathy has progressively waned, to be diverted by asylum-seekers, terrorism and the events of September 11. Aborigines thus are at risk of being ‘left behind’, ensnared by their re-attributed role as the losers and suffering victims of history.

The series of public narratives presented herein make manifest how memory, identity and experience are socially mediated. We have seen how, in a manner consistent with the genre of testimonials, Wadjularbinna has

58 As Kirmayer notes, ‘... the evidence is that memories are most fully and vividly accessed and developed when they fit cultural templates and have a receptive audience ... It is a paradox of freedom that the moral function of memory depends on the constraints of social and cultural worlds to provide a limited range of narrative forms with which to construct the coherent stories of our selves’ (1996:193).
progressively re-articulated and utilised her personal history as a resource of political agency. While her ‘lack’ of knowledge about Aboriginal culture and her ‘loss’ of family and community connections were the basis on which her testimony was discredited during the RCIADIC, by the early 1990s, it was this very experience of loss and marginality that offered her a ‘new’ identity and a concomitant degree of empowerment.\(^{59}\) Her history of ‘trauma’, therefore, became her rite of passage to ‘authenticity’ and, furthermore, public renown as a ‘stolen child’, ‘elder’, spokesperson and tireless fighter for her people.\(^{60}\)

Wadjularbinna’s personal testimony provides her with the opportunity she most desires—to speak about the predicament of her people. She does so, however, by re-interpreting their distress within the framework of historical loss and by re-iterating constructed polarities of white/black, material/spiritual, guilty/innocent. Reflecting the legal and political fields within which she comes to operate, the concepts of genocide and (post-colonial) trauma gradually become more prominent in her narratives, applied to forcible removal but also to the expropriation of land and culture. The return of land and hence, culture and spirituality, becomes her primary objective, the ‘remedy’ she proposes for endemic loss and misery, the ‘hope’ of transcending chaos and confusion. This emphasis is perhaps reflective of her ‘recovery’ of her own ‘true self’ by returning to her people, although clearly, her Aboriginality has been re-authenticated by her preparedness to publicly expose her historical wounds.\(^{61}\)

\(^{59}\) In January 1994, Wadjularbinna was interviewed by Caroline Jones on the ABC Radio National program *The search for meaning*. Jones introduced her program guest in the following dramatic manner: “This is the story of an Australian woman taken from her family at the age of three into an institution. Denied the right to speak her own language. Given a new name and forced as a young woman into an incompatible arranged marriage. Where would such a thing happen in this day and age? It happened very recently in Queensland by the order of Government and Church authorities, underpinned by a scientific dogma that some human beings have climbed higher up the evolutionary ladder and are entitled to play God with the lives of those on lower levels. It’s another reminder, if we need one, that our impoverished system of thinking can induce humans into an objective madness when they lose their common relationships and responsibility to each other. It may be hard to believe that any modern society could design a system of thought which condones such practice as being legitimate. But that’s what we did. As the story unfolded I thought that what I was hearing was an archetypal epic of recent Australian history. On a more concrete level you will be listening to a woman who has given birth to five children, cared for nine foster children and now enjoys seventeen grandchildren. She is a widow, a pensioner and this is her story of growing up in Australia. Her name is Wadjularbinna’ (1995:406).

\(^{60}\) In late September 2000, Wadjularbinna travelled to Japan for a 14-day speaking tour in order to ‘highlight the struggle of her people’ and to share experiences and a ‘vision based on spirituality’ with Ainu elders (Friends of the Earth 2000). In 2001, she issued a media release on refugees and in 2002, on the continuing importance and symbolism of the Tent Embassy, which was under threat of closure. Her statements continued to be quoted by the Nuclear Disarmament Party, the Green Left and the Refugee Action Committee amongst others.

\(^{61}\) In September 2000, as we sat around the fire at the Tent Embassy, Wadjularbinna reflected, ‘I feel that I’m between two worlds. When I was back in Doomadgee, my daughter came to visit. She said, “When I saw you sitting around the fire there, talking in language, I didn’t know you. You seemed like a different person. Which one are you? The one I know or this one?” And I said, “I’m sorry to tell you that this is the real me”’.
Wadjularbinna’s ‘fight’ for her people is thus largely premised upon her own and their injuries. This embracing of the subjecthood of loss, however, is a double-edged weapon, a source of agency but also potentially of melancholia, a state of being that may be compounded rather than ameliorated by a (re)turn to ‘culture’.62

**Legislative Assembly forum**

... the specific talk of damage and victimhood should be read with its complicit audience in mind; that is, concerned and troubled whitefellas are always listening tenderly in the wings for tales of black suffering.

(Cowlishaw 2004:80)

It was early afternoon on a Thursday in mid-October 2000. In the Canberra suburb of Ainslie, a group of people gathered in the rather stark front garden of Winnunga Nimmitjah Aboriginal health service. Three of the individuals who assembled were local politicians, members of the ACT Legislative Assembly who were mid-way in the process of conducting an official inquiry into Indigenous health in the Territory.63 They had conspicuously forfeited the comfort of their offices for Aboriginal ‘ground’ so as to consult with the community about their health issues. Together with their requisite attendants who recorded the proceedings, they arrived early and chatted rather uncomfortably among themselves as they awaited a sign from Winnunga’s CEO that the meeting could begin. Aboriginal and non-Aboriginal staff, with the exception of those occupied with clients, congregated on the margins of the circle of chairs, chatting, laughing and smoking as they cheerfully greeted members of Winnunga’s board of management, NACCHO representatives and hospital ALOs. Other individuals from the local community, mostly clients who had either responded to the promotional flyer in Winnunga’s foyer or had by chance come to the clinic that afternoon, joined the proceedings with varying degrees of interest and participation.

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62 The last time I spoke with Wadjularbinna, she stated: ‘When I dwell on all these things, I feel myself going down. The only way I can deal with it is to do what I’m doing. If I let it get to me, I’d just die. But I look forward to seeing change and if not in my lifetime, at least for others. If I told my children all my pain, they’d just get angry and upset. They know what’s happening to their family, their cousins up in Doomadgee. [My daughter] spent three years there and she has become very angry. She says “If I talk about it, I’ll get out of control”. As I’m getting older, I can’t deal with it as well… I get really emotional - I cry. If I didn’t let it out, I’d be a cot-case ... I try not to think much about the future. It’s not culturally appropriate. We’re only supposed to live one day at a time and I know I’m breaking the system if I think ahead too much’ (Canberra 2000).

63 The committee comprised Harold Hird (Liberal Party), Dave Rugendyke (Independent) and Bill Wood (Australian Labor Party).
Kerri introduced the discussion by stating that this was ‘a difficult time’ for the community, there having been a number of deaths from heroin overdoses in the preceding months, the most recent only the week prior. She stressed that the mother and aunt of this young man were present since their experiences of battling to gain help regarding their children’s drug use and most recently, of racism at The Canberra Hospital needed to be heard. Kerri invited those present to use this opportunity to talk about the ‘real issues’ for Aborigines in Canberra. However, she guided the tone and direction of the discussion by foregrounding the difficulties Aborigines confront at mainstream drug and alcohol services and highlighting the constraints that inadequate resources impose upon Winnunga’s operations: ‘It’s survival of the fittest as far as funding grants go’. Since their stated objective was community consultation, for a short period the MLAs were a captive audience. The garden forum clearly offered the rare potential for Winnunga and the community it represents and serves to make considerable inroads in their quest for political and material recognition.

Kerri quickly moved on to state, ‘We need to increase self-esteem’. She emphasised that Aboriginal youth need to be given ‘a purpose in life’ to counter the ‘sense of helplessness and hopelessness’ produced by generations of unemployment and disadvantage. Proclaiming, ‘Our kids are our future and at the moment, we don’t see a future,’ Kerri linked the issue of substance abuse with the thematic of the stolen generations. State policies of the twentieth century had torn apart the integrity of Aboriginal families and yet, on the cusp of the ‘enlightened’ twenty-first century, there was to be another generation of ‘lost children’, their lives and those of their families and communities ‘stolen’ by drug use. More implicitly, Kerri’s statement differentiated Aboriginal from non-Aboriginal people by espousing and idealising the family as fundamental to Aboriginal social life. This distinction, while having considerable verity, has been depreciated by growing public awareness of the prevalence of family violence, incest and sexual abuse within certain Aboriginal communities. Notwithstanding these shifts in popular perceptions, the uniqueness of the Aboriginal family became a salient theme of the meeting.

64 The implication was not only that Winnunga was the most appropriate body to work towards increasing the self-esteem of Aboriginal people, but that it plainly required resources to do so.

65 This connection is made explicit in the submission to the ACT Inquiry provided by Tom Gavranic, a GP who worked in Yirrkala in the 1970s and who was employed on a part-time basis at Winnunga from 2000. He wrote: ‘We continue to deny the centrality of drug addiction to Aboriginal ill-health ... Instead of ... addressing this problem, we are busy building (private) gaols, and hospitals which serve to create (1) employment opportunities for non-Aboriginals and (2) a present day, on-going “stolen generation”, which creates more ill-health! These actions are explained away using much the same rhetoric of previous stolen generation policies. We seem to regard the stolen generations as belonging to another less enlightened time. Yet here we are, repeating the same mistakes!’ (Standing Committee on Health and Community Care 2001:70).
Although more than 20 Aboriginal people congregated in the garden, over the next hour less than half, and these mostly women, addressed comments to the politicians. Reflecting its palpable and recent impact on community members, the chief topic of discussion was the prevalence of heroin use among the Territory’s Aboriginal youth. Rachel, the mother of the recently deceased, appropriately occupied centre stage. Her testimony of futility in contending with her sons’ drug (ab)use was accentuated by her obvious fortitude. She described how nine years before, she and her sister had scoured government housing estates for their children, but had never been able to convince police to respond to obvious drug dealing.

_I’ve been on their case all those years. I always lived in dread of losing one of my sons and now it’s happened._

Rachel stated that her son, Dean, who was 26 when he died, had ‘ended up a schizophrenic’, having used speed, rohypnol, valium, and heroin, but of her five sons, all of whom are heroin-users and several of whom have been diagnosed with schizophrenia, he was ‘a bright boy, I thought I didn’t have to worry about him, he seemed to be going somewhere’. She commented ruefully that on the day of her own son’s death, her sister’s son had been given heroin in a Detoxification Unit, ‘So where are they safe?’

Rachel’s experience resonated with that of two other women: her sister, Bronwyn, whose daughter had died of an overdose but whose other children remain heroin-users, and Joan, whose 15-year-old nephew had died from an overdose three months previously, his body discovered by his 16-year-old sister, who also uses heroin. Their brief but highly emotive narratives generated a profound sense of gravity and despair.

_No-one was there to help. My daughter died alone in a park. I live with that every day. Now we’ve lost another._ (Bronwyn)

_There’ll be others. There have been others. Where does it stop?_ (Rachel)

Kerri placed these heart-wrenching stories within a larger frame of meaning:

_We’re asking for specific detox and rehabilitation services. We’re talking about a lot of dysfunction in our community. We want to get babies born that aren’t addicted. There are serious problems in our community that are not being addressed._

Kerri’s comment, clearly grounded in pervasive desperation, signified her readiness to politicise suffering in the pursuit of material resources aimed at remediating distress. She again posited a racial binary, polarising the ideals and efficacy of Aboriginal-specific and mainstream services. This opposition pervaded the majority of comments thereafter. Mainstream drug and alcohol
services in the ACT were described as failing to recognise the severity of substance abuse among the Aboriginal community and moreover, due to their inability to accommodate the Aboriginal kinship system, as failing to provide culturally appropriate care.\textsuperscript{66} A graphic case was cited in which a 16-year-old girl was willing to detoxify with the support of her mother, but after being told by the doctor that ‘she wasn’t addicted enough’ and that policy did not permit family to be present, went into the city to obtain a hit of heroin. Other women attested that ‘Detox is always full up or they just don’t want to know’.\textsuperscript{67}

A central theme, therefore, was lack of recognition: of the severity of the issues, of what Aboriginal people are saying, of their unique and different experiences and values, of their very identity and continuing struggles as Aboriginal peoples. Rachel stated:

\textit{Politicians see us as well integrated or assimilated. They don’t see the huge problems with disadvantage in our community.} (Rachel)

Racism was described as a widespread and daily experience.

\textit{Never once did the head doctor speak to me while my son was on life support. Nobody told me what the situation was. They spoke to my husband who is non-Aboriginal - like they were saying I wasn’t capable of understanding anything. The head doctor had no compassion. The nurses told my sisters and not me. He was dying and I was thinking he’d be OK.} (Rachel)

\textit{My father had pancreatic cancer. The doctor came out and said, “What do you expect? Aboriginal. Drunk all of his life”. That was blatant stereotyping. My father didn’t drink.} (Jack)

\textit{We have the same problems with communication with non-hospital doctors. You wonder why we cry, why we get angry, why we want to smash things. Society’s done this to us. We wait for the next one. Is it going to be the same family again?} (Jackie)\textsuperscript{68}

Lack of hope and low ‘self-esteem’ were generally accepted as key factors contributing to drug use among Aboriginal youth. Kerri later referred to the inter-relationship of ‘mental health’ and ‘substance abuse’, highlighting that these issues needed to be addressed together, as they are in AHSs, rather than separately as in mainstream’s distinct mental health and drug and alcohol units.

\textsuperscript{66} During a private conversation in early 2000, an experienced mainstream drug and alcohol worker disputed this perception that mainstream services in the ACT do not permit family participation in detoxification. She described such assertions as attempts to justify the need for an Aboriginal-specific service. Nevertheless, it is clear that the rates of continuation of detoxification and rehabilitation by Aborigines are extremely low, and worse than the low rates of success amongst non-Aborigines (Phyll Dance, pers. comm. 2003).

\textsuperscript{67} There is generally a two- to three-week waiting list for a bed in a Detoxification Unit in the ACT (Phyll Dance, pers. comm. 2003).

\textsuperscript{68} At that time, Jackie was the Chair of Winnunga’s board of management.
The specific nature of these ‘mental health problems’, however, remained ambiguous. Over the course of the meeting, three different speakers used the category of ‘depression’ in completely different ways. The concept was introduced by an MLA, responding to Rachel’s description of the circumstances of her son’s death.

_It must deepen anxieties and depression if they find someone who has overdosed._ (MLA)

_My two nephews are now suffering and both are full-on addicts. They found my son, tried to resuscitate him. They feel as if they didn’t do enough._ (Rachel)

_My son found [my nephew]. He’s crying all the time. Felt as if he should’ve done more. I spoke to [two male Aboriginal health workers from Winnunga] and they went out to [Belconnen Remand Centre] to talk to him. He’s still crying._ (Bronwyn)

In this exchange, the shock, horror and grief that arise consequent to discovering a family member who had overdosed, were awkwardly and inadequately encapsulated within psychiatric categories. Notably, the mothers of the individuals involved did not take up these concepts, but instead, translated ‘depression’ and ‘anxiety’ into suffering and sorrow.

The second context arose when another politician asked whether staff at Winnunga had much success in getting people to change their diet. Kerri replied:

_We don’t have enough resources to run promotional problems. We have Art Therapy for people with depression. Some have been in mental institutions, some would be otherwise. Some are stolen generations. Lots of the doctors’ time is taken up with drug and alcohol issues. All we’re doing is surviving really. We pick up the pieces and move on. Always reacting, no time to be proactive._

She thus interwove several issues—depression, mental health, the stolen generations, and drug and alcohol abuse—all of which bear particular valency in contemporary Aboriginal affairs and to a degree, have become equated with ‘Aboriginality’. In a sense, the existence of these problems in the ACT legitimised both the ‘authenticity’ of the local community and the role of Winnunga, as an agent of self-determination, in addressing them.

The third use of ‘depression’ occurred at the end of the meeting and in fact marked its closure. Individuals had continued to stress the entrenched nature of racial discrimination in Canberra and consequently, the need for a non-discriminatory Aboriginal health service.

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69 Cowlishaw states that claims of psychological injury are rarely specified by the victims themselves, due to the implications of compromised reason or judgment. Instead, ‘claims to personal injury are usually made by representatives of victims … although personal representations are made in public forums such as the “stolen children” enquiry … Oblique references to psychic damage occur in many accounts of Murri [Aboriginal] lives, but these rely on generally accepted truths rather than on displays of debilitating psychic wounds’ (2004:132).
It’s a diverse group of Aboriginal people in the ACT. It’s about giving them good choices. The first thing you look for when you come from interstate is an Aboriginal Medical Service. (Jackie)

More and more people come here when there are Inquiries or issues like the stolen generations. We’re safe. We don’t judge. We try to help. (Kerri)

They see black on your face and they think thief’s on your forehead. I’ve been followed around in shops. ‘Cultural sensitivity’! It’s as if we can’t see people going “Oh!” I went to bank a big cheque and they got security, wanted ID, wouldn’t let me draw out any money. That’s Canberra. Here [Winnunga], there’s no judgment. You’re treated like everyone else. You’re welcome. There’s a sense of inclusion. But when we come across blatant racism, we’re the ones who are called aggressive or troublemakers. (Sally)

Mainstream is too formal. I took my aunty who’s black to a GP and they looked at her as if they’d let loose a tiger. She didn’t want to stay there. (Joan)

How can we know about these things because we’re white? (MLA)

Can you see then how easy it is to resort to drugs? Are you responsible? Or is society? Society helped shape our lives. We’re dying here younger than anywhere else. That must tell us something. This is the nation’s capital. White people here have to be committed to making a change, to listening to us. Why get healthy if there’s nothing to get healthy for? Why not get off your face? Why sober up when there are no jobs, only hopelessness? (Jackie)

I’ve been struggling with depression. I was an Aboriginal Liaison Officer at the CES. I had problems with dyslexia but I was treated well. When the CES became Centrelink, I had to work long hours on a computer. I received no support from management. I was threatened several times by clients as I had cut off their payments, following instruction. I played a lot of sport. I had a trade as a glazier. I trained my own horses. With all the problems at work, I left. I had low self-esteem. I’ve lost everything. I can’t get a job. Now my best friend says I’m different and she can’t live with me anymore. This place saved me. (Rhonda)

This final narrative represented both the climax and the culmination of the meeting, a good news story that stood in radical contrast to the tales of pain, grief, loss, and hopelessness that preceded it. Rhonda’s testimony firmly established Winnunga as a site of social and personal salvation. Her sincerity, her positive employment and sporting history and, undeniably, her very phenotypical ‘ordinariness’ made her an appealing candidate for assistance. As such, she provided the MLAs with an apparently less complicated opportunity through which to ameliorate their own sense of helplessness. After thanking everyone for their comments, one of the MLAs made his way over to Rhonda and offered to assist her in finding a job. The meeting at an end, people progressively disbanded, carrying the stories they had told or witnessed in some form with them.

70 Commonwealth Employment Service.
Analysis

... the subject returns with a vengeance in witness and survivor testimony, and ... is endowed with ultimate authority in the figure of the victim.

(Huyssen 2003:16)

The comments articulated at this forum are grounded in the then conservative ACT government’s deflection of responsibility for Aboriginal health to the federal government (See Chapter Six). This position, in which Territory funding was dedicated to mainstream health services, was declaimed by Kerri as ‘assimilationist’ and as indicating the government’s disinterest in Aborigines other than the Ngun(n)awal. Her implication was that with the exception of the ‘traditional owners’ trotted out for their respective performances at public events, Aborigines living in the nation’s capital once again were being overlooked and silenced. Kerri’s approach to this impasse was to effectively utilise shock tactics, juxtaposing the complacency and comfort of Canberra suburbia with statistics of Aboriginal mortality and gripping stories of Aboriginal adversity. Discriminatory race relations, customarily associated with less ‘enlightened’ historical periods or with the towns of rural Australia, were emphasised as a brutal daily reality for Aborigines living in the nation’s capital. Liberal Canberrans were thereby shamed, prompted to offer ‘help’ and sympathy.

Speakers at this forum challenged the popular misconception that Aborigines living in the ACT are ‘fully assimilated’, and hence, acculturated, by highlighting the central place of the extended family in Aboriginal social life. This key facet and marker of Aboriginal culture was (re-)established as fundamentally incommensurable with the values of non-Aboriginal society. Moreover, the post-invasion dismemberment of Aboriginal social relations was represented as continuing due to the state’s failure to acknowledge and address the widespread problem of substance abuse in Aboriginal communities, and through policies and practices of mainstream drug and alcohol services that, in rejecting the importance of kinship, effectively deny Aborigines not only the ‘right’ to practice their culture, but opportunities for rehabilitation. Yet while the importance of family and community was manifest in words and actions, in the sense of cohesiveness and mutual support that suffused the gathering in the garden, another kind of ‘cultural difference’, that of endemic ‘disadvantage’ and ‘dysfunction’, was also prominent. These qualities became equally constitutive of Aboriginality in Canberra, defining attributes of Indigenous alterity that refuted notions of ‘integration’.

Aboriginal spokespersons thus founded their identity and claims for material recognition on constructed binaries of racial identity and social relations. The experience of discrimination concomitantly became fundamental to ‘being
Aboriginal’ in Canberra. While undeniably ‘true’ of the experience of many individuals, this position nonetheless worked to over-simplify the entangled relationships, engagements and attachments that extend across the constructed racial dichotomy.\textsuperscript{71} The corollary was that Aborigines living in the ACT ‘became’ not only the injured victims of history, a diagnosis generally accepted by the nation, but the victims of ongoing discrimination, marginalisation and exclusion. These new and old injuries acted as a potent basis of public collective unity, strength and assertion, a moral high-ground from which to re-claim a positive personal and social identity in contra-distinction to white society. Self-worth, moral and political agency were thus derived from injury. And in turn, ‘injury’ became an accepted, public marker of Aboriginality (see Cowlishaw 2004:60–1).\textsuperscript{72}

The ‘moral hegemony’ (Cowlishaw 2004:247) of this position mitigates against consideration of the more complex interplay of cultural variables, recent historical factors, social dynamics, and local conditions (see Sutton 2001:22).\textsuperscript{73} Instead, Aborigines are repeatedly and widely portrayed as bored and frustrated, as suffering from low self-esteem and depression, images that may exonerate aberrant behaviour, but which simultaneously deny the possibility of agency, passion and intent (Cowlishaw 2004:241). Moreover, as Cowlishaw further notes:

\begin{quote}
a form of bad faith that could be called creative victimhood is built into many relationships between Aboriginal clients and the service agencies who nurture specific kinds of subject position among Indigenous people on whom their employment depends (2004:130).
\end{quote}

Dependent upon government support and handouts, spokespersons from Aboriginal health and welfare agencies publicly enunciate the relatively singular and well-worn tropes of Aboriginal injury and victimhood, while often privately expressing more nuanced understandings of local social problems.

