

OUR BROTHER JAMES



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OUR BROTHER JAMES

A STUDY GUIDE BY MARY TATTERSALL

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SYNOPSIS

OUR BROTHER JAMES TELLS THE powerful story of the effects of one youth's suicide. However, it is more than a poignant narrative of personal tragedy; it allows the audience to engage with broader issues involving family, relationships (between boys and their fathers), communication, isolation (geographic and personal), survivors' guilt, resilience and the wellbeing of young people. The overwhelming message is that life is positive and, in this sense, it is an uplifting story. While the grieving families of those who complete suicide may be ripped apart, life must continue. For some it gains even greater meaning—as it does for James' sister, Alix. Through Alix, the film explores the value of life. Her joyous embrace of life is made all the more touching given the theme of the film. *Our Brother James* is ultimately a story about hope, optimism for the future and personal growth.

CURRICULUM LINKS

Our Brother James can be used for professional development with mental health and social workers. This film could also be used, with expert guidance, with older secondary students, tertiary students and with youth and community groups. Curriculum links include Communication and Personal Development, Studies of Society and Environment, Cultural Studies, English and Media Studies.

KEY TERMS

Here are some of the key words and terms used in discussions about mental health and suicide. It is useful to check that students understand the meanings of these words as part of working with this film. This could be done through individual or small group activity, using the entire list or dividing responsibility for explaining the terms:

SUICIDE, DEPRESSION, RISK FACTORS, VULNERABLE, PRE-DISPOSE, CONTEXT, RIGIDITY, CONDUCT DISORDERS, SCHIZOPHRENIA, RESILIENT, ISOLATION, ADVERSITY, OPTIMISM, PESSIMISM, ALOOFNESS, WITHDRAWAL, IMPULSE CONTROL, DISTRESS, MISCONCEPTIONS, MYTHS.

THE CONTEXT: YOUTH SUICIDE

James neatly fits the stereotype of youth suicide. His story also highlights some of the reasons that may drive an individual to contemplate such a drastic action. The statistics tell us that Australia has the highest rate of suicide in the world. The suicide rate in men under the age of twenty-five has tripled in the last five years, and young men in rural and remote communities are particularly vulner-

able. It is scandalous to realize that young Aboriginal men are more likely to die by suicide than any other cause.

RISK FACTORS

According to research, several factors predispose young people to attempt or complete suicide, and when more than one factor is present, the risk of suicide is heightened. Discuss the following risk factors in relation to the film, and in the broader context of the young people you know or work with.

PERSONALITY

The young person may have exhibited withdrawal, perfectionism, poor impulse control, aloofness, aggression, lack of trust, rigidity and hopelessness. Such characteristics, in association with depression, conduct disorder or substance abuse, may lead to suicide.

SOCIAL AND CULTURAL

Factors include: increased levels of violence associated with decreased levels of concern; increased mobility, changes in social and friendship structures; lack of security in employment, housing and education; the changing roles of men and women; and larger and less cohesive communities.

FAMILY STRESSES

These include: marriage dissolution, changes in family structure; poverty; inconsistent parenting; family violence, sexual or domestic abuse; suicidal behaviour within the family; and death of a family member.

MENTAL ILLNESS

There are many psychiatric disorders that can increase the risk of

suicide. These include depression, manic depression, conduct disorders and schizophrenia. Those who are intent on suicide are not likely to be conscious of their emotional state.

BEHAVIOURAL

These include: inappropriate use of alcohol, drugs or solvents; writing suicide notes and choosing methods; dramatic variations in work performance or daily lifestyle; behaviour indicating feelings of rejection, humiliation, hopelessness or isolation; impulsive behaviour, and conduct disorders including rage, anger and hostility.

BIOCHEMICAL AND GENETIC

Studies have demonstrated links between reduced brain activity and subsequent suicide or violent suicide attempts. No direct link has been established between genetic inheritance and suicide.

EXPOSURE TO ATTEMPTED OR COMPLETED SUICIDE

This includes: seeing the person who completed suicide and being involved in the aftermath;

having talked with or seen the person on the day of the suicide;

belonging to the family of the deceased;

exposure to the attempted or completed suicide of a role model; and

reading or hearing about suicide in the media.

DISCUSSION

- How can these factors be recognized and addressed before they result in attempted or completed suicide?
- How did James' personality and behaviour fit with these factors?
- How did those closest to him react, at the time and afterwards?
- How do you think you would react? What information do you need to help you respond appropriately to such a situation?

EDUCATION AND SUICIDE PREVENTION: A THORNY ISSUE

As the evidence shows, this is an extremely important and sensitive issue. Any discussion of suicide or proposed education programme needs consultation with experts, to ascertain whether the intended information is appropriate for an intended group or purpose.

