



Indigenous maps of subjectivity and attacks on linking: Forced separation and its psychiatric sequelae in Australia's Stolen Generation

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Abstract

Forced removal of part Aboriginal children from their indigenous mothers was part of Australian government policy over the period 1914 to the late 1960s. There were severe psychological consequences for the children, and a strong suspicion, yet to be epidemiographically researched, that many of them died very young, from suicide or the accidents and illnesses associated with psychological damage received at a period of developmental vulnerability. This paper looks at some of the survivors. It describes the symptomatology of a group of nine adult members of the 'Stolen Generation', selected for psychiatric examinations for a group legal action against the Commonwealth by the Stolen Generations Unit of the Northern Territory Aboriginal Legal Aid Service. Interviews using a culturally sensitive reflective listening mode were conducted to Present Mental State Examination standard. An assessment along DSM-IV Axis VI (the so-called 'defences of the ego') was also performed, and interviewees completed the Goldberg Shorter (18 item) Anxiety and Depression Questionnaire (GSADQ). The clinical picture shared by all interviewees was consistent with a contemporary understanding of the harmful impact of chronic trauma on the developing self. This would allow a diagnosis of 'complex Post Traumatic Stress Disorder', 'depressive' type, with disorders of self-organisation, and marked somatising features. There were universally high abnormal scores on the GSADQ (mean total score 16.4, Depression 7.8, Anxiety 8.6). Specific issues of cultural identity conflict were also painfully salient. However, there were none of the symptoms of deeper personality damage usually associated with very early infantile neglect or abuse. The inference is that this group had received good pre-separation nurturing from their original carers, and that peer support was also a protective factor. That Indigenous subjectivity and identity are construed and constructed along patterns that are significantly different from Western middle class ones is a truism. The authors were fortunate in having received accounts of these matters from their Aboriginal mentors. Some of these understandings are embodied in two paintings, *Four Brain Story* by Rachel Napaljarri Jurra and *Brain Dreaming Tracks* by Sally Butler. These have allowed us to catalogue the 'attacks on linking' which have occurred, and to bring these received understandings to the darker question of how this social phenomenon could happen. This question is also considered in terms of Bion's (1959) notion of 'attacks on linking'.

Keywords

Indigenous, mental health, forced separation, post-traumatic stress disorder, stolen generations, linking

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Background

This paper is based very substantively on data published by the first and second author in *Transcultural Psychiatry* (Petchkovsky & San Roque, 2002), and passages from this are often quoted in full. The electronic publication format allows us to bring detailed graphics into the discussion. We have therefore included two significant paintings. Our re-working has also included an expansion of the discussion on the theme of those Stolen Generations victims who did NOT survive.

A brief history of the Stolen Generations (after Katona & MacKinolty, 1994)

Australia was settled by the English in 1788. Historians estimate some 750,000 indigenous inhabitants. By approximately 1840, this had been reduced to some 40,000, with the impact of European expansion, dispossession, exotic pathogens, and massacres.

In 1910, the South Australian Northern Territory Aborigines Act was passed with the good intention of controlling exploitation of traditional-dwelling Aboriginal people through unfair work practices and alcohol and opium, and led to the appointment of a Chief Protector of Aborigines who was 'the legal guardian of every Aboriginal and half-caste child'.

As often happens with protective legislation, good intentions came to be subverted. Thus, mixed race children from as early as 1914, were being forcibly removed from their traditional dweller parents to be placed in Westernised foster settings, usually large group homes. Professor Robert Mann (Mann, 2000) reminds us that the principle underlying removal of children into 'care' was necessarily racist, not risk of abuse, since only children of mixed ethnicity were taken, and not those full-blood children judged to be at risk. The justifications and promises condoning such acts rested on fantasies of 'improvement'. Part Euro-Australian children were to be 'saved' from their 'savage' states and given the 'benefits' of 'civilization'. When we further remind ourselves that these mixed ethnicity children were overwhelmingly the children of Aboriginal women to Euro-Australian men, we wonder about the role of the 'missing fathers', and note that this factor has

been left out of the national debate, as if these children somehow came to be by magic.

The implementations of these founding fantasies were largely and predictably bleak. Children were torn away from weeping relatives, led off in cages or cattle trucks, and reared in impersonal cohorts. Staff at best had rudimentary concepts of the emotional needs of children. At worst, they were frank physical and sexual abusers, with absolute powers over their charges. Children survived emotionally by forming peer group bonds. All cultural expression (language, customs, kinship concepts, religious notions) was savagely censored, often with beatings. Such 'education' as was received had the training of domestic servants and menials as its objective. There were some kindly exceptions. But even there, the traumata of separation from parents, and cultural uprooting, left their mark. This situation pertained at least until 1964 and its legal and institutional underpinnings remained in place until 1972, when the first Commonwealth Department of Aboriginal Affairs was established!

The child victims of forced separations grew up, noticed enduring patterns of distress, attempted painfully to retrace their roots, and compared notes. A public campaign of reparation and reconciliation slowly emerged. This eventually entered the Australian mental health arena, in publications like Swan and Raphael's *Ways Forward* (Swan & Raphael, 1995) and then in Wilson and Dodson's (1997) *Bringing Them Home*, and organisations like Link Up.

The politics of representation

The appropriative potential of external spokespersonship is problematic. Australian anthropology has struggled to develop sensitivity to the nuances of so-called 'politics of representation'. Such awarenesses as Australian psychiatry has struggled to develop of late are to be found in the Royal Australian and New Zealand College of Psychiatrists' *Ethical Guidelines Document #11* (RANZCP, 1999). We hope they will prove to be more than pious 'mission statements'.

Who is to speak of the Stolen Generations experience, and how? The arts are eloquent on this theme; the songs of Archie Roach and Bobby Randall, novels of Sally Morgan,

paintings of Lin Onus, performances of the Bangarra Dance Theatre, plays like *Bran Nue Dae* (Chi & Kuckles, 1991), instantly spring to mind. The reader is urged to encounter them. Unfortunately, the arts have little standing in the courtroom.

