CHAPTER 6

Genocide and Suicide

Colin Tatz

'No one ever lacks a good reason for suicide'.

Cesare Pavese[380]

'Death crises occur more often for American Indians at an earlier age and, furthermore, the deaths of their ancestors (which came close to genocide) remains a powerful tribal memory. American Indians are aware of their isolation from mainstream culture. They are both isolated geographically and suffer from racism. … Suicide by the American Indian, for example, may be seen as seeking freedom in death'.

David Lester[381]

Connections and disconnections

The killing of one and the killing of thousands or millions may seem a discordant relationship but there is a connection between suicide and genocide that calls for analysis. The connection can occur during genocide, as in the

[380] Pavese (1908–50) was a noted Italian poet, novelist, and literary critic.
[381] A British-American suicidologist and sociologist. See his *Suicide in American Indians* (New York: Nova Science Publications, 1997).

How to cite this book chapter:
Tatz, C. 2020. Genocide and Suicide. In: Marczak, N. and Shields, K. (eds.) *Genocide Perspectives VI: The Process and the Personal Cost of Genocide*. Pp. 107–127. Sydney: UTS ePRESS. DOI: https://doi.org/10.5130/aaf.g. License: CC BY-NC-ND.

Armenian and Jewish cases described in this essay; but it can occur *after* genocide, even generations after. This has been referred to as 'tribal memory' of victim groups: the legacy of history that is transmitted or osmosed over the generations and results in what is called transgenerational trauma.

The genocide experience and its legacy usually includes such factors as:

- experience of minority group status;
- separation from a mainstream society—politically, socially, physically and culturally;
- continuing wardship status of entire populations;
- a history of genocidal massacres or attacks of the kind that came to be called pogroms in the Jewish case but which befell other minorities in similar ways;
- forcible removal of children from parents, for long periods or for life;
- long-term institutionalisation of youth;
- radical geographic relocations;
- endemic and pervasive racism;
- early deaths, commonplace deaths and often violent deaths; and
- conscious efforts to escape such circumstances.

Many genocidal events warrant study for their connections to suicide, some a century old, others of much more recent times, but none more so than the experience of Indigenous peoples in Australia and North America. These two cases illustrate all of the above aspects and the legacy of genocide in current community experiences of suicide. In this essay I discuss both cases, while criticising current approaches to suicide and encouraging an approach of 'understanding' rather than 'explaining' and 'medicalising' the behaviour.

According to biomedicine, the very foundation of suicide resides in a 'mental health disorder' of some kind, usually 'depression' or a depletion of a hormone like serotonin, or a chemical imbalance in the brain.[382] The futile search is now on for a depression gene, even for a genetic marker that will explain *all* suicide. In *The Sealed Box of Suicide*, Simon Tatz and I analyse 33 categories of suicide, the majority of which have nothing to do with 'mental disorder', 'depression' or genes.[383] Among those who survive genocide, the biomedical equation ignores external contexts like history, geography, religion, sociology, philosophy and culture, and neglects the transmission of trauma from communal experiences such as genocide. These are the conditions or the circumstances that the father of modern suicide studies, Emil Durkheim, described in *Le Suicide* in 1897.

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[382] Johann Hari, *Lost Connections: Uncovering the Real Causes of Depression—and the Unexpected Solutions* (London: Bloomsbury Circus, 2018).

[383] Colin Tatz and Simon Tatz, *The Sealed Box of Suicide: The Contexts of Self-Death* (Zug: Springer, 2019).

Defining the factors

Before it had a name, human beings understood what genocide is, and why and how rulers and states turn to biological solutions to solve social and political problems. We have known what suicide is since history began to find its written form. We have known a great deal about suicidal behaviour over millennia and tolerated it, even celebrated it in some cultures and historical eras. But in the twentieth century in particular, Western societies deemed suicide a scourge, a blight upon themselves, a rogue manifestation (much like smallpox or polio) that grows apace and needs prevention by some kind of pharmaceutical or therapeutic prophylaxis. 'Personality disorders' are rampant, we are told, and are being addressed by more and more funds in search of a possible vaccination.

But what is mental illness, a condition said to be suffered by one in five Australians? The Blackdog Institute, a major Australian agency in this field, insists that mental illness, especially among youth, is related to ADHD, anxiety disorder, major depressive disorder and conduct disorder, and its factsheets outline the genetic and biochemical factors in depression.[384] The *Diagnostic and Statistical Manual of Mental Disorders*,[385] now in its fifth edition and known as *DSM-V*, describes the hundreds of 'disorders' that bedevil us.

This 'bible of psychiatry' exercises an unparalleled influence on Western society. It has been much criticised, particularly by non-Americans, for telling us—amid the truly serious and verifiable brain diseases and lists of psychoses—that you have a 'mathematical deficit disorder' if you have trouble with arithmetic; that you suffer a 'communications disorder' if you wave your hands and point too much; that you have a 'substance use disorder' if you smoke cigarettes or gag for your morning coffee; and you exhibit a 'social phobia' if you are shy. An 'adjustment deficit disorder' arises where a stressor causes a great deal of worry in one's life—'like a wedding or buying a new home'. No matter how inane or banal the reaction, the emotion or the behaviour, once it has the label of disorder or a 'diagnosis' of 'a mental health issue', it becomes a significant social tattoo forever visible in the files of every institution. For much of the general public, 'deficit' and 'disorder' are characterised not just as 'disease' but as a socially pejorative disease, code for the once common (and now reviled) expressions of 'psycho' or 'nuts'. Contexts, external factors or a legacy of communal trauma have no place in the sovereign domain of this biomedical approach.

Increasingly, scholars and some practitioners embrace 'critical suicide studies', a movement that looks outside the insistent biomedical framework. These professionals examine history, the role of suicide in history and think outside 'the sealed box of suicide'. The title of Said Shahtahmasebi's book,

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[384] See the website https://www.blackdoginstitute.org.au/docs/default-source/factsheets/causesofdepression.pdf?sfvrsn=2.

[385] *Diagnostic and Statistical Manual of Mental Disorders* (Arlington: American Psychiatric Association, 2013).

Suicide: The Broader View, sums up the movement's foundation. As a member of this group, I join those who look beyond, even way beyond the conventional 'at-risk' factors for suicide. Critical suicidologists compare suicide in diverse arenas; they try to *understand* rather than *explain* the place and impact of suicide in specific communities; they address more openly a taboo-laden topic and explore why it is that we, as a Western society, are so affronted by suicide, especially among the young.