The social ontology of subjectivities, experiences and emotions is evident in the personal testimonies recounted during this highly political forum. The pervasive feelings of grief, anger and despair arose out of real experiences of discrimination, neglect and disinterest. But as individuals re-told their stories to local politicians and to other community members, they inevitably, often

\textsuperscript{71} This constructed dichotomy of race exists in tension with the reality that most Aborigines living in the Territory have both Aboriginal and non-Aboriginal forbears.

\textsuperscript{72} Cowlishaw notes that in the public domain: ‘The voices of humbler complainants, those who feel shamed by their wounds, are less apparent, and for this reason, the deeper wounds are rarely glimpsed in [this] discursive realm ... The public face of these debates and claims is where those making them exonerate themselves and gain agency from the alleged attacks they claim to have suffered. It is the most self-righteous whose claims dominate the public discourses, but for this reason the public arena conceals as much as it discloses’ (Cowlishaw 2002).

\textsuperscript{73} Lucashenko describes ‘a furious rhetoric assigning responsibility to the Australian state, or perhaps to mainstream society, for every problem in the Black community’ (1997:158).
unwittingly, re-framed and re-interpreted their lives in light of the social context of the Inquiry and the broader collective narratives, sentiments and consciousness it mobilised. The emotions they expressed clearly transcended individual experience to draw those Aboriginal people present into an inherently oppositional community of grief and loss. The resultant demarcation of a distinctly Aboriginal moral and emotional domain excluded non-Aboriginal people who found themselves outside, ‘othered’ by the ‘natives’, and overwhelmed by a sense of helplessness as evident in the comment, ‘How can we know these things because we are white?’

The loss and hopelessness articulated primarily by Aboriginal women may be understood, therefore, as not only founded in and shaped by their contexts of unequal power relations, but as social and political statements, explicitly concerned with contesting the exercise of power, ‘gaining [their] meaning and force from [their] position and performance in the public realm of discourse’ (Abu-Lughod & Lutz 1990:7). The mourning with which narratives resonated thus reiterated historical themes with political intent. These poignant stories incited moral indignation among those present and prompted the politicians to social action. But there remains the possibility that Aboriginal people may be construed as irreparably damaged by colonisation and in need of help and ministration. The Aboriginal persons who gathered in Winnunga’s garden certainly did not seek the ‘protection’ of white Australia. Rather, their objectives were self-determination, funding and non-discriminatory politics. Yet Indigenous organisations such as Winnunga remain needy supplicants since, although relentlessly pursuing autonomy, they remain enmeshed within the state and its structures, reliant upon the continuing goodwill of bureaucracy. The increasingly medicalised attributes of grief and loss thus continue to be publicly re-inscribed on Aboriginal bodies and subjectivities, confirming these experiences and tropes as pathways to resources, a circumscribed form of agency.

An authoritative story almost inevitably reiterated discursive themes and concerns that were well-established in broader social and political realms.

The issues raised at this forum were documented in the Standing Committee’s lengthy report, which highlighted the ‘magnitude and seriousness of heroin addiction in the Aboriginal community and the immense damage it is doing’ (2001:70). In the summary of key points, over one-third explicitly referred to the ineffectiveness and inappropriateness of mainstream services in dealing with Aboriginal health issues. The Inquiry formally recommended that the ACT government continue to support the principles of Aboriginal community control and consultation and that mainstream health services be reviewed to ensure that they are culturally appropriate. A series of recommendations advocated the expansion of Winnunga’s services through increased financial support, the provision of a practice manager position and a purpose-built facility, and promoted its role in auspicing an evaluation of rehabilitation and detoxification services for Indigenous people in the ACT (2001:7-10).
Chapter Seven

Conclusion

... these moments are not moments at all, but somebody’s life. They mark the site where indigenous [sic] persons struggle to inhabit the tensions and torsions of competing incitements to be and to identify differentially.

(Povinelli 2002:13)

This chapter has examined how mixed-descent Aborigines living in and around Canberra negotiate their embodiment of loss, founded in real experience and categorical ascription, in the public circuits of power and knowledge that prevail in late-modern Australia. We have seen how Indigenous persons differentially re-construct distinctive and coherent selves and generate a sense of meaningful belonging by coming to identify with certain representations of Aboriginality. Here, then, lies the tension between performance and the performative, the coexistence of coercion and agency as Aborigines avail themselves of the possibilities opened up in and by their necessary appropriation and identification with normative demands and subject positions (see Butler 1993:12, Cheng 2000:59). The constructed dichotomy of Aborigines and non-Aborigines, for example, is a powerful law that unsettles, disturbs and destabilises the identities of those who inhabit the racial margins. Yet Territory Aborigines exemplify how the compulsory artifice of ‘Otherness’ is re-claimed to contest homogenisation, being variously but primarily asserted through the performance of ‘tradition’, memories of trauma, and/or the display of racial injuries. These potent sources of alterity, while not without pitfalls, signify the patent rejection of ‘the proffered, stigmatized identity’ (Cowlishaw 2004:61), and validate the claims of previously delegitimated individuals and groups to specific rights and entitlements as Australia’s Indigenous peoples.

Since experience and subjectivity are socially mediated, Aboriginal persons inevitably have varying and variable investments in the particular subject positions opened up by norms of ‘Aboriginality’. However, the regulatory law of ‘culture’ permeates and shapes most possibilities for self-representation, spawning the (apparently) opposing positions of ‘possession’ and ‘loss’. In the

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76 Hall elucidates: ‘Though they seem to invoke an origin in a historical past with which they continue to correspond, actually identities are about questions of using the resources of history, language and culture in the process of becoming rather than being: not “who we are” or “where we came from”, so much as what we might become, how we have been represented and how that bears on how we might represent ourselves. Identities are therefore constituted within, not outside representation. They relate to the invention of tradition as much as to tradition itself ... They arise from the narrativization of the self, but the necessarily fictional nature of this process in no way undermines its discursive, material or political effectivity, even if the belongingness, the “suturing into the story” through which identities arise is, partly, in the imaginary (as well as the symbolic) and therefore, always, partly constructed in fantasy, or at least within a fantasmatic field’ (1996:4).
domain opened up by land rights and native title, ‘traditional owners’ readily re-enact their culture to ‘prove’ their continued connection to country. Other Aborigines paradoxically find agency through their experiences of loss. As land rights have generated a self-consciousness about the continuity of ‘tradition’, so too have national processes facilitated and fostered Aborigines’ testimonies of trauma and concomitant identification with the subject position of ‘injured’.

Previous chapters have elaborated how psychological norms have become the standards by which we judge ourselves and others and make meaning of our lives. As the experience of suffering has increasingly been re-framed within the categories of depression, trauma and PTSD, a concomitant emphasis has arisen on the ‘recovery’ and narrativisation of past abuse, posited as the etiology of current problems. This implicitly confessional mode is founded upon psychotherapeutic precepts such as ‘reclaiming our stories, reclaiming our lives’ and the strategic metaphor of ‘breaking the silence’. Yet as Brown states:

It is ... possible to make a fetish of breaking silence. It is possible as well that this ostensible tool of emancipation carries its own techniques of subjugation – that it converges with unemancipatory tendencies in contemporary culture, establishes regulatory norms, coincides with the disciplinary power of ubiquitous confessional practices; in short, feeds the powers it meant to starve (1998:314).

A narrative exposé of Aborigines and their ‘problems’ has predominated since the late 1980s, colouring the methodology of official inquiries as much as reconciliation meetings, journalistic interviews, media documentaries, and anthologies of Aboriginal stories. Notably, the nation’s concern about its mistreatment of Aborigines and demand that Aborigines now speak about their personal ‘hidden history’ has arisen ‘at a time when accounts of sexual abuse and incest – and trauma more generally – have been widely circulated and have commanded enormous audiences’ (Attwood 2001a:198). Trauma stories have

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77 Indigenous social orders are reproduced in a complex dialogue with the state, its structures and bureaucracies. Peterson emphasises: ‘Attention should be focussed on the inter-cultural production of indigenous [sic] culture both in the praxis of everyday life and in the more formal context of courts, tribunals and legislation. The condition for the recognition of indigenous rights is often the exposure of family life, history, practices and beliefs in adversarial public forums’ (1999:858).

78 This is the title of a newsletter published by Dulwich Centre in Adelaide (1995) that discusses a model of counselling or narrative therapy, which was developed in response to recommendations of the RCIADIC and which utilises frameworks of ‘social justice’ and ‘cultural appropriateness’. This approach will be further discussed in Chapter Eight.

79 Alcoff and Gray (1993) also emphasise that survivor discourse has the potential for a double effect, transgressing but also unwittingly recuperating dominant discourses.

80 It is perhaps noteworthy that most of the stolen generations’ narrators have been women and the best-known testimonies regarding removal have been autobiographical works by women: for example Margaret Tucker, If everybody cared (1977), Sally Morgan, My place (1988), Barbara Cummings, Take this child (1990), Connie Nungulla McDonald, When you grow up (1996), Rosalie Fraser, Shadow child (1998) (see Attwood 2001a:197).
become a form of public entertainment, but they are also a powerful source of political capital. Aborigines' narratives of trauma and injury articulate and reconstruct a moral collective identity and position in opposition to the state as the culpable perpetrating agent of their distress.

Acts of speaking out about racial injury, however, can become spectacles over which Aboriginal persons ultimately have little control. Stories and images of marginalised, alienated and impoverished Aborigines, widely perceived as helpless victims of colonialism and its aftermath, may actually widen the apparent emotional and experiential distance between Aboriginal and non-Aboriginal Australians. Aborigines are at risk of becoming too 'Other', objects of pity and sympathy, and at times, aversion, helpless losers in need of 'help'. The effect is to re-institute in dominant society a kind of melancholia for Aborigines, while at the same time making it a constitutive condition of contemporary Aboriginal people. The goodwill underlying the 'liberation' of Aborigines and their traumatic memories from the margins of the nation therefore may ensnare rather than empower. In fact, 'confessing injury can become the act that attaches us to the injury, paralyzes us within it, and prevents us from seeking or even desiring a status other than that of injured' (Brown 1998:320).
A community of suffering

A series of unresolved fragments, we come together as a contingent whole. We gain social recognition in the face of this communal loss.

(Eng & Han 2003:365).

If I hear another story about the Northern Territory, I’ll scream. This is where the social and emotional wellbeing problems are the worst. At least they’ve still got their culture, their language. We’ve had everything taken.

(Kerri)

This chapter ethnographically explores how Aboriginal persons affiliated with Winnunga Nimmityjah Aboriginal health service differentially engage with their ascribed and embodied subjecthood of loss. I examine these articulations by presenting the circumstances, statements and narratives of a number of Aboriginal individuals, primarily health workers and administrative staff, who expressed their ideas and stories during informal encounters and semi-structured interviews between 1999 and 2002. In this chapter, I extend the proposition made in Chapters Six and Seven that the common heritage of loss and pain has become an important foundation for the re-formation of Aboriginal identity and community among those persons rendered landless, deemed ‘cultureless’. I
further propose that this shared experiential heritage has become pivotal to the
configuration and identity of certain kinds of Aboriginal institutions, in particular
those in the domain of ‘health’.

Such contexts, I suggest, exemplify how the remembered and ongoing
losses of displacement, dislocation, marginalisation, and discrimination may act
as key sources of solidarity, affiliation and emotional connection. Rather than the
sharing of explicit ‘cultural tradition’, therefore, it is the sharing of pain, help,
care, and concern which becomes the main binding substance, both rhetorical and
experiential, in the creation of new types of social collectives. Aboriginal
individuals are gathered into a ‘community of suffering’, which effectively
demarcates an Aboriginal domain in moral opposition to white society. While
indeed an experiential reality, this ‘suffering community’ is also a rhetorical and
ideological construct that mediates the beliefs, experiences and subjectivities of
its members (see Werbner & Anwar 1991:34). Hence, as a collective, it is much
more than the sum of suffering individuals. Rather, the interaction of experience
and discourse generates a mood, an ethos, a ‘culture’ of loss and mourning that
comes to dominate the identity and spirit of a particular social group (see Erikson

Previous chapters have established how in late-modernity, Aborigines’
continuing experience of loss is being medicalised and psychologised as
problems of ‘mental health’. In the ensuing material, I examine how this
reconceptualisation, impelled from the centre of the nation and reflective of a
global trend, has been variously taken up by certain Aboriginal persons in
Canberra. As dependents of the state, Aboriginal health services and their staff re-
work although necessarily re-iterate, in some form, authoritative tropes and psy
concepts to explicate post-colonial social distress. The experiences and narratives
presented in this chapter demonstrate how some ‘non-traditional’ Aborigines in
the southeast, for whom land rights and native title are near to irrelevant,
participate in the capacious arena of ‘mental health’ towards the objectives of
self-determination and social, cultural and community regeneration. However,
political recognition and state funding remain implicitly premised upon the
continued display of Aboriginal disadvantage and dysfunction as symptomatic of
historical injury. The concomitant risk, then, is that the very ‘loss of culture’,
posed as a primary causative agent of psychological distress, may become the
basis of a new ‘culture’ of melancholia. Grief, suffering and a sense of
victimhood thus come to publicly suffuse the collective (political) identity and
sentiment of Aborigines affiliated with places like Winnunga. And as these
emotional legacies are medicalised, albeit in a partial, unconventional way, there
is the possibility of being further ensnared rather than empowered, bound to a
now-psychologised form of social loss that privileges clinical and therapeutic
interventions rather than political and social remediation.
A community of suffering

It must be emphasised, however, that each of the narratives recounted in this chapter arose in an inter-cultural setting, predominantly in the public context of ‘work’. In spite of the diversity of their individual backgrounds, therefore, most participants were united by their role as health and welfare workers grappling with the overwhelming suffering and distress of their clients. Their narratives, including their uptake of certain salient themes, should then be read as inexorably intertwined with the political interests and power relations of Aboriginal organisations.

The nature of the ethnographic process, particularly in terms of access to more familiar and domestic domains, was circumscribed by a widespread suspicion among Territory Aborigines concerning the matter of ‘research’ and further complicated by Winnunga’s high staff turnover. The analytical focus of this chapter thus remains concentrated on the public domain. The intention is not to reduce the existence of these Aboriginal persons—their relationships, range of emotions, ideas and attachments—to the experience and subjectivity of loss. Rather, what is granted in this chapter is a partial insight into the (re-)construction of Aboriginal identity and subjectivity as played out in the highly political domain of Aboriginal mental health.

Racial injuries

*What’s changing? My son who’s nine is getting detention for punching this other boy who called him a “coon”. My daughter’s being told that she’s “nothing more than a nigger” at school. Attitudes aren’t changing ... so much for reconciliation. And you get worn out with trying to educate people 24 hours a day.* (Karen)

Racial rather than medical categories predominated in the narratives of most staff and many clients at Winnunga. Personal and social distress, illness and disorder were consistently located within the racialised domain of Aboriginal/non-Aboriginal social relations (see also Mitchell 1996:272). Racism was perceived as manifesting in overt discrimination and hostility, but also more insidiously through commonplace practices of mis-recognition and denial that erase(d) the presence and interests of ‘non-traditional’ Aborigines from the national capital. However, this racial discourse, with its moral and social opposition of white and black worlds, negated the complexities of inter-racial attachments, relations and feelings as commonly evident in the speakers’ own bodies and intimate relationships (refer also Cowlishaw 2004:13). This racial dichotomy was thus ideological as much as experiential, a mutually-reinforcing construct and reality that permeated individuals’ stories, lives and belief-systems and which accentuated the experience of discrimination as a fundamental quality of ‘being Aboriginal’ in Canberra. Further, the discursive accent on the immoral and
prejudicial practices of mainstream Australia implicitly acted as a counterpoint for the (re-)affirmation of a positive personal and collective Aboriginal identity.

When I first came down to Canberra, I invited all the kids in the street to my kids' birthday parties cause all the kids in the street seemed to go to each other's birthday parties. Not one turned up. I mean, not one. My kids weren't accepted into any form of mainstream until they proved that they were good sportsmen. Soon as they were good sportsmen, suddenly the kids have come home and the parents who wanted their kids to be good sports kids, suddenly they wanted them to be their friends, you know. It was more of the parents pushing the kid than the kid actually making their own choice. I don't think that kids are racist, it was the attitude of the parents. And it's still the same situation. (Geoff)

I don't look Aboriginal. But I see it all the time with my husband and children. When we go into shops, my husband is always the last one served. I always have something to say about it. The other day we were in Grace Bros. We were all dressed well, not in thongs and shorts. I was a bit of a distance away from the others ... and I saw this security guard just standing there watching someone. When I came around the corner, I could see that he was watching my husband and kids. And I just said, "You've got to be joking. There you are everyone, that's racism in action". (Michelle)

Racism is an obdurate tentacle of colonialism, a manifestation of the philosophy which defined and denigrated 'Aborigines' and which justified practices aimed at obliterating the difference of those persons deemed insufficiently 'Other'. Discriminatory practices are thus read as contemporary testimonies to the rationale of state-sponsored incursions into Aboriginal lives, the processes that dismembered social relations and dismantled cultural cohesion. It is this history that has generated a sense of alienation of identity among many Aborigines in the southeast, who nonetheless remain vulnerable to tenacious portrayals as 'dirty, damaged, drunken half-castes' who have 'lost' the now-valourised quality of 'culture'. Leder describes this sense of self-alienation as a state of physical and social dys-appearance, a condition of hyper-awareness, in which the body is often experienced as 'an alien thing, a painful prison or tomb in which one is trapped' (1990:86–87). This sense of 'profound splitting and doubling' (Hall 1993:400) arises not only as the colonised confront the gaze of their colonisers, but through the internalisation of values that structure compulsory 'difference' as inferiority.2

It's about being treated as if you're a half-wit cause of the colour of your skin. My kids range from very dark to lily white and they have been treated according to the

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1 This contrasts with the disappearance from awareness of the normal and healthy body (see Leder 1990).

2 Fanon states: 'In the white world the man of color encounters difficulties in the development of his bodily schema. Consciousness of the body is solely a negating activity. It is a third-person consciousness ... it creates a real dialectic between my body and the world' (1967:110–111).
colour of their skin. The blacker the kid, the absolute dumber they've been treated as being. (Geoff)

It's common for Aboriginal people including my own family to put each other down on the basis of who's blacker. Those who are the darkest are the lowest. I see this as the result of colonialism. Aboriginal people are conditioned to feel inferior. At some level, deep down, not consciously, they spend their entire lives not liking themselves. (Kim)

Reflective of the dissemination of vague psychological concepts into everyday talk and of the rhetoric of the plethora of reports, studies and inquiries into Aboriginal 'problems', Winnunga health workers commonly described their clients as suffering from 'low self-esteem'. This socially-produced psychological burden was understood as a fundamental marker of Aboriginal experience.

I watched a movie once, 'Pretty Woman', and he said to this woman, she was a prostitute or whatever, and he said, "How did you get into that? Why do you believe that you're lower than low?" And she said, "If you hear it enough, then you believe it." And that's what I always think about us. (Mandy)

One afternoon at Winnunga, two middle-aged Aboriginal women spoke with sadness and satire of how their mothers, conditioned by random inspections by 'welfare' officers, constantly strived to overcome degrading racial caricatures. In contrast, these speakers thwarted and resisted the power of debasing racial representations not by 'good behaviour' but through ironic self-deprecation.

My mother used to clean the house before she went on holidays in case burglars came in. It was to overcome the stereotype of Aborigines as "dirty". She used to scrub morning 'til night. (Michelle)

I still remember the sheets always in the hopper, boiling away in that blue [laundry whitener]. But me, I'm terrible. My house is like my office - papers everywhere. (Kerri)

Ah, you're just a dirty, black gin after all! (Michelle)

A group of Aboriginal welfare workers alluded to their hypersensitivity to tacit discrimination:

You can feel really good one day, and then go into a shop and someone will just serve, you know, the one next to you. You've been standing there, you know. I mean, I know that happens when you're serving behind a counter, you know, you don't know who's next and all that, but... (Shirley)

And you think straight away, it's because you're black. That happened to me the other night. I took my son to the pizza shop. We're very good customers there cause it's cheap. I sent him in there but he kept coming out, saying, "Mum, they won't serve me". So I walked in there and blew them up. Yeah, it's just natural, isn't it? It happens, it's been happening and it'll never change. (Mandy)
And when you get home, maybe if something really upset you and that, and then you think "Oh, I might have a drink". You know what I mean? That sort of helps you. (Shirley)

And that's us. I mean, we hate it and we've got jobs and stuff. I mean other people out in our community, they've got no jobs and they're facing the same stuff. I mean, you wonder why they're carrying around all this shit and hatred and stuff, you know. A lot of our people, they got nowhere, you know. Every time they try and do something, try and get ahead they're always hitting that brick wall. What can they do? They get sick of it ... They're copping the same shit we're copping. Even more, you know. So you wonder why those people are walking around depressed. (Rod)

The disproportionate responses—the outbursts of anger and frustration, the paralysis of resignation and "depression"—triggered by seemingly minor misunderstandings, attest to the fragile and tenuous position of Aborigines in white Australia. A line of tension exists between their bodies, of which they are acutely aware, and the encapsulating post-colonial world. Yet as racism becomes a ready scapegoat for the varied and complex difficulties Aboriginal persons encounter in their daily lives, there is the potential that they may become ensnared 'not by having been seen as invisible [or inferior] but by suspecting [themselves] to be so' (Cheng 2000:17).