Methodological issues

The data had originally been collected for a quite different (psychiatric report) purpose. In August 1996, in Alice Springs, the first author was asked by Matthew Storey, Legal Advisor to the Stolen Generations Unit (SGU) of the Northern Territory Aboriginal Legal Aid Service (NTALAS) to consider psychiatrically examining a group of nine people, who were to be the Unit's first cohort of Plaintiffs in a suit against the Commonwealth. The brief was delicate. Formal Psychiatric Reports, with high standards of psychiatric examination, were required. But the complainants had already demonstrated to the alarm of the NTALAS lawyers that the process of detailed disclosure was extremely painful, and had reactivated or worsened their clients' symptoms. Furthermore, we suspected that a visit to the psychiatrist might additionally be read as a foray into strange and frightening enemy territory, since their traumatisation had included cultural deracination, as well as exposures to violence and threats to life of the kind recognised in the DSM-IV (American Psychiatric Association, 2000) diagnosis of Post Traumatic Stress Disorder (PTSD). We therefore anticipated that the interviews might best be conducted in a reflective and inter-relational (and probably abreactive) interview style, rather than the more interrogatory and emotionally detached style that Aboriginal people can find so alienating and shaming (see Pickwick & Turner, 2000).

The psychiatric examiner

The first author's name had been put forward by the clinical psychologist, Anne Louis, who worked for Congress Aboriginal Medical Service in Alice Springs at the time. Anne, one of a small but growing group of impressively competent Aboriginal psychologists, had grown up in Alice Springs in an Arrente family, received her training in the eastern states, and returned to Central Australia. She had worked with the first author on a case sharing base, and

she knew that I enjoyed Aboriginal friends and culture, had a few Western Desert dialect language skills, and a background in psychotherapy which might conceivably provide some damage control during potentially harrowing interviews.

Choosing the sample

The SGU had researched archives and activated the Stolen Generations 'grapevine', identifying a target group of several hundred people in the Northern Territory alone. An initial cohort of some 50 people was selected out of this group. The main criteria at that stage were availability of archival documentation and witnesses to support a claim. They were each given an interview with a SGU solicitor. This raised further legal issues of confidentiality and minimisation of interview exposure to privileged information, but of more relevance to the purposes of this paper, the interviewees found the experience extremely emotionally upsetting. Further selection reduced the group to nine for logistic reasons (limited resources). SGU eliminated some of the very worst affected because of severity of psychological disability, and problems of articulateness and presentation.

Thus, if anything, the final sample of nine under-represents degree of distress, both relatively to other Stolen Generations victims, and within themselves. For instance, at a subsequent court hearing, one of the group made disclosures of severe abuse which were not available at the time of initial interview. Furthermore, one suspects that the Stolen Generations' distress described here was merely the tip of a monstrous iceberg. There is strong anecdotal evidence from many of the Stolen Generations people who are still alive today that they are the 'lucky' survivors, and that many (possibly the majority?) of their childhood peers died very early of suicide, drug and alcohol related diseases, and accidents and diseases highly suggestive of impulses of self-destruction. This begs to be investigated epidemiographically through perusal of official records.

The interview setting, style and procedure

Three people were seen at NTALAS rooms in Darwin, and one person in her own home in Darwin. Four people were seen at the first author's Todd Street rooms in Alice Springs, and

the final person at his home in Utopia, an Aboriginal community north east of Alice Springs. Individuals were encouraged to bring a friend or relative to the interview, both to allay anxiety and provide collateral information. Three of them came accompanied. The interviews ran from one and a half to three hours, and a second interview was conducted in two cases.

The psychiatric interviews were conducted to Present Mental State Examination standard (Wing, Cooper & Sartorius, 1974). A reflective listening mode was favoured over the culturally jarring interrogatory style, and the interviewer had some familiarity with Aboriginal customs and languages (Pitjantjatjara). After a typical initial period of impassive constraint, most (eight of the nine) interviewees became profoundly abreactive, with periods of anger, hurt, tears and deep sobbing, as the past was recollected. Some effort was made towards adequate closure.

The first author also notated DSM-IV Axis VI defences of the Ego, to help explore issues of identity and psychological organisation. A Goldberg Short (18 item) Anxiety and Depression Questionnaire (GSDAQ) was posted out to the individuals six months later, and they all completed it.

Findings

The group consisted of five men and four women, the youngest 50, the eldest 74. Their age at separation ranged from two and a half years to 12 years old.

There were no indications that any of the interviewees had ever had a Manic or Schizophrenic episode, or ongoing drug or alcohol abuse. A coherent symptom pattern of severe chronic distress emerged, which could not be neatly fitted into DSM-IV or ICD-10 classifications, for various reasons which will emerge in the discussion. Some of the DSM-IV categories relevant to this discussion are:

- Post-Traumatic Stress Disorder;
- Affective Disorders (Major Depression, severe Dysthymia);
- Adjustment Disorder;
- Personality Disorder.
- Acculturation Disorder; and
- Identity Disorder.

As we consider the broad differential diagnostic possibilities, let us bear in mind the slippage between ‘official’ diagnostic categories and empirical findings.

Broadly speaking, the findings are consistent with a diagnosis of Complex Post-Traumatic Stress Disorder (PTSD) (Van der Kolk, McFarlane & Weisaeth, 1996), ‘depressive’ type (Alarcon, Deering, Glover et al., 1997), consistent with chronic childhood trauma impacting on development of self, with the somatising and alexithymic features characteristic of this trajectory (Morton, 2000). Painfully problematic cultural identification issues are also a universal vector. How did our cohort conform to DSM-IV notions of PTSD?