For and *against* suicide

The Italian sociologist Marzio Barbagli posits two spurs to suicide: those who do it *for* self or *for* others, and those who take their lives as a form of revenge *against* others.[386] The Bologna professor does not mean honour or shame suicides (present in some cultures), nor does he include suicide bombers who, in intent and effect, are dedicated to killing others. Barbagli's dyad is based on the consciously rational perception that impels *for* and *against*. Another eminent Italian, Cesare Pavese, took his life—but he understood that reason has as much, if not more, of a role in suicide, as does unreason.

During at least two twentieth century genocides existed the simultaneous sister categories of *for* and *against* suicide: among the Armenians in Turkey from 1915 to 1923, and among the Jews in Nazi Germany in the 1930s and 1940s. The literature, albeit limited, on these two cases tells us something about rational, premeditated suicide. A few Holocaust scholars have talked about the need for new words to define the unprecedented events let loose on the world by nationalistic Turkey and then escalated to a more industrial scale by National Socialist Germany. *Die Endlösung der Judenfrage*—'the final solution to the Jewish question'—was the name the Nazis gave to their programme to eliminate both the physical being and the very concept of 'Jew'. For the American historian Lawrence Langer, what befell that victim group was 'facing choiceless choices'.[387] For Terrence des Pres—who analysed surviving a death camp—it was 'an excremental assault'.[388] From the viewpoint of one group of victims, those who suicided, we can look to the words of yet another American—this time the satirist and literary critic HL Mencken. In his inimitably acerbic way he declaimed that 'of all the escape mechanisms, death is the most efficient'.[389] Thus, while most people view suicide as resulting from 'disease of the mind',

[386] Marzio Barbagli, *Farewell to the World: A History of Suicide* (New Jersey: Wiley, 2015).

[387] Lawrence Langer, *Versions of Survival: The Holocaust and the Human Spirit* (New York: State University of New York Press, 1982), 72.

[388] Terrence des Pres, *The Survivor: The Anatomy of Life in a Death Camp* (Oxford: Oxford University Press, 1980).

[389] HL Mencken, *A Book of Burlesques* (New York: Alfred J Knopf, 1916).

for those imperilled by grotesque circumstances, self-destruction was, and is indeed, the best way out, the effective 'ultimate refuge'.

Apart from the Nazi invention of specific-purpose death factories, the Turkish nationalists set most of the precedents for the Holocaust a quarter of a century earlier. They articulated a formal ideological, sociological, anthropological and linguistic presentation of a superior civilisation confronted by an enemy within, with an ill-fitting, pernicious minority, a fifth-column and an 'abscess' in the midst of a burgeoning nationalistic state. They initiated deportations, population transfers and the confiscation and transfer of property; they rounded-up men, disarmed Armenian civilians and soldiers and created slave labour camps. The genocide involved the desecration of churches and cemeteries; sexual violence, trafficking and forced marriage of women; abduction and forced Turkification of women and children; elementary gas chambers; medical experiments; drownings and burnings; and large-scale death marches—all of which led to the annihilation of up to 1.5 million Armenians.

One major difference between the Armenian and Jewish cases was that Armenian children could be 'saved' by conversion and Turkification; and in some instances women could live, but only as trafficked objects or forced wives, completely cut off from their own community. While their physical life may have been saved, this programme of forced assimilation was a central part of the genocide of Armenians.

Sexual violence against Armenian women was common and systematic. Many survivor and witness testimonies mention suicides by women and girls, sometimes carried out collectively. Gendered notions of morality (that is, it was preferable to die than to be raped or abducted by the enemy), seem to have influenced at least some of these suicides. In addition, the way the suicides are remembered and narrated present the women as heroes for having done so. Raymond Kévorkian, a noted historian of the genocide, commented on one Armenian response to the events:

> Suicides were also quite frequent. If the main reason for this was simply despair, many of those who took their own lives were young women, who chose to throw themselves into the Euphrates rather than submit to rape. Mothers also frequently refused to submit to the will of their torturers, killing themselves and their children instead. [390]

Two scholars of the Armenian Genocide, Donald and Lorna Touryan Miller, have addressed the responses of Armenian women and children during the onslaught.[391] They note numerous references to suicide when interviewing

[390] Raymond Kévorkian, *The Armenian Genocide: A Complete History* (London: I.B. Taurus, 2011), 407.

[391] Donald Miller and Lorna Touryan Miller, 'Women and Children of the Armenian Genocide', in *The Armenian Genocide: History, Politics, Ethics*, ed. Richard Hovanissian (New York: St Martin's Press, 1992), 152–72.

survivors. Their conclusions are of particular interest, given that few suicide scholars have attempted to frame differing categories of suicide, something essential if we are to make any progress in alleviating or mitigating the 'problem'. The Millers posit three acts: *altruistic suicide*, *despairing suicide* and, significant for this analysis of suicides undertaken when a community is persecuted, *defiant suicide*. Thus, grandmothers and mothers who sacrificed themselves by giving their food rations to children were performing acts of altruism in dying *for* others. Grandmothers staying behind so that younger relatives could walk away faster was another example. The despairing ones were those who could physically walk on, but chose to stay behind and die; and those who were mentally exhausted and whose support structure had collapsed.

The *defiant* category is important: it fits Barbagli's dyad of both *for* and *against*. Some Armenian women took their lives rather than submit to the commonplace torture and sexual abuse by their Turkish oppressors. The Armenian Apostolic Church regards suicide as a grievous sin, placing the suicide as beyond salvation and beyond burial by the church (except where mental illness is evident). These women defied both biological instinct and Church doctrine. Yet in April 2015, the hundredth anniversary of the start of the genocide, the Apostolic Church sanctified *all* who died as martyrs—including those who suicided.

Most people made aware of such circumstances would understand what was involved in these decisions—the defilement aspect, at least, if not the lifelong stigma—and would acknowledge the actions of these women as honourable, perhaps admirable, certainly as comprehensible. There would be some sense of appreciation of actions that are consonant with martyrdom. Many would argue that such actions were the result of coerced choices, even Langer's 'choiceless choices'. But these women exercised their wills, their rational wills, in appalling contexts.