At the end of the film, we see Alix in Geraldton, attending a meeting of people whose lives have also been affected by suicide. She says to Professor Pierre Baume, 'I go into schools and talk and I've had a lot of feedback from people saying that they think that maybe mentioning the word suicide to children actually normalises it and makes it an option'. Baume responds:

There is a study of about two hundred and fifty schools where they were running programmes and raising the issue with a group of kids ... They found that in all of the schools where they ran the programme, the suicide rate went up, in every single school. In schools where they did nothing, the suicide rate and the suicide attempt rate remained the same.

For a well-researched and detailed official government view, consult



<http://www.health.gov.au/hsdd/mentalhe/resources/nysps/prevent.htm>

According to their research:

Major concerns surrounded the accuracy of the information contained in some school suicide awareness programmes, the potential for encouraging imitation, and the potential to raise guilt if adolescents were unable to assist their peer. Hazell also noted that the widespread introduction of suicide awareness programmes in schools in some parts of the United States had coincided with an increase in youth suicide rates in those states compared to others.

Hazell also reported significant research questioning the safety of such programmes for those most vulnerable to suicide. The research suggests that general suicide awareness programmes directed to students in schools do lead to increased knowledge about suicide and mental health referral sources (Centers for Disease Control, 1992). However, given the concerns about safety, caution is required if they are to be implemented, and it may need to be considered whether the goals of school suicide awareness programmes could be better achieved through other methods.

The majority of young people who complete suicide are no longer attending school and are in the twenty to twenty-four years age group, meaning that school programmes of any sort are only one of a range of programmes required. <http://www.health.gov.au/hsdd/mentalhe/sp/index.htm>

This information is from the Commonwealth Government's Mental Health and Wellbeing web site, which enables you to access up to date and reliable information on this extremely sensitive issue.

QUESTIONS FOR DISCUSSION AND RESEARCH

- What kinds of strategies help young people deal with the risks of suicide in themselves and others?
- What can professionals—teachers, counsellors and people who are at the coalface with young people—do to help young people at risk to become more resilient in the face of adversity?
- What pro-active approaches can education/parents/community organizations offer to help protect young people against the risks that may contribute to suicide?
- Research and evaluate existing community projects and organizations that have programmes for young people. Some are listed at the end of this guide.

RESILIENCE AND WELL-BEING: ALIX'S SELF-DEVELOPMENT

One of the most powerful messages of the film concerns Alix's embrace of life and her growth in understanding her own actions.

QUESTIONS FOR DISCUSSION AND ACTIVITIES

- What are some of the many ways in which people deal with tragedy and grief so that they can begin to move on?
- Identify and discuss the ways that different social and religious groups deal with grief. Which are similar, which are different? What can we learn from each other?

- Making this film helps Alix deal with her guilt. How has this affected her daily life and how does she eventually overcome it?
- Brainstorm some effective ways of dealing with real or perceived 'demons' in our own lives.
- Alix's acceptance of James' death is symbolised in her dreams. One dream features the unreconciled image of her brother traipsing through endless rooms; it is a haunting and disturbing image. In another dream, she meets James and has the opportunity to say good-bye to him. Does this dream effectively demonstrate closure of the episode of James' suicide for Alix, indicating her ability to move on?
- How do Alix's journeys, physical and mental, demonstrate her personal growth?
- What are the most effective visual images in this film for you? What do they add to the narration?
- What makes Alix's character different from James? What evidence does the film provide to explain how she was able to withstand the troubles that eventually destroyed James?

FAMILY, SOCIAL AND CULTURAL INFLUENCES

In one of the opening scenes, Alix summarises her family:

My family consists of three mothers and two fathers, and I've got to count every time, seven kids. I just describe our family as completely queer, sort of like God got all these weird, strange people and threw them into one family and just said 'Get on with each other'.

DISCUSSION QUESTIONS

- Is there such a thing as a 'normal' family? Why does Alix consider her family 'queer'?
- List various types of families and how each structure might impact on the development of self, and the young person's ability to cope with change and be resilient.
- How might this family structure have had a negative influence, particularly on James?
- Alix was James' confidante, but she wasn't mature enough to offer the help he needed. Identify the support services available for young people and families in your community when they feel unable to cope with life crises.
- What problems may arise from geographical isolation?
- How can programmes be advertised to young people in order to overcome the stigma that it is not 'cool' to seek help?