Criterion A: Trauma. What constitutes a stressor for DSM-IV PTSD purposes?

This issue is well discussed by O’Brien (1998). The DSM-IV diagnosis of PTSD requires ‘exposure to a threatening event/s (threatened death or serious injury, or physical integrity of self or other). Response must be intense fear, helplessness or horror’. But even in physical catastrophes, this criterion begs the questions of the nature of perceived threat, and who gets to define it. Apologists for assimilationist practices? I leave readers to come to their own conclusions.

Initial trauma

When Al was five years old, he, his brother Bob and his sisters Cass and Di, who were living with their parents at a cattle station in the Hart’s Ranges of Central Australia (where their father was a general hand), were removed to a government institution. Al remembers the awful event ‘*as clear as anything to this day*’. He had heard ‘*stories of massacres of Aboriginal people in the area*’, observed that ‘*the Police officers carried rifles and had pistols strapped to their waists*’. ‘*I was convinced that we, the children, would be taken away and shot*’. His mother and the extended family (*walytja*) were wailing and grieving as the cohort of weeping and terrified children were taken away by camel train. Al was struck by how bewildered and powerless his father was, and took his lack of resistance as proof that his father no longer cared for him.

In 1946, when Lis was seven years old, a massed forced removal of children and babies from

Phillip Creek to the Retta Dixon Home in Darwin took place. She describes a dark and nightmarish Grimm's Fairy Tale scenario.

The authorities had a cynical system in place. This consisted of encouraging Aboriginal mothers to camp by the local creek, give them food handouts on 'ration day', and wait for them to familiarise themselves over months and feel safe. When it was judged that enough people had gathered on a particular 'ration day', the authorities then swooped on the mothers and took away the babies and children. It was shocking, I still get this feeling after 50 years [blanches visibly, then eyes fill with tears]. I saw the babies being taken away from their mothers on ration day. They put us in a truck and gave me a seven month old baby to look after. The people were crying, screaming, cutting their heads, throwing dust [ritual mourning behaviour]. They chased the truck, got lost in the dust, and finally we left them behind. We were all very scared. Our mothers had been left behind. That initial period, and the parting, were horrible. It was so awful I haven't even told my daughter about the horrible things that happened in my childhood. I just shut down to cope.

There *must* have been an awareness in the Welfare community of the brutality of these procedures. What else are we to make of the following attempts to soften the blow of separation? In the event, they proved unsuccessful. This report, the *mildest* account of initial trauma, was still within DSM-IV definitions of perceived threat to life.

A failed trauma reduction

In a Central Australian Aboriginal community, Barry, the well-meaning young adult son of a local Native Affairs Officer, befriended the child Paul over several years. As the time approached for Paul's initiation (when he was about nine or 10 years old), a decision was made by the Europeans to divert him from this fate. *'They actually removed me because they didn't want me to go through ceremony.'*

This was done with the best of earnest intention, and Barry offered Paul a splendid adventure instead. They were to go on a hunting and sight-seeing tour in Barry's car. The pair first drove to Kununurra, to pick up a younger part-Aboriginal boy. They then drove on to Wyndham, where they stayed for six or seven weeks. Paul went to the local primary school, and was looked after

well by Barry. There is no suggestion that Barry was anything but caring and well meaning. They travelled to Lajamanu. The next day, a plane took Barry, Paul and the younger boy to Darwin. There they went to Bagot, to an institution that would later be called the Retta Dixon Home. One day, Barry called to take Paul to the Catholic Church, where they stayed overnight. When he woke next morning, Barry was gone and some officials put him and other children on a boat bound for the Garden Point Institution at Melville Island. During all these adventures, Paul had been given no inkling of what was in store for him. *'They told us nothing. I didn't think, until they put us on that boat. And then it hit us. We were screaming our heads off. We thought we were going to die.'*

Ongoing trauma

Threat and trauma did not end with the initial separation. Life in the children's institutions was brutal. Patrick, in my estimation the least damaged member of the group, describes life on Croker Island, an establishment for Stolen Generations children run by the Methodist Overseas Mission. Patrick recounts:

They were pretty rough Christians in those days. They flogged you to put the fear of God into you. You had to be on guard all the time. The Super[intendant] was always trying to find some fault, something wrong. He'd hit you with a leather strap until your skin was cut. He was a big man, 17 stone. One day, I saw him flog an eight stone teenager so badly that he lost feeling in his legs, lost bladder control, his legs just fell from under him, and he was left to crawl along the ground to the shed. Another time, he asked some boys to walk 10 miles to the pony paddock, so they could help him load ponies onto a truck. There were wild ponies in those days, which, if you could catch and ride them, you were allowed to keep in the pony paddock and look after.

When we got there, he'd arrived [in his truck]. He pointed out some cabbage palms. We noticed they had been cut. 'Who cut the palm trees?' he asked. None of us had an axe, so none of us answered. He drove back, then told us to unload the ponies. There were six of them. The Super then put the ponies in a crush, and killed them with an axe, one by one, forcing us to watch... Later, one of the boys whose pony had been killed tried to kill the Super with a rifle.

We were frightened all the time at the Mission. It was a terrifying atmosphere... Older teenage

males were kept in a screened compound to prevent them from having sex with the girls. The place was a cell-block with a metal drum inside for a toilet. One day, a friend and I were hiding up a tree, and we saw two figures. We thought it was the Superintendent waiting to flog us, but he was having it off with an Aboriginal girl.

The first Super moved on, the second one was smaller, but just as hard. He flogged the boys with a stock-whip... Every so often, there would be an official visit from the mainland, but you didn't dare say to them that things were not OK. They didn't want you to talk.