Colonial history is imprinted upon the minds, bodies and social relations of 'hybrid' Aborigines. But, as we have seen, the past has assumed even greater significance in Aboriginal politics in recent decades. The framework of past injury has become a critical explanatory paradigm of present-day suffering, offering the possibility of self-respect as well as rights instead of welfare.

I'm tired of being told that we should just "move on", "the past is the past". We can't move on, we live the history every day. What we need is an apology ... to recognise and show respect for our place in society. (Rhonda)

We need to talk about the Captain Cook issue, talk about the stolen generation issue cause that's something that still needs to be addressed ... People might say it's past, but to us, it's like, just take note and let it be known that it did happen. That's what we want. That's all we want. For people to accept the fact that it did happen. (Maureen)

Colonial history thus cannot easily be forgotten nor relinquished, especially in the light of the conservative federal government's recalcitrance.

You know, I've noticed that when there's been bad publicity in the press, when the Prime Minister wouldn't say sorry and all that bad stuff out there, we had more people coming to the health service. And that's because that fear, it's still in us. It's never gonna go away, not in my lifetime, and I don't think even in my kids' lifetime. Hopefully my grandkids, but I wouldn't bet on it. (Kerri)

Amid such apparently entrenched hopelessness, the experiences of powerlessness, marginalisation and discrimination become enduring 'truths' of
Aboriginality. Racial injuries, in turn, become a means by which individuals and groups may validate their identity.

I really don't think Canberra is any different to anywhere else. And people say, “Oh but people are educated”, but they're not educated, they don’t know the history of this country. I don’t think non-Aboriginal people can really comprehend the extent of the abuse that we’ve suffered over the years, you know. (Kerri)

While rhetorically powerful, such comments indicate the way in which a sense of injury and victimhood now permeates articulations of Aboriginal identity, a tendency which is also evident in ‘the active seeking out’ and resurfacing of old insults and forms of denigration (see Cowlishaw 2004:79-80).

The common experiences of discrimination and delegitimation thus united Territory Aborigines as moral and injured citizens. As a prominent etiological framework of Aboriginal distress, the experience of racism potentially legitimates and exonerates fury and/or inertia, but simultaneously (re)constructs Aborigines as reactive victims more than intentional agents. The public hegemony of racist discourse meant that dissenting opinions were rarely publicly articulated:

Things don’t seem to be getting any better ... The problem is that racial issues are treated as more important than anything else, so other problems like gender, violence, or sexual abuse don't get a look-in.

The colonial past has left a profoundly negative impression upon the felt, embodied present of (some) Aboriginal persons in Canberra. Their ‘hybrid’ bodies, in attesting to the fact that history is not past, re-present themselves as sites around which political activity may be mobilised (see Butler 1993, Kirmayer 1992).

**Social fragmentation and the stolen generations**

[Paul] lived most of his life without really knowing who his family were. Then, two years ago, he found his mother’s 13 sisters and one brother. [Paul]’s mother was not around to witness the reunion. She died, a member of the stolen generation, in 1978. After finding his mother’s family, [Paul] was haunted by feelings of low self-esteem and shame. He even tried to take his own life. But about four months ago, he started painting. He went, on Fridays, to the Winnunga Nimmityjah Aboriginal health service, and learnt a new way to express his feelings. He said, “I was feeling my Mum’s pain and her shame as well as my own. I just love painting now, I’ve never done it before ... It does relax me, makes me feel better, [gets] my thoughts out. I’ve been a loner all my life”.

*The Canberra Times* (De Forest 2000b).
In 2000, Phil, an Aboriginal mental health worker, initiated an ‘Aboriginal Art & Storytelling Group’ for Indigenous and non-indigenous people ‘who wish to explore the spirituality and wellbeing of Aboriginal culture’. Funded by ACT Mental Health, the group was conducted on Friday mornings in a small shop down the road from Winnunga and was formally run by an artist whose attendance progressively became more erratic due to family ‘hassles’. Once the lease for the premises was finalised, the walls were decorated with handprints and dots in a fashion reminiscent of ‘traditional’ Aboriginal art, and within a few weeks, the room was cluttered with half-finished canvasses and painting paraphernalia. Several paintings along with a small notice advertising the group, were stuck on the shop window. On Friday mornings, the door opening onto the laneway was left open and the blinds on the window pulled back to attract the interest of people passing by. It was a rare occasion, however, that anyone not in some way affiliated with Winnunga stepped through the doorway.

The activity of painting was accompanied by teasing and joking as well as praise for each other’s art works. Conversation frequently turned to personal histories: where individuals were from, their recent and past experiences, how they had come to be at Winnunga. Talk often centred on racist encounters, family disruption, and the ‘problems’ in home communities and in their current home of the ACT.

One Friday in mid-June 2000, a group of five women and two men sat painting and chatting. Eva, an Aboriginal woman in her early 50s who had lived in Canberra with her white husband for over two decades, began to reminisce about growing up on a mission in South Australia.

*We were always crossing over into each other’s territory and houses, everybody knew everybody else ... now that I’m living in a different type of environment where everyone lives and functions separately, it’s really difficult. It’s like when you take an animal out of its own habitat into another habitat, it can’t survive, and it dies. That’s how I feel. Do you understand what I mean? It’s not the Aboriginal way to live like this.*

Describing her life as ‘full of sadness’, Eva said she had been in tears that morning as it was her mother’s birthday. In the previous year, her aunt, mother and brother had died; her brother due to an overdose.

*I said to him, “Don’t do it. There are people to help you, to get you off this”. But he said, “There’s nothing out there”. And he just kept going.*

Eva rather enviously commented that the ‘stolen children’ had at least received a good education which had allowed them a degree of success in the white world. Her family, by comparison, had been rounded up and relocated on a
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mission where she had been brought up with ‘nothing’. She was left only with an
ongoing sense of loss.

I’m not saying that the stolen children are better off. But the rest of us are also
suffering. The attention is on the ones who were stolen, but I can’t claim
compensation for what happened to me, for my life. What can I do? I’m living in the
past ... I’m filled with sadness; it all just sits here [touching her chest]. How can I
move on? What can I do to forget, to let go of all these thoughts, all this grief? I’m
dying inside. Every day. What can I do? Do I just give up and die with it?

Karen, an Aboriginal mental health worker, encouraged Eva by referring her to
the frameworks of Aboriginal spirituality and also, mental health.

No, you don’t have to give in! You’re managing well. I’ll give you some information
on spirituality and healing – Aboriginal women healing each other. And also some
pamphlets on mental illness for you to look at.

Karen then further asserted:

The stolen children were just part of the greater force of assimilation – rounding
people up onto missions, taking away their choice and right to look after themselves
and to make their own decisions ... And it’s still continuing. Aboriginal children are
20 times more likely to be removed from their families. Goulburn gaol has 93
Aboriginal inmates out of a total of 500 prisoners. Every Aboriginal person is
suffering and has been affected and that’s not being recognised. Aboriginal people
have a lot of sadness and grief in their lives. The problem is when they don’t know
how to deal with it, when they don’t have any problem-solving strategies or support.
My brother committed suicide. He killed himself in the shed behind the house. He
had three children. The eldest girl was old enough to remember it. The youngest
child, who was two, is now starting to ask about his dad. I see my brother’s death as
due to invasion and assimilation. (Karen)

With the end of the mission days, Aborigine people in settled Australia
progressively dispersed throughout regional towns and cities. The strength of
community affiliation through intimate co-residence was therefore diluted and
individuals’ connections with their ‘home’ communities gradually weakened.
New associations were formed through real and potential kin networks, via
affiliations with Aboriginal organisations, and at various other sites of connection
such as sport and work. However, isolation is now identified as a foremost
problem for Aboriginal persons, like many white Australians, living in the ACT.³

³ Aboriginal people living in Canberra frequently travelled to their home communities to visit
extended family; where possible, their social networks in Canberra centred around their
(biological) family; family was always one of the most common topics of conversation.
This loss of stable community, while largely the product of colonisation and attempted assimilation, is also reflective of the larger-level processes and changes effected by globalisation (see Lambek & Antze 1996:xxiii). In late-modernity, the erosion of broader social connectedness beyond the nuclear family has led to an increasing focus on the individual, whose destabilised social identity is reflexively re-made and creatively forged through new types of social relatedness and forms of subjecthood.

Catapulted into the public domain to become the object of political contestation, the stolen generations have been established as a powerful collective memory, especially among southern Aborigines for whom the extended Aboriginal ‘family’ has profound experiential and rhetorical significance as an essential and distinguishing quality of Aboriginality. Many clients and staff at Winnunga described themselves as having been in some way affected by policies of removal.\(^4\) One health worker spoke of how she had only recently learned that her over-protective father had been separated from his family and institutionalised. Another worker described how her father, who had been taken from his family and ‘brought up white’, had rejected his Aboriginal family and preferred to ‘pass’ as Italian. Other persons remembered their childhood fear of ‘the welfare’, of hiding in the bush when an unknown car drove past their houses. The legacy of what is still recent history has scarred Aborigines of mixed-descent with fear, shame and confusion. The experience of the stolen generations has become a central organising theme in articulations of the psychological and emotional distress of all Aboriginal people, whether ‘stolen’ or ‘left behind’.

They talk about the stolen generations, the ones who were taken, but not much attention has been paid to those who were left behind, how they must have felt. (Michelle)

Even though we weren’t stolen, psychologically that had a devastating effect on us. It was a terrible way for young Aboriginal teenagers to live, with that fear. A lot of people don’t realise that, they don’t realise the psychological impact it had on us (Christine, cited in De Forest 2000a).

We’re getting airplay with the stolen generations, but there’s also gotta be, there’s gotta be a recognition that for every Indigenous person there is loss and grief due to loss of land, culture, language. I mean that’s generational. That gets passed down. And when it’s not dealt with, it’s a major concern. (Adam)

\(^4\) In the 1994 national survey of Aboriginal and Torres Strait Islander people conducted by the ABS in the Queanbeyan ATSIC region, 12 per cent (that is, 296 persons) of the 2390 respondents aged over 25 years said they were taken away from their families as children by a mission, the government or welfare (Australian Bureau of Statistics (ABS) 1995a). In a more recent ACT study conducted with 95 Aboriginal illegal drug users, Dance et al. (2004:28-9) report that six of the people interviewed had themselves been part of the stolen generations, while 27 people said they had family members who had been part of the stolen generations. The mean age of interviewees was 29 years.
Signifying the absolute loss and injustice and the assault on identity meted out to mixed-descent Aborigines by the colonial state, the stolen generations have become a powerful subject position that potently articulates historical injury and asserts the right to reparation. Yet as a growing number of Aboriginal people who were ‘left behind’ vicariously identify with the stolen generations, the effect is to foreground a singular explanatory model for Aboriginal distress. This accent is clearly reflective of the late modern obsession with child abuse, now widely accepted as the etiology of myriad and diverse psychological, emotional, health, and social problems. Certainly, as the Aboriginal qualities of ‘sharing and caring’ are challenged by reports of family and community violence and sexual abuse, the state’s forcible disruption of Aboriginal social ties and worlds must be seen as a critical variable in present-day fragmentation. However, as the metaphor of the stolen generations has come to encapsulate the sense of isolation, displacement and dislocation experienced by mixed-descent Aborigines in settled Australia, diverse and complex contributing factors are reduced to the past experience of (potential) removal. And like the stolen generations, their feelings of loss and loneliness, of being ‘out of place’ are commonly described and embodied in terms of a ‘loss of (cultural) identity’, now medicalised and interpreted as problems of ‘mental health’.

‘Cultural loss’

... down here, they don’t have much culture and that, not much language, not like what we’ve got, you know, up north. Like my language and culture’s still alive and well. There’s nothing lost. Well, I can’t say that every aspect’s [not] been lost, but I’m very lucky. I can always go back. I can’t speak the language, but I can understand it. Whereas this mob down south, they don’t really have that ... [it’s] harder for them especially not looking the part. I mean, that’s why I always think I’m lucky. I’m glad to be dark. I mean, sometimes people might think I’m another nationality, like Fijian or something like that, but at least I’m black, you know. I can’t hide from that. And nobody can say that I’m not. You know, it’s a really positive thing. But I’m sure that there’s lots of people [down here] that wish they

5 The many and complex factors contributing to Aboriginal distress make it ‘almost impossible to pinpoint family separations as the sole cause of some of the emotional issues by which Indigenous people are now troubled’ (Hunter, evidence 61; Constable, evidence 263 to National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families 1997:193). Hunter further states, ‘I think there’s a problem blaming the problems with alcohol and social distress on the removal of kids ... However, it certainly is tied in with the broader process of undermining parental roles and undermining family structure’ (Hunter, evidence to National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families 1997:216).

6 Atkinson, for example, emphasises the loss of coherence and ‘conflicting sense of identity’ suffered by those Aboriginal persons whose families and communities are a source of pain and distress rather than a repository of the legendary virtues of ‘sharing and caring’ (2002:175, 209).
had a bit of colour, you know a little bit darker. I'm sure they wished it, hey, cause you just hear how they talk. It's like, "Wow". At least you can see it with us. (Brian)

Aborigines in settled Australia are hailed by their failure to have held onto the land and traditions that define(d) their essential and necessary difference. They are ensnared and often unwittingly become further entangled in a series of binaries which constitute their engagement with modernity as a loss and which result in dilemmas and confusion about the nature of ‘culture’ and whether they ‘possess’ it (see Gelder & Jacobs 1998:51).

I've lived in remote, urban and rural, so I've seen the differences between the cultural aspect – it's a way of life, you know. In urban, your culture is something you do on the weekend, you do it when you've got time cause you're just too busy here. Rural, it's there, it might be in the schools as activities. In remote, it's predominant, you know. As an urban Aboriginal you don't get that positive cultural aspect in your life. (Nigel)

Apart from the immediate family you know. That's weekend when you're doing it as a big mob. You do it every day at home but it's totally within your group. If you come to my place you'd see it Monday through to Sunday, but it's within our group. But if you live remote, you live it every day in a totally different way. And we also have to be careful too when we talk about cultural identity because it's ever-changing, our culture is changing every day... you know, what happened 50 years ago, yeah in some parts still happen to the letter, but in other parts, for a whole gamut of reasons, it changes. But that doesn't mean that our culture's dying. It's a living culture that changes. (Adam)

In diverse contexts in southeastern Australia, Aboriginal people are often heard describing how their culture had been ‘taken away’ and voicing their fears about such matters as research, language programs or health surveys, as entailing the removal of cultural knowledge from communities. Such views, like those of the speakers quoted above, indicate the objectification of culture as ‘things’ that can be owned, held and accordingly lost, rather than as lived and embodied values and moral codes, styles of sociality, modes of personhood, etc. Aboriginal persons are naturally not exempt from the popular accent on material culture, a bias that implicitly depreciates the lived distinctiveness and viability of contemporary Aboriginal societies and which constructs their members as apparently cultureless.

For many Aboriginal persons in Canberra, history is reiterated not only in racist slurs and prejudicial glances, but in practices of non-recognition that discount their humanity and render them marginal to both white and black worlds. Confronting fixed and totalising norms of ‘Aboriginality’, ‘urban’ Aborigines sometimes grapple with the everyday challenge of negotiating and articulating a coherent, meaningful and socially legitimate sense of self.
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I think Aboriginal people in areas like this, like an urban setting, try to stress more the fact that they are Aboriginal – not just because they don’t see themselves as being Aboriginal, but because the wider society doesn’t see them – you know, us – as being real Aboriginal people. (Brian)

Because we’re not in the Northern Territory or we’re not in our lap-laps or any traditional ... (Debbie)

And colour’s another one too. Like if you’re not dark, then you’re not seen as being – like if you’re Debbie ... (Brian)

I always get it. There’s always somebody that wants to have a go, or somebody who wants to pick on you because you want to identify ... People say, “What part are you? What part? Are you a quarter or –?” And I say, “You’re no part, you’re just it.” I say to them though and it’s pretty harsh, I say, “If youse white fellahs didn’t come here, I’d still be here in a darker form”, [laughs] But it’s true, hey. (Debbie)

Light(er) skinned Aborigines legitimate their identity in terms of their bodily signification of colonial intrusion. Aborigines in the ACT explicitly challenge and outrightly reject colonial categories that carved up Aboriginal bodies and identities on the basis of ‘blood’, that is, degrees of ‘difference’. It is not uncommon to hear more militant Canberra Aborigines, irrespective of their colour, identifying as ‘Black’, a discourse that defies assimilatory pressures and assumptions. Such rhetorical strategies that re-claim Aboriginality as experiential ‘Otherness’ exist in tension with other influential discourses that mourn the ‘loss of cultural identity’ among Aboriginal people in the region.

I think the whole issue of why we’ve got so many mental health or social and emotional wellbeing problems with clients is due to the fact that there has been a loss of identity, there has been a loss of culture. (Rhonda)

There is. And you’re gonna find that the majority of the people that you deal with have lost it, even though they appear to be Aboriginal, I mean in looks and things they do and say, whatever it may be, but in the long term they have lost their identity. I mean personally, I don’t know much about my tribal background at all. I pick it up every now and then from my mother and father and stuff, but I dunno, it’s been lost. So it is a problem. I guess that’s probably why I’m more urbanised than remote. (Steve)

The embodied experience of Aboriginality is mediated through emotional connections, especially to land and to ‘kin’ (Anderson 1997b:12). While many of the individuals working at Winnunga had lived in the ACT for decades, all were originally migrants to the region. These persons unanimously accorded precedence to social relationships of kinship and community in knowing and living one’s Aboriginality.

A lot of it’s about who you are, where you come from and who’s your mob. And knowing that within yourself. See a lot of people don’t. You know I never grew up on a mission. My family did .... I visited my mob on the mission. I never grew up on a mission. But I know my mission and where my country is. But, see, a lot of people don’t have that. (Adam)
There are still perceptions that Aborigines in the Northern Territory are the “real Aborigines” because they have much more culture left. But perceptions are changing. You don’t have to be black to be Aboriginal. My white grandmother said to me, “You’re not Aboriginal, you’re not black enough”. That made me think about what makes me Aboriginal ... A lot of it comes from being with my mob. For me, being Aboriginal means my Aboriginal family, speaking the language, well at least some words, and being a part of the Aboriginal community ... It’s when I’m with Aboriginal people that I feel I can really be myself. (Kim)

Statements bemoaning the lack of ‘tradition’ in the broader region, however, undercut this accent on social relatedness as a defining quality of Aboriginality:

I really envy those people [in the Northern Territory]. Their culture’s intact and they’ve been able to stay strong. Here on the eastern side of Australia, the impact of invasion and colonisation’s been much worse. (Debbie)

A particular problem in urban communities like Canberra is the loss of traditional culture. It’s difficult to find anyone who knows enough culture to run groups or teach youth ... It’s fine in theory to talk about culture evolving. I mean, we might see things like footie kick off as contemporary Aboriginal culture, but there’s a lot of resistance from the elders who say that’s not how it should be done. They’re still hanging on to bits of language and traditions that they know and can remember. (Michelle)

The losses of ‘tradition’ and community were commonly posited as major antecedents of psychological and social problems, especially among Aboriginal youth.

Young people don’t have a sense of connection. And they just don’t care. I was only a baby when we left the mission at Mitchell, but we still had the stories because of the experiences of my family and older brothers and sisters. That’s all gone now. Young people aren’t interested in all of that. There’s nothing for them. (Karen)

I think strong identity builds strong people. I think people that are struggling with their identity are the people that are in crisis. A lot of the time it’s because they don’t know where they belong, do they? They got no sense of belonging. And we find that with a lot of our young people. And even older people that were brought up on missions and things like that, identity’s a real issue and it impacts on their social and emotional wellbeing and mental health. (Kerri)

Discourses on the loss of Aboriginal culture in settled Australia patently conflict with the lived reality. Aborigines in Canberra demonstrate strong cultural continuities in their styles of communication, impetus towards ‘making’ kin, egalitarian social relationships, and ideas of personhood (see Martin 1993:32, Myers 1986, Peterson & Taylor 2003:109–110). Aboriginal persons at Winnunga actively avoided direct confrontation, deflecting or evading demands of family, community members and clients, and in the case of the CEO, using humour and
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circumlocution to supervise staff. An emphasis on consensus and connectedness existed in tension with a simultaneous concern with autonomy. Family, signifying emotional as well as biological relations, were generally favoured in employment, a commonplace practice in Aboriginal organisations that clashes with bureaucracy’s accent on equity and democracy. The fluidity of Aboriginal staff at Winnunga largely reflected their difficulties in negotiating family and client demands and obligations in an environment where they received minimal professional support or direction.

It would be naïve to suggest that somehow the self-representations of Aboriginal persons in Canberra could avoid reiterating normative conventions of Aboriginality. Instead, Aborigines variously and variably identify with certain of the subject positions to which they are summoned. Previous chapters have established how the hegemonic emphasis on ‘tradition’ has generated a hierarchy of Aboriginalities, which not only works to conceal and naturalise dispossession in southeast Australia, but which has become a rationale for denying rights to those who are ‘cultureless’ (Macdonald 2001:194). In this political context, ‘loss’, like ‘tradition, may be understood as a form of ‘ideological mooring’, a point to which a collective identity can be ‘anchored and elaborated’ (Salée 1995:293). ‘Cultural loss’, therefore, may signify a felt reality but it is also an important political position that facilitates the re-construction of a distinctive collective identity (see Ariss 1988:136). In contrast with the fantasised exotic national treasures of outback Australia, Aboriginal people in the ACT are represented as scarred and damaged by colonisation; their fractured and alienated cultural identities return as a form of national haunting, provoking unease and demanding a response. Land rights and native title offer many of these people little solace. Rather, it is their very ‘culturelessness’, constructed as the root of social distress and disorder, which becomes the means through which they potentially stand to gain. The ‘loss’ of cultural identity thus becomes the discursive and experiential domain of common identity (Morris & Cowlishaw 1997:5), providing members with a ‘defining space around and within which [they] find their bearings … mobilize themselves, and express their desire to gain autonomous control of their collective destiny’ (Salée 1995:293).

