

7. Social Factors—Community Values

Existential frustration is in itself neither pathological nor pathogenic. A man's concern, even his despair, over the worthwhileness of life is an *existential distress* but by no means a *mental disease*. It may well be that interpreting the first in terms of the latter motivates a doctor to bury his patient's existential despair under a heap of tranquilizing drugs. It is his task, rather, to pilot the patient through his existential crisis of growth and development.

—Viktor Frankl¹

Suicide prevention agencies reach only a small minority in need of help. They are unlikely to reduce drastically the suicide rates. This can be expected only from *suicide prophylaxis* which begins at birth and even earlier ... The preservation of the family, active membership of a religious community or some other social group, the fight against alcoholism, good mental and physical health, good medical services, full employment, are all powerful factors against suicide.

—Erwin Stengel²

1. Social factors in suicide

Two Australians prominent in the suicide field have advocated the consideration of likely social factors in suicide. Riaz Hassan³ suggests the following:

- marital status—suicide is lower among the married, that is, among people enjoying ‘domestic integration’;
- economic cycles—suicide is higher among the unemployed and during an economic depression or stock market crash;
- occupation—lower status and income, poor promotion opportunities and less job satisfaction are more commonly associated with suicide;
- migration—non-English speaking migrants, who adjust less easily to stresses of life, have higher rates than English-speakers;
- ethnicity, as in Aboriginality—where suicide is more common due to ‘devaluation of their culture and self-identity’, together with ‘a sense of anomie, hopelessness, despair and depression’, all aggravated by ‘poverty, economic insecurity, alcoholism and subjection to racism’;
- extent of public welfare—good or adequate social welfare systems have kept non-Aboriginal suicide rates in the ‘middle range’;
- locality—rural suicide is higher than urban, possibly due to downturns in the economy, difficult access to health and welfare facilities, and a ‘macho’ sense of ‘rugged’ self-sufficiency.

Pierre Baume suggests two sets of factors: the global and the personal.⁴ Amongst the global, high suicide rates are found in countries with a high divorce rate, high youth unemployment, extremely high alcohol intake, a high number of unwanted pregnancies, and low church or religious participation. Personal factors include: death of a family member or close friend, divorce and domestic upheaval, break-up of a relationship, physical or social isolation, excessive use of alcohol and drugs, confusion over sexuality or rejection because of sexuality, and contagion, that is, friends committing suicide, media reports of suicide and musical or sporting heroes taking their own lives.

Not many of the Hassan and Baume factors pertain directly to Aborigines. Formal marriage and divorce do not loom large in Aboriginal life. Nor do unemployment, poor job status or lack of promotional opportunity. Access to health and welfare agencies is not their problem: rather, it is their own rejection of such help. Ruralness or remoteness do not cause problems for Aborigines, since these are the locales in which they have chosen to live, or which they were coerced into ‘choosing’. Unwanted pregnancies are not an issue, since many Aboriginal girls, as young as 13, seek pregnancy as a pathway to an independent income (from the supporting or single-parent benefit). Aborigines may, indeed, be physically and socially isolated from mainstream life, but not from each other. There is much movement between communities which are empathetic towards each other or which have kinship or geographic ties.

Other adverse factors—many of them political—prevail in Aboriginal communities: general poverty, overcrowding or lack of adequate homes for large and often much extended Aboriginal families, low income from social service benefits or the equivalent CDEP payments, chronic and sometimes severe alcohol and drug consumption, constant racism in their contacts with non-Aboriginal society, and the omnipresence of deaths and funerals of kin and friends.

2. Specific Aboriginal factors

At least eight factors operate within the politics and sociology of Aboriginal communities, adding to actual or attempted suicidal or high-risk behaviour. These factors need to be recognised, and then accommodated in prevention strategies. These are specific, smaller in scope and more tangible than the over-arching and broader issues presented in chapter 1 as part of the social context. Some can be addressed and are remediable; others will ineluctably remain integral to Aboriginal life. Some are within the province of Aborigines themselves to address; others can only be ameliorated with the assistance of organised non-Aboriginal society.