Attacks on linking

But there were other betrayals and injuries: failed promises of education, separations from languages and culture, separations from kin and countrymen. And finally, even the supportive peer group that the cohort of children had created was taken away. And as an afterthought, some of the authorities sowed dissension between traditional dwellers and Stolen Generations people. Patrick recounts:

Every Dry Season, a group of [Indigenous people] would come to Croker. We weren't allowed to associate with them. Despite all this, I'd actually got to a point in my life of feeling at home. They kept telling us that we were going to grow up, marry each other, and live on the island, that we were needed to build a new community. We kids were very close to each other.

It was all lies. We got no real education, and when you turned 17 or 18, they found some excuse to kick you out. I was told some story about going to Gawler in South Australia, but they just dropped me off in Darwin with nothing. That was the worst feeling in my life. I was missing the island and all my friends, and once you left, they didn't allow you to go back.

We had lost our culture. They taught us a new one, a European one, but they didn't educate us enough, and even then, at the end of the day, they didn't want us. They said; 'You're Aborigines, go back to your own'. But we've lost our rights with the Aboriginal community, and we were kicked out by the European community. We've lost everything. We led an isolated life at Croker and didn't get prepared for anything.

In the 70s, we were close to the full-bloods. The Europeans said to them, 'if you don't get rid of the part-Aborigines, we'll pull your funds.

Criterion B: Re-experiencing

Symptoms include recollections, dreams, reliving (the 'flash-back') and cues/triggers with emotional or physiological responses. The respondents displayed in their symptoms the two main human responses to overwhelming threat: hyperarousal and dissociation. They typically tried to cope by shutting off emotionally and avoiding anything that could provoke breakthrough of painful reminiscences. But this was unsuccessful.

Intrusive recollections

A typical description of restlessness and fear of stillness that has to be fought with continual activity was:

I never rest, I never sit down. I try to make myself busy all the time, try to make myself tired, because, if I'm still, all the memories come back. I had no toys, no games, no letters from my mother, no-one who cared about me. (Case 6)

Recurrent nightmares

Their dreams however, were haunted by images of their abduction experiences:

My wife would say 'What are you jumping for [at night in your sleep]?' I still get nightmares, mainly about Melville. In them I wonder; 'what am I doing standing in the corner, or with one foot in a bucket of water, or why is that kid being belted?' (Case 5)

During the interviews, associational cues would trigger off painful and overwhelming memories, and interviewees complained that this phenomenon tormented them in their day to day lives.

Criterion C: Avoidance or numbing

Avoiding thoughts and feelings referring to trauma

We have already noted this above. Individuals were all extremely apprehensive about the interview sessions, because they know that they would have to review painful histories.

Avoiding activities and places associated with trauma

Here the picture is somewhat more complex. There was an initial long period of avoidance for all the individuals, as they tried to make some sort of life for themselves. Eventually, in a phenomenon reminiscent of Vietnam Veterans revisiting Vietnam many years after the war in

an attempt to gain some closure, all individuals at sometime in their adult lives attempted to reconnect to their experiences of abduction and to their Aboriginal kin and culture. This reconnective and reparative activity, though perceived as essential, was fraught with pain and disappointment.

I finally found [my mother] but the results were disappointing. I was very sad, but I couldn't relate to her as my mum at all at first. It took a long time before the feelings came back, but not fully. Her family accepted me, but my family, they're the people I grew up with on the island, and my children. I can't get anybody to claim me, except for my own flesh and blood. (Case 9)

Loss of memory for parts of trauma

This of course is impossible to assess definitively without collateral, but most informants gave accounts of episodes when long-forgotten painful memories re-emerged piecemeal.

Diminished interest in life activities

Anergia was a universal complaint, even with the high achievers (artist, university lecturer, construction company director).

Estrangement from others

All except one individual, the least damaged, who was still married to their original partner, had histories of serial relationship breakdowns. Despite vigorous efforts to create a different life for themselves, many of them found it difficult even to bond adequately with their children.

Looking back, I see I carried an enormous burden all my life. I never received warmth at Retta Dixon, and didn't know how to do that with my children. I was too busy working, never had the time to talk and have warm physical relations with them. I do that with my grandchildren. I notice they are a lot more stable than my children. I do have a closer relationship with my children too, now. (Case 8)

Affect restriction

This was universal. People again and again described states and situations where feelings were not available.

My best mates from Croker Island keep dying. I go to a funeral, and I can't even shed a tear. On the island, the adults didn't show us love. You had no one to turn to. (Case 5)

What's even worse, when people die, when friends die, I can't feel normal pain or cry like normal people do. (Case 6)

Foreshortened future

People spoke frequently of blighted prospects, especially for re-culturation, but even more centrally, they described a sense of living from day to day, of never quite being able to believe in a future, to take life for granted.

Criterion D: Hypervigilance

Sleep problems

Nightmares, initial and intermittent insomnia, and early morning waking were universal, and first noted in childhood. A sample of comments:

Have to take tablets to go to sleep. Sometimes don't sleep till two or three in the morning. That's why the (Nursing) Sister is coming here every week. Get bad head pains, for years now. Too much stress, too much worry.

I'll work 12 to 14 hours a day and STILL not be able to sleep. [Brian has initial insomnia and early morning waking.] I will lie there for hours and not sleep. Then when I finally do, it's little short sleeps.

I get up at three or four o'clock in the morning, and can't go back to sleep.

Concentration difficulties and irritability

Concentration difficulties were universally described, as was irritability:

We've all [the Croker Island Kids] got the same problem, we can't show our own kids love, we're always barking orders at them, and we flog them. It's awful.

Hypervigilance

Hypervigilance took the form more of a chronic wariness and suspiciousness rather than the high strung states we have seen in some Vietnam veterans. Margaret gave a typical description a state of chronic tension, articulated as:

a terror of anything happening to [my] children, [my] need to continually reassure [myself] that they are all right. (Case 8)

Criterion E: Duration

Duration was life long, often with exacerbations to Major Depression proportions.

