



Lindy L Moffatt

Mental illness or spiritual illness: what should we call it?

With permission from my son I am able to tell this story. I have not used his name for privacy reasons.

I would like to dedicate this essay to the many Indigenous people who have passed

away in psychiatric hospitals and did not make it home to their families and communities.

“Historical trauma” is defined as the subjective experiencing and remembering of events in the mind of an individual or the life of a community, passed from adults to children in cyclic processes as “collective emotional and psychological injury . . . over the life span and across generations”.¹

I was raised in a foster family from the age of two, in suburban Brisbane, Queensland, with three of my siblings. I am a proud Aboriginal woman with close family ties across south-east Queensland and the north coast of New South Wales. My mother is from the Wakka Wakka clan group in Cherbourg and Brisbane. My father is from the Gumbaynggir and Dughutti communities of the north-coast region of New South Wales.

Recently, I arrived in Canberra from Brisbane with my son to take up a Research Fellowship with the Australian Institute of Aboriginal and Torres Strait Islander Studies. My research is on the question of “Mental health: what treatment options are working for Indigenous peoples?”. I have chosen this topic because of my personal experience as a mother.

The day before we left our home in Margate, a suburb in the north of Brisbane on Moreton Bay, to travel to Canberra, we attended my son’s mental health review tribunal hearing, an event that was life-changing for both of us. My son has suffered from a mental illness (schizophrenia) for many years, which saw him hospitalised for ten-and-a-half years. During this time he was on a forensic order as an involuntary patient, because of crimes he had committed while being unwell. I was expecting to be seeking the tribunal’s permission to take my son interstate for the three months that I would be working. Instead, to our surprise, his forensic order was revoked, meaning he was able to leave Queensland and live wherever he wanted. Overwhelmed by the decision, my son kept repeatedly asking the tribunal panel what it meant for him.

As a mother I have struggled, mostly because I was only seventeen years old when my son was born. Of course, you can never imagine or prepare yourself for the way life can take such a turn some twenty years later. I had lived with my biological mother on and off since I was fifteen, so she took on significant caring responsibilities for my baby, who was her first grandchild. She was very close to him. My mother had also suffered from “mental illness” as a young woman and had been hospitalised (I don’t know how many times). I remember being told about it in quite a negative way. Mum was admitted to what was the “old” Wolston Park Hospital some forty years ago. This hospital was located on the same grounds as the hospital called The Park, Centre for Mental Health, where my son has spent his years. She had grown up in Cherbourg Aboriginal community in Queensland where she spent some of her childhood in the dormitory while her

mother travelled away for work. I know she did not have good memories of the dormitory days, as she later shared some stories with me about the abuse that she witnessed and was subjected to in the dormitory. My mother died at the age of fifty-seven from kidney failure caused by diabetes, when my son was only twelve.

What I have read and come to understand about transgenerational trauma within Indigenous communities is that the suffering of individuals and communities from trauma and pain results in many unresolved issues not just for those immediately affected, but for those around them, their families and their descendants, and from what I know about my family history the trauma reaches much further than my mother. Personal experience has left me with no doubt that transgenerational trauma contributed to the mental/spiritual unwellness of both my mother and my son.

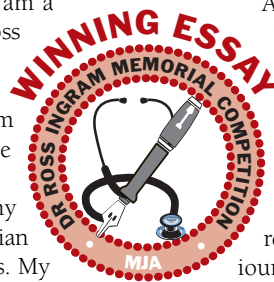
After my mother’s death our lives changed dramatically. I was in deep grief. It was difficult to “be there” emotionally, or in any other way, for my son. I felt vulnerable and extremely fragile. The grief was unbearable. It took me to a place that I found hard to come back from, to the point where I thought that I would die from it. At the time part of me wanted to. Fortunately, I did come back, just as my son was about to travel down his own road of self-destruction, which began with bizarre behaviour patterns. At about age fourteen, he started to use drugs — first marijuana, then amphetamines, known on the street as speed.

This is a parent’s nightmare. Drug taking was not something I had experience with, nor did I expect this to be happening to my child. What followed was years of risky behaviour, crime, eventually juvenile detention and then prison! As a mother, the pain of this is beyond imagination: it reaches into the very core of you. When your child is locked away, you are too. I was overcome with feelings of shame and guilt. I felt emotionally, psychologically and spiritually immobilised and trapped within myself. Of course, eventually it took its toll on my mental and physical health, and I was diagnosed with my own life-threatening illnesses. One of the many challenges was dealing with blame from people who were close to me. Some made conscious and unconscious hurtful comments because of their own pain and lack of understanding of my son’s illness.