(i) A sense of purpose in life

Although this is no place for a discussion of existential philosophy, Nietzsche’s dictum is relevant: ‘He who has a *why* to live can bear with almost any *how*.’ Viktor Frankl contends that all people need a *will to meaning* (rather than a Freudian *will to*

pleasure). He opposes those who contend that meanings and values are nothing ‘but defence mechanisms, reaction formations and sublimations’.⁵ Frankl survived a concentration camp because he had a conviction that life could be meaningful even amidst the hellish world dominated by grossly indecent people.

I have spoken with a number of Aboriginal youth during this and previous studies. Most will talk about sublimations, of achieving a time, space and place different from their present existence. Most state, with simple realism, that neither these goals, nor the will to achieve them, can be achieved unless they move, in mind and in body, to another ‘place’. They appear to have no conception of how those goals can be attained and/or how to alter their condition, whether at home or some place ‘away’.

Sporting success is an attainable goal. There are increasing numbers of models, hero figures who have achieved a new place, status, and above all, social acceptance and respect within Aboriginal and non-Aboriginal society. For example, Evonne Goolagong, Anthony Mundine, David Peachey, Darrell Trindall, Ricky Walford, the Ella family, and a host of others, are identifiable successes and moreover, are often kin. A path to the big arenas extends from local clubs, junior and reserve ranks, through the omnipresence of club talent scouts. There is a rough map of how to proceed from point A to point B. Apart from sport, there are but few activities which present such maps or routes: rock music and country and western, and the artistic worlds of painting and dancing. Again, there are role models for those with enough talent to compete in these fields. For the majority, life happens, as dictated by wills other than their own. There is a collective sense of *ennui*, of hopelessness, of an inability to exert their wills in any competitive arena. Petty crime is a group action, an exercise in ‘will to meaning’—for the moment. Suicide is sometimes both an individual and a group ‘will to action’—to physically make that change in time and place, to move both body and spirit from one place to another, *unaided*.

Suicide is rare in societies engaged in struggles for racial, religious or ethnic survival. Africans in South Africa rarely committed suicide while the struggle against *apartheid* was fierce, incessant, and unequal. Since the election of an African government, the spur of alienation has gone, leaving other struggles—for job, house, food, dignity. Suicide is now a factor. In Aboriginal life, there is no equivalent ‘enemy’. The anti-*apartheid* movement was based on a belief that life could be made better if *apartheid* were destroyed. Aboriginal communities—despite being now free of the ‘protectors’, the managers of reserves, and the matrons of hostels—have no such movement and, tragically, no belief that life could be better.

Some Aboriginal groups in this study, notably in Boggabilla and Orange, have opted for Pentecostal religious movements. The adherents do, indeed, articulate purpose, just as Black Islam has brought cohesion to many African-Americans in the United States. Purpose, and the often ugly coercion that appears to go with it, is overwhelming in such communities; it is cohering and meaningful to a people now confident of their present and future.

A few communities have embarked on enterprises with both economic and purpose goals. Forster has developed a powerful CDEP work force, sought after for its expertise in lawn-mowing, weed control and landscaping. It also has a stable of some twenty artists, working on canvas and kitchen and bathroom tiles as commercial ventures. There is full employment in the community, with varied choices of work, and there is a strong sense of communal enterprise. The Aboriginal community also owns large tracts of land.

The Minjungbal Museum in south Tweed Heads, which offers camping trips to re-acclurate Aboriginal children, is another example of such enterprise. The Yarrowarra training scheme at Corindi Beach, near Coffs Harbour, is a successful project: here young Aborigines are given skills in mapping culture trails and in providing traditional Aboriginal foods for tourists. An even larger, and equally successful, venture of this kind, is the Umbarra cultural centre, operated by the Aboriginal community at Wallaga Lake.