Inexorable mourning

_Both the Wik people and the Ngun(n)awal have the same misery underneath._ (Joan)

_It’s grief and loss across the board. At international conferences when you’re dealing with Indigenous peoples the whole world over, the sort of issues that you as a grassroots worker come up against are the same … it doesn’t matter whether it’s the Canadians, the Hawaiians, it’s the same sort of dispossession … you’re still dealing with injustice, health, social and emotional wellbeing. You can’t separate –_
as we keep telling mainstream organisations and governments – you cannot separate them. (Adam)

A dark cloud seemed to hover over Winnunga in early September 2000. The drawn faces, listless movements and flat interactions of health workers and clients alike generated a sense of weary heaviness. Administrative matters were deferred as Kerri helped Rachel to arrange the funeral of her son, Dean. With the conclusion of the formal inquest, Dean would be cremated so that Rachel could take him home to Woorabinda, an Aboriginal reserve outside the town of Rockhampton, central Queensland, nearly two thousand kilometres north of Canberra.

Staff and clients, predominantly women, clustered in small groups in Winnunga’s front garden, chain-smoking as they replayed the tragic circumstances of Dean’s death.

When [Rachel] arrived down here from Queensland, she found her sons in a terrible state. She rang Winnunga and asked for immediate help. In that time, one of her sons was admitted to a psych ward. (Karen)

We [about eight Aboriginal women] all went up there [to ICU] and sat around the bed. And when we left, I started to get really upset. And [Rachel] said, “Just think of the good times we had together.” But I couldn’t. On the way home, I bought two cans of bourbon and I got in, locked myself in my room, put on Guns N’ Roses, and cried. The dog was sitting on the floor next to me and he put his paw on my leg. I just lost it. (Carol)

Empathy turned to outrage, however, as health workers described how Rachel’s suffering had been compounded by discrimination. The tacit hostility manifest in silence, withdrawal and prying curiosity had exacerbated her powerlessness, while eruptions of frustration had worked only to further stigmatise and degrade her family.

Rachel got so angry with the hospital about the lack of communication. Some of the staff refused to work while Dean was in there. You wouldn’t believe the problems ... They didn’t tell her that they knew from the beginning that Dean wouldn’t survive ... [that] he was brain-dead and had had a cardiac arrest. They kept him on the life-support machine and didn’t tell her what was happening ...

We organised his brother, Roger to come over from [Belconnen Remand Centre]. And when he came to the hospital, Rachel told him that Dean would be okay. Then early in the week, things started to get worse and she realised that he wouldn’t live. So they had to get Roger back and tell him. He was really upset. They brought him to the Emergency entrance in the paddy wagon, so everybody could see. And when he left [in the wagon], he was kicking at the doors – he was so angry and upset. Everybody in Emergency was staring. Rachel went back in there and was really

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7 The identities of these persons were established in Chapters Six and Seven.
8 In most cases, Winnunga assumes responsibility for funeral expenses.
Angry, called everybody "fucking bastards".
So I spoke to the social worker and asked her to organise a family meeting with the specialists. And finally they told them that he wouldn't live. If Rachel had known she could have asked for the life support machine to be turned off and finished it all earlier. As it was, he had another cardiac arrest and died. But they didn't have much time to say goodbye, and to grieve — it ended up being really rushed because they didn't know what was happening, they thought he was going to survive. Rachel really gave it to them. (Kerri)

Rachel, who received little support from her sons' non-Aboriginal father, was widely perceived as having been a 'tower of strength' as her five sons had become drug-users and subsequently involved with the criminal justice system. Yet she quietly reflected on her need for respite from the enormity of her family problems:

_I escape to Queensland to get away from the cold and the hassles when it all gets too much down here..._ (Rachel)

Her anguish was perceived as emblematic of the experiences of many Aboriginal mothers in Canberra.

_When one dies, the others just shoot up even more. They don't have any coping mechanisms, so they just go even harder ... Rachel lives down here, but she has to get away. Women go into refuges to get away from their sons. I know what it was like having one who was using. How angry and violent he'd get when he was hanging out. And some of these women have two, three and four kids like that..._ (Kerri)

Several women reflected on the losses within their own families, the deaths of children due to drugs and/or alcohol and the inevitable problems they foresaw for their grandchildren. The pervasive mood was endemic hopelessness.

_Hearing about these young ones brings it all back [the deaths of her son and daughter due to heroin overdoses]. [Rachel's] a younger version of me. She's going through everything that I went through._ (Aunty June)

_And Aunty Gwen. And Brenda and Maree. And that'll be me when my grandkids grow up. I can see the writing on the wall._ (Kerri)

Following Dean's cremation the following week, more than 100 people attended the wake held in a local hall. The overwhelming majority of those people present were Aboriginal. Many persons were in their late teens and early twenties, some of whom appeared unkempt and unwell, a couple obviously disorientated, but who were consistently greeted by older community members with warmth and affection. No formal speeches or outpouring of grief marked the

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9 The use of the affinal terms 'Aunt' or 'Uncle' denotes not only age but also respect for an individual's standing in the community.
event. Instead, the focus was on coming together, of reaffirming the strength and support of the Aboriginal community. At the same time, there was an overriding sense of vicarious suffering. Dean’s life and death symbolised the precarious survival of many of the youth of the local community; Rachel’s grief thus signified the actual and potential losses of many families.

Trish, an Aboriginal worker at Winnunga, later spoke of the tragedy of losing a child at any age. Her eyes filled with tears as she briefly mentioned that her own son had committed suicide at the age of 19.

Four months later, Carol sat crying in Winnunga’s waiting room. That morning, she had gone with Maureen and Kate to Calvary Hospital to ‘say goodbye to Anne’. A Winnunga client, Anne, who was 23 and had three young children, had apparently died of an overdose.

*I just keep thinking, is this the way the year’s going to be? Last year, we had three deaths in a month, then [Dean], then the hit and run, and now this. How many more? (Carol)*

Less than two weeks later, the brother of one of the Aboriginal health workers attempted suicide and was placed on life-support in The Canberra Hospital. Until that time, Valerie, a feminist who had worked predominantly in women’s refuges and was atypical of staff at Winnunga, had experienced a degree of social ostracisation. In the weeks following her brother’s suicide attempt, however, previously hostile colleagues became extremely solicitous, a change in behaviour no doubt largely prompted by compassion and concern. Yet, it also seemed that Valerie’s distressing experience had in a sense (temporarily) overridden personality and lifestyle differences to establish a common bond with her co-workers and to confirm the legitimacy of her Aboriginality and place in the community.

Virtually every Aboriginal person with whom I had contact at Winnunga had direct experience within her or his immediate family of drug and/or alcohol abuse, family disruption (due to government policies, the intervention of ‘welfare’, separation or divorce), violence, the criminal justice system, and early mortality. Few individuals, and these mostly women, were older than 60 years. Although in general conversation, a range of affects was evident, with laughter and kindness as well as sadness and anger acting as bonds of solidarity, grief and loss percolated so consistently throughout the community that personal and social

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10 These three deaths in mid-2000 are alluded to in the Legislative Assembly forum discussed in Chapter Seven. Around Christmas 2000, the body of an Aboriginal woman who had been killed in a hit and run accident, was discovered on the median strip of a major access road into Canberra’s city centre. In spite of a police inquiry, the driver and car involved were never identified. Some Aboriginal people speculated that this was because the victim was Aboriginal and the driver and car were from the public service.
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suffering seemed to be inexorable. \(^{11}\) Strong emotional bonds of affinity, affection and trust were generated through the sharing of existential pain. The real and common experience of loss in its various forms was thus a primary, although definitely not singular, foundation of social relatedness at Winnunga.

As symbols of ingrained social injustice, grief and loss have become central qualities of Aboriginal oral and bodily heritage (see also Hunter 2001):

the grief and scars of corporeal and social alienation are passed on from one generation to the next and become part of the remembered past not just for [a particular] community ... but for an imagined pan-Aboriginal community. Such a representation of the past also becomes part of a moral discourse in which grief and mourning is essentialised as constitutive of Aboriginality ...(Mitchell 1996:270).

In previous chapters, I have stressed how the suffering and loss of Aborigines, indisputably rooted in material reality, are mediated by prevailing contexts, heightened or dampened by particular ideologies, discourses and representations of Aboriginal experience. The discourse of Aboriginal loss, signifying a collective bodily experience, has become a shared explanation and community resource that imposes a degree of coherence upon contemporary demoralisation and disadvantage. This shared continuing suffering is also integral in the generation of new types of community, a means of re-establishing social relationships in the face of the actual attenuation of these bonds by the state and ‘modern’ life (see Abu-Lughod & Lutz 1990:19). The corollary, however, is that grief and loss have become normative, emotional modes of (public) Aboriginal being. Indeed, with historical injury now authenticating and re-producing a particular kind of Aboriginal subjecthood, a perceptible tone of grief is almost expected whenever persons talk, act and/or feel as ‘Aborigines’ rather than as individuals.

As social, moral and political statements that express their ongoing marginalisation in the nation-state, the experiences and narratives of grief and loss confirm the place of Canberra Aborigines in the global Indigenous community of sentiment. ‘Loss’, once a categorical accusation, thus has become integral to the creation of an Aboriginal resistance space, an ‘affective enclave’, founded on the inherently oppositional sentiment of mourning (see Seremetakis

\(^{11}\) This sense of interminable grief and loss is certainly not unique to Aborigines living in the ACT. McCoy describes how Aboriginal communities in the Western Desert ‘go through this period of sorry business continuing on and on ... you have the sense of, “Is this the way we live?” — those funerals that seem to move into one another, and young men either in prison or, yes, being in car accidents, and the number of men walking round who have physical injuries ... Gunjah [marijuana] has come in — the two suicides for the first time last year were certainly drug related suicides, and they were the first ones that we had had in that region — and makes it very problematic. And the women get very concerned and talk a lot about, “What can we do for these young fellas?” but they sort of feel helpless. They want the men to do more, but there aren’t enough men around. I think it is a very significant period at the moment’ (2003).
The ideological accent on the experience of loss and its affective products, however, is at risk of generating a 'binding environment' that specifies and curtails Aboriginal subjectivities and the possible conditions of their social existence (Cowlishaw 2002).

**Medicalising loss**

What can political agency mean for someone operating in a symbolic, cultural economy that has already preassigned them as a deficit?

(Cheng 2000:7).

Despite the ideological antipathy of Aboriginal health activists to mainstream biomedicine and associated health agencies, Aboriginal persons in Canberra in practice respond differentially to medical power according to their situational assessments and experiences of biomedicine's usefulness. Moreover, Aboriginal health spokespersons may denounce biomedicine for a range of legitimate reasons—its alliance with state power, its Western cultural bias, its narrow 'body parts' approach—but there is no doubt that its knowledge-categories and therapeutic procedures are in reality perceived as potentially enabling as well as constricting, offering possible remediation of suffering and moreover, serving as a resource in the pursuit of other, often political, objectives (see Lock & Kaufert 1998:2, 7).

The 1990s saw the consolidation of the concept of Aboriginal 'social and emotional wellbeing' as it was embraced in the policies and plans of the federal health bureaucracy. This more 'holistic' construct underscores the complexity of factors (historical, cultural, socio-economic, spiritual, and political) that contribute to Aboriginal wellbeing and implicitly disorder. In contrast with the more individualistic focus of biomedical psychiatry, this explicitly 'Aboriginal' discourse situates the health of individuals within the local and broader community, thereby highlighting interventionist state policies as the agents of present-day sickness and distress. Social and emotional wellbeing is, therefore, a discourse on the body politic as much as on individual Aboriginal bodies (see Douglas 1966, Scheper-Hughes & Lock 1987).

In the political arenas in which it is typically deployed, social and emotional wellbeing is a powerful metaphor that communicates but also reconstructs Aboriginal identity on the basis of experiential as well as cultural 'difference'.

*There are big differences between the mental health problems of Aboriginal and non-Aboriginal people because of what's happened to us.* (Kim)
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And really it always comes back to the history, the dispossession, the dislocation, all that sort of stuff that impacts on our social and emotional wellbeing. (Kerri)

This re-working of the category of 'mental health' re-iterates long-standing ideas of Aboriginal loss to convey the continuing aftermath of colonial history in Aboriginal lives and bodies. As such, it has particular relevance for Aborigines in settled Australia for whom the imputed and embodied quality of loss has historically served to delegitimate their rightful claims to Aboriginality.

In thus demarcating an Aboriginal domain in overt opposition to (post-)colonial mainstream society, 'social and emotional wellbeing' exemplifies a contemporary form of political discourse on Aboriginality that has become central to the assertion of self-determination and separatism. For 'urban' Aborigines in particular, it has proven to be an effective rhetorical strategy that has secured some recognition of the uniqueness of their experience, identity and rights as the Indigenous peoples of Australia. However, this argumentation, targeted towards the state and its agencies of health and welfare, necessarily discounts the broad and indeed 'holistic' interpretations of 'mental health' prevalent among the general population. As a political position, it re-confirms the binary of Aboriginal and non-Aboriginal identities, an emphasis that in rendering a convergence of cultures, understandings and 'systems' difficult, if not impossible, may further marginalise Aborigines in the nation-state (see Brady 2004).

A further complication is posed by the fact that the polysemous construct of 'social and emotional wellbeing' is even more conceptually ambiguous than 'mental health'. Most commonly, in the talk of Aboriginal health workers, the terms were conflated and used interchangeably, with the latter category often more predominant. Those few workers more versed in the rhetoric of NACCHO-affiliates notably deemed the central distinctions between the two concepts as too complex and abstract for most health workers to articulate. Moreover, given that in public forums, NACCHO spokespersons, themselves, also commonly interchanged the two categories, it would seem not only that the rhetorical distinction is in no way absolute, but that Aboriginal 'social and emotional wellbeing' is often practically reduced to the domain of 'mental health'.

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12 It is not uncommon for non-Aboriginal Australians to be heard describing a diversity of activities such as doing exercise, spending time with family, shopping, taking vitamins, shopping, or having a 'sick day', in terms of the enhancement of their 'mental health'.

13 The reification of 'culture' and 'difference' in the etiology and treatment of such issues as drug and alcohol abuse can act to deprive Aboriginal people of broader theoretical and practical advances in treatment (see Brady 2004, Kunitz 1994:237).

14 This also indicates the low degree of socialisation of most Aboriginal health workers into ideologies of health, both Aboriginal and mainstream.
The multitudinous factors which Aboriginal health and welfare workers postulated as affecting the mental health and wellbeing of their communities demonstrate the capaciousness and conflation of both categories.

*Mental health, social and emotional wellbeing, could be the result of anything.* (Shirley)

*Could be brought on from anything.* (Eric)

*Loss of cultural identity, I suppose, that could be an issue why a lot of people drink.* (Rod)

*I think that's identifying two main problems.* (Shirley)

*Yeah, it could be from any sort of problem really.* (Eric)

*Being homeless, without a job. Sexual abuse, whatever. There's a lot of them got no money. But, yeah.* (Mandy)

*Education, lack of education.* (Keith)

*The lack of self-esteem, the lack of everything. Poverty, isolation, all those things.* (Rod)

Aboriginal social and emotional wellbeing/mental health thus pertains not to mental illness, but to the vicissitudes of being Aboriginal. Stigmatising and internalised representations of Aborigines as inherently racially, culturally or personally inferior are countered by this accent on history as the etiology of contemporary distress and disorder. And yet, as all daily struggles are interpreted in terms of the losses and injuries of colonisation and its postcolonial aftermath, Aborigines are potentially re-constructed as helpless victims whose endemic ‘lack’ leaves them floundering in the post-modern world.

Health workers at Winnunga unanimously linked poor health and wellbeing in the local Aboriginal community to ‘the history of this country’: the breakdown of social structures due to dispossession, dispersal and the forcible removal of children, the ensuing loss of cultural identity, and the ongoing, daily experiences of racism and discrimination. Self-determination was indirectly espoused in the common emphasis on the need for more resources and in particular, a new and larger building so that the health service could better respond to clients’ needs. Few workers expressed more overtly political views or even indirectly alluded to the issues of land rights, native title or reconciliation.

Like Anglo-Australians, Aboriginal health workers in Canberra rarely questioned the validity of psychiatric knowledge.\(^{15}\) Although more politically astute workers typically used the terminology of ‘social and emotional wellbeing’ rather than ‘mental health’, they also readily talked about depression, personality

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\(^{15}\) This acceptance may be attributable to a number of factors including the permeation of biomedical categories and concepts into colloquial speech. To some degree it may also reflect workers’ contact with the female psychiatrist employed at Winnunga since mid-2000. While it is unlikely that most workers had a sense of how she professionally engaged with clients, many sought her guidance about their own personal issues.
disorders and attention deficit hyperactivity disorder (ADHD) as common problems in the local community. This general acceptance of psychiatric practice and diagnosis represents a noticeable shift from the antipsychiatric views expressed by Aboriginal health workers until the late 1980s (see for example Swan 1988, also Chapters Four and Five).

I think it's [now] more acceptable to find a diagnosis for an illness. But then you've got to look at the reasons behind that illness. And again I keep going back to the issues around identity, where you actually fit in, why you've had these problems, why this illness, you know, why there was a need for you to seek psychiatric help. You wouldn't believe it but a few years ago, I'd never even heard of a psychiatrist. I'd heard of doctors but not a psychiatrist. (Rhonda)

The emphasis of two particular health workers is noteworthy. The first speaker connected the incidence of ADHD and personality disorders among incarcerated Aboriginal people to the impact of government policies; the second speaker challenged a negative racial stereotype with a medical diagnosis.

I think a high number of Aboriginal people who are incarcerated suffer from undiagnosed ADHD. And some from personality disorders. They don't fit in with mainstream society, or with their communities. Nobody wants them. But I'd put responsibility for those problems right back on government policies and the poor parenting skills of many Aboriginal people because of their forcible removal and institutionalisation as children when they were abused and mistreated. (Michelle)

The thing with that is because ADHD or ADD is – there's no real stigma attached to it, it's an acceptable thing in today's society. But these problems aren't being addressed because you know, if it's a black child, they're dumb basically, they'll never learn anything, so why bother. But in actual fact, they should be looking at the medical reasons that may be behind why that child may be having problems with learning. (Rhonda)

Hence, even as the category of 'mental health' is formally rejected on ideological grounds, simultaneously, psy categories such as 'depression', 'trauma' and 'ADHD' are being taken up by Aboriginal health workers as apparently neutral descriptions and explanations of the social ills of their communities. These now-popular idioms communicate Aborigines' position of 'loss', 'lack' and abjection within the post-colonial nation as much as individuals' inner psychological and emotional states. As such, these mental health categories may be understood as influential codes through which the social distress of Aboriginal people is being publicly articulated and recognised (refer to Lock 1997:278).

The field of Aboriginal 'mental health' is patently political. Psy categories have become important idioms that articulate Aboriginal 'difference' in terms of the specificity of the nature and etiology of their suffering. In the face of social dis-connection, 'community' is re-made through the affirmation of existential commonalities and connections (refer to Abu-Lughod & Lutz 1990:19).
Discourses on Aboriginal social and emotional wellbeing, and/or mental health, have become potent means through which a particular kind of Aboriginal subjecthood is being articulated. This was exemplified by the statements of those Winnunga health workers in some way affiliated with NACCHO. These persons critically differentiated between Aborigines in ‘settled’ and ‘remote’ Australia on the basis of the greater historical disruption—loss of land, language, culture, and family—suffered by those in the southeast and who consequently bear a heightened proclivity to problems of mental health.

We’re the products of assimilation. We’re the ones who need mental health services. There’s so much dysfunction in our communities. A lot of what we see on this side of the country is drug and alcohol abuse. In some of them more remote communities, it’s petrol sniffing and other sort of social issues. But, I think that a lot of those remote communities still have their traditional values, they’ve still got strong links to the land, they’ve still got their language, they’ve still got a lot of other — whereas on this side we don’t have that.... (Kerri)

It’s all dying. It’s not being — it’s not part of us, you know, like over there it’s just carried on. But here, everybody goes all their which ways and it’s sort of every man for himself you know. (Mike)

And that’s what history has done to us on this side of the country. You weren’t allowed to speak your language otherwise you’d be locked up, you know, because that was foreign to the — non-Aboriginal society. And another thing is that you know like a lot of what’s happening around social and emotional wellbeing, mental health in urban and eastern Australia is to do with stolen generations, the impact of the removal of children. Taking kids away — (Kerri)

To a better place they thought it was but most of them turned out worse than what they would have done anyway, so — (Mike)

And there was a lot of abuse in those institutions — physical, sexual and emotional abuse. Women were used as domestics, you know. People were treated brutally in a lot of places, not all, but a lot. And the history’s still in our living memory. (Kerri)

Yes, the scars are still there. (Mike)

When people are abused physically, you can see the physical scars. But when you’re abused mentally, you can’t see it, it’s not visible, so people don’t want to know about it. See, I think there’s been a lot of emphasis on particularly remote and in a lot of ways we are probably more isolated than those people in remote communities. They know what they’ve got to work with. And they’ve still got a rich culture, they’ve got their heritage, they’ve got their land, they’ve got their family. That’s the way they choose to live their life. We didn’t have a choice. (Kerri)

The legitimacy of Aboriginal claims is predicated upon the establishment of socially-legitimated forms of ‘difference’. Aborigines in remote regions are not only generally perceived as more ‘authentic’, but also as having more pressing physical and social needs. The dubious identities and specific needs of urban Aborigines, by contrast, render them vulnerable to invisibility and ultimately, absorption. The lives of these persons are barely touched by the possibilities afforded by the legislation of land rights and native title. Instead, it is
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the arena of health and welfare that offers the possibility of re-presenting their specific claims upon the nation.

In this quest for recognition and resources, therefore, urban Aborigines are compelled to compete with mainstream agencies and other 'cultural groups' including refugees as well as with Aborigines in more remote parts of the continent. Some do so by emphasising and embellishing their marginality, their experience of ‘losing’ the very attributes of land, culture and family that conventionally define ‘Aboriginality’. It is this history of injury, now widely accepted as underlying personal and social distress that becomes the constitutive element of a new, legitimate and defiant identity. The invisibility of psychological scars thus challenges the tangible evidence of the material and environmental disadvantage of remote communities. The category of 'social and emotional wellbeing' clearly provides some Aborigines in settled Australia with access to the significant, well-resourced domain of mental health in which to re-articulate and legitimate, but at the same time, to medicalise their identity, an identity which centres on loss, shame and suffering.