Other genocides and atrocities are also worth noting for the links to gender and suicide:

- Herero, Dama and Nama women in German South-West Africa [Namibia] following the genocide and rape of women by the German military between 1904 and 1906;
- Congolese women who suffered Belgian genocidal brutality between 1885 and 1908;
- Bosnian Muslim women forced into dedicated rape centres during the Wars of Yugoslav Succession between 1991 and 2001;
- The abduction and enslavement of Yazidi women and girls by ISIS in Iraq in 2014;
- Sexual violence and displacement of hundreds of thousands of Rohingyas in Myanmar from 2017;
- Brutal and violent treatment of arranged child brides in Syria and other countries.

We know less about the suicide of Armenian men than women, and not a great deal about Jewish men or women in the Nazi era, except that suicide among Jews in the early Nazi period was fairly common.[392] The esteemed suicide scholar David Lester found the suicide rate in concentration camps much higher than was once believed by the eminent survivor Elie Wiesel, a rate found to be of the order of 25 per 100,000.[393] That was remarkable because traditional Judaism regards suicide as unacceptable. Judaism, among major religions, generally has the fewest suicides. Yet suicides were common enough in crisis times and Jews experienced seemingly endless crises: they were deemed responsible for the death of Jesus, and as the transmitters of the Black Plague; they were expelled from European societies like Spain, Portugal and England; blamed for famines and the deaths of Christian children at Passover (the blood libel by which Jews were alleged to have made unleavened bread out of their blood); they endured pogroms in Russia, Ukraine and Poland; and a third died in the Holocaust.

There are two exceptions to the Jewish decree of suicide as sinful. One is *Kiddush Hashem*, the taking of one's life in defence of God, which is choosing martyrdom rather than forced apostasy (especially during the Crusades in the Middle Ages). The other, introduced by Rabbi Isaac Nissenbaum in the Warsaw Ghetto in the 1940s, is *Kiddush Ha-Hayim*, 'the sanctification of life', that one could and should defend one's soul against those who want to extinguish it by taking one's life away from the oppressor. In that sense, *Kiddush Ha-Hayim* is *defiant suicide* rather than *despairing suicide*.

The Roman Jewish historian Flavius Josephus was the first to describe what has come to be called 'the Masada complex'.[394] So the story goes that atop Herod's rocky citadel adjacent to the Dead Sea in Israel, the Jewish Zealots held out against the Roman army, but by 73 CE it was clear they could not sustain the siege. Rather than submit to slavery or possible 'de-Judaising,' 960 men, women and children took their lives. Regardless of the controversy about this 'complex'—that it is memorialised and celebrated as resistance by many, and condemned as a form of cowardice by others—it is a tale of terrible choices and of a political and wilful act of defiance in the face of the unthinkable, namely, the surrendering of one's Jewishness.

Whether German Jews in the 1930s consciously thought about Masada is not really known. But what is plain from the definitive analysis by historian Konrad Kwiet is that German Jewish suicide rates increased markedly in the Nazi era. There were two aspects of the escalation: suicide by those who had converted to

[392] Konrad Kwiet, 'The Ultimate Refuge: Suicide in the Jewish Community under the Nazis', *Leo Baeck Institute Year Book* 29, Iss. 1 (1984): 135–68.

[393] David Lester, 'The Suicide Rate in the Concentration Camps Was Extraordinarily High: A Comment on Bronisch and Lester', *Archives of Suicide Research* 8, no. 2 (2004): 199–201.

[394] Flavius Josephus, *The Jewish War* (London: Penguin Books Reissue Edition, 1984).

Christianity, even back two generations, and were then confronted by Nazi definitions of 'Jew' as anyone having at least one Jewish parent or one maternal or paternal grandparent. To be a devout Christian and a *Vaterland*-loving patriot, and to find one's citizenship removed by the Nuremberg Laws of 1935, being banished from public service of any kind and then having to wear a yellow armband, was more than enough for some who put an end to what they foresaw as an impossible Jewish life under the Nazi regime. Then there were those who, in a real sense, resisted the Nazis by taking their lives before the *Reich* took them. Some Jews bought and hoarded barbiturates and, judging that the time had come, found 'the ultimate refuge'. Remarkably, or perhaps not, wherever Nazis found Jews in a comatose or parlous state, they took them to hospitals to save them—in order to kill them in times and places of Nazi choosing. Here we see Lester's contention that victims seek freedom in death. We also see resistance in suicide during times of oppression.

The Austrian essayist, Jean Améry, who survived Auschwitz and Buchenwald, wrote agonising and acute analyses of the Holocaust, later a carefully considered book on suicide—and then ended his life.[395] People, he contended, kill themselves out of a sense of dignity, preferring annihilation to a continuing existence lived in ignominy, or in desperate pain (physical or mental), or in utter helplessness. Améry conceived of suicide not so much as an exit from life but entrance into another state, death—a cognition I came across in my years of fieldwork in Aboriginal societies.

Michel Foucault's concepts of biopower and biopolitics, and Barbagli's pairing are pertinent here.[396] The state exercises power over one's body in a range of ways—from birth control practices and compulsory sterilisation, to vaccination regimens, prohibitions on circumcision, marriageable ages, restrictions on multiple marriages, divorce, assisted dying and, as we have seen, suicide. Nazi administration of life and, of course, death is the ultimate example of total state control of the physical bodies under their domain. What would the biomedical world have to say about suicides among communities caught in the vortexes of genocidal catastrophe? The professionals may acknowledge the Hobson's choices and would likely agree that altruistic, defiant or despairing suicides did not occur as irrational acts, or as disordered behaviour arising from brain dysfunctions. Why then do the helping professions not accord to suicides among these populations, or indeed suicides of individuals in less calamitous circumstances, an attempt at understanding or accommodation of historical, social and cultural contexts?

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[395] Born as Hanns Chaim Meyer (1912–78). See Jean Améry, *On Suicide: A Discussion on Voluntary Death* (Bloomington: Indiana University Press, 1999).

[396] Michel Foucault, *The History of Sexuality: The Will to Knowledge, Volume 1*, trans. Robert Hurley (London: Penguin Books, 2006).

There are two possible answers to the question. An obvious explanation is that biomedicine has little interest in the social history of medicine or in the anthropology of specific diseases, subjects no longer taught in medical schools. A few paragraphs may be offered on Ebola, HIV infection and similar esoteric killer infections. There was a time when every medical student in the West had to read Hans Zinsser's *Rats, Lice and History*, first published in 1935. The Harvard biologist's work has been replaced by writers on current epidemics and pandemics whose literature appears to be confined to those few who choose epidemiology as a profession. Then again, medical school curricula rarely offer space for social science elective courses, and where they do, few take up history, geography or anthropology.