CDEP has given an uplift and dignity to communities. From a trade union point of view, it is defective: working for what is normally a legal entitlement, at hourly rates not consonant with union rates, often for work which would command higher rates, little or no supervision, no promotion opportunities, little if anything in the way of trade and skill training, no holiday or superannuation benefits. Commonly, it is as it is described—‘shit work’. But to see people eager to go to work, arriving on time, having titles attached to their jobs, receiving pay rather than dole packets, is to witness something close to a miracle of morale-boosting. Until the May 1999 federal budget, CDEP places were pegged at 32,000 nationally. The scheme needs to be universal and without ceilings. It is, after all, the money to which the recipients are already legally entitled.

(ii) Role models and mentors

Aboriginal innocence ends at a young age. All children of early primary school age desire to become pilots, astronauts or rock stars. By 8 or 10, some of the starker realities prevail. When Aboriginal children articulate their goals, it is to be like father or uncle—perhaps a shearer, railway ganger, forest or CDEP worker (now seen increasingly as of higher status, as in contract fencing or landscaping).

There are too few publicly recognised role models who show that education, study, training or an apprenticeship is ‘the way to go’. In the 1960s, I wrote that the football field and the boxing ring were *the* models for Aboriginal parents looking for a future for their children. At that time, there were only two Aboriginal graduates as models for emulation, Margaret Valadian and Charles Perkins. Almost 40 years later, with some 8,000 Aborigines in tertiary study of some kind, the rugby league and Australian football fields are still perceived as more accessible avenues to status, income and acceptance. It also expresses their love of the outdoors and freedom in nature. Significant Aboriginal achievements in intellectual endeavours, in the arts and literature, and even in professions such as medicine, remain relatively obscure when compared

with sporting possibilities. In part, this is due to an Aboriginal propensity to consume the 'popular culture' found in commercial radio and television, in the tabloid newspapers and their magazine counterparts.

In every community there is always need of a mentor, a 'guru' figure, a person of respect to whom to go for guidance, information, advice, succour, even confession. (I use mentor here as someone different from the 'enlightened witness' discussed in the previous chapter.) In all the communities we visited, this was a constant lament: that there were no longer any resource people available as 'trust' figures for children and youth. When we suggested a return to the 'elders', the common response was that many of the 'elders' no longer commanded respect, and that some have become abusers or molesters. The kinds of person they saw fulfilling these roles were, most often, male sporting figures, men like Tony Mundine (former professional boxing title-holder in four weight divisions), a solid and sober man who has avoided the general fate of most professional fighters.

Because of the tendency to hero worship sporting figures, the suicide of the young sportsman in Coffs Harbour was devastating for all. He was a model indeed—a surfing champion, a man who had travelled to competitions in Hawai'i, had married, was working with the Police Service, was a church-goer, a non-smoker and non-drinker. His choice of suicide has initiated a very different kind of role model.

For the girls, the traditional granny or aunty is often suggested as the mentor figure. However, most grannies and aunts are burned out, exhausted by life, by keeping communities in one piece, by loss of their own children, ill-health, and, most significantly, by forever acting as surrogate mothers because their children's generation have 'abdicated' their own parenting.

There is no ready answer. There are no 'respect figure' training schools, and it is fortuitous if a community produces a man or woman of stature, personality, wisdom and, most importantly, possessing a neutrality that does not locate the person as being from an alien or 'enemy' family or clan. Several ACLOs are fulfilling this role, but they have a burden of work that is best described as gross. Some mental health workers are seen in these roles, and so, too, are female heads of councils or agencies.

(iii) Parenting

Riaz and Baume, among others, regard domestic disintegration as a social factor in suicide. The sociology of the Aboriginal family is possibly unique. Generally, motherhood commences at a very young age, with single parenting, a propensity for *de facto* rather than contractual marriage relationships, many half-sibling relationships because of several partners, large numbers of children per mother, a greater loss of children through illness, and extended family networks and domicile arrangements.