Psychiatric idioms and diagnoses

*Probably every Aboriginal person would be depressed, one way or another.* (Mike)

Previous chapters have described the now-pervasive medicalisation of existential vicissitudes and the concomitant diffusion of psychiatric categories into everyday language. We have seen how in late-modernity, in both developed and developing countries, the experience of low mood or morale is interpreted as a medically-treatable disease and hence, evaluated in terms of criteria based on Western norms and cultural values of social conduct and personhood (see Kirmayer 2002:316). The corollary is that the emotional states of loss and grief, which are now positive markers of Aboriginality in settled Australia, are commonly reframed and reconceptualised as ‘depression’. Indeed, Aboriginal health workers in Canberra described depression as being ‘rampant’ in the local and broader Aboriginal community.

This use of ‘depression’ signifies the uptake by Aboriginal persons of a now-popular (Western) cultural idiom of distress through which to communicate the particularity of Aboriginal experience. In this context, ‘depression’ acts as a metaphor for the ongoing, embodied ramifications of invasion. As such, and as noted by some Aboriginal health workers, it has loose connections to the nosological criteria of major depressive disorder:

*There is definitely a lot of people in our community that suffer from depression and the many forms of it. But there’s a difference between [clinical] depression and the*
one which I see more [which] is the grief and loss type ... there's not a black person that you’ll meet that doesn’t have [it] ... And I don’t think it’s being addressed enough. I don’t think it’s being given enough worth. I mean, loss of language, loss of land, loss of culture, loss of family ... There’s definitely a lot of depression, but there’s definitely the two distinctions that’s got to be made. (Adam)

The potential for depression among Aboriginal people is great due to the ongoing oppression but they probably wouldn’t fit into the mental health or psychological definition of clinical depression. (Geoff)

‘Depression’, as the medicalisation of the emotions of loss, has become a salient, socially- legitimated discourse on the continuing personal and collective demoralisation of Aboriginal Australians. Statements describing depression as endemic in Aboriginal communities thus confirm and re-iterate, albeit in a new discursive form, pre-existing constructs that associate Aboriginality with loss, sadness and injury. This medicalised representation of real experience is not unique to Aborigines in the ACT. Turale, who conducted research with Aborigines in Ballarat, Victoria, cites the reflections of one informant as representative of prevailing views:

if you are focusing on Koorie people, it's just the depression of not being able to cope with everything that's happened around for a long time (in Turale 1992:88).

This discourse also extends beyond the confines of the nation. O’Neill observes that ‘the pervasive rhetoric of widespread ... depression [is] an indisputably powerful and plaintive commentary on contemporary American Indian life’ (1996:5).

The continuing loss and marginalisation of Indigenous people means that ‘depression’ becomes an almost inevitable and unavoidable state of being. It is a condition that is valorised rather than stigmatised. Indeed, depressed mood, itself, is perceived as arising out of the experience of stigmatisation, an experience that translates the condition of depression into an almost positive attribute, an inevitable product of discrimination and disinterest. Like loss and mourning, depression is, therefore, a social and moral category of distress that may be construed as an apposite response to continuing injustice and neglect.

However, although depression is now commonplace in the lay vernacular, it remains nonetheless a clinical concept concerned with the pathological, increasingly biochemical, functioning of an individual. This implicit focus potentially undermines the usefulness of depression as a collective moral theory and strategy (see Kirmayer 2002:304). Furthermore, there are unavoidable tradeoffs in narratively constructing the majority of Aboriginal people as ‘depressed’. Most obviously, as ‘depression’ becomes a hegemonic explanatory framework of Aboriginal distress, the nature of response to personal and social problems is shifted more towards the individual psyche than social-structural
inequalities. More insidious, however, is the interaction between categories, subjeckhood and subjectivities that places Aborigines at risk of experiencing themselves not merely as ‘lost’ and/or ‘losers’ but as psychologically damaged.16

Depression was a common single and dual diagnosis among clients at Winnunga, which often arose in conjunction with poor living circumstances. However, doctors employed at Winnunga mostly challenged the idea that depression was a particular problem among Aborigines.

Young Aboriginal people are depressed because they have no future. They’re unemployed, confused, surrounded by hopelessness. These circumstances predispose them to drug use and criminal behaviour, not just individual but family cycles of abuse, alcohol and drug use ... But depression’s not only common among Aborigines, it’s widespread in modern society in general ... It reflects a generalised loss of meaning that’s not satisfied by the increase in materialism. (Dr Tess)

I don’t think that more people at Winnunga are depressed. It’s not very different from usual general practice where a lot of the patients I see suffer from depression ... it’s a widespread problem. (Dr Ellen)

The findings of Winnunga’s psychiatrist are especially significant. Based on diagnostic assessments conducted at the health service between July 2000 and August 2001, she described most patients as evincing personality deficits including narcissistic, borderline, antisocial, and histrionic disorders, as well as comorbid mental illness (eg PTSD, Major Depression, Dysthymia, Psychosis), substance abuse, and self-harming behaviours (Harrison 2001:106).

Anxiety and dissociative disorders as well as alexithymia, defined as ‘[a]n inability to describe or recognize emotions ... and a focus on external and somatic concerns’ (Harrison 2001:21), were also commonly diagnosed among health service clients. Depression, therefore, was one of a multitude of mental health problems experienced by Aboriginal clients at Winnunga.

While rapidly elaborated and expanded over the last twenty years, the category of personality disorder remains a focus of considerable controversy since it is detected and diagnosed through aberrant behaviour, including a history of dysfunctional and unstable social relationships, rather than obvious psychological or organic malfunctioning (Manning 2000:621–2).17

16 As Kirmayer comments: ‘Few would argue against the notion that crippling depression should be recognized and treated effectively. The concern is about the wider and more prevalent forms of dissatisfaction and distress that may be sensitive indicators that something is wrong not with the individual’s psyche but with the social world.... Our feelings of dysphoria and depression may point to problems not in brain chemistry but in the way we live’ (2002:316–317).

17 Eleven sub-types of personality disorder have been identified and within the DSM-IV, they now occupy their own special axis. Many of the newly identified disorders awaiting
Epidemiological assessments suggest a prevalence of all types of personality disorder of around ten per cent of the general population, 50 to 60 per cent of suicide attempts and 20 to 70 per cent of prisoners (Tyrer et al. 1991:467–8 in Manning 2000:629). Personality disorder is thus a system of classification for the socially troublesome, and amid continuing debate as to its amenability to treatment, may be used to justify long-term detention of those designated more severely disordered (Eastman 1999, Manning 2000:636–7).

The expansion of the category of personality disorder is upheld by the contemporary concern with childhood abuse, particularly sexual abuse, which many psychiatrists understand as underlying borderline symptoms. This emphasis on childhood trauma is congruent with the report of Winnunga’s psychiatrist:

Underpinning social disadvantage ... are the trauma of neglect and abuse, emotional, physical and sexual, and the resulting disproportional [sic] number of (particularly young) Aboriginal males in the juvenile justice system or incarcerated (Harrison 2001:14).

However, as the symptoms of borderline personality disorder are now being linked to a depressive type of complex PTSD, a stigmatising diagnosis is being replaced with a more acceptable, potentially compensable, one. Yet both categories are interpreted in terms of intergenerational trauma, the aftermath of invasion. This linear line of causation in which social distress and disorder are understood as the outcomes of dispossession, discrimination, alienation, and so on has achieved a degree of orthodoxy, being reiterated in psychiatric assessments, official documents, and statements of Indigenous and concerned non-indigenous people alike. In defining European and Aboriginal Australians in terms of the dyad of coloniser/colonised, perpetrators/victims, this paradigm effectively downplays the agency, resilience and responsibility of Indigenous individuals, families and communities as key variables in contemporary social cohesion as well as fragmentation. As Sutton comments, the emphasis on historical disruption denies the fact that contemporary behaviours are an intercultural product, arising from the complex ‘interplay between older cultural

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18 Incorporation in the DSM or ICD are linked to types of personality disorder. Manning describes this as ‘territorial expansion in the grand manner’ (2000:623).

Petchkovsky and San Roque describe their assessments of nine members of the stolen generations during the Northern Territory test legal case: ‘a coherent symptom pattern of severe chronic distress emerged, which was consistent with a diagnosis of complex PTSD, “depressive” type ... [this terminology] refer[s] to that group of conditions in which trauma occurring in childhood has impacted on personality development in various ways to produce symptomatologies outside the original PTSD definition. The features described resemble “borderline” personality disorder, and there is unresolved debate as to whether “borderline” syndromes are best understood as arising from varying levels of childhood trauma and neglect ... [the syndrome described arises] out of chronic childhood trauma and neglect impacting on development of self, with somatizing and alexithymic features’ (2002:350).
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traditions and social dynamics and the destructive impacts of historically recent forces' (2001:21).

Clearly, the agency and intent of individuals is depreciated as they 'become' psychologically scarred victims of history. Moral exculpation thus arises at the expense of re-constructing Aborigines as impaired. Alexithymic, they are out of touch with their feelings. Victims of trauma, they continue to re-enact their frustration, rage and dis-order. Depressed, they may become passive, quiescent victims. The turn to the discourse of 'mental health', therefore, internalises, individualises and pathologises Aborigines' legacies of loss, transforming them into psychological disorders for which mental-health technologies are supposedly applicable (Summerfield 1999a:771).

'Therapy'

Clients we see are often those that don't fit into the mainstream mental health model with its fragmented nature and focus on diagnosis and illness. They're sent from psychologist to social worker and so on with the end result that "nothing can help". That's why their problems are classified as "social and emotional wellbeing". Our approach is whole of life, holistic. We focus on developing coping skills. We deal with much broader issues like supporting parents and schools, substance misuse ... we work with life crises not just mental illness. Here, we treat people as people.

(Michelle)

The focus of the mainstream mental health system is on people experiencing moderate to severe mental illness and/or concomitant levels of associated disability. In comparison, the open-door policy of Aboriginal health services means that diverse issues such as alcohol and drug abuse, mild to severe mental health problems and mental illness, youth suicide, domestic violence, poverty, unemployment, homelessness, and so on, are responded to within the framework of social and emotional wellbeing or 'social health'. Under this broad rubric, well-meaning but often poorly trained Aboriginal health workers are confronted with widely varying problems: complex mental disorders, grief and loss issues, difficulties in accessing Centrelink payments or in finding adequate housing (see also Hunter 2001).

Commonwealth funding enabled the formal participation of two Winnunga workers in a dedicated Aboriginal mental health training program.19 These workers were exceptions among staff who, while commonly termed

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19 In recent years, the program chosen by management was that based at Redfern AMS in Sydney.
‘counsellors’, were expected to draw mostly on their life experiences and ‘culture’ to guide their work with clients.  

*A former colleague that used to be here, he used to tell all of his clients that “You’re just sick. You’ve just got a medical problem that can be fixed”. It’s what he always said to them. I guess that was why he was so well liked, why he had so many clients on his books. And it’s something that I always use with my clients, you know, you’ve gotta put them in the right frame of mind. (Steve)*  

It’s basically eliminating the negatives because the negative gets them to that problem. So, you know, you’re building their self-esteem. You’re giving them something to hang onto, to look forward to. (Rhonda)

Most of the programs or therapies that proliferated after *Bringing Them Home* to address the psychological needs of the stolen generations are narrative-based or cognitive-behavioural in orientation. The appropriateness of these methodologies was questioned by Winnunga’s psychiatrist:

for people as traumatized as the Aboriginal population, [narrative and cognitive-behavioural] therapies need higher levels of representation in a person’s psychological make-up to be effective long-term. Traumatized patients are less able to engage in dual cognitive processing, due to decreased neural connections in the Corpus Callosum, and therefore reduced interhemispheric processing. There is also a risk in narrative therapies of “pathologizing” someone’s story, in which the patient, whilst acknowledging his authorship or agency over psychological dilemmas, can paradoxically disavow and intellectualise these dilemmas, ceasing to feel them as a lived reality, i.e. invoking the use of alexithymia. Narratives, whilst essential to carry stories down through generations, and to keep a close sense of identity and community, also need people to present a coherent story. But, with the level of distress Aboriginal peoples often experience, some do not have a coherent “story”, let alone a “script” or even “words” to describe their pain (Harrison 2001:33).

She advocated a ‘socio-psycho-biological framework’ to assessment and treatment, in which ‘cultural difference’ was initially foregrounded. When first

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20 What ‘culture’ was understood to comprise in this work context and by various workers, remains unclear.

21 In 1991, narrative therapy started to be taught in a structured way to Aboriginal counsellors in Adelaide with ATSIC funding, in a collaborative arrangement between the Dulwich Centre and the Adelaide Central Mission (see White 1991). Originally used primarily with families who had lost a relative through a death in custody, its usage has since expanded to be incorporated into ‘social and emotional wellbeing’ services and counselling of the stolen generations. Narrative therapy is based on the idea that everyone has a story about their life experiences; for Aboriginal people this is mostly a negative story. The objective, then, is to try to help people to turn these stories around and to re-claim a more positive life and self narrative.

22 At the same time, she legitimated the practice of psychotherapy in terms of biological change: ‘The inseparability of psychological and biological factors in psychiatry has been reinforced by recent functional imaging techniques. Psychotherapy effects biological as well as psychological change in the brain, with dynamic “plasticity” to environmental influence through the alteration of gene expression (Gabbard, 2000). Both relationship (Suomi, 1991) and psychotherapy (Kandel, 1998) produce specific measurable effects on the brain,
employed, her therapeutic objective was to integrate existing programs, in particular the Art Group, in order to 'draw on inherent abilities, like visuospatial skills, to encourage elaboration of psychological distress in a culturally appropriate way i.e. through symbology or myth' (Harrison 2000). In practice, and since 'cultural programs' tended to be rather short-lived, the psychotherapy she offered to clients was long-term, intensive, supportive, individual counselling:

> Therapies looking for enduring change require retrieval of previously buried material in a safe environment to promote an integrated, effective and assertive self. It involves mourning adequately, finding an increased capacity for concern, accepting one's own limitations and the limitations of others with more empathy and humour (Harrison 2001:15).

While psychotherapy is primarily oriented towards the enhancement of the social functioning of particular individuals rather than social and political change, this personal/political split is by no means absolute. The 'empowerment' of individuals through therapy may, in fact, be construed as a political action with social consequences (see Alcoff & Gray 1993:283).

Counselling was the foremost therapeutic intervention offered to Winnunga clients:

> ... we have two full-time doctors, three sessional doctors, a psychiatrist who's there three days a week and nine Aboriginal counsellors — the social health team (Legislative Assembly for the Australian Capital Territory 2001:5).

This therapeutic emphasis contrasted the reported tendency of mainstream mental health agencies to quickly resort to pharmacological treatment. In mainstream, they're too quick to medicate our people. Really what it's about is to be able to sit down and talk to people in a way that they can comprehend. I don't believe that a lot of our problems are going to be fixed with medication when it comes to social and emotional wellbeing in our community. (Kerri)

Health professionals may re-inscribe 'difference' through the reification of 'culture' or 'spirituality', an emphasis that may be stifling and marginalising rather than empowering (see Brady 2004). At a workshop convened on measurements of Indigenous wellbeing by the Australian Institute of Health and Welfare (AIHW) in Canberra in 2003, Aleksandar Janca, a psychiatrist working in Western Australia, proposed that psychiatric categories were inapplicable to Aborigines because they had profoundly different fundamental concepts such as that of time. Arguing that 'Indigenous people have no concept of linear time', he stated that classification as to acute/chronic, past/present/future, mild/moderate/severe was thus rendered impossible (see Janca & Bullen 2003). Hearing this, an Aboriginal participant muttered, 'Which Aboriginal people is he talking about? We're not all the same ... look around, we're all wearing watches'.

I have no evidence to either support or refute this allegation.
The accent on ‘talking through’ problems, now a global phenomenon, reflects the hegemony of the psy disciplines, themselves embedded in and implicitly reiterating Western cultural notions of personhood. It demands a readiness and inclination to self-reflect and to ‘share’ one’s (intimate) feelings, desires and fears in a form that over time progressively becomes more congruent with the therapeutic model (Rose 1996b:96). Notably, the diagnosis of Aboriginal clients as ‘alexithymic’ may reflect a lived continuity in ‘classical’ Aboriginal communication styles, rather than signifying an ‘inability’ to self-reflect or emotionally express due to ‘defective interhemispheric communication’ (Harrison 2001:21). As a Winnunga health worker observed:

metal health tends to come last in the list of concerns for Aboriginal people. In general, coping and being strong is important, rather than sharing emotions. (Kim)

In spite of this apparent reluctance to ‘talk’, however, Winnunga’s psychiatrist was booked out weeks ahead for all but emergency appointments. Expertise as well as confidentiality would thus appear to be critical issues for Aborigines living in a relatively small community as in the ACT. The establishment of grief and loss counsellor positions as an outcome of Bringing Them Home was, as Hunter comments, ‘an understandable knee-jerk response, but without recurrent funding, often with little training, support or direction, and confronted by the enormity of mental health needs, their impact is often questionable’ (2001). The capacity of Aboriginal workers to support or assist clients in serious psychological distress is particularly questionable (see Hunter 2001). Moreover, the outworking of cultural norms, which mitigate against direct confrontation, is that Aboriginal workers may experience difficulty in addressing clients’ problematic behaviours (Brady 2004:122–123). Health workers’ self-professed high tolerance of clients’ anger, violence and/or abuse undoubtedly reflected their empathy with clients’ frustration in the midst of overwhelming circumstances, but also, their reluctance to openly challenge them (see also Myers 1986:596).

Nobody at the hospital knows how to deal with people getting angry and abusing them. It happens to us all the time; we’re used to it. (Kerri)

25 An additional part-time non-Aboriginal psychotherapist was appointed in 2004.
26 A number of clients as well as health workers specifically asked to see the psychiatrist away from the health service.
27 Aboriginal health workers commented to Brady (2004:122–123) that questioning clients about their smoking or alcohol use would potentially be interpreted as interference and/or criticism and consequently, dismissed as ‘un-Aboriginal’. Aboriginal health workers at Winnunga demonstrated and also spoke of similar difficulties in confronting clients’ negative social behaviours. Also see Brady (1995) for a discussion of the potential hindrances posed to sobriety by ‘traditional culture’, for example, the ethos of non-intervention, group pressure and shaming as ‘levelling procedures’, the pressure of kin and associates, and the solidarity which exists among drinkers and also drug-users.
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Does it mean that we're saying that this sort of behaviour is acceptable? That we're prepared to tolerate anything that people do? (Valerie)

However, Aboriginal staff were not averse to (privately) asserting that particular individuals needed to learn to take responsibility for their (mis)behaviour, although this commonly entailed the intervention of an external, usually mainstream, agent. As Carol commented about her son:

He's already on a good behaviour bond. And if he gets any more charges, then he could end up inside. I think he deserves that — he'd get what's coming to him. Might teach him a lesson. He needs to grow up and get a job. Stop sitting around all day smokin' yandi with his mates.

In terms of prompting change, therefore, it would seem that non-Aboriginal professionals may be the most 'culturally appropriate' and effective agents (see Brady 2004:124–5).

Winnunga's psychiatrist described emotional 'burn out' among Aboriginal health workers as frequent, with two-thirds of the staff and a number of their family members consulting her either on a formal or informal basis (Harrison 2001:80). She attributed their difficulties to insufficient training, secondary to inadequate resources, which rendered them vulnerable to overcommitting themselves and to manipulation by clients, as well as a sense of inadequacy in the face of complex problems (Harrison 2001:80). Some workers also identified a struggle to negotiate professional versus community responsibilities, while many described their own lives in terms of the almost-continuous obligations to help family members (see also Brady 2004:122).

Aboriginal people go through this sort of thing all the time. You go to work and deal with all these problems, then you go home and they're still there. You're dealing with them in your own life all the time. When someone in the community's suffering, we all are. And then they're ringing me up at home at night, talking about their problems. And I've got enough in my own life. You never get away from it. (Kerri)

Psy models of human suffering and recovery, although acknowledging causative social, political and economic variables, ultimately homogenise experience and reduce it to individual psychopathology. Summerfield stresses that the framework of 'PTSD', for example, has inherent limitations in capturing the complex ways in which individual people, communities, and indeed whole societies abroad register overwhelming tragedy, socialise their grief, and reconstitute a meaningful existence. What seems central ... is that it is in a social setting that the traumatized who need help reveal themselves

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28 To address these difficulties, the psychiatrist initiated a mentoring and support group for mental health workers at Winnunga (Harrison 2001:80).
and the processes that determine how victims become survivors (as most do) are played out over time (1991:1271).\textsuperscript{29}

It is especially noteworthy, even in seemingly straightforward situations with Western populations after a discrete event in peace time, there is no conclusive evidence that psychosocial and pharmacological therapies provide something more valuable than that offered by personal social support networks (Pedersen 2000:62, Raphael et al. 1995). It would seem, therefore, that

the crucial realm for recovery is social rather than psychological. The one surely indisputable truth in the literature is that uprooted people do well or not as a function of their capacity to recover agency and rebuild social worlds (Summerfield 1999a:771).

**Cultural and community healing**

... the thing at issue is the ruin of a frame of reference, a culture, and the consequent devaluation of individuals ... Yet we can see the start of some slight searching for "Aboriginality". But what is Aboriginality? ... Who is an Aboriginal? Is he or she someone who feels that other Aboriginals are somehow dirty, lazy, drunken, bludging? Is an Aboriginal anyone who has some degree of Aboriginal blood in his or her veins and who has demonstrably been disadvantaged by that? Or is an Aboriginal someone who has had the reserve experience? Is Aboriginality institutionalised gutlessness, an acceptance of the label "the most powerless people on earth"? Or is Aboriginality, when all the definitions have been exhausted, a yearning for a different way of being, a wholeness that was presumed to have existed before 1776?

(Gilbert 1977:184).