Indigenous suicides

In some societies suicide is rare, in others, rampant. Several communities have an historic and cultural practice of suicide. However, a number of Indigenous communities have experienced an alarming escalation of suicide rates over recent decades, their common experience of genocide and colonialism undoubtedly a major factor. The affected groups are turning to community in preference to Western biomedical models of intervention.

We have an acute observation on the Western approach to suicide from the American psychologist James Hillman (1926–2011):

> Understanding is … based on sympathy, on intimate knowledge, on participation. It depends upon a communication of souls and is appropriate to the human encounter, whereas explanation belongs to the viewpoint of the natural sciences. Understanding attempts to stay with the moment as it is, while explanation leads away from the present, backwards into a chain of causality, or sideways into comparisons.[397]

Today we can glimpse a different kind of suicide analysis in contemporary communities that have suffered one or more acts of genocide, especially Indigenous communities such as Aboriginal peoples and Torres Strait Islanders, Native Americans, Canadian First Nations and Inuit; Inuit Greenlanders; the Sami peoples of Norway, Sweden and Finland (once known as Lapps or Laplanders); Pacific Islanders and the New Zealand Maori peoples of Oceania. Several scholars of suicide in those regions are stepping outside the conventional box. Hillman asks who owns the soul. For him, 'self-killing … means both a killing of community and involvement of community in the killing'.[398] Just as Dr Jack

[397] James Hillman, *Suicide of the Soul* (Woodstock: Springer Publications, 1997), 49.

[398] Ibid.

Kevorkian's assisted suicide campaign in the United States opened up that issue, so Hillman's plea was that suicide should be judged 'by some community court', comprising legal, medical, aesthetic, religious and philosophical interests, as well as by family and friends. In that way, self-death can 'come out of the closet'. The act of suicide will, of course, remain individualistic, 'but judgement of the suicide as part of, or interior to, a community may help to liberate Western civilisation's "persecutory panic" when suicide, or the threat of it, arises'. 'We must,' he concludes, get away from 'police action, lockups, criminalisation of helpers, dosages to dumbness'.[399]

We have done nothing of the sort, or very little of it, in North America or in Australasia. We insist on explanation, on causality—inevitably 'mental health issues', on seeking out 'at-risk' factors, on prescribing more medication rather than following Hillman's recourse to *understanding*. Some inroads have been made into the sovereignty of biopower and of the individualisation and isolation of suicide—by native communities in Australia, the United States, Canada and New Zealand. The communities—not the specialists' consulting rooms, the hospitals or Al Alvarez's 'isolation wards of science'—have become the locus and focus of suicide, especially that of youth. The 'community' has taken on the phenomenon and the problem it presents.[400] However defined or perceived by others, the community knows itself: who belongs, who does not, and where the social and geographic boundaries are drawn.[401]

Aboriginal Australia

The 2016 census enumerated the combined Aboriginal, Torres Strait Islander and South Sea Islander population as 649,200, or 2.8 per cent of the national population.[402] In northern Australia in the 1960s and 1970s there was no evidence, let alone any record of any suicide in remote, rural or in urban

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[399] He means the benumbing of the emotions that often flows from antidepressant drugs.

[400] For example, a major segment of the second National Aboriginal and Torres Strait Islander Suicide Prevention Conference in Perth in 2018 was 'The Importance of Community Partnerships'.

[401] For example, while the word *Nyoongar* or *Nyungar* is the generic word of choice for, and by, Western Australian Aboriginal people, *Nyoongar* is also the name of a specific, tight geographic community in the south-west of Western Australia, from Geraldton on the west coast, to Esperance on the south coast, consisting essentially of fourteen language groups. Their Country numbers some 6,000 to 10,000 persons.

[402] New South Wales 216,176; Queensland 186,4582; Western Australia 75,978; Northern Territory 58,248; Victoria 47,788; South Australia 34,184; Tasmania 23,572; Australian Capital Territory 6,508.

communities—quite a contrast with suicide practice among Arctic Inuit and Indian communities.

'Ethnopsychiatry' became a research fad in Australia from 1960 to 1990, and several studies in the Northern Territory and Western Australia—by, among others, John Cawte in 1968, Malcolm Kidson and Ivor Jones in 1968 and Harry Eastwell in 1988—found no 'mental health issues' and 'nothing alarming about Aboriginal suicide'.[403] The specific suicide aspects of this research tended to be of the conventional variety, whereas the ethnopsychiatric approach to 'mental illness' was always less about studying native belief systems and much more about Western-perceived illness among the clans. This kind of ethnopsychiatry—always conducted in [academic] English among dialect-speaking people (and sometimes by observing 'subjects' at a distance through binoculars)—was, for the most part, a dismal art, unproductive and without any portending quality. Towards the end of the 1980s, Ernest Hunter began his pioneering work on Aboriginal history, health and suicide.[404]

My interest in suicide began in 1989 when I explored the role of sport in deflecting Aboriginal youth from criminal activity.[405] Conducted across 79 communities, this continent-wide fieldwork coincided with the appointment of a Royal Commission into Aboriginal Deaths in Custody, which was to investigate 99 such deaths between 1980 and 1989.[406] There was a mistaken belief that most of these deaths were 'assisted' and highly suspicious—but very few were. Noteworthy is that half of the custody deaths were of men who were members of the Stolen Generations; that is, children forcibly removed from their natural parents. Stories abounded of suicide and attempted suicide among young people, seemingly more common outside of custody than inside. So it proved to be.

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403 For evidence of that reality, see, *inter alia*, the following: J Cawte, D Baglin, G Bianchi, D McElwain, J Money, and B Nurcombe, 'Arafura, Aboriginal Town: The Medico-sociological Expedition to Arnhem Land in 1968' (n.p., 1968). Unpublished Manuscript; copy held by AIATSIS Library, Canberra (restricted use, call number MS 483). H. Eastwell, 'The Low Risk of Suicide among the Yolgnu of the Northern Territory: The Traditional Aboriginal Pattern', *Medical Journal of Australia* 148, no. 7 (1988): 338–40. M Kidson, and I Jones, 'Psychiatric Disorders among Aborigines of the Australian Western Desert', (n.p., 1968). Unpublished Typescript, copy held by AIATSIS Library, Canberra (call number PMS 918).