We also experienced discrimination arising from the general community’s ignorance of mental illness. When going out in public — going shopping, for instance — people would stare, laugh or make comments.

The effects of this trauma are still with me today.

In prison, my son’s mental illness started to become very obvious, through the signs of self-harm, and symptoms of mental unwellness such as crying and responding to voices. Eventually, he was hospitalised and I visited him regularly, took him on leave many times and had him living with me for short periods. Unfortunately, he was so unwell that he would abscond from the hospital, and would run away from me as well. This caused immense anxiety, not only for me and our family and friends, but also for staff at the hospital who were genuinely concerned about his welfare. My son would go missing for days, sometimes weeks, without his medication. The police were, of course, alerted and it



was their responsibility to find him, but I would usually locate him before they did, and would then seek help from the Indigenous workers or nurses to return him safely to hospital. This happened on many occasions.

Throughout these years of experience with my son and his illness, there were many moments when I questioned my own thoughts and feelings. I did know, however, that I was experiencing something that was deeply spiritual and unknown. My son's thin and pale, ghost-like appearance haunted me, and I could feel him detaching from what was real. That is why it was important for me to be around to keep the strong spiritual and emotional bond between us — I knew from a sickening feeling inside me there was a very real risk of losing him through suicide. He was haunted by voices, and would respond by talking to people that he believed were real. Sometimes he was happy and laughing along with them; other times he would be screaming back at them to leave him alone, and would cry in a very mournful way that made me cry as well. I remember all this very vividly, especially the times at night when I would lie awake listening to him talking in another language which I knew to be an Aboriginal language. This did freak me out a little, as he appeared to be having conversations and speaking the language fluently. I thought that I was imagining what I had heard until family members and workers at the hospital told me that they had witnessed him doing the same thing. It was through this experience that I came to know and believe that Indigenous mental illness is also spiritual illness, as it is deeply connected to our spirituality and cultural beliefs. I also believe that this spiritual connection is what helped my son get through his illness to where he is today. A quote from the Schizophrenia Fellowship of NSW newsletter has been helpful in supporting my thoughts around mental–spiritual illness.

Wellbeing is an holistic and collective issue, with specific individual health problems being of little relevance if not considered as part of wider social, spiritual and community health ... Mental illness or disturbance may be seen as a 'soreness of the spirit' caused by loss of social and family networks, destruction of kinship and family, dislocation from ancestral lands and the conflict between tradition and the pressures of trying to exist within and alongside European culture.²

On one very memorable visit to the hospital I sat with the treating psychiatrist to discuss my son's "progress". She explained to me that there were "two very sick patients in the hospital at the time, [my son] being one of them", and that "out of the two, he [was] the most unwell". In a roundabout way, I guess she was trying to tell me that my son was the sickest patient in the hospital at that moment. To this day I don't remember how I drove myself home.

During his long hospital stay of over ten years, my son lost elders and friends, mostly Indigenous patients, who passed away in hospital. He dealt with this in his own way, showing courage and strength. The thought was always at the back of my mind that he himself would not survive. I questioned myself all the time as to whether I was in denial of the possibility that he would be institutionalised forever, but remained convinced that it was important to rise above this thinking, and to try to stay positive, and most of all to *believe* that things can change and be different. My son is now very well, the best he could possibly be. He lives with me full-time and is actively seeking employment.

I have presented at workshops on mental illness in Indigenous communities and received positive responses from people who

appreciated honesty and openness in talking about this sensitive area. There is definitely a need for more understanding and education in our communities so people can come together to share and talk openly without any shame or blame. I always tell people that talking about it and seeking help can mean the difference between life or death for a loved one. Through the years, I have always felt very strongly that "someone" was around, guiding me through this time in our lives. I listened to the messages and acted intuitively, particularly when my son was at his most critical times of illness, and the times when he went missing from the hospital. I give many thanks to all the people who were there supporting us on this long journey, such as family, friends, hospital staff and community, who gave us hope and encouragement. If it weren't for them, I know we would not be here today to tell this story.

This story is difficult to tell because I know that I will be revisiting the trauma, reliving the memories of events that took place, and visualising the images that will forever haunt me. With permission from my son, I wanted to document and share this story in the hope that it may give strength and support to some other family who is going through the same or similar circumstances.

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