In the late 1970s, reflecting the nature of Indigenous activism and the challenges posed by Aboriginal spokespersons to biomedical concepts of Indigenous health, Aboriginal mental health was defined as founded in 'cultural and spiritual identification with the land' (Australian National Association for Mental Health and National Aboriginal Mental Health Association 1981:123). In the interim period, with land rights declining in specific relevance for Aborigines in settled Australia, the focus of Aboriginal discourses has shifted to highlight 'cultural identity' as integral to health and wellbeing. Reminiscent of ethnopsychiatric theories of acculturation, maladaptation and anomie, this paradigm posits complex and diverse social problems as the legacies of cultural erosion due to

\textsuperscript{29} Summerfield further comments: "Arguably, a telling example of what happens when social networks are not supportive arose when the American veterans came home to find that their nation and, more subtly, their families were disowning their guilt for the war and blaming them instead. This rejection was surely an important factor in the subsequent genesis of their social dysfunction" (1991:1271).
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colonial conquest. Indeed, as Tyler notes, it is an explanatory framework that seems

more attuned to the pathologies of the transition into modernity rather than the
current environment of postmodernity which is marked by unstable identity,
indeterminate social and cultural processes and a global rather than a national

As discussed in Chapter Four, this interpretation of the etiology of
Aboriginal suffering is problematic. Its explicit focus on the ‘loss of culture’
implicitly marginalises social, political and personal variables from analysis, at
the same time as negating the interplay of white and black social and cultural
worlds post-invasion. The result is to essentialise Aborigines as beings of culture
and victims of history, an emphasis that denies their active engagement with
colonial processes. Agency, like responsibility, therefore, is externalised. And as
a reified concept of ‘culture’ is re-iterated as the definitive quality of
Aboriginality, ‘authenticity’ is yet again located on the other side of the frontier,
outside the post-modern, global world.

In spite of its obvious limitations, however, this perspective of
Aborigines’ continuing, if not worsening distress is widely-held and articulated in
a range of official documents, discourses and forums. In its final report, the
committee charged with inquiring into Aboriginal health in the ACT
foregrounded

... the great spiritual crisis that appears to pervade many sections of the Aboriginal
community. Causes of ill-health were said to be the result of poor self-image and
poor self-esteem that has arisen in large sections of the Aboriginal community as a
result of the loss of culture, dispossession of their land and over 210 years of
subjugation and discrimination. The committee has attempted to reflect on this
notion of a spiritual malaise as being one of the chief antecedents of ill-health,
especially in terms of mental health (Standing Committee on Health and Community
Care 2001:14).

This influential political paper conflates ‘spirituality’ with ‘culture’, the loss of
which, as evident ‘in poor self-image and poor self-esteem’, is described as
causative of ill-health, in particular, problems of ‘mental health’. While
‘politically correct’ and apparently empathic, the statement’s emphasis on
‘cultural loss’ implicitly negates the persistence of cultural dynamics and their
role in the determination of contemporary social problems (see Sutton 2001:4).
Likewise, the focus on overt historical injustice deflects attention from more
insidious, contemporary determinants of Aboriginal health and wellbeing:
iequities of resource allocations and structurally entrenched political and
economic inequalities (see Deeble et al. 1998, Hunter 1997a:825, also Chapter Six). 30

This highly political accent on the erosion of cultural identity consequent to invasion notably establishes a new binary of race and culture. Negative or stigmatising behaviours are associated with the ‘loss of culture’ due to conquest, in contrast with (pre-contact) ‘Aboriginality’ which is equated with wholeness, health and social and moral worth (see Brady 1995:1490–1491). Aboriginal ‘cultural identity’ is thus a type of ‘essence’ or ‘true identity’ that is unproblematically rooted in a mythic past. The recovery of this ‘collective “one true self”’ (Hall 1993:392) as a form of rehabilitation of the shamed and subjugated is directed

by the secret hope of discovering beyond the misery of today, beyond self-contempt, resignation and abjuration, some very beautiful and splendid era whose existence rehabilitates us both in regard to ourselves and in regard to others (Fanon & Sartre 1963:37, Hall 1993:393).

Indeed, it is through the very process of re-constructing cultural identity that agency may be found and restored (Kakar 1995:189).

The reaffirmation and revitalisation of Aboriginal ‘culture’ and ‘cultural identity’ are practical as well as discursive strategies that, in affirming a positive image and experience of ‘Aboriginality’, work towards ‘circumvent[ing] the internalised inferiority that is often felt to be inseparable from being Aboriginal’ (Mitchell 1996:271).

... we are very enthusiastic about getting a camp going in this region for the kids, and I think to teach someone that you don’t come from a dumb, stupid, Abo, boong, coon culture that was just like animals all running around, and really teaching them the true culture, a sense of identity, will really help the young kids and parents on the drugs ... (Joan in Standing Committee on Health and Community Care 2001:79).

The valorisation of ‘culture’ as a solution to social ills downplays and contests the emergence of a new, contemporary Aboriginal culture, ‘located where Indigenous and non-indigenous societies intersect’ (Sutton 2001:10), in which drug and alcohol abuse, violence and sexual abuse have come to play a central role (Martin 1993:240, Pearson 2000, Peterson 1999:857). Negative social behaviours thus cease to be discursively associated with Aboriginality.

In addition to ‘counselling’, one of the primary aims of Winnunga’s social health team was ‘to promote pride in Aboriginal culture’. In his submission to

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30 Hunter comments: ‘Arguably, the greatest gains in Aboriginal health and mental health will stem not from interventions through the health sector but through ensuring, by whatever means and at whatever cost (including attaining parity of educational outcomes), that indigenous Australians do not remain trapped as a social and economic underclass’ (1997a:825).
ACT Mental Health for funding of the Art Group, Phil, an Aboriginal mental health worker and accomplished artist, stressed the 'cultural' and 'spiritual' nature of Aborigines to explicitly connect art with 'healing' and therapy and to propose it as a viable alternative to verbal counselling. Eventually funded as a means of enhancing social and emotional wellbeing, the group was regularly cited by Winnunga's CEO as evidence of the service's culturally appropriate work with clients suffering from mental health problems.

We have Art Therapy for people with depression. Some have been in mental institutions, some would be otherwise. Some are stolen generations.

The art teacher employed during 2000 described art as a means by which people could learn about their Aboriginality and implicitly 'find' themselves. And yet, regardless of individuals' specific origins, he instructed all participants in a style of art derived from the Northern Territory, but which is popularly viewed, including by many group members, as quintessentially 'Aboriginal'. This 'pan-Aboriginal' orientation to painting was embraced especially by those persons with little knowledge of their own cultural heritage. Correspondingly, the paintings most praised by group members and visitors generally replicated a more primitive art form. The primary exception to this stylistic emphasis was Paul, who in spite of attempting to 'do the traditional' could only 'paint what comes out from inside'. The overtly political themes of his paintings meant that they were nonetheless manifestly 'Aboriginal'.

Most group participants were especially interested in the economic potential of their art. For those who had recovered their Aboriginality later in life, painting also represented a means of reclaiming and asserting their Indigeneity. While promoted as enhancing wellbeing through the expression and exploration of Aboriginal culture and spirituality, the weekly art group gradually floundered in the absence of a consistent and experienced staff member to guide personal and cultural 'recovery'. The corollary was that the very act of painting, as

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31 An excerpt from his submission read as follows: 'Painting in the Aboriginal cultures is one of the most powerful forms of healing in the past and present and still our way of communicating and telling our story ... Aboriginal people paint their fears, beliefs, culture, environment, and what it means to be an Aboriginal person ... Our ancestors communicated through art many tens of thousands of years ago and this process is still being practiced in today's society although it is a lot more contemporary in today's society. We all know that Aboriginal people are very spiritual and this form of healing is the most important process in the development of their social and emotional wellbeing. Painting can express all sorts of things that no one would detect in a counselling session as Aboriginal people will never express these types of feelings verbally ... If an Aboriginal person says to me that they have never done Aboriginal art and don't know how to, I would say to them every Aboriginal person can paint, it's in their culture and history'.

32 While the initial aim of the group was couched in therapeutic terms (see original submission), in practice, the group was more concerned with cultural and implicitly personal recovery, rather than being a 'paint-your-feelings' program as mooted by Tatz (2001a:205) as a suicide prevention initiative. See Hunter (2001:6) for a critique of the latter approach.
equated with ‘practising’ Aboriginality, became the singular path to personal healing and cultural reclamation.

This is not to decry the Art Group as a positive local effort at personal and social reconstruction. There is no doubt that it provided some participants with a new focus, their weekly attendance (more often if they so desired) granting them a degree of respite from their daily struggles. Group members also importantly offered each other mutual support as they painted and talked together.

It’s about if you’ve got nothing, it’s about learning something and making a connection with something that you’re looking for. I mean it can be as easy as ... sitting down here on a Friday with four or five men, with a paintbrush, not even being able to paint. But you’re with five Indigenous men that all have similar stories. And it’s connecting with them outside your own family. Like if you’re an Indigenous guy in a family and everybody’s dysfunctional because of the same reasons, and you’re not connecting with anyone outside your family about this stuff, for someone to be able to sit down for a couple of hours in a space that’s non-threatening ... It’s giving these people an ability to talk about how they feel, and just for men to be able to talk to men, other Indigenous men about stuff. It’s a stepping-stone. (Adam)

As individuals re-discovered the commonalities of their cultural and experiential heritage, connections within the group and beyond were forged and a degree of coherence imposed upon personal experiences of social fragmentation. Such processes are undoubtedly vital in establishing a sense of continuity and community in the culturally plural, increasingly individuated milieu of the early twenty-first century.

We can see that cultural programs such as the Art Group explicitly recreate a shared inheritance—cultural, spiritual and experiential—among the disparate individuals who comprise urban Aboriginal communities. The diverse backgrounds of Aborigines in the Territory were manifest in varying degrees of orientation to Aboriginal and Euro-Australian cultures and forms of spirituality. When talking about their own ‘spirituality’, Winnunga staff and clients evinced common as well as quite divergent understandings and emphases. Belief in spirits

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33 Regular participants were able to access the art room and its facilities at any time during the week, if they so desired.
34 Dance et al. comment: ‘Almost all of the 95 Aboriginal illegal drug users we interviewed [in the ACT] stated that they knew something about their culture but wanted to learn more. The few people who that said they did not want to learn about their culture said something like: “I know what I need to know, I know I’m Aboriginal, where I’m from, my people.”’ Many interviewees expressed the desire to learn their traditional language, while others were not specific about which aspects of culture they most wanted to learn about, having broad learning needs in this domain. Some expressed their personal needs to learn about their own heritage. Other respondents tied their drug use directly to their loss of, and need for, Aboriginal culture, and expressed the wish to learn about life in the bush as a way of regaining culture. Two-thirds felt that cultural and spiritual workshops would be useful, including those for younger people. Several mentioned the importance of having their own Elders running such workshops, feeling uncomfortable about the idea of them being conducted by people from other tribal groups’ (2004:30).
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and ghosts was fairly widespread. Some individuals recounted their experiences of being visited by the spirits of deceased family members or previous occupants of their houses, the latter situation necessitating the ‘smoking’ of the house by an Aboriginal healer. Some spoke about the min min lights as a hazard on long drives to their home communities. Other persons were quite eclectic in their embrace of pan-Indigenous spirituality, pagan mysticism, astrology, reincarnation, and so on, while still others were extremely pragmatic although generally not cynical about ‘spiritual’ matters.

Between 1999 and 2003, two Aboriginal ‘healers’ irregularly practised in the ACT. Both were originally from the Northern Territory; one, who worked full-time in the public service, used a didjeridu in healing, while the other, who described herself as a contemporary healer as she used bones and smoking as well as Celtic mysticism, Falun Gung and crystals, had a private practice and ran workshops together with a Native American healer. Significantly, both acknowledged that the majority of their clients were non-Aboriginal. In fact, they described some Aborigines as quite suspicious of spiritual healing practices, while others were simply too busy ‘just surviving’ to explore them. The ‘authenticity’ of these healers was also subject to dispute:

There’s not much traditional healing happening around the ACT, probably because of the lack of continued practice of traditional culture. Some people are meshing traditional healing with crystals, astral travelling, and new age beliefs. Others are quick to call themselves “traditional healers” but aren’t really. The thing is that while some Aboriginal people may be trying to develop alternative healing practices in these ways – and there can be some good in these practices – they are not “Aboriginal culture”, so they don’t represent an authentic Aboriginal alternative. (Ralph)

The polysemy of ‘social and emotional wellbeing’ provides the opportunity for activities aimed at cultural and community recon-struction to be funded out of federal, state and territory budgetary allocations for ‘mental health’. This process necessarily entails a degree of reframing of the varied social and personal issues confronting Aboriginal people such that they accord with the policies and regulations of bureaucracies:

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35 These refractive images due to heat conditions, which appear as lights darting across the sky, are sometimes described by Aborigines in the southeast as leading people morally and physically astray (see Kamien 1978:37).

36 However, as Kunitz and Levy note, ‘the importation of various non-Indian notions of holism, health, and disease into a version of Navajo culture represents an important attempt by many serious and thoughtful people to recover, preserve, and use a tradition that has been largely lost to them. In the process, they are undoubtedly creating something new and quite different from what Navajos a generation or more ago would have understood to be the core of Navajo culture. There is nothing surprising or offensive in this. It is a process in which all peoples engage’ (1994:220).
A bucket of government money is now defined as “mental health”. With funding cuts in housing, for example, because of cuts to ATSIC, people are now dipping into mental health funds to address those issues which are no longer adequately funded. This then means that mental health terminology continues to be used and problems are redefined in that way. In fact, some health workers are now using this language primarily as a way of working within the system, to get things done or to gain more resources. (Ralph)

The problem is that funding bodies often expect that we can fit the problems of our clients into mental health models. We have to know and use the language of the system to get what we need and to challenge diagnoses, to represent the interests of our clients. But the downside is that a lot of mainstream people still don’t really understand what we’re talking about ... they don’t realise that we’re not talking about mental health as they understand it. (Michelle)

In addition to the perceived therapeutic efficacy of ‘culture’, there are also strategic and pragmatic reasons why Indigenous people may seek to integrate a form of traditional culture into the bureaucratised health system. Kunitz and Levy comment:

The assertion of the importance of traditional healing [and culture] not only reinforces ethnic pride but helps to legitimate claims to control the institutionalized treatment system itself. For to the extent that the system can be said to depend on indigenous local knowledge rather than professional (and presumably universal) knowledge, local people ... can claim the special expertise necessary to staff and manage it. It is no accident that such claims are made particularly in the areas of mental health and substance abuse, not surgery or internal medicine, for the claims to universally valid knowledge have been asserted more successfully in the latter than in the former domains (1994:220).

The reconstitution and reaffirmation of an Indigenous cultural and political identity is fundamental in the quest for self-determination, particularly among Aborigines in settled Australia whose rights and identity have been historically delegitimated. Moreover, while

culture does not “cure” (cf. Santiago-Irizarry, 1996) ... in the negotiation of what it means “to be [Aboriginal]” there is an attempt to control the creation of identity and its significance which is fundamentally part of the larger recuperative process (Adelson 2000:29).

In urban settings like Canberra, where national and global flows of people and ideas converge, the renewal of Aboriginality and community through the revitalisation of culture is an apt response to increasing individualism, personal isolation and social fragmentation, experiences which are not specific to, but which are perhaps accentuated among Aboriginal people.

Kids around here, they got no idea of their cultural identity. (Keith)
You can’t even get them out into the bush, hey, half the time ... the kids don’t want to
A community of suffering

go out because they know they can't take any drugs or whatever. (Rod)
Yeah, but that's just not here. I seen a show or something about the Northern Territory and it's hard for them to get the young people out and doing what they're supposed to be doing, you know. (Shirley)
Kids these days, I like to call it Americanised. They're just trying to be like you know the rappers and stuff. (Keith)
Yeah, but it's not only Aboriginal kids. (Rod)

The fragmentation of many Aboriginal communities is now perpetuated by early mortality, family violence and drug and alcohol abuse. The consequence is a decline in nurturing, authority and discipline, a dwindling in positive, real-life experiences of connectedness and belonging, which are integral to the construction of a coherent sense of self.

Young people have a confused self-identity. They're the product of everything that's gone before, of the confusion in communities, of the chaos. They use drugs as a form of escapism. They see their elders all fighting with each other. The community's divided. They've seen their own parents in the '60s and '70s sitting around, smoking marijuana as if that's a normal thing to do. They saw them shoplifting. They've seen the violence ... Sexual abuse is treated almost as if it's normal ... It happens because people are lost, they are angry, their culture has been destroyed. (Joan)

McCoy (2003), reflecting upon his work with Aboriginal men of the Western Desert, highlights the importance and reciprocal nature of the concept of kanyininpa (holding):37 the responsibility of older people to nurture, look after and assume authority for young people and, in turn, the responsibility of young people to 'respect' and support older people. Describing a general abrogation of these mutual responsibilities that are fundamental to social relatedness, he states that young men in that region, who for diverse reasons now more commonly experience an absence of 'holding' in their lives, have a greater tendency to become socially disconnected and 'lost'.38 McCoy refers to the distinction highlighted by Noel Pearson (Pearson 2000:35–36) between personal and inherited trauma (see also Chapter Five), in commenting that this lack of 'holding' is both a personal and immediate experience, but also a social experience that has ramifications across generations.

Many young Aboriginal people in Canberra share the 'painful ambivalence towards the identity of their parents, their history and thus themselves' that Cowlishaw (1999:289) also describes among young Aboriginal

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37 In the early 1970s, Myers (1986) identified kanyininpa as 'a dominant symbol' within Pintupi culture, translating it in terms of 'looking after', 'nurturance' and 'holding'.

38 Sutton suggests that 'manifestations of shattered discipline in a number of settlements is significant part attributable to the withdrawal of older, coercive and culturally prescribed regimes, both Indigenous and imposed, without provision for something resilient that would fill the vacuums left behind' (2001:5).
people at Bulman in the Northern Territory. For some individuals, new forms of identity and social relatedness are found through drug and alcohol use.

In the short-term, when they begin using and dealing, Koori kids become powerful, wealthy and gain high status. This differs dramatically from their usual lives. They can eat where they want, go where they like, they have cash in their pockets, they’re somebody important. Rehabilitation is contingent upon self-motivation to stop, tenacity and insight, and a strong memory of being straight and successful. That pre-existing status is really important. For many Koori youths, it may be a question of rehabilitated to what? (Julia)

In such contexts, the accent on cultural revival signifies not merely a ‘nostalgic yearning for a [pre-contact] past’ but the pervasive sense of failure and desperation that is provoked by the engulfing distress evident among (young) Aboriginal people (see Cowlishaw 1999:287). In this environment of fractured and disrupted identities and relationships, the reclamation of ‘culture’ offers a means of rebuilding strength of identity and ‘community’, of forging social connectedness and meaningful ways of life. Yet the strengthening of cultural identity and community demand much more than the brief interventions of Art Groups and camps. Aboriginal organisations are key settings in which positive and enduring social relatedness and support can be established. But with continued resourcing predicated upon their reiteration of the rhetoric of loss and injury, there is the risk that Aboriginal health organisations may become more ‘a shelter for those [constantly, publicly] mourning lost attachments’ rather than vehicles of social and economic reconstruction and empowerment (Kakar 1995:189, Pearson 2000). The predominant focus on the negative—on Aboriginal damage and dysfunction—transforms the voice of self-determination into ‘a parody of the mendicant, with eternal cries for relief from suffering, more equality and proper respect ... separate[d] from any grounding in the complex and varied experiences of being Aboriginal’ (Cowlishaw 1999:297). Moral and political agency thus becomes publicly premised upon a sense of victimology rather than survivorship, a focus on suffering rather than wellbeing, an accent on the past rather than the future.

**Conclusion**

There’s another side to it that I often don’t get to talk about. And that’s the fact that in spite of all of that ... I’ve survived. I’m still here. And I enjoy life. (Geoff)

This chapter has examined how some Aboriginal persons working in Aboriginal health and welfare organisations in the ACT understand, express and contest their

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39 This statement was made by a mainstream drug and alcohol service provider.
marginal social-structural position in wider Australian society. Their emplacement in particular kinds of institutions, established under and reliant upon continuing state patronage, impels them towards representing their experiences and identit(ies) through certain hegemonic and influential 'regimes of subjectification' (see Rose 1996b). Their discourses, therefore, make manifest the mechanisms of the state and its bureaucracies (see Gelder & Jacobs 1998:48, Peterson 1999:856).

In this and previous chapters, I have contended that, with invadedness now rendered a welfare issue, the capacious arena of 'mental health' has become a critical site in which dispossessed, apparently deculturated Aborigines find a degree of political agency. It is in this domain that they articulate the particularity of their identity and suffering and struggle for remediation and rights to self-determination and (semi-)autonomy. Identification with the increasingly medicalised subjecthood of loss thus has become a morally compelling and politically strategic position, a new kind of socially-legitimated 'Aboriginality'. And yet, as post-colonial loss and injury become a foremost type of Aboriginal distinctiveness or 'difference', political activism and identity become largely premised upon and, furthermore, potentially inculcate a subjectivity of victimhood in identifying persons.

We have seen that in 'post-traditional' contexts such as Canberra, which stress and reproduce invisibility, delegitimation and social fragmentation, Aboriginal persons re-create a sense of coherent personal and collective identity through new types of Indigenous social collectives. These social formations are founded upon and, in turn, facilitate and reproduce particular bodily relations and dispositions in their members. I have argued that the shared heritage of loss, pain and injury has become fundamental in forging links among Indigenous people(s) both within and beyond the nation-state. These new connections are superimposed upon and grounded in a common sense of dis-connection, a fracturing of land, language, cosmology, family, and self. While co-existing with other anti-colonial discourses of survivorship and cultural reclamation, the material experiences and moral discourses of grief and loss are essential qualities of this particular kind of social identity, acting as a source of kinship, common culture and sentiment (Erikson 1995).