Criterion F: Clinically significant impairment in social occupational or 'other important' areas of function

As well as the relationship difficulties mentioned earlier, and the impact of states of chronic shame and dysthymia on occupation, people complained of impairments in the 'cultural' areas of functioning. They did not feel 'at home' in either culture. In the Euro-Australian setting, they felt rejected and wary. Their often desperate searches to re-connect with their Aboriginality were also problematic.

Somatisation

Somatisation however, was universal. People described a variety of chronic headaches, irritable bowel syndromes, and chronic body aches and pains. One man gave a good description of the early genesis of an ophthalmic somatisation. He had been removed at the age of 10 from Yuendumu to Melville Island. On Melville Island, he noticed that his eyes would sometimes sting and get watery 'for no apparent reason', and he would find it difficult to see. These attacks have persisted to the present day. He has seen several Ophthalmologists over the years, and they can never find anything organically wrong with his eyes.

Alexithymia

Alexithymia, often a close bedfellow of somatisation, and understood as a characterological style which struggles to identify emotions and allow an inner life of fantasy and imagination (Taylor, 2000), was also evident throughout the sample.

This state is poignantly illustrated by June, who is in her 50s. Her presentation is typical of the cohort, but especially pointed in a discussion of alexithymia, because she is a gifted artist. At interview she was emotionally constrained, but grew more introspective and emotionally expressive. She gave a good account of constriction of creativity and emotion in her life. She described long periods of creative inactivity, recognising that she took longer, and produces fewer works than most other artists. She talked about an impoverishment of inner life which seems more than just the anergia and anhedonia of depression.

Thus the symptom pattern was an admixture of hyperarousal and dissociative response, with the

three categories of response that are described by current researchers (Perry, 1999; Van der Kolk et al., 1996) as characteristic of chronic childhood trauma (Morton, 2000):

- Flashbacks, nightmares, dissociations and numbings
- Anger, depression, harm to self
- Evidence of damage to self structure: alexithymia, somatization (Taylor, 2000; Morton, 2000)

As many authors have noted (see especially McGorry, 1995 and Alarcon et al., 1997), there are many problems of taxonomy with PTSD. Alarcon et al. suggest that 'the clinician rather than diagnosing co-morbid entities, should strive to give clinical unity to his findings' (Alarcon et al., 1997:161) and argue for 'types' of PTSD, including a 'depressive' one. This would be more appropriate for our cohort than a diagnosis of 'double depression' (DSM-IV Dysthymia research Criteria B plus Major Affective Disorder Depression symptom) which, while descriptive, is proscribable for reasons we now discuss.

Differential diagnosis

An alternative diagnosis, that of *Lifelong Chronic Dysthymia with episodes of Major Depressive Disorder*, needs to be considered, if only to be dismissed on procedural grounds. This diagnostic categorisation poses immediate difficulties, because the DSM-IV classification deliberately excludes psychological pathogenesis. Thus, major depressions are implicitly genetically determined. So is dysthymia. While this formulation might be very convenient in liability suits, it is neither supported by research (Brown & Harris, 1989; Cui & Vaillant, 1996), nor by the clear linkage between traumas and chronic distress evident in these case histories, nor indeed by common sense.

However, assuming for one moment that each case were a purely genetically determined depression, and assuming a prevalence of 0.3 genetic loading, then the likelihood of all nine in the cohort being genetically determined depressions is 0.3 to the 9th power, or about one chance in 20,000!

All interviewees gave accounts of chronic depressed moods 'for most of the day more days

than not' (DSM-IV), clearly tracking back to the time of removal. All without exception complained in varying degrees of:

- Low self-esteem or self-confidence, or feelings of inadequacy. *Actually I feel a lot of shame. I'm riddled with it. I feel useless.*
- Feelings of pessimism, despair or hopelessness. *I feel low most of the time, life is not worth living.*
- Generalised loss of interest or pleasure. *I lost all pleasure in life for a long time. The only thing that got me going was my art.*
- Social withdrawal. *I'm a loner, I don't know how to be sociable. I avoid people.*
- Chronic fatigue or tiredness. *Such low energy, sometimes can't even make a cup of tea.*
- Feelings of guilt, brooding about the past. *Thinking, thinking, thinking all the time, trying to fix up the things that went wrong in the past.*
- Subjective feelings of irritability or excessive anger. *I feel mixed feelings, hatred. Sometimes I go off with my relatives, even my children, for no reason.*
- Decreased activity, effectiveness, or productivity. *... go through long periods of creative inactivity ... as a painter, take a long time and produce fewer works than most other artists.*
- Difficulty in thinking, concentration, reflected by poor memory, or indecisiveness. *I can't sit down and watch TV or read. Just can't stick with a book.*

One notes immediately that this is the symptom check-list of DSM-IV Dysthymia ('early onset before the age of 21') with B type 'research criteria'. However, that diagnosis also requires 'no major depressive episode during the first two years', and people's accounts of the immediate post-abduction picture suggested an initial bereavement syndrome of Major Depressive intensity; furthermore seven of the nine gave unequivocal accounts of at least one major depressive episode in their lives. Thus, while the Dysthymia B type symptomatology criteria fit extremely closely, strictly speaking the diagnosis is not achievable within the constraints of a DSM-IV notion of Dysthymia as arising ex nihili.

Self-esteem

The interviewees all referred to chronic debilitating states of 'shame'. Some of this was clearly linked to repeated experiences of humiliation. Some of this was perceived to be connected to cultural rootlessness and rejection.

Suicide

Five people had attempted suicide. All of the nine experienced suicidal thoughts and urges.

Substance abuse

None of the sample had substance abuse problems currently. All of the sample with one exception had at one time or another in their lives felt they had problems with alcohol. Currently, most of them are teetotallers. There was no history of heroin abuse.

Axis VI observations

(See Vaillant, 1992; APA, 2000:751-757).