404 Ernest Hunter, *Aboriginal Health and History: Power and Prejudice in Remote Australia* (Cambridge: Cambridge University Press, 1993).

405 Colin Tatz, *Aboriginals: Sport, Violence and Survival*, 1994 Criminology Research Council Research Report, http://crg.aic.gov.au/reports/18–98.pdf.

406 *National Report*, *RCIADIC* (Royal Commission into Aboriginal Deaths in Custody) (Canberra: Australian Government Publishing Service, 1991).

Apart from a literal handful of cases, there was *no record* of Aboriginal suicides before 1960,[407] and suicide had no place in any Aboriginal belief systems, languages and material culture. Nor did Aboriginal suicide appear in prison, police or hospital records, the files of children's institutions, in anthropologists' writings or notes, or in any missionary or governmental documents. Yet in the past 50 years their rates of suicide have soared to among the highest in the world, especially in the younger age groups—not just 15 to 24 but the even younger 10 to 14 cohort. Lamentably, eight-year-olds are attempting suicide—'playing hangsies' as it is described in the Kimberley region of Western Australia. Even allowing for David Lester's comment at the head of this essay about Native American youth inured to death at an early age, how does an eight-year-old, deemed in law not to have the capacity to form *any* intent, understand, let alone intend, and then act out self-cessation?[408] Official statistics tell us that while the national suicide rate is now 10.4 per 100,000 of the population, for Aboriginal and Torres Strait Islander peoples it is 21.4. In three states the rate is closer to 30. For the years 1996 to 1998, I found rates of 40 in specific rural New South Wales Aboriginal communities.[409] In 2014, the Kimberley rate was 74.

My book *Aboriginal Suicide is Different* was first published in 2001. Reactions varied: most readers were surprised or astonished, and one or two critics demanded to know how and in what ways Aboriginal suicide was, or could even remotely be considered, 'different'. Academic psychologist Joseph Reser saw the 'differentness' as 'ostensible', 'rhetorical', with dangerous consequences for professional practice.[410] Wedded as they are to the axiom that an inexorable factor in suicide is previous suicide in families, Reser and others insist that there simply has to be a history of Aboriginal suicide—even in the absence of historical evidence.

In subsequent writings, and after research visits to New Zealand and Nunavut in Canada, the 'different' or varied quality was made clear: one sharp look at the social, political and historic contexts revealed the divide. While suicide

[407] Christine McIlvanie, 'The Responsibility of People' (BA honours thesis, University of New England, 1982). This thesis examined the death in custody of Eddie Murray in the cells at Wee Waa (NSW), and contained replies to the candidate from the NSW Prisons Service about records of Aboriginal deaths in custody for some eight decades.

[408] Sigmund Freud once proposed that youth understand physical death but believe their spirits live on. My experience of a few eight-year-old parasuicides is that despite 'playing' at hanging they appear to comprehend death as the outcome.

[409] Colin Tatz, *Aboriginal Suicide is Different: A Portrait of Life and Self-Destruction* (Canberra: Aboriginal Studies Press, 2005), 59–69.

[410] Joseph Reser, 'What Does it Mean to Say that Aboriginal Suicide is Different? Different Cultures, Accounts, and Distress in the Contexts of Indigenous Youth Suicide', *Australian Aboriginal Studies* 2, no. 23 (2004): 34–53.

is suicide, the origins, social factors and the legacies of history make for a very different kind of analysis, the kind most health professionals are not exposed to.

Aboriginal Australians trail a history like no other segment of the population, here or abroad. They experienced a genocidal era of episodic physical killings from 1804 to 1928, with some 250 massacre sites documented to date.[411] Some 20,000 to 30,000 people were killed, by intent, in sporadic but systemic acts of 'dispersal'. To prevent the killings, federal and state governments (between 1897 and 1912) introduced policies of protection-segregation—incarceration on isolated reservations. Between 1897 and the mid-1970s, governments sequestered between 70,000 and 90,000 people by erecting legal and geographic fences.[412]

A reign of systemic forcible child removal began in the late 1830s in colonial Victoria and lasted until the mid-1980s, with around 35,000 children taken. The aim—enshrined in government policy—was to eliminate Aboriginality by biological and social assimilation, by 'breeding out the colour' and by child re-acculturation, 'to erase them from the landscape'—to the point, said the authorities, that no one would know that Aboriginal people ever existed.[413] Throughout these phases, Indigenous individuals had no civil or civic rights as generally understood: they were officially declared wards of the state, with government officials and Christian missionaries their legal guardians, irrespective of their age or ability to manage their own affairs.[414]

Harsh as it was in terms of human rights and fundamental freedoms, the institutional era did maintain ordered communities. There were containable levels of physical violence, usually traditional methods of conflict resolution. But with the opening up of these near-prison-like regimes in the mid-1970s, disorder set in, with increasing deaths from non-natural causes. Officially called 'accidents and poisonings', this statistical category has, alarmingly, included high numbers of homicide and suicide.

In the name of 'protection', nomadic hunter-gatherers had become sedentary, stationary and segregated as welfare recipients, pauperised in all aspects of life. The draconian settlement and mission practices attempted to 'civilise' and

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[411] Calla Wahlquist, 'Evidence of 250 Massacres of Indigenous Australians Mapped', *Guardian*, July 27 (2018), https://www.theguardian.com/australia-news/2018/jul/27/evidence-of-250-massacres-of-indigenous-australians-mapped. For further information see: https://c21ch.newcastle.edu.au/colonialmassacres.

[412] For a full account of these eras see: Colin Tatz, *Australia's Unthinkable Genocide* (Bloomington: Xlibris, 2017).

[413] See Anna Haebich, '"Clearing the Wheat Belt": Erasing the Indigenous Presence in the Southwest of Western Australia', in *Genocide and Settler Society: Frontier Violence and Stolen Indigenous Children in Australian History*, ed. A Dirk Moses (New York: Berghahn Books, 2005): 267–89.

[414] See Tatz, *Australia's Unthinkable*, and John McCorquodale, *Aborigines and the Law: A Digest* (Canberra: Aboriginal Studies Press, 1987).

Christianise them, to imbue them with notions of property ownership, aspiration and individualism. Then suddenly, in the early 1970s, these governing authorities moved out and effectively abandoned them under the policy slogans of 'self-determination', then 'self-management' and then 'autonomy'. The assaults on traditional culture thus occurred twice in less than 60 years. When the controlling authorities walked away, virtually overnight, there was loss of both the traditional *and* the imposed structure, resulting in the trauma that Durkheim would call 'anomie'; that is, instability and normlessness.