This (public) identification with loss and suffering, which serves as a potent basis of (political) unity, is both perpetuated by certain institutions, themselves, and fuelled by the mechanisms and discourses of the state, including its response to injury (Erikson 1995). Although, as became evident in this chapter, individuals may personally have a rather ambivalent relationship with their ascribed and experienced losses, within the highly political arena of Aboriginal mental health, public representations and narratives of Aboriginal experience were commonly suffused with an engulfing sense of loss and
mourning. It is these affective hallmarks of post-colonial injury that, in attesting to the specificity of Aboriginal suffering and concomitantly demanding dedicated forms of cultural and community expertise and interventions, define and legitimate a uniquely Aboriginal jurisdiction within the broader health domain. Political agency is thus gained and a sense of connection and emplacement forged for those persons otherwise dis-connected and dis-placed. However, the focus on past injury may render the subsequent community less a gathering of ‘survivors’ than ‘wounded victims’, for whom the ‘culture’ of loss and its multifarious present-day ramifications become almost normative of Aboriginality (Erikson 1995).

This now-entrenched ideology of Aboriginal experience institutes a form of melancholia that binds Aboriginal identities and subjectivities to a litany of past and present losses. The resultant constriction of Aboriginal personhood and agency is potentially further compounded as their embodied losses are psychologised as problems of ‘mental health’, interpreted as testimonies to the continuing aftermath of invasion. This medicalisation of social suffering may represent an effective, less confrontational means of communicating social, moral and political challenges, offering a safe and acceptable way of expressing dissent, of articulating misery, anxiety and anger and of negotiating relations of power (see Scheper-Hughes 1992). It is clear that through their engagement in the field of mental health, (some) ‘southern’ Aborigines have been able to thwart the delegitimation of their identit(ies) and experiences, in light of the privileging of ‘traditional’ and ‘remote’ Aborigines, and to gain some form of remediation, recognition and reparation. Aboriginal discourses on ‘social and emotional wellbeing’, ‘depression’ and ‘intergenerational trauma’ are undeniably political metaphors, which in challenging conventional psy categories and modes of knowledge, highlight the particularity of Aboriginal experience and cultivate a distinctively Aboriginal place in the mental health domain.

At the same time, however, as diverse and diffuse psychological, social, emotional, and practical problems are encapsulated under the rubric of ‘social and emotional wellbeing’, commonly practically conflated with ‘mental health’, under-qualified, under-resourced and under-supported Aboriginal health workers may be left to confront a spectrum of distress and causative agents. While the medicalisation of social distress is generally critiqued for its concern with the individual psyche, Gary Robinson (1995b:117) observes that this individualistic emphasis and the encapsulation of aberrant behaviour within the mental health domain may be a means by which Aboriginal individuals can disengage from group and family conflicts. Yet the corollary is that the mental health system may become ‘a container for risky or otherwise problematic behaviours without

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40 At a reunion of Americans held hostage in Iran, a former hostage commented, ‘It is easy to be together. We don’t have to explain things. We carry the same pain’ (Erikson 1995:186).
having the capacity to facilitate changes in the core areas of social action which reproduce them' (Robinson 1995b:117).

The Aboriginal narratives presented in this chapter indicate the partial medicalisation of experience; psy categories co-exist and interact with, but are often subordinated to older categories of race and tropes of loss and mourning. An important differential is also manifest between Aboriginal and ‘professional’ discourses: Aboriginal health and welfare workers described widespread ‘depression’ due to racism, disadvantage and endemic loss and grief, in contrast with Winnunga’s psychiatrist who diagnosed personality disorders, trauma and alexithymia as predominant among her clients. The growing hegemony of psy categories in the interpretation of Aboriginal experience may mean, however, that Aboriginal persons, especially health workers and clients who are exposed to these explanatory paradigms, increasingly come to explain their social circumstances by defining themselves as ‘stressed’, ‘traumatised’ or ‘depressed’. Moreover, in the event that individuals are not utilising such categories, there is the possibility that they may be interpreted as being ‘too tolerant’ of how they were feeling, or even ‘unable to feel’ as in the category of alexithymia, and needing to be ‘sensitised’ to mental health issues so as to avail themselves of the professional help on offer (Summerfield 1999b:1454).

Modes of (mis-)representing Aboriginal lives and experiences have profound ramifications. While the essentialisation of grief and loss as constitutive attributes of Aboriginality has granted ‘southern’ Aborigines a presence and voice in the nation-state, the psychologisation of these socio-moral issues implicitly pathologises and (re-)subordinates individuals and their communities, directing ‘recovery’ less towards social-structural reform than clinical psy interventions. As Kirmayer comments:

Aboriginal leaders may adopt the metaphor of the “sick society” in their efforts to gain redress from government for past wrongs and ongoing neglect. But the image of the sick community, while providing a rallying cry for social change, also conveys a pervasive sense of loss and may contribute to demoralization. It is crucial, therefore, to find and promote images and activities representative of the vitality, renewal and rebirth of Aboriginal communities and traditions. Government responses to social pathologies of simply providing more health care avoid the fundamental causes (1994a:54).

Amid the late-modern accent on victimology and its concomitant psychologisation, what has become a veritable ‘industry in Aboriginal dysfunction’ (Pearson in Grasswell 2002) is largely premised upon discourses of impoverishment and pathology. In such arenas, representations of Aboriginal loss, injury and trauma subordinate those of survivorship and ‘wellness’. This hegemonic focus, however, has the proclivity to further stigmatise and disable, providing exculpation but simultaneously denying Aboriginal persons full moral
agency. Aboriginal communities thus become worthy recipients of improved clinical services, more 'welfare' and increasing state paternalism while their perceived capacity for (real) self-determination and participation in the postmodern world is potentially delegitimated. And yet, the very process of gaining social and political recognition, of pursuing some form of circumscribed justice through the domain of mental health has impelled (certain) Aboriginal persons towards investing in the subject position of (medicalised) loss. Aboriginal health workers and activists undeniably perceive wellbeing and 'healing' as inseparable from the rebuilding of social and cultural worlds of support, meaning and relevance. But as continuing dependants and supplicants of the state, their political agency has become problematically entwined with their resubjugation as melancholic victims.
Conclusion

... a discourse on suffering is worth having only if it helps the victim to live forwards.

(Das 1994:166)

Aboriginal loss has a social-relational ontology. It is a somatic condition that arises out of Aborigines' marginal social-structural position in the post-colonial state. But this condition is also, importantly, contextually and discursively mediated. The contention of this thesis, therefore, is that the feeling of loss differentially experienced by Aboriginal persons arises out of the interaction between their subjective and bodily experience and the social realm and its knowledge-categories. This historical and ethnographic analysis has made clear that the loss(es) suffered by Aborigines post-conquest have been produced and re-produced, re-thought, re-articulated, and re-felt in certain and changing social, economic and political milieux. Aborigines' 'loss' has been elucidated as a material reality and also a constructed form of knowledge that has made and moulded a particular kind of subjecthood and subjectivity.

This argument does not negate Aboriginal agency. Rather, a dynamic relationship plainly exists between Aboriginal persons and the classificatory systems through which they are known and have come to know themselves. As we have seen, the enduring imputation of 'cultural loss' to Aborigines in the
southeast continues to operate as a pivotal distinction between 'remote' and 'settled' Australia, naturalising the fact of dispossession and rationalising the denial of rights to those unable to fulfil the legislative injunctions of 'traditional association' and/or 'connection' (see Macdonald 2001:194). However, this interpellating categorical accusation has been creatively transformed into a powerful anti-colonial discourse. 'Loss' has become a key subject position in which (some) Aborigines have invested as a compelling means of contesting their ascribed social and political ambiguity. Indeed, since the Day of Mourning and Protest of 1938, the affect and trope of mourning, as an emotional legacy and discourse of loss, has directed and organised certain kinds of Aboriginal agency and public social life. As both an embodied condition and a dominant metaphor of (post-)colonial injury, loss has become an important moral position, a focal point of public and political identification and affiliation among 'hybrid', 'detribalised' Aborigines. For these historically delegitimated persons, 'loss' as the apparent absence of the authenticating qualities of 'land' and 'tradition' and hence, the signifier of past injustice, now offers an alternative, state-sanctioned form of alterity.

'Loss', like 'tradition', therefore, can be understood as a resource that brings the past to bear witness to the present. This discourse of historicity is undoubtedly multifaceted and fluid, offering a range of subject positions with which Aboriginal people variously identify. But in the last two decades, the 'recovery' of Australia's 'bloody' and 'traumatic' colonial history together with the relatively negligible impact of land rights, native title legislation and reconciliation have re-inscribed Aboriginal bodies and subjecthood with the material experience and wider narrative of loss (see Cowlishaw 2004:204). The affects of grief and loss have accordingly become more prominent in the (public) discourses and dispositions of 'urban hybrids' and, given Aborigines' widespread 'failure' to fully actualise the illusory ideal of 'tradition' as the pre-eminent path to Indigenous rights (see Povinelli 2002:49), in the political argumentation and self-representations of Aborigines across the nation. Testifying to the ruptures of experience and identity effected by colonisation, the discourse of loss explicates and challenges the denigrating attributions of 'hybridity' and, simultaneously, 'culturelessness' and justifies demands for redress as a matter of right—as dispossessed first peoples—versus charity—as 'wronged [and damaged] wards of the State' (Macdonald 1997:74). As 'worry about Aborigines and their injuries' has become part of national identity (Cowlishaw 2003:106), so the scars of colonial history have granted Aborigines a new form of political agency and identity.

Aborigines' 'loss' has thus been a means of gain. The bodily experiences of grief and loss have become potent political idioms of distress through which a collective identity has been formed in opposition to white Australia. New kinds
of community, therefore, have been generated and a degree of coherence imposed upon present-day social fragmentation and alienation. Indeed, the act and trope of ‘mourning’ can be seen to have functioned both metaphorically and literally as a rallying cry.

However, while clearly agentive, the entwining of political identity with the experiences of loss and marginalisation entails an inherent double-bind. Predicated upon (post-)colonial injury, as the basis of its demands for recognition, this type of identity may become so invested in its history of pain that it is unable to relinquish it without relinquishing itself (see Brown 1995a:73–4). Such an identity-formation, which is produced in reaction to power, may thus become invested in its continuing subjection. Brown states:

This investment lies not only in its discovery of a site of blame for its hurt will, not only in its acquisition of recognition through its history of subjection (a recognition predicated on injury, now righteously revalued), but also in the satisfactions of revenge, which ceaselessly reenact even as they redistribute the injuries of marginalization and subordination in a liberal discursive order that alternately denies the very possibility of these things and blames those who experience them for their own condition … Politicized identity, premised on exclusion and fueled by the humiliation and suffering imposed by its historically structured impotence in the context of a discourse of sovereign individuals, is as likely to seek generalized political paralysis, to feast on generalized political impotence, as it is to seek its own or collective liberation through empowerment (1995a:70–1).

As the experiences and idioms of grief and loss become the foundation of a new kind of alterity and its claims upon the state, bodily agency and social life are facilitated, but also inhibited. Individuals are drawn into, though potentially immobilised, by their inclusion in the community of suffering victims. And as perpetual mourning becomes constitutive of (a particular kind of) contemporary Aboriginality, not only resistance, but subjectivities are shaped. The unwillingness to release old and new injuries may signify the struggle of socially delegitimated persons to ‘hold onto’ their Indigeneity, to identify and to be recognised at any cost. Yet there is the risk that as Aboriginal persons come to invest in their ‘loss(es)’, that these may be introjected to be experienced as a sense of personal failure, inadequacy and/or incompleteness. The effect, then, may be to resubjectify Aborigines as melancholic subjects and objects: endlessly mourning, interminably and ‘pathologically’ bound to their loss (Freud 1991(1917)).

It is now almost orthodoxy that the etiology of the multifarious social problems afflicting many Aboriginal communities lies with their shared (and homogenised) experience of historical and traumatic loss.¹ This ‘enticing

¹ This paradigm plainly fails to explain why social breakdown ‘afflicts with equal vehemence’ Aboriginal peoples who have never been dispossessed of their lands and who retain their classical traditions, cultures and languages (Pearson 2001). Sutton also refers to a number of
language of victimology' (Cowlishaw 2004:204), itself embedded in the local and broader context of late-modernity, affirms damage and dysfunction as normative of Aboriginal experience and identity. Noel Pearson describes:

the mindset that lurks in our culture, our ideology, our psychology: to be ridden with problems like violence, grog and drugs is to be Aboriginal. That these states of dysfunction that we endure as a people are treated as if they are 'natural', 'normal', 'to be expected', 'inevitable', 'hardly surprising', 'can be understood', 'justifiable', indeed perhaps even 'innate' to our identity as a people and to our place in the wider world, means that our culture and identity is bound up with dysfunction ... we have come to see ourselves (and others ruthlessly encourage us to see ourselves) as hopeless victims (who can do nothing else but fall victim to addiction). Therefore, when asked to explain our chronic drinking we end up saying either in a resigned self-deprecation, or in tragic humour, or in hollow defiance: “We Aboriginal people, we alcoholic people” (2001 cited in Ah Mat, 2002).

Aboriginal and non-Aboriginal Australians become discursively locked into the dyad of colonised/coloniser, innocent victims/guilty perpetrators. The effect is to downplay the role of present-day social, political, economic, and cultural realities, especially that of the immediate, local context in its complexity and diversity, as determinations of the way in which distress is experienced and understood and as directing appropriate forms of remediation (see Bracken et al. 1995:1077). Such hegemonic paradigms grant Aboriginal people a mostly dependent role on the basis of their past and continuing suffering. Their victimhood thus may operate more as a mode of political containment than liberation (see Humphrey 2002:124). And as Chen observes, ‘[t]he worry is of course that such a focus on injury might be naturalized and used against the plaintiffs ... The path connecting injury to pity and then to contempt can be very brief’ (2000:14).

The psychologisation of Aboriginal suffering complicates the dilemmas inherent in a political identity invested in the experience of loss. Over the last three decades, Aboriginal persons have increasingly, albeit differentially, engaged with psy discourses and practices towards the alleviation of distress and the entwined objective of emancipation. The 1980 Aboriginal Mental Health Conference saw early NAIHO-affiliates actively resist psychiatry as an agent of social control and reject its categories as stigmatising, culturally inappropriate and as signifying the medicalisation of problems that were the sequelae of invasion and continuing injustice. However, the psy category of ‘trauma’, soon to become an influential counterdiscourse among Aboriginal peoples worldwide, was nonetheless evident in an Aboriginal delegate’s representation of the post-conquest experience of ‘half-caste’ Aborigines in the southeast. By the late

remote Aboriginal settlements where social disorder is engulfing, but where contact did not occur until the twentieth century, where cultural assimilation was less severe and where the people never lost the freedom to make traditional use of their lands (2001:22).
Conclusion

1980s, with the growing hegemony of psy explanatory frameworks and their dissemination beyond the clinics of their respective professionals, Aboriginal activists, primarily based in settled Australia, began to increasingly participate in the ever-expanding and well-resourced mental health domain. As Aborigines’ psychological suffering—their ‘stress’, ‘depression’, ‘low self-esteem’, and ‘trauma’—authoritatively entered the political arena via the RCIADIC and Bringing Them Home, in particular, these categories became potent paradigms and metaphors through which mostly ‘non-traditional’ Aborigines could (re)articulate the uniqueness of their identity and experience, make meaning of widespread social distress and disorder and, moreover, resist further incorporation into mainstream society.

Kleinman comments, '[i]n most societies ... it is only through medicalization that effective interventions will be brought to bear on problems which, when articulated socially, are too threatening to the political system to allow them to be addressed directly' (1986:188). While the medicalisation of Aborigines’ embodied losses has been largely driven by global and national processes, the uptake and reworking by Aboriginal activists of psy categories has been an effective discursive tactic in the pursuit of autonomy and self-determination, at the very least legitimizing the separatism of Aboriginal health services.

As within the broader field of psychiatry, in Aboriginal discourses, ‘depression’ is being progressively subsumed within the multivalent construct of ‘trauma’ and, to a more limited degree, its psychiatric counterpart PTSD (see Farrell 1998:18). Not only does ‘trauma’ more richly communicate the continuing aftermath of colonisation, but it legitimates the analogy between the Holocaust and Aboriginal experience (and not only that of the stolen generations) and, concomitantly, the demand for appropriate reparation rather than welfare. Equally importantly, this more capacious and flexible concept, especially its reformulation as ‘intergenerational trauma’, endorses broader therapeutic innovations, including alternative frameworks of healing aimed at the strengthening of Aboriginal culture, families and communities (see Atkinson 2002, Phillips 2003, Swan & Raphael 1995).

In the domain of mental health, Aboriginal counterdiscourses specifically highlight the linkages between Aboriginal distress and ongoing political and social injustice. However, there remains the propensity for these constructs to be subsumed within dominant psy frameworks and modes of remediation. The broad construct of ‘social and emotional wellbeing’ encompasses but is not confined to that of ‘mental health’. Yet, in practice, the two concepts are often conflated with the result that psy diagnostic categories and treatments, particularly counselling, are commonly privileged forms of intervention. Likewise, the reframing of the polysemic concept of ‘trauma’ as ‘PTSD’, a category which is increasingly being
brought to bear upon Aboriginal experience, locates social suffering in individuals in terms of psychiatric disorder (see Phillips 2003:31).

The psychologisation of Aboriginal loss is, therefore, a two-edged sword. The shift from overtly political discourses of ‘loss’ and ‘mourning’ to a discourse of ‘health’ effects a profound reworking of meaning. As the loss that has become Aboriginality is encapsulated within psy categories, attention may be oriented away from the political and the collective towards the pathological, the therapeutic and the (neurobiology of the) individual. Certainly, the current resurgence of biologism in psychiatry places Aboriginal idioms of distress, which link body and mind to emotional, spiritual, social and political realms, at greater risk of being reduced ‘to the “truthful” language of science ... [thereby rendering] one of the most impressive “weapons of the weak” ... useless in the struggle for relief from oppression’ (Lock & Scheper-Hughes 1996:68, Phillips 2003:83). But more implicitly, psy categories, as sociocultural discursive forms that remain enmeshed and implicated in asymmetrical relations of power, metaphorically communicate moral judgments and concepts of personhood. This means that they act as powerful social instruments for the (re-)construction of (Aboriginal) identity. As O’Neil et al. (1998) emphasise:

image[s] of sick, disorganized[, depressed and/or traumatised] communities can be used to justify paternalism and dependency ... [Such] blanket generalizations [which] paint a misleading, bleak and inaccurate portrait of life ... [are] increasingly dangerous in a tough world of negotiation for self-government and economic development.

In late-modernity, evidence of injury, as certified by psychiatric diagnoses, has become a legitimised avenue to a modicum of justice and recognition. Aborigines thus find themselves compelled to disclose their now-psychologised wounds to the nation, a situation that inexorably binds them further to their loss. At the turn of the millennium, as Aborigines around the continent have become ‘known’ and marked by their dysfunction, disorder, distress, and depression, post-colonial injury has become a prominent basis of Aboriginal subjecthood. But whereas the chronic, insidious and continuing nature of this ‘trauma’ is highlighted in (some) Aboriginal discourses (see Atkinson 2002, Phillips 2003), the notion of ‘trauma’ remains semantically linked to past, predominantly violent, injuries rather than less overt, present-day structural inequalities. Such ‘possession by the past’, signified especially by PTSD, represents ‘a central characteristic of the survivor experience of our time’ (Caruth 1995a:151), but it may also cement the position of ‘victim’. The recovery of personal and shared histories of ‘trauma’ may be a compelling means of gaining recognition and of facilitating the formation of new, more positive and potentially empowering individual and collective identities. At the same time, however,
such an identity politics can subjugate and immobilize victims in the very act of recognizing their suffering. The reason is that the political gains conferred by a victim identity (e.g. ‘trauma survivor’) are accessible only through expert discourses (in law, medicine, psychiatry) which have their own agendas and are themselves instruments of power. By their very nature such discourses deal in causes rather than meanings, events rather than persons, instances rather than entire lives. Thus ... reinscribing personal stories into these public discourses often obscures their richness and moral complexity (Lambek, 1996:xxiv).

It is perhaps not surprising that a Link-Up witness found it necessary to declare, ‘I am much more than a “long-term effect”’ (Link-Up and Wilson 1997:126 in Kennedy 2001:123).

As the valorisation of Aboriginal (high) culture is challenged by the new iconography of destroyed lives, the risk is that psy constructs may further constrain what it is to ‘be Aboriginal’ to a subjectivity of damage and demoralisation. Summerfield argues that as it becomes advantageous to reframe social distress as a psychiatric condition, ‘people will [in fact] choose to present themselves as medicalised victims rather than as feisty survivors’ (2001). Defined in terms of their now-psychologised losses and injuries, Aboriginal persons are not merely resubordinated, but, moreover, pathologised, a process that inexorably directs ‘recovery’ less towards social reform than the arena of mental health. The result may be to further bind Aborigines to the state and its regulatory discourses and practices (Brown 1995a:28–29).

Hence, while the shared experiential heritage of ‘traumatic loss’ offers Aboriginal Australians a degree of political agency, as these socially-produced wounds are assigned to the arena of health for interpretation and resolution, political ground may be concede to therapeutic ground (see Brown 1995a:27). The concomitant risk is that Aboriginal people’s ‘rights’ may be reduced to that of appropriate health care. Moral reflection about contemporary ethical social relationships and collective obligations may thus be elided. Indeed, as Lambek and Antze observe, ‘the rise of popular therapeutic discourse in North America has gone hand in hand with widespread political disengagement’ (1996:xxiv).