The predominant current defence level was mainly high Adaptive, Disavowal and Compromise Formation; in the 'higher', more functional range of the Axis VI spectrum. Those levels serve mainly to keep unacceptable material out of awareness. Somatisation as we noted earlier, was universal, as were alexithymic traits.

Coping defences and styles noted included altruism, humour, self-assertion, suppression, denial, dissociation of affect, isolation of affect, and reaction formation (often people tried very hard to present an energetic persona, but admitted that underneath, they felt very tired and low).

'Stuck' states, and swift unexpected moves and changes in ego states, suggested active dissociation phenomena. In retrospect, I would have liked to administer a formal dissociation scale like the DES (Carlson and Putman Dissociative Experience Scale). This remains an option.

However, *not* present in any of the sample were any of those signs of early damage to self-construction (autistic spectrum behaviours, isolative states, stereotypes, attention deficits, aggression and hyperactivity behaviours) of the kind described by O'Connor and Rutter (2000) in long term follow up studies of a cohort of

Romanian orphans, institutionalised during babyhood and early infancy, and then adopted by English families.

The symptom pattern we see in our cohort is therefore consistent with adequate early nurturing, but chronic traumatic impact on psychological ontogenesis from the point of separation. This puts into serious question claims that the children were taken away to save them from abuse and neglect.

Four other DSM-IV diagnostic categories may be of relevance

1. *Adjustment Disorder (309)* specifies that symptoms must not persist after six months post-stressor, and cannot capture the extent and chronicity of damage in this cohort.
2. *Personality Disorder, especially Borderline Personality Disorder*, is an extremely pejorative term in Australian mental health culture. It is a category defined by operational criteria, and not underpinned by any coherent theory of pathogenesis. I would therefore prefer to use the term Disorders of Self, to refer to the trauma-induced problems of self-organisation evident in our sample (the alexithymia and somatisation, numbing, sensitivity to threats of abandonment, etc). It is both more accurate and more neutral. We repeat that, in our study, the symptoms patterns referring to personality suggest that early nurturing experiences of our cohort were quite adequate, and emerged in the post *forced separation period*.
3. The category *Acculturation Problem V62.4* (APA, 2000:685) is alarmingly bland. Nowhere in the DSM text is there anything pointing to psychological / emotional symptoms / syndromes directly referable to political oppression, colonisation, invasion, forcible deculturation, or 'ethnic cleansing'. Such stressors do not get a mention, even though there is a substantive psychiatric literature, starting with the work of Franz Fanon (1986), and the occasion of such syndromes might arguably be more widespread globally than mental illness itself.
4. Finally, the category *Identity Problem 313.82* is defined as a situation where focus

of clinical attention is uncertainty about multiple issues relating to identity such as long term goals, career choices, friendship patterns, sexual orientation and behaviour, moral values, and group loyalties. The frankly middle-class nature of the items in this check list makes it too feeble to be pertinent to the high intercultural distress of our Stolen Generations cohort.

Goldberg Short Anxiety and Depression Questionnaire Results (Goldberg 1988)

All respondents scored abnormally high on both anxiety and depression scales. The mean total score was 16.4 out of a possible score of 18, with a mean 8.6 on the Anxiety scale and 7.8 on the Depression scale. Population norms for the GSADQ are: Depression Scale: greater than 3 abnormal; Anxiety Scale: greater than 6 abnormal (Henderson & Korten, 2000; Goldberg, Bridges, Duncan-Jones & Grayson, 1987, 1998).

Discussion

The sample size is very small. Ideally, we would have liked a sample of 50 matched abductees and non-abductees. However, note below that there are other case studies available for comparison and possible meta-analysis. One would also have liked to have a variety of controls in place. Examinations by other investigators, examination of comparison groups (for instance, comparable mixed and non-mixed ethnicity groups who had not undergone the Stolen Generations experience), the use of other assessment methods (for instance questionnaires to explore other dimensions like alexithymia, dissociation), would make for a stronger study. Nevertheless, the high scores on the Goldberg SADQ at least support degree of distress. Findings in other studies are similar.

Studies of North American indigenous children brought up in institutions away from their families have shown they grow up to have a high incidence of identity, social, and mental health problems (Kleinfeld & Bloom, 1977; Westermeyer, 1977). Australian studies (McKendrick, 1993, 1997; Read, 2000; Wilson & Dodson, 1997) make similar findings.

McKendrick's (1993) doctoral research was a three year follow up of the mental health of a

group of Aboriginal adults, one third of them having been taken away. McKendrick makes similar findings, though her group was perhaps more urbanised than our cohort. This might account for the high incidence of intravenous drug use she reports:

Aboriginal adults, removed from their families in childhood, differ from Aboriginal people brought up within their families. They are; more likely to have a poor sense of identity and self-esteem; less likely to be knowledgeable about their Aboriginal culture; more likely to have difficulties with interpersonal relationships; more likely to use illicit substances, and to use them intravenously; more likely to have difficulties coping with everyday life; and more likely to attempt suicide. Of responders who had been removed, 85% suffered chronic distress, (most commonly depression) during the follow-up period compared with 47% of other respondents.

McKendrick (1993:619) speaks of impersonal treatment, loss of culture, family and right to land, abuse including physical and sexual, denial of Aboriginality, the bewilderment of moving about, and:

much greater risk of depression, anxiety, post traumatic stress disorder and deliberate self-harm, [people who] relieve their pain with alcohol and other drugs, [have] poor self-esteem and an uncertain sense of identity caught between two cultures or walking a thin wall dividing Aboriginal and non-Aboriginal worlds and trying desperately to keep their balance.

She proposes that Australian Psychiatry has a healing role in Reconciliation, a position we strongly agree with, and hopes that Australian psychiatrists might acknowledge the merit of Wilson and Dodson's (1997) *Bringing Them Home* as descriptions of the malignant effects of separation on the Stolen Generations.