Johann Hari has written eloquently about 'lost connections' as the way to understand mental illness.[415] The Aboriginal loss of connections has been calamitous: loss of land, of life, of kin, children, language, traditional culture and ritual (often forbidden by statute), of freedom of movement, of lifestyle. They have experienced forcible relocation, loss of choice of living space. As recently as 2007, the conservative federal government introduced an 'intervention', ostensibly to quarantine Aboriginal communities from excessive alcohol, drugs, sexual predators and trespass from those deemed undesirable. This was essentially a reprise of the policies implemented in colonial Queensland in 1897: the strictest possible segregation and isolation but, in this instance, not to protect Aboriginal people from outside predators but from themselves.

In sum, in the period of 230 years since colonisation began, there have been massive impacts on Aboriginal lives: dispossession of land, massacres, isolation, strict segregation, forcible child removals, forced assimilation, fragmentation, denial of civic and civil rights, 'interventions' and, in more recent times, prison incarceration rates that are grossly disproportionate. For many, pretending that such events did not occur, or that they occurred in some less reprehensible way, is a preferable pathway. Such are the contexts of 'difference'. Public policies of equality that rely on 'levelling the playing fields', do not appreciate or accommodate difference: Aboriginal experiences get in the way of universality and expediency, two qualities precious to bureaucracies.

Both Louis Wekstein'*s A Handbook of Suicidology* and Barbagli's book provide broad but definable categories of suicide. Both acknowledge something society wants to avoid, namely, the very idea of *rational suicide*, what Hillman would call 'persecutory panic'. There is no denying or relativising the reality that a percentage of the young who are bipolar or schizophrenic do commit suicide, but I emphasise that the majority of suicides I have studied did not have such professionally diagnosed and confirmed mental illness. Nor do coronial files and witness depositions reveal presentations of that kind. A fair percentage of the remote population does not have regular, or even irregular, contact with the professionals who can diagnose mental illness. As mentioned above, between 1960 and 1990 the major psychiatric studies by reputable researchers found no evidence of *any* mental illnesses among Aboriginal Australians. Certainly, the many doctors and nurses I met during my early 1960s work

[415] Hari, *Lost Connections*.

never reported or talked about mental illness cases. Individuals may have been unhappy, sad, even given to forms of melancholia, but they were neither clinically depressed nor inclined to undue violence, to self or to others. An inability to cope with neo-liberal expectations and aspirations in modern society, or to manage the symptoms of transgenerational transmission of trauma, is not an illness as such. Often in rational ways—at least according to many interviews of those who survived suicide attempts—they were not merely seeking an exit from life but, seemingly, an entrance to Amery's other state, death, a 'place' up there where life may possibly be better than the miserable lives they have down here. Just as rationally, there are many who reject broader society, and tell us so, more often than not by confrontational methods of death—like hanging in public places. In their own way, such public actions are political statements.[416] Hanging, generally, is hugely more prevalent than gun use, imbibing poison, jumping, train-surfing, drowning, self-immolating or climbing onto electricity power lines.

Two contextual factors loom large in the Aboriginal experience: their very short lives, forever confronted by young deaths, as well as the legacies of a recent past, and a never-certain present. A number of social indicators illustrate the gap between contemporary Aboriginal and non-Aboriginal life. One is life expectancy. Aboriginal males can expect to live to 67, some 11.5 years fewer than non-Aboriginal males. A recent book on Aboriginal sports achievers has an entry on the Rovers Football Club from Ceduna in South Australia, winners of a regional premiership in 1958.[417] Of the eighteen young men in that Australian Rules football team, only one lived to the age of 50.[418] The Rovers team is a truer indicator of Aboriginal life (and death) than the numerical portrait provided by the Australian Bureau of Statistics.

During decades of fieldwork it was obvious that in most communities there is at least one death, natural or unnatural, one funeral, one wake, every week. Children are inured to death at a very early age. Grief suffuses communities and the notion of grief counselling is not seen as culturally relevant. Horwitz

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[416] Ernest Hunter, 'On Gordian Knots and Nooses: Aboriginal Suicide in the Kimberley,' *Australian and New Zealand Journal of Psychiatry* 22 (1988): 264–71.

[417] Colin Tatz and Paul Tatz, *Black Pearls: The Aboriginal and Islander Sports Hall of Fame* (Canberra: Aboriginal Studies Press, 2018).

[418] Australian football (sometimes called Australian Rules football, or Aussie Rules or 'footy'), is played by two teams on an oval-shaped field, with eighteen players on each team. The ball is kicked or handled in any direction between players, and the object is to kick the ball through the opponent's goalposts at the end of the field. The goalposts comprise four posts, each around 6.5 m apart; the two inner posts are taller than the two outer posts. Kicking the ball between the centre (or inner) goalposts scores six points, and through the adjoining side posts scores one point.

and Wakefield lament the 'loss of sadness' and the way psychiatry has turned sadness into a mental disorder.[419] There is no shortage of sadness in Aboriginal life. Sadness is not clinical depression; and sadness is reason enough to end the body that is overcome by it. Grief does not go away in specified timeframes. In a remote New South Wales town I was asked to meet four young Aboriginal men who had attempted suicide and were heavily dosed with the antidepressant Prozac. They took me to the cemetery where they pointed to the grave of a 16-year-old once promising footballer who had knocked down an old lady while trying to steal her purse and thought, wrongly, that he had killed her—whereupon he took a skipping rope from his gym bag and hanged himself, all too visibly, in the public park. The four had bought a 24-can carton of beer: as they each sank a can, so they poured a matching one into the grave for Peter. Why are you doing that? 'We want to join him', was the unanimous and unambiguous reply.

Native North America

The literature on suicide among Native Americans, Canadian First Nations and Inuit and Indigenous Alaskans has grown remarkably in the past three decades. In 1989, for example, David Lester's *Suicide from a Sociological Perspective* covered New Mexico Indian suicides in three pages; in 1997, he was moved to publish a full-length book on *Suicide in American Indians*. Suicide in Indigenous communities is increasing each year.