ACTIVITIES

- Brainstorm the positive qualities of your family or of families that you regard as 'ideal'. What positive aspects does your cultural background add to your concept of family? What aspects are similar to those of your friends? What are different?
- Compare the qualities of your 'ideal' families with those you think are ineffective.
- What qualities do you bring to your family life? Are there areas you hope to improve?
- Imagine that you are twenty years older than your present age. Write a letter to yourself



as you are now, giving you the advice you think you need.

- Aimee was born when Alix was only eighteen years old. From the evidence we see in the film, what is Alix doing well in her parenting? What lessons can you learn from her?
- What do the main world religions—Buddhism, Christianity, Judaism, Islam—say about suicide in their teachings? What help and support is available from these and other religious groups to help young people of those faiths who may be in distress? Use this information to design a web site or a pamphlet that could be used to publicize these services in appropriate ways.
- Effective parenting courses are an excellent preparation for the stresses of family life. Invite a trainer to talk about courses available for mothers, fathers and couples. Evaluate a selection of courses for their suitability.
- What constructive suggestions would you have made to James' father about his parenting?

INDIGENOUS COMMUNITIES AND SUICIDE

- Suicide is a particular problem for many Indigenous communities. What additional factors affect Indigenous youth that contribute to the scandalously high rate of suicide in their communities? For a brief overview see:

<http://www.health.gov.au/hsdd/mentalhe/resources/nysps/strategy/strat10.htm>
- What support is available to Indigenous youth and their fami-

lies to support them in times of crisis?

- What can you and the wider community do to help create a supportive atmosphere for all Australians?
- There are excellent videos available to support Indigenous Studies, including those made by Indigenous film-makers in series such as *From Sand To Celluloid*, and on television, through programmes such as *ICAM*. These programmes can be very helpful for initiating respectful discussion and for bringing the reality of many Indigenous Australians' lives to those who are otherwise isolated from it.

MYTHS AND MISCONCEPTIONS

Tragically, James had been crying out for help and making threats of suicide from the age of fourteen, but his distress was largely ignored. Here are some commonly held misconceptions about suicide. Try to ascertain how these ideas have become myths. You may wish to consult experts as part of your research to find accurate responses.

- Some people are always suicidal.
- No matter how well-intentioned, alert and diligent people may be, there is no way of preventing suicide from occurring.
- The main problem with preventive efforts is trying to implement strategies in an extremely 'grey' area.
- Young people who talk about suicide never attempt or complete suicide.
- Suicide is painless.

- A promise to keep a note unopened and unread should always be kept.
- Attempted or completed suicides happen without warnings.
- If a person attempts suicide and survives, they will never make a further attempt.
- Once a person has decided to suicide, there is no way to stop them.
- People who threaten suicide are just trying to seek attention.
- Suicide is always the ultimate selfish act.
- Talking about suicide or asking someone if they feel suicidal will encourage suicidal behaviour.
- Suicide is hereditary.
- Only certain types of people become suicidal.
- Depression and self-destructive behaviour in young people are rare.
- All suicidal people are depressed.
- Once a young person is suicidal, they will be suicidal forever.
- The only effective intervention for suicide comes from professional psychotherapists with extensive experience in the area.
- Most young people never seek or ask for help with their problems.
- Suicide is a cowardly action.
- Suicidal young people are always insane or mentally ill.
- Suicide is more frequent in young people from higher or lower socioeconomic status areas.

MEDIA REPRESENTATIONS OF SUICIDE

The Australian federal government has developed media guidelines for the reporting of suicides in order to regulate the balance between public interest and the possibility of damage and further suicides. These guidelines are the reason why suicide is now not reported as much as formerly.

A quick reference card can be downloaded from the Department of Health & Aged Care web site at <http://www.health.gov.au:80hfs/hsdd/mentalhe/mhinfo/ems/media.htm>

(The film *Our Brother James* has been assessed by Professor Pierre Baume, CEO of the Reach Youth Foundation. He has issued a statement that the film does not contravene the media guidelines on reporting suicide.)

Examine how suicide is represented in each of the following films. Can you identify warning signs in each story that could have been acted on to prevent the suicides?

Looking for Alibrandi
Romeo and Juliet
Hamlet
Dead Poets Society

ACTIVITIES

- Role-play critical moments in these dramas. Use these as the basis for writing or discussing alternative endings for the young people in these stories.
- Prepare notes for a coronial enquiry into these deaths. What evidence can you present about what led to these tragic deaths? Are there any common factors in these fictional stories separated by continents and centuries?

ALIENATION

Adolescence is a time of great change and decision-making. Many young people feel isolated for a variety of reasons, including insecurity about their looks, sexual preferences, political views or general shyness.

DISCUSSION AND ACTIVITIES

- Alix says she was 'so blind for so long' in relation to James. What does she mean?
- Alix describes James