She also proposes that Australian Psychiatry might publicly acknowledge the emotional value of saying sorry, and that we psychiatrists consider making ourselves available to treat, or train. She writes of a moral obligation to become knowledgeable about Aboriginal culture, and to support native title, especially on pastoral leases. She hopes that psychiatrists as healers of the psyche 'take up the challenge'.

In a different kind of study, the eminent social historian Dr Peter Read (2000), looked in detail

at the effects of forced separation policies on three generations of a single Aboriginal family. This is important work because it is contextualised within a contemporary psychoanalytic discourse, and respects the subjective nuancing of the material. We are also reminded that, just as with victims of the Holocaust (Rowland-Klein & Dunlop, 1998), damage does not stop with the one generation.

The harmful psychological effects of deprivation of nurturing were first systematically studied in the early 20th century, in the *byzpryzornyi* children, the wandering orphan cohorts of post-revolutionary Russia. These studies inspired John Bowlby's seminal research and were followed, as we all know, by many further major studies. This is well-reviewed by O'Connor and Rutter (2000). There can be no doubt today that deprivation of nurturing has serious consequences for mental health. Even to make this statement is faintly surreal. Can there be anyone who would argue otherwise?

Nevertheless, the Mental Health Sector at large has had difficulty incorporating these insights. Australian National Mental Health Policy is reticent on the subject of attachment dynamics and disorders of self-organisation, even though arguably these factors are of major determining importance in mental health practice, public or private.

The more fundamental question still remains, 'how could this have happened?'. How could responsible caring people have overridden so much evidence of extreme emotional distress, and their feeling responses, for these policies to have been systematically implemented for over half a century? And why is Reconciliation still under attack?

Ernest Hunter (2000) has argued that some parallels can be drawn between the Holocaust and the Stolen Generations experience (the whole sad story of Aboriginal dispossession for that matter). He uses a concept of 'dis-remembering' (denial, rationalisation, trivialisation) to describe the cultural forces which work to systematically edit the reality of inflicted harm. Perhaps 'dis-remembering' captures something of the malignant energies of these cultural processes.

The psychoanalyst Bion's (1959) notion of 'attacks on linking' carries some cognisance of the active cruelty within such processes. This is put forward to help organise our reflections on these matters, without necessarily attributing metapsychological foundation status to the concept.

For Bion, this psychological mechanism or mode of function is more primitive than the usual 'resistances' met in psychotherapy. Emotion is hated, emotional connections are actively attacked. A style of function that is 'logical, almost mathematical, but never emotionally reasonable' prevails. Consequently, 'the links surviving are perverse, cruel and sterile'.

Bion (1957) wrote an earlier essay, *On Arrogance*, where he described how plainly stupid and perverse positions can be upheld with impenetrable smugness and self-righteousness. As we survey the Stolen Generations story in its full sweep; historical, socio-political and personal, attacks on linking are to be discerned at every turn. What remains is 'perverse, cruel and sterile'.

- In Terra nullius, a fundamental ethopsychological imperative, territoriality, is attacked; to be replaced with arbitrary 'legal' principles and actions, 'the Crown', 'planting the flag' etc.
- Early nurturing is devalued. Aboriginal parenting especially has no value. For that matter, any parenting, any emotional nurturing is worthless. Emotional connection is worthless. This is to be replaced by 'schooling' and 'training'. Institutions shall meet the needs of children.
- Distress is over-ridden; the weeping of the mothers, the terror of the children, the distress of the State 'worker' doing the awful job, all this is nonsense, not to be heeded. There are more 'important' things at stake, like 'principles' to uphold, 'jobs' to do.
- Once the children were removed, all further attempts at linking are systematically attacked.
- Visits from relatives were usually forbidden.
- Contact with co-ethnics was punished.
- The speaking of Aboriginal languages was punished.

- Expressions of Aboriginal culture were mocked and punished.
- Great physical distance, often in excess of 1,000 kilometres, was placed between the children and their families of origin as deliberate policy.

Meanwhile, we are left wondering about the invisibility of the 'missing fathers', and their silence. We wonder what fuels the contempt heaped upon a so-called 'Black Armband' view of Australian history. We wonder why compensation in money, that great Churinga (sacred ritual 'self-object' of Western Desert people, usually a carved flat stone) of the Western world, is resisted so fiercely.

Dreams of linkage

One of our mentors, Aboriginal elder Andrew Spencer Japaljari, patiently spent much time and effort explaining to us the complexities and functions of the Western Deserts kinship systems.

In essence, Central Australian Aboriginal society is organised into (usually) two groups, and marriage is exogamous (into the 'other' group). Kinship relations are 'classificatory' (at least that's the term *we* use, but the abstraction misses the inherent emotional dimension), rather than exclusively consanguinal. Thus, my biological mother is *ngunytju*/mother, but all her sisters are also *ngunytju* to me. And *her* sisters are not necessarily the sisters of *her* 'nuclear' family, they are the daughters of any women who are *ngunytju* to her. Such principles also pertain to 'father', 'grandfather/ grandmother', 'son/ daughter' relationships, and so on and so forth. But the non-human subjects of the world can also be classificatory kin. The possum can be our father.

The net effect of this is that I, the subject, am an organic part of a vast living tapestry of kinship (*walytja*, the extended 'family'), with all that implies in terms of *kaniniy* ('looking after'), caring, mutual obligations and responsibilities. An emotional patterning of attachments nourishes, and is nourished by, the kinship system. What is perhaps not so readily appreciated is the ontological 'legitimation' it grants. Thus, to assign you a proper place at all on the cosmic map, an Aboriginal person needs to know your 'skin-name', that is to say, your

kinship classification. Are you are a Japaljai or a Jungarrai? A Jampitjimpa or a Japangarti? Because that determines your position on the map, who are your fathers, your mothers, your sons and daughters, your ‘best’ wives/husbands, your in-laws, your totems, your country, your Dreaming, and so on. Sometimes, a community will ‘give’ an outsider a skin-name, if only to have some way of dealing with them.