Several staff in support agencies complain that they cannot locate who is responsible for a particular child because the 'care' people are so numerous. The problem

is not that there are too many carers, but that there is a 'dilution of responsibility' in parenting and parental responsibilities. Girls bear children at 15 and 16, even at 14 and 13. This is driven primarily by two economic imperatives: first, an encouragement to fecund girls to produce children and enhance social service benefit income to families who subsist, in the main, on such income; second, a personal desire to acquire that benefit as a way to independence and an 'escape' from dysfunctional households.

Parenthood for by such young mothers is not, however, a reliable recipe for independence. The novelty soon wears thin and there is no willing grandmother to take over the baby to enable the child-mother to complete her schooling.

Many of these young mothers still want a social life. It is common to see toddlers and slightly older children playing outside pubs and clubs while their mothers socialise, play bingo, poker machines, darts, or drink, usually on social service benefit pay-days and the few days following. Children 'grow each other up', producing an independence of spirit and of physicality from a very young age. Parents complain that they have no 'say' over children—as young as 8 and 10—who roam the streets late at night. In one large northern coastal town, youth of 10 to 14 have been congregating outside all-night pubs at two and three in the morning, engaging in fights with broken bottles. Many fathers simply allow their children to develop along their own lines.

The 12-year-old who hanged himself at Wilcannia in 1997 was not found for at least two days. Police and others made much of this 'abdication' of care. The mother assumed he was with a granny or an aunt, something common to this lad's daily pattern. Each relative believed he was with another. The mother is an alcoholic and often 'fostered him out'. She was still drinking when his body was found. The mother's anguished response to all this was that she really loved the boy, a statement made to us by many who have lost children in this way. There is no doubt that parents love their children, but the issue under discussion is physical and emotional *care*.

In Kempsey, for example, at least 70 per cent of local crime is committed by Aborigines aged between 10 and 24. Between 1 January and 15 April 1997, there were 39 Kempsey, 33 Taree, 3 Forster, 2 Port Macquarie, and 1 Macksville Aboriginal juvenile appearances before the children's court. Even allowing for a greater propensity by police to arrest Aboriginal youth, for whatever reasons, the fact is that many Aboriginal youth commit crimes. Significantly, the majority break and enter, and in the majority of those cases the theft is to obtain food. As at June 1999, Aborigines form 14 per cent of New South Wales prison population.⁶

Perhaps the most telling consequence of the dilution of parental responsibility is the predilection for young children to be incarcerated in Minda, the juvenile justice facility. As we did not visit the institution, we are unable to confirm what we have been told of the youngsters' direct accounts of life there. Ex-inmates and many others involved in juvenile justice are of the strong opinion that youngsters like going there and re-offend on release in order to return. There is much talk of 'warm bed and three square meals a day'. More cogent is wanting to be away from households where alcohol,

drugs, constant domestic violence and overcrowding are often the norm, and where meals are available only when there is money to spare.

There are two forms of parental dilution of responsibility: first, abandoning responsibilities in the belief, or hope, that others will do what has to be done; second, not having the skills to parent in the first place. Parenting skills *can* be taught. The parenting issue belongs squarely in the Aboriginal domain, and they are the only people who can decide to address this monumental problem. However, direction and leadership may have to come from outside the distressed communities. Removal of children from their parents has produced several generations who have no role models and no traditions to guide them in this special undertaking. Furthermore, the adaptation from Aboriginal child-rearing practices to Western, middle-class values, requires a great deal of assistance.

(iv) Sexual assaults

Molestation and abuse of children occur too frequently. Every community in this study expressed distress at the levels of abuse, which is not only unreported to police or other agencies, but also goes unpunished within the groups.

In a so-called 'riot' in a town adjacent to one of our sample towns, 8 and 9-year-old girls had climbed onto the roofs of houses under construction and were throwing tiles at people down below. When we asked why the elders or the men on the local council did not intervene, we were told, by more than one witness, that the anger and tiles were aimed at those very elders who had been sexually misusing them. Like most people, Aborigines have a penchant for exaggeration and for vilification of those seen as 'enemies'; however, there cannot be calumny behind every report of sexual abuse. Not only is there evidence from counselling agencies, but also from Aboriginal parents and the young people themselves.