Andrew Woolford and Anthony Hall are leading the research into the genocidal legacy of Indian communities in North America, especially the impact on children who experienced the compulsory residential boarding schools (similar to the Stolen Generations in Australia).[420] Canadians have the benefit of major investigations: The Royal Commission on Aboriginal People (1991–96), and the Truth and Reconciliation of Canada Report of 2015. The latter gave an eloquent voice to the genocidal nature of colonial and post-colonial policies:

> Physical genocide is the mass killing of the members of a targeted group, and biological genocide is the destruction of the group's reproductive

[419] Allan Horwitz and Jerome Wakefield, *The Loss of Sadness: How Psychiatry Transformed Normal Sorrow Into Depressive Disorder* (New York: Oxford University Press, 2007).

[420] Andrew Woolford, *This Benevolent Experiment: Indigenous Boarding Schools, Genocide, and Redress in Canada and the United States* (Nebraska: University of Nebraska Press, 2015). See also Anthony J Hall, 'A National or International Crime? Canada's Indian Residential Schools and the Genocide Convention', *Genocide Studies International* 20, no. 1, (2018): 79–91.

> capacity. Cultural genocide is the destruction of those structures and practices that allow the group to continue as a group. States that engage in cultural genocide set out to destroy the political and social institutions of the targeted group. Land is seized, and populations are forcibly transferred and their movement is restricted. Languages are banned. Spiritual leaders are persecuted, spiritual practices are forbidden, and objects of spiritual value are confiscated and destroyed. And, most significantly to the issue at hand, families are disrupted to prevent the transmission of cultural values and identity from one generation to the next. In its dealing with Aboriginal people, Canada did all these things.[421]

In 1994, the American and Alaska Mental Health Research Center published the proceedings of a major conference. 'Calling from the Rim' may well be the most important accounts of youth suicide amongst indigenous peoples.[422] Dozens of medical and psychiatric journal papers cite diverse rates of Indian suicide within tribal groups, while others point to sharp differences in prevalence between tribes. The diversity can be partly attributed to the different experiences between different tribes: some genocidal, some plain violent, a few with relatively peaceful relations. As discriminating as these studies appear to be, there remains the problem of the all-embracing title of 'tribe'. *Custer Died for Your Sins* by Vine Deloria Jr, a well-known Indian rights advocate and a former Executive Director of the National Congress of American Indians, remains the most searing, and unrebutted, indictment of American Indian policy, and of white academic attitudes, especially those of anthropologists.[423] He deplores the 'Little Big Horn' and 'wigwam' stereotyping of his people, and I suspect that, while he has not written specifically about suicide, his admonitions of anthropology would apply as strongly to suicidology. In essence, he condemns academe for creating 'unreal' Indians in their attempts to establish 'real' Indians. Thus, the 'bicultural people', the 'folk people', the 'drink-too-much people', the 'warriors without weapons people', the 'between-two-worlds people' are academic constructs imposed on a people who then came to believe, and live out, these external perceptions. Deloria reminds us that when academics talk of the Chippewas or the Sioux, they appear not to recognise that 'there are nineteen different Chippewa tribes, fifteen Sioux tribes, four Potawatomi tribes', and so on. There is an identical perspective among non-Aboriginal Australians:

421 *Honouring the Truth, Reconciling for the Future* (Canada: The Truth and Reconciliation Commission of Canada, 2015), 1.

422 'Calling from the Rim: Suicide Behaviour Among American Indian and Alaska Native Adolescents', *American and Alaskan Mental Health Research Center, Journal of the National Center* 4 (1994).

423 Vine Deloria Jr., *Custer Died for Your Sins: An Indian Manifesto* (Normanton: Oklahoma University Press, 1988).

Aboriginal people are Aboriginal, no matter how different their histories, cultures and experiences.

Anthropology may well have committed many 'sins' against Indian peoples. But the anthropological approach at least attempted to get to know 'their' people and 'their' tribes. Other social science and medical disciplines have adopted a distant, statistical approach, even where there are attempts at differentiation between reservation and non-reservation residents. There is no detail of lifestyle difference, only difference in geographic domain. There is no understanding of 'tribal memory' and the legacy of genocidal trauma. In short, there is no context—social, historical, political—provided in these studies, apart from stating the inevitably obvious that these communities are impoverished, with high rates of unemployment, and so on.

Every study is concerned about under-reporting and about inadequate protocols for identification. The 'Calling from the Rim' report states, 'suicide among aboriginal people cannot be studied through the use of such traditional data sources as vital statistics records, since ethnic background is not recorded on the death certificates in any jurisdiction'.[424] Every study reports more attempts by females, but makes an important point that clustering is more common among females and that more females succeed in their purpose when among the cluster. Without being explicit, there is a strong message that attempted suicide by female youth is in need of serious attention.

Lester provides the best statistical summary of youth suicide, albeit with data at least two decades old. Despite regional differences, there is a sameness about many of the figures and ostensible causes. Indigenous rates of suicide are at least *10 times higher* than the national rates. Attempted suicides are vastly more prevalent.

Lester admits the unreliability of standard psychology tests when used with Native Americans. His checklist of the 'standard' underlying factors is similar to the one in common use in Australia and New Zealand: depression, hopelessness, immaturity, aggressiveness, a history of suicidal behaviour, psychiatric problems, substance abuse, parent and family conflict, lack of family support, physical and sexual abuse and recent stress. He lists sociological factors as social disintegration, family breakdown and cultural conflict (noting the latter is rarely 'listed among the precipitating causes', although it is not clear whether he is being critical of that omission or whether he, himself, believes it not to be significant).

What we can learn from this brief excursion into North America is that there may well be room for a philosophy that is neither proactive nor intrusive, one that waits patiently until one is asked to intervene, explain, or better still, to understand. Of all human behaviours, suicide may just possibly be the one that *always* needs attention, that cannot be left alone, but which needs an attention of a very different kind from the present strategies.

[424] 'Calling from the Rim'.

Lost connections

To date, little has been written about the Indigenous genocide-suicide relationship. There is enough scholarship to say that in the more studied genocides of Armenians and Jews there is an understanding of 'tribal memory', an osmosis of the past that invades the present, or transgenerational transmission of trauma from genocide survivors to subsequent generations. That must surely be considered when examining the factors impinging on the predilection for suicide among Indigenous societies today.