Yet the mental health arena is increasingly the site in which political struggles for human rights and social justice—the alleviation of global poverty, the humane treatment of asylum seekers, reparation for the forcible removal of

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2 Rose contends that mental health discourses effect a critical shift in perception ‘of those outside civility – the excluded or marginalized who through wilfulness, incapacity or ignorance cannot or will not exercise ... responsibility. On the one hand, pathologies are re-individualized, removed from a “social” determination into a moral order, thus providing the basis for new and harsher strategies of surveillance and control of those who, after all, bear the responsibility for their fate within their own hands ... On the other hand, these new sectors of the population are opened up to new forms of intervention by experts, which would re-educate or “empower” them, equipping them with the techniques of life planning and personal conduct to cope as autonomous subjects, deploying psychological techniques from social skills training to group relations’ (1996a:145).
Aboriginal children, saying ‘sorry’—are being articulated and ‘remediated’. In the process, issues of injustice, inequity and inhumanity are being conflated with and often obfuscated by their psychological legacies. The corollary is that the state’s redress of victims’ distress via improved mental health services becomes a completely inadequate substitute for real reparation (see Hunter 2000b:15). As Hunter comments:

The Commonwealth is ... in the odd situation of funding grief and loss counsellors to address the acknowledged mental health consequences of past policy while on the other hand, vigorously resisting personal or group claims on the basis of such harm or its cause. Grief and loss is thus an extremely complicated entity, compounded of feelings associated with personal experiences and historical events, but also now powerfully symbolic of the injustice experienced by Indigenous people as a whole. If this is the case, what are the implications of ‘recovery’ – does a reduction in emotional pain signify a lessening of the importance of past social justice? (Hunter 2001).

Aboriginal mourning, including its more recent medicalisation, is a highly political trope and state of being. Like the Day of Mourning and Protest, the Aboriginal concept of ‘trauma’ testifies to the brutality and injustice of dispossession and calls for recognition of Aborigines’ political rights. But in the enduring absence of restorative or reparative justice, Aborigines’ quest for recognition of their unique and separate status and rights as dispossessed first peoples has been enacted in the domain of health, in particular, that of mental health. This capacious arena offers Aboriginal persons a means of (re-)articulating their identity through the particularity of their suffering, and the prospect of revitalising and reforming new and positive types of community. Aborigines’ post-colonial injuries thus have enabled a circumscribed form of political agency. And yet the potential for (semi-)autonomy, community control and self-determination is now largely predicated upon discourses of impoverishment and pathology.

As we have seen, Aborigines’ subjecthood of loss has been nurtured and fostered by broader social processes, including certain forms of governance and practice. The bodily and rhetorical condition of transgenerational grief and trauma has not only established a distinctively ‘Aboriginal’ place in the nation, but it has also secured the role and economic interests of service agencies focused on addressing the legacies of Aborigines’ past and continuing injuries. However, the inherently oppositional politics signified by Aborigines’ ‘victimhood’ may promote political stasis rather than change, locking Aboriginal and white Australians into cycles of blame and guilt, fuelling struggles over responsibilities and obligations, fostering national sympathy as well as disdain. ‘Hailed’ by their

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3 As Hacking comments: ‘Structural inequalities are unjust irrespective of their outcomes. We do not have to explicate their [psychological] consequences to know this’ (1995:66).
new status as ‘trauma victims’, perennially bound to their injuries which they seem unable to ‘get over’, Aboriginal persons are less likely to be designated agents of self-determination than recipients of further unsolicited state intervention.\(^4\) It would seem, therefore, that ‘loss’, like ‘tradition’, has become a potential ‘prisonhouse’ (see Muecke 1992a), binding Aborigines to a new form of misrepresenting alterity. With loss, pain and suffering sedimented as normative of contemporary Aboriginality, recognition is at risk of being reduced to pity, a new source of livelihood, and politics those of despair.

How, then, do Aboriginal persons negotiate a just and meaningful place in the post-colonial nation when their identity and rights as Indigenous peoples remain bound up with history: to ‘tradition’ and now to ‘colonial injury’? Lambek and Antze observe:

Identity of any kind requires steering a course between holding on and letting go ... [it] lies in the dialectical, ceaseless activity of remembering and forgetting, assimilating and discarding ... The pursuit of balance, a theme pervasive in the psychoanalytic literature beginning with the mysterious yet crucial concept of “working through,” is necessary and right in collective as in personal life. How do we commemorate the past without becoming servants to it? How do we release the past without losing authenticity? ... these remain central questions (1996:xxix).

While there is undoubtedly a ‘moral danger [in] forgetting’ (Kirmayer 2002:314), the release of the embodiment of loss, as now constitutive of a particular kind of political agency, may be necessary in order to survive and transcend it. Aboriginal persons remain rightly cautious about ‘forgetting’, given the all-too-recent national erasure of Aboriginal histories and identities: the ‘cult of disremembering’ (Stanner 1979:214). And yet, the process of reclaiming Aboriginal people and their voices from the margins of history has privileged a particular kind of memory—that of trauma. As this powerful metaphor has become iconic of Aboriginal experience post-conquest, so has its totalising narrative of history become integral to Aborigines’ collective identity, their moral and political stance against white Australia.\(^5\)

A more open political position that does not negate Aborigines’ material experience of loss is to engage with loss from the perspective of what remains. Eng and Kazanjian suggest:

Such a perspective ... animates history through the creation of bodies and subjects, spaces and representations, ideals and knowledges. This attention to remains generates a politics of mourning that might be active rather than reactive, prescient

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\(^4\) Noel Pearson states: ‘Yes, we’ve been victimised, and terribly victimised, but to tell our people that we’re victims is a terribly irresponsible thing to perpetuate, I think, because we just create a mentality of defeat and resignation rather than struggle and defiance’ (in Grasswell 2002).

\(^5\) As Humphrey comments: ‘There is the danger of victims monopolizing the interpretation of history based on the authenticity of their suffering’ (2002:145).

Across the country, in differing contexts, within and beyond the domain of health, Aboriginal leaders and spokespersons are calling for an ‘ideology of hope’ (Huggins 1993:67) to combat the ‘cancerous ideology of despair’ (John Ah Kit in Jopson 2002). This future-oriented discourse, with its more explicit political vision versus reaction, is foreclosed by the politics of loss with its investment in its injurious past. The dilemma for late-modern Aboriginal persons, who live ‘within a ruling episteme that privileges that which they can never be’ (Cheng, 2000:7), is how to redeem their traumatic past, to recover its complexities and ambiguities, without sacrificing their rightful political claims. Incorporated within the processes of the post-colonial state, Aboriginal people know only too well the elusiveness of ‘true’ recognition. Indeed, amid the enduring and overriding concern with their ‘welfare’, Aboriginal Australians may find it difficult to relinquish their now-medicalised melancholia as a basis of political agency.

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Brown suggests: ‘This past cannot be redeemed unless the identity ceases to be invested in it, and it cannot cease to be invested in it without giving up its identity as such, thus giving up its economy of avenging and at the same time perpetuating its hurt’ (1995a:73).
Map 1: Australia
(from Cawte 1974)
Map 2: The greater ACT region
(from Peterson 1998)
Map 3: Tindale's tribal boundaries, southeast NSW
(from Tindale 1974)
Map 4: Language groups of NSW
(from Aboriginal and Torres Strait Islander Commission (ATSIC) 1997)
Map 5: The three Ngun(n)awal countries
(from Peterson 1998)
Map 6: Southern Gulf of Carpentaria region
(from Trigger 1992)
Map 7: Linguistic territories, Gulf of Carpentaria
(from Trigger 1992)
Appendix 1: Staff & services Winnunga Nimmityjah AHS 1999–2001

<table>
<thead>
<tr>
<th>Year</th>
<th>Staff Role</th>
<th>Employment</th>
<th>Reason for Departure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
<td><strong>Aboriginal staff</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kerri</td>
<td>Chief Executive Officer (CEO)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carol</td>
<td>Receptionist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adam</td>
<td>Aboriginal Liaison Officer (ALO)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phil</td>
<td>Aboriginal Mental Health Worker (AMHW)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kim</td>
<td>ALO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>June</td>
<td>Cleaner</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Non-Aboriginal staff</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Jim</td>
<td>Full-time (F/T) General Practitioner (GP)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Jane</td>
<td>P/T GP (women's health)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Ellen</td>
<td>P/T GP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lorraine</td>
<td>Administration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lennie</td>
<td>Cleaner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2000</td>
<td><strong>Aboriginal staff</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kerri</td>
<td>CEO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carol</td>
<td>Receptionist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adam</td>
<td>ALO</td>
<td>Jan-April 00</td>
<td>Job in mainstream mental health</td>
</tr>
<tr>
<td>Phil</td>
<td>AMHW</td>
<td>Jan 00-Jan 01</td>
<td>Family difficulties</td>
</tr>
<tr>
<td>Kim</td>
<td>ALO</td>
<td>Jan 00-May 01</td>
<td>&quot;Stress&quot;</td>
</tr>
<tr>
<td>Karen</td>
<td>AMHW</td>
<td>Jan 00-May 00</td>
<td>Marital problems</td>
</tr>
<tr>
<td>Mike</td>
<td>HPO*</td>
<td>From June 00</td>
<td></td>
</tr>
<tr>
<td>Andy</td>
<td>HPO</td>
<td>Sept 00-01</td>
<td>Dismissed</td>
</tr>
<tr>
<td>Valerie</td>
<td>ALO</td>
<td>Nov 00-Mar 01</td>
<td>Family problems; career change</td>
</tr>
<tr>
<td>Gary</td>
<td>ALO</td>
<td>Short-term placement</td>
<td></td>
</tr>
<tr>
<td>June</td>
<td>Cleaner</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Non-Aboriginal staff</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Jim</td>
<td>F/T GP</td>
<td></td>
<td></td>
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</table>

* (Health Promotions Officer)
<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Jane</td>
<td>P/T GP</td>
</tr>
<tr>
<td>Dr Ellen</td>
<td>P/T GP</td>
</tr>
<tr>
<td>Dr Meg</td>
<td>P/T psychiatrist From Aug 00</td>
</tr>
<tr>
<td>Lorraine</td>
<td>Administration</td>
</tr>
<tr>
<td>Lennie</td>
<td>Cleaner</td>
</tr>
</tbody>
</table>

**October 2001**

*Aboriginal staff*

**Administration**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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</thead>
<tbody>
<tr>
<td>Kerri</td>
<td>CEO</td>
</tr>
<tr>
<td>Carol</td>
<td>Receptionist</td>
</tr>
<tr>
<td>Sue</td>
<td>Receptionist</td>
</tr>
<tr>
<td>Dave</td>
<td>Administration assistant</td>
</tr>
</tbody>
</table>

**Social & Emotional Wellbeing**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michelle</td>
<td>AMHW</td>
</tr>
<tr>
<td>Rhonda</td>
<td>AMHW</td>
</tr>
<tr>
<td>Steve</td>
<td>AMHW</td>
</tr>
<tr>
<td>Geoff</td>
<td>AMHW</td>
</tr>
</tbody>
</table>

**Substance Misuse**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maureen</td>
<td>ALO</td>
</tr>
<tr>
<td>Colin</td>
<td>ALO</td>
</tr>
<tr>
<td>Greg</td>
<td>Cadet</td>
</tr>
</tbody>
</table>

**General**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mike</td>
<td>HPO (Housing)</td>
</tr>
<tr>
<td>Nigel</td>
<td>Driver</td>
</tr>
<tr>
<td>June</td>
<td>Cleaner</td>
</tr>
</tbody>
</table>

**Non-Aboriginal staff**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Jim</td>
<td>F/T GP</td>
</tr>
<tr>
<td>Dr Meg</td>
<td>P/T psychiatrist</td>
</tr>
<tr>
<td>Dr Jane</td>
<td>P/T GP</td>
</tr>
<tr>
<td>Dr Ellen</td>
<td>P/T GP</td>
</tr>
<tr>
<td>Dr Ron</td>
<td>P/T GP</td>
</tr>
<tr>
<td>Dr Fran</td>
<td>P/T GP</td>
</tr>
<tr>
<td>Marie</td>
<td>Midwife</td>
</tr>
<tr>
<td>Lorraine</td>
<td>Administration</td>
</tr>
<tr>
<td>Lennie</td>
<td>Cleaner</td>
</tr>
</tbody>
</table>
Regional Centre (opened end 2000)

Aboriginal staff

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>From</th>
</tr>
</thead>
<tbody>
<tr>
<td>Debbie</td>
<td>Administration officer</td>
<td></td>
</tr>
<tr>
<td>Jackie</td>
<td>Coordinator</td>
<td>From May 01</td>
</tr>
</tbody>
</table>

Non-Aboriginal staff

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rowena</td>
<td>Accountant</td>
</tr>
</tbody>
</table>
### Appendix 2: Staff affiliations, Winnunga Nimmityjah AHS 1999–2001

<table>
<thead>
<tr>
<th>Staff Member</th>
<th>Role</th>
<th>Prev. employment or affiliation</th>
<th>Country/linguistic identity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kerri</td>
<td>CEO</td>
<td>NACCHO board</td>
<td>Wiradjuri¹</td>
</tr>
<tr>
<td>Carol</td>
<td>Receptionist</td>
<td>?</td>
<td>Cairns; long resident ACT</td>
</tr>
<tr>
<td>Adam</td>
<td>ALO</td>
<td>?</td>
<td>Kamillaro, central NSW</td>
</tr>
<tr>
<td>Phil</td>
<td>AMHW</td>
<td>AMHW training</td>
<td>Barkandji, n/w NSW</td>
</tr>
<tr>
<td>Kim</td>
<td>ALO</td>
<td>niece of Winnunga² board member</td>
<td>Ngun(n)awal/Wiradjuri</td>
</tr>
<tr>
<td>Mike</td>
<td>HPO</td>
<td>husband of NACCHO Wiradjuri</td>
<td></td>
</tr>
<tr>
<td>Maureen</td>
<td>ALO</td>
<td>former AIAITS; close friend of Carol</td>
<td>Barkandji</td>
</tr>
<tr>
<td>Valerie</td>
<td>HLO</td>
<td>former women’s refuges</td>
<td>ACT; father from midwest Queensland, but ‘passed’ as Italian</td>
</tr>
<tr>
<td>Andy</td>
<td>ALO</td>
<td>social work studies</td>
<td>Bandjalung, north NSW</td>
</tr>
<tr>
<td>Michelle</td>
<td>AMHW</td>
<td>Mike’s wife; former CEO of AHS, worked NACCHO, WN board</td>
<td>Wiradjuri</td>
</tr>
<tr>
<td>Rhonda</td>
<td>AMHW</td>
<td>former AIAITS; friend of Maureen</td>
<td>Tharawal, south NSW</td>
</tr>
<tr>
<td>Steve</td>
<td>AMHW</td>
<td>Maureen’s brother</td>
<td>Barkandji</td>
</tr>
<tr>
<td>Geoff</td>
<td>AMHW</td>
<td>Fire/rescue service</td>
<td>?</td>
</tr>
<tr>
<td>Colin</td>
<td>ALO</td>
<td>?</td>
<td>Wiradjuri</td>
</tr>
<tr>
<td>Dave</td>
<td>Admin assist</td>
<td>Rachel’s son</td>
<td>Woorabinda, Queensland</td>
</tr>
<tr>
<td>Sue</td>
<td>Receptionist</td>
<td>Michelle &amp; Mike’s niece</td>
<td>Wiradjuri</td>
</tr>
<tr>
<td>Greg</td>
<td>Cadet</td>
<td>Michelle &amp; Mike’s son</td>
<td>Wiradjuri</td>
</tr>
<tr>
<td>Nigel</td>
<td>Driver</td>
<td>?</td>
<td>central Queensland</td>
</tr>
<tr>
<td>June</td>
<td>Cleaner</td>
<td>?</td>
<td>mid-NSW coast; long resident in ACT; status as community ‘elder’</td>
</tr>
<tr>
<td>Lennie</td>
<td>Cleaner</td>
<td></td>
<td>June’s non-indigenous partner</td>
</tr>
<tr>
<td>Marie</td>
<td>Admin</td>
<td></td>
<td>non-indigenous</td>
</tr>
<tr>
<td></td>
<td>Midwife</td>
<td></td>
<td>non-indigenous; Dr Jim’s partner; volunteer during</td>
</tr>
</tbody>
</table>

¹ Refer to Map 4 for territories of language groupings in NSW.

² For the purposes of space, in this table Winnunga Nimmityjah will be identified by the short form ‘WN’.
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<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Debbie</td>
<td>Admin</td>
<td>Kerri’s daughter; Wiradjuri, former NACCHO</td>
</tr>
<tr>
<td>Jackie</td>
<td>Coordinator</td>
<td>former NACCHO; ?; chair WN board</td>
</tr>
<tr>
<td>Rowena</td>
<td>Accountant</td>
<td>former NACCHO; non-indigenous</td>
</tr>
</tbody>
</table>

early days of WN
Bibliography


ACT Department of Health and Community Care. 1998. *Health status monitoring monograph series: Aboriginal and Torres Strait Islander people in the ACT*, ACT Department of Health and Community Care, Canberra.


Atkinson, Judy. 1992. ‘Flat tires and medicine wheels’: a report from the indigenous Canadian conference on women and wellness. Aboriginal and Islander Health Worker 16:12–8.


Attwood, Bain and Marcus, Andrew. 1997. *The 1967 referendum or when Aborigines didn’t get the vote*. Canberra: Australian Institute of Aboriginal and Torres Strait Islander Studies.


Queanbeyan ATSIC region (Cat No. 4192.0.40.001). Canberra: Australian Bureau of Statistics.


Clack, Peter. 2001. Park agreement meant to extinguish native title claims on ACT. In *The Canberra Times*. Canberra.


Dance, Phyll, Brown, Ros and Bammer, Gabriele. 2000. "They'll just read about us in storybooks": estimations of the number of young indigenous people using illegal drugs in the ACT and region, National Centre for Epidemiology and Population Health, The Australian National University, Canberra.

Dance, Phyll, Tongs, Julie, Guthrie, Jill, McDonald, David, D'Souza, Rennie, Cubillo, Carmen and Bammer, Gabrielle, 2004. "I want to be heard". An analysis of needs of Aboriginal and Torres Strait Islander illegal drug users in the ACT and region for treatment and other services, National Centre for Epidemiology and Population Health, The Australian National University, Canberra.


Ellis, Rose. 1996. Telling the past - healing the future. Aboriginal and Islander Health Worker 20:4-8.


Haebich, Anna. 2001. ‘Between knowing and not knowing’: public knowledge of the stolen generations. *Aboriginal History* 25:70–90.


Herman, Judith Lewis. 1992. *Trauma and recovery: the aftermath of violence - from domestic abuse to political terror.* New York: Basic Books.


Hill, Ernestine. 1933. Half caste - Australia's tragedy... In *Australian Archives*. Canberra.


Hunter, Ernest. 2000a. ‘... the deep sleep of forgetfulness’: reflecting on disremembering. Presented at The mental health of Indigenous peoples, Advanced Study Institute, McGill Summer Program in Social & Cultural Psychiatry and the Aboriginal Mental Health Research Team, Montréal, Québec.

Hunter, Ernest. 2000b. ‘... the deep sleep of forgetfulness’: reflecting on disremembering. Presented at Third World Conference for the International Society for Traumatic Stress Studies, Melbourne.


Kirmayer, Laurence J., Gill, Kathryn, Fletcher, Christopher, Ternar, Yeshim and Boothroyd, Lucy, et al. 1994a. Emerging trends in research on mental health among Canadian Aboriginal peoples: a report prepared for the Royal Commission on Aboriginal Peoples, Culture & Mental Health Research Unit, Institute of Community & Family Psychiatry, Sir Mortimer B. Davis-Jewish General Hospital, & Division of Social & Transcultural Psychiatry, Department of Psychiatry, McGill University, Montréal, Québec.


Kirmayer, Laurence J., Gill, Kathryn, Fletcher, Christopher, Ternar, Yeshim and Boothroyd, Lucy, et al. 1994b. Emerging trends in research on mental health among Canadian Aboriginal peoples, Culture & Mental Health Research Unit, Institute of Community & Family Psychiatry, Sir Mortimer B. Davis-Jewish General Hospital and Division of Social & Transcultural Psychiatry, Department of Psychiatry, McGill University, Montréal.


Langton, Marcia. 1993. ‘Well, I heard it on the radio and I saw it on the television...’: an essay for the Australian Film Commission on the politics and aesthetics of filmmaking by and about Aboriginal people and things. North Sydney: The Australian Film Commission.


Legislative Assembly for the Australian Capital Territory. 2001. *Standing Committee on Health (Reference: Aboriginal health)*. Canberra: Legislative Assembly for the Australian Capital Territory.


McCoy, Brian. 2003. ‘If we come together our health will be happy’: Aboriginal men seeking ways to better health. Canberra: Australian Institute of Aboriginal and Torres Strait Islander Studies.


Australians, ed. GE Kearney, PR de Lacey, GR Davidson, pp. 352–64. Sydney: John Wiley and Sons Australasia Pty Ltd.


Pearson, Noel. 2001. On the human right to misery, mass incarceration and early death, Dr Charles Perkins Memorial Oration, University of Sydney, Sydney.


Peters-Little, Frances. 2000. The community game: Aboriginal self-definition at the local level. Canberra: Native Title Research Unit, Australian Institute of Aboriginal and Torres Strait Islander Studies.


Peterson, Nicolas and Carr, Felicita. 1998. Ngun(n)awal genealogical and social mapping research project: a report prepared for the ACT Chief Minister’s Department in connection with the ACT Ngun(n)awal native title claim applications, The Australian National University, Canberra.


Radford, Anthony James, Harris, Ross D. and Hassan, Riaz. 1990. Taking control: a joint study of Aboriginal social health in Adelaide, with particular reference to stress and destructive behaviours, 1988-89. Adelaide: Department of Primary Health Care, Flinders University of South Australia.


Royal Australian and New Zealand College of Psychiatrists (RANZCP). 2000. Submission to the senate legal and constitutional references committee inquiry into the stolen generations.


Standing Committee on Health and Community Care. 2001. *Aboriginal and Torres Strait Islander health in the ACT,* Legislative Assembly for the Australian Capital Territory, Canberra.


Sullivan, Patrick. 1996. *All free man now: culture, community and politics in the Kimberley region, North-western Australia.* Canberra: Australian Institute of Aboriginal and Torres Strait Islander Studies.


Sutton, Peter. 2001. The politics of suffering: indigenous policy in Australia since the seventies, Draft of paper.
Trudgen, Richard. 2000. Why warriors lie down & die: towards an understanding of why the Aboriginal people of Arnhem Land face the greatest crisis in
health and education since European contact. Darwin, NT: Aboriginal Resource & Development Services Inc.


Young, Allan. 1980. The discourse on stress and the reproduction of conventional knowledge. Social Science and Medicine 14B: 133–46.