We do not have direct evidence of the correlation between sexual assault and suicide in each of the 43 suicides in this study, or in the many more who have attempted suicide. One professional, who operates a first-offenders post-release program, says that those who slash have been sexually abused; he adds that it is usually the same relative who is the abuser in each family where it occurs. There is also strong anecdotal evidence from parasuicides that sexual abuse is a major factor in their lives.

In Chapter 2, I used the phrase 'disordered societies'. Child molestation and sexual abuse have always been absolute taboos in all Aboriginal societies. Penalties ranged from physical beating, through ritual spearing and exile from the community, to death. Traditional Aboriginal systems of incest prohibition remain the world's foremost model. Yet, in practice, most of the structure and discipline have fallen away to the point where the abuse is committed with impunity.

(v) Alcohol and drugs

The stereotype is that all Aborigines drink to excess. However, many do not drink at all, and there are ‘dry’ communities in several areas. Hunter has shown that heavy drinking is normative in some communities and that such drinking has origins, motives, patterns and rituals quite distinct from those pertaining to non-Aboriginal drinking. Amongst the many theories and explanations, my view is that Aboriginal drinking is for ‘surcease’—for obliteration of their present existence, and probably to mask a suppressed wish for permanent obliteration—in effect, Wekstein’s ‘chronic suicide’.

Drug use, almost unknown in Aboriginal communities until some 30 years ago, is rampant. Cannabis is the substance of choice and availability. Some Aboriginal communities, particularly in the coastal regions, are heavily engaged in cultivation and selling. ‘Green money’ dominates a handful of communities that have become (relatively) wealthy from its cultivation.

Several of the autopsy reports on the people in our study mention the presence of cannabis. As indicated earlier, many young males are obsessed with, rather than addicted to, the drug. There is a strong correlation between drug use and the consumption of alcohol, with both parents and police alike deploring the explosive and violent behaviour ensuing from the combination. Children as young as 6 have been observed smoking pot, and group behaviours clearly lead to younger group emulation.

The historian Richard Kimber has informed me of the views of a traditional Walpiri man of 40 in Alice Springs, a keen footballer, sophisticated in both traditional and non-Aboriginal lifestyles. This man insists that *all* the young men who have suicided in that region had been heavy cannabis users. Kimber asserts that cannabis usage began in the Yuendumu and Papunya areas in the 1970s, possibly through the influence of [Jamaican] reggae singer Bob Marley, a popular figure with Aboriginal youth.

Binge-drinking is often reported among the younger boys. I am unsure of what ‘binge’ means, but suspect that it involves heavy episodic drinking, as when either money or the substance becomes available. We did not record all autopsies which showed a heavy alcohol presence, but we know that a number of suicides had high alcohol readings, especially those who had drowned themselves. It is clear that alcohol is often associated with the suicide at the time of the attempt.

(vi) Animosity and jealousy

Factionalism pervades many Aboriginal communities in Australia. Even small communities, of perhaps 300 or 400 people, can be split into two or more factions, vying for whatever resources may be available, such as land allocations, jobs in agencies, CDEP, housing, and so on. Factionalism is often corrosive, not negotiable or remediable. One informant told of ‘deadly animosities in the mission’. In one town, a sports centre has not been built for some 25 years, despite allocation of land and funds. Three separate

clans vied for control of the complex. Each would rather see it not built than see it apportioned to the 'wrong' people.

Suicide is not directly correlated with factionalism, but clearly there are Montague and Capulet type relationships. Clan strife sometimes intrudes on interpersonal love or friendship. Suicide, we discover, is perhaps the one unifying event: funerals of the young are places of mutuality and of common grief.