And it is precisely the systematic attacks on all this linking that constitute the core of trauma of the Stolen Generations story.

Late one night, around a campfire somewhere near Karinyara, a Medicine Snake Dreaming site South of Yuendumu, we wondered with Japaljai what it would be like if all Australians were to receive skin-names, if we could all become members of the *walytja* net. The Milky Way

glowed in the desert sky, and whispered: today Australia, tomorrow the world.

The Brain Story paintings

There are two very beautiful paintings that accompany this paper. They were produced by two of our mentors in response to the proposition, ‘how do indigenous Australians experience themselves, their “minds” or “brains”, their lived subjectivities?’

The following text may serve as explanations/commentaries on the paintings. The point of the two paintings in relation to the Stolen Generations story is that it is precisely those linkages to those graphically depicted domains that were attacked so ferociously, so mindlessly; and the ‘Discussion’ section of this paper has catalogued something of this.

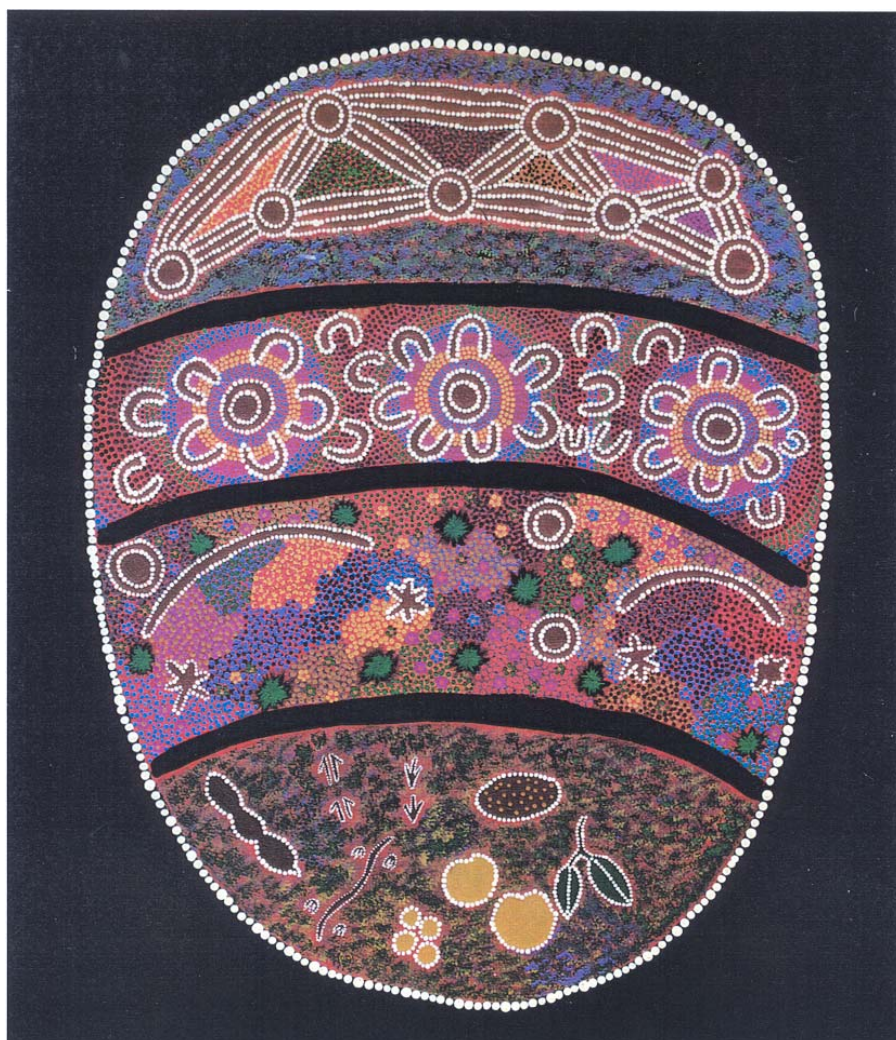


Figure 1. *Four Brain Story* by Rachel Napaljarri Jurra

The first painting, by Rachel Napaljarri Jurra, is called *Four Brain Story* (Figure 1). It depicts four domains of experienced mentation. The one with fruit, nuts and roots is called the realm of *Uti* (Pitjantjatjara) or *Yuti* (Yankuntjatjara). This is the domain of ‘what IS’, what manifests in the mental field, the ‘phenomenal’ world if you like. There is a brilliant passage in Fred Myers’ book, (Myers, 1986:48-50), which makes the concept clear:

Pintupi contrast The Dreaming (tjukurrpa) with those events or stories that are said to be yuti. The word yuti signifies visibility or some form of sensory presentation to a subject ... a [ngankari] once told me he was certain that a car was on its way to our camp. After waiting and listening for several minutes he turned to me triumphantly and said ‘Listen, the motor sound has become yuti’.

The next domain is that of *ngura*, the land, in its broadest and deepest Aboriginal sense.

We then come to the domain of *walytja*, the kinship network (and of course its internal representations).

Finally, we have the realm of *tjukurrpa*, the Dreaming, again as a polysemic referent to story, myth, law and ritual, both as ‘metarepresentation’ and pointing to the spiritual or cosmological domain, which is the living underpinning of existence. Dreamlife itself is also *tjukurrpa*!

The second painting, by Sally Butler, *Brain Dreaming Tracks* (Figure 2), presents the brain as a network of dreaming tracks. This graphic trope works at so many levels; the phylogenetic one of the evolution of behavioural/perceptual patterns (which of course Jung was very taken with, and called archetypes), the socio-cultural one of cultural traditions and learnings, and the biographic/ontogenic one of our own individual life-tracks.



Figure 2. *Brain Dreaming Tracks* by Sally Butler

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