We are beginning to comprehend the long-term legacy for Armenian, Jewish, Bosnian and Rwandan communities but the impact beyond the second and third generations is not yet recognised. Genocidal memory always lingers. It diffuses to the descendants; it hovers in the background and often permeates and suffuses the foreground. It surrounds and invades life, and is found in songs, stories, legends, attitudes to food, in art, language and idiom. And while youth may not know the details, they feel and absorb the emotions. One only has to ask an eight-year-old Armenian child, anywhere, what makes him or her Armenian, or different, and the essential answer will be heard. There is, indeed, an ineluctable phenomenon that Lester calls tribal memory, an *understanding* memory rather than an *explanatory* memory. Second generation Holocaust survivors say they can actually remember events their parents experienced, as though they were themselves present. They can hear the tragedies in their parents' silences and know there are ghosts all around them.

Indigenous peoples are among the world's best oral historians and the stories of their persecution transmit down the generations. In the space of some 180 years, six generations, Aboriginal Australians have endured genocidal massacres, culturally destructive incarceration on reserves, wholesale child removals and physical relocations, and then, in the name of autonomy with the election of the Labor government in 1972, the sudden removal of all infrastructure, however authoritarian, leaving an ill-prepared population to fend for themselves in isolation. Add former Prime Minister John Howard's 'intervention' in remote communities and the re-infantilising of whole populations in the name of saving them from themselves. In short, five (rather than just two) dramatic onslaughts on a people in a very short historical timeframe. Aboriginal suicide, unknown before 1960, erupted savagely after then, a time that coincided roughly with so-called equal rights, civil rights and 'autonomy'.

Among the many flaws in the *DSM* dictionary of disorders, the disregard of grief is one of the most grievous. Grief, or bereavement, is normal, not a medical condition, or a condition that can be limited to two weeks of compassionate leave. Grief is not a fortnight's worth of tears, or a yearlong sackcloth and ashes regimen found in some religions. Grief, as in a formal funeral and an alcohol-fuelled wake, may be the norm in Western Anglo societies but in many cultures mourning rituals are intrinsic to being (and dying). Much has been written about traditional Aboriginal mourning ceremonies and their significance. The present-day absence of those rites, and their lack of substitution, is a key factor

in long-term grief, unresolved and unrequited grief. The grief of the Aboriginal quartet discussed earlier was manifesting a full two years after the footballer's suicide. What is unhelpful in all of these contexts is the particularly strident Australian penchant for an often inappropriate mantra—'move on'.

In the Aboriginal case—as with other persecuted minority victims—there is collective grief, a tone and a tension that is diffused across a community. It is not particularly difficult to comprehend what the German sociologist Ferdinand Tönnies termed *gemeinschaft*, commonly a tight-knit community of people with like tastes, values, attitudes and beliefs. Western society, urban society, with its more insular, privacy-seeking nuclear family structure (*gesellschaft)* tends in such situations to grieve alone, or in tighter circles.

We have before us a remarkable catalogue of collective grief in the 1997 report, *Bringing Them Home*.[425] After nearly two decades of Aboriginal agitation for an inquiry into the Stolen Generations of Aboriginal children, the federal Labor Government appointed Sir Ronald Wilson to inquire into 'the separation' of Aboriginal and Torres Strait Islander children from their families. The word 'separation' in the Commission's terms of reference was meant to infer that removal was temporary. It never was. The whole purport of the child removal policy was that 'transfer' would be permanent. Nevertheless, the Inquiry heard 523 witness testimonies and came to the conclusion that genocide was, indeed, committed by the act of forcible transfer of children from one group to another group (as defined in Article II(e) of the UN Genocide Convention).

The essential themes of *Bringing Them Home* were grief and loss. The stolen children's testimonies were, of course, gut-wrenching—endless tales of coercion, undue cruelty, physical and mental trauma while incarcerated in 'assimilation homes', constant sexual and physical abuse, humiliation, denigration, dehumanisation, all of which often led to attempts at self-harm. I have quoted a number of testimonies in *Australia's Unthinkable Genocide*; two short testimonies here illustrate the experiences. As Rosalie Fraser described:

> The date was 13 March 1961, the place was Beverley in Western Australia. On that day my brother and sister, Terry aged eight, Stuart aged six, Karen aged four-and-a-half, Beverley aged eight months, and myself, were all made Wards of the State through action taken by the Child Welfare Department of Western Australia. The boys and girls were sent to separate institutions and Rosalie was later 'collected' by her foster mother, Mrs Kelly. When we first went to the Kellys, we had no idea where our parents were, we never saw or heard from them and we were unaware of what efforts they might be making to get us back. The

[425] *Bringing Them Home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families* (Sydney: Human Rights and Equal Opportunity Commission, 1997).

> Welfare communicated not with us but with the Kellys. The separation was total; our new life was the only one we knew.[426]

Marjorie Woodrow was born in a small New South Wales country town. It was alleged that she had stole (sic) a pair of stockings. Told that her mother was dead, she was sent to Cootamundra Girls' Training Home, one of the more notorious of many such institutions: 'We were all Aboriginal, we were never called by our names. It was always 'number 108, step forward!' We had numbers sewn on our uniforms. Everyone could see that we were from the Girls' Home. We were branded just like cattle'.[427]

There is a thread that runs through child removal practices: grandmothers, daughters and daughters' daughters; grandfathers, sons and grandsons endured such institutional lives. We know of several generations of families who have that experience. It was not often that an Aboriginal youth experiences a one-off incarceration: the norm was and still is systematic and systemic.

In the aftermath of the Holocaust, the eminent neurologist and psychiatrist Viktor Frankl published *Man's Search for Meaning* (1946). He wrote about those who survived the concentration camps but who had been beaten, starved, tortured. Survivors, he wrote, had purpose in life. Another camp survivor, Italian chemist Primo Levi, also attempted to discover the difference between those who survived and those who perished, in *The Drowned and the Saved*.[428] Reading Aboriginal testimonies, one can sometimes see who were *salvati*, people determined to 'outlive' those who incarcerated and mistreated them, and those who drowned—by alcohol, drugs, violence to others or to selves. Surviving, coping and resilience are nigh impossible to pinpoint as 'characteristics', as inherent or learned responses to grim circumstances. Decades of Holocaust and genocide research has not clearly determined why people behave the way they do in the immediacy of a crisis. Frankl and Levi based their beliefs on their own experiences of genocide.

Is there any correlation between these historical experiences and depleted reserves of serotonin? Can antidepressants address such contextual acts of violence and their transgenerational impact? I think not.

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426 Tatz, *Australia's Unthinkable*, 118.

427 Ibid.

428 Primo Levi, *The Drowned and the Saved* (New York: Abacus Books, 2013).