Ernest Hunter used an interesting word in his work in the Kimberley region of Western Australia: 'jealousing', as in 'he jealoused me'. We found a similar phenomenon. It does not mean envy, in the usual sense of someone coveting another's prized possession; rather, it is a feeling that since he or she does not enjoy success or a possession, the person who has the status or object has shamed the person who does not have it. The premise appears to be that neither should have it, rather than both. A young girl in the Far West was recently taken by her father from the local government school to a private school. At the former, she was 'jealousing' the other girls by her good marks, resulting in her mental and physical abuse for letting down the non-achieving group. For these reasons, the private boarding school option is now being exercised in quite considerable numbers by Aboriginal parents, especially in the coastal towns in northern New South Wales.

Again, it is not possible to correlate jealousing and the 'tall-poppy' syndrome directly with suicide, but it is a cause of much unhappiness, especially among girls who want an education.

(vii) Grief cycles

The cycle of grief was discussed initially in Chapter 6, section 4(d)(iii)—'The grieving suicides'. In Australia, there is no other group of people who experience the numbers of deaths, especially early death and death from non-natural causes, as does Aboriginal society. All social indicators and vital statistics which illustrate age-structures, causes of death, morbidity and mortality rates, support that statement. The frequency of funerals in small towns is the real yardstick of death, and of the grief that follows.

Aborigines in New South Wales observe the traditional Western ritual of wake, which means more alcohol than usual. Wakes are all too common. In at least eight of the communities we visited, appointments were either deferred or changed, or even cancelled, because of funerals and their associated wakes. There is a constant cycle, or procession, of grief. There is no time to complete the grieving before another death ensues, and there is almost no grief counselling available.

A house in Bourke, formerly occupied by an Aboriginal suicide, has become something of a shrine. Youth visit there, attend the wall the deceased had painted and decorated, and vent their grief. The grave of the young man at Menindee, discussed earlier, is also a shrine and 'communion place' of a similar nature. Dr Archie Kalokerinos

once told me to visit the Aboriginal cemetery at Collarenebri to see how many children under 5 were buried there. I did, and have since visited many other cemeteries. They are exquisite, in the sense of care, attention, grooming and decoration. They are, indeed, loving shrines. But graves and their adornment are not counselling mechanisms, and the cycles of grief need urgent attention.

(viii) Illiteracy

There is a sense in which Frankl's purpose in life, and one's existential distress, cannot be overcome by any person, or his or her 'pilot', without the aid of reading and writing skills. In a generally illiterate society, illiteracy may not be a hindrance. But in a society which increasingly resorts to the printed word—on paper, poster, warning sign, brochure or on screen—the audience must be capable of receiving the messages.

Any Aboriginal agency office or support service facility, such as a health counselling unit or doctor's waiting room, has more brochures than could be read (by me) in perhaps a two-hour stretch: AIDS, contraception, diabetes, renal disease, pregnancies, homophobia, childhood illnesses, inoculations, tobacco and alcohol material, drugs, anti-depressants, depression, sterilisation, and so on. The material simply isn't read, because most cannot read. Diagrams abound, but however simply they are presented as syndromes or causal connections, they are not always understood.

Our entire service and health industry is predicated on literacy. A person consults a doctor, is given a prescription, which is then dispensed by a pharmacist. He labels the package by computer, with the required dosage administration at appropriate times, together with warning labels about contra-indications and avoidances, such as alcohol or driving a car, or taking medication without food. All professionals involved in the cycle assume comprehension and compliance.

As a heart by-pass patient myself, I am inclined to discuss medication and regimens with men with a similar condition. Only one Aboriginal man was aware of dosages, frequency of intake, times of efficacy, and avoidances. Asked, for example, how many coated aspirin he takes, a man would typically call out to his wife to tell him, since he couldn't read the label. Often, his wife or partner would say she didn't know but would ask the doctor on the next visit, usually weeks or months ahead.

The by-pass men are not likely to suicide. But youth (who do) believe they can get by with television, video pictures and picture magazines. They often mask their illiteracy or fake literacy. School is *not* the answer. There they are regarded by teachers as hopeless, deficient, lazy, undisciplined and not worth any effort. Many drop out, and many 'muck up' in order to be expelled. In Taree, there are 32 children who did not register for high school on the first day of term: accordingly, they are in limbo because, having never signed on, they don't 'exist'. There are possibly double that number in the Coffs Harbour region. Aboriginal mothers now run special after-hours classes for these non-school-attending children, who are very much of school age.

The new federal government initiatives on illiteracy will not reach most Aboriginal youth. In Chapter 10, I expand on the literacy techniques of Ann Morrice, funded by Bryce Courtenay's literacy foundation. She is able to achieve literacy amongst Aboriginal (and non-Aboriginal) people in the space of months, even weeks. Senior decision-makers have to be persuaded that, while Education Department culture and technology works for most of the population, it is inappropriate for people who are, largely, not attending school. They also need to heed the evidence that literacy is not necessarily achieved only at the mid-levels of high school. In South Africa, mining companies find it imperative that all underground workers speak and read a *lingua franca* called *fanagalo*, to prevent death or injury. It has a working vocabulary of 350 to 500 words. It is taught, and learned, in three weeks. Full literacy in English or Afrikaans often follows, in nine to twelve weeks. It appears that where there is an economic imperative, there is a way.

What is also important in this context is that Aboriginal youth have neither confidence, nor trust, in helping agencies. Confidence is absent for many reasons, not the least being a self-knowing inability to communicate a point of view, other than in angry four-letter invective. Help with self-destructive inclinations, help in achieving goals, and help in overcoming distress and frustration require communication. With reading skills will come writing skills, and with both there may well be a way forward towards verbal skills. These skills may not stop suicide, but they can be eliminated as a factor in the causation of suicide.

3. Addressing and redressing the social factors

In no sense do I discuss these factors as a way of blaming the victim, or explaining the problems as biologically, culturally or socially inherent in their Aboriginality. The danger, as mentioned at the outset, is that the material presented here will be misused by those of ill-will. There is, however, a sense in which only Aborigines can remedy many of these contributing factors.

For much of this century, Aborigines have been *administered*. They have been moved, cajoled, coerced, disciplined, and their behaviour proscribed or prescribed. The eras of treating Aborigines solely as a 'welfare problem' have ended, with some exceptions. There is now an era of (relative) freedom and free will. Aboriginal leader Noel Pearson talks of the poison of welfare and its 'parasitic' legacy. However, a serious problem remains: that many of the legacies of what was done to Aborigines by others can now only be addressed by the victims of those actions. Many Aborigines still tend to project both blame, and redress, on to others. Importantly in this suicide context, it must be said that only Aborigines can address and redress some of these suggested causal factors. Only they can handle the alcohol issue, the parenting problems, and above all, the endemic sexual assault issue. Only they can ameliorate their internal enmities. Only they can find mentors for the young, and the older, within their own society.

Some matters require outside assistance:

- initially, the Ann Morrice literacy skills program (discussed in the final chapter), which Aboriginal teachers can adopt after short training;
- conflict resolution skills, to confront aggressive and destructive behaviour;
- grief counselling, to be used internally after appropriate training;
- parenting skills, to be taught by Aborigines and non-Aborigines;
- life goal aspirations, based on American and New Zealand pilot projects, using Aboriginal and non-Aboriginal ‘mentors’.

Perhaps *will to meaning* can flow from reductions in existential distress. They need the help of people of goodwill, whom Frankl calls ‘pilots’. I agree with his profound view that none of this is ‘mental disease’. I disagree only in his choice of the medical practitioner as the quintessential pilot.

Endnotes 7. Social Factors—Community Values

1. Frankl, 125.
2. Stengel, 11–13.
3. Hassan 1996, 4-5.
4. House of Representatives Standing Committee, 8–9.
5. Frankl, 121.
6. *Sydney Morning Herald*, 23 June 1999. Aborigines account for 3.2 per cent of juveniles in detention. *Sydney Morning Herald*, 6 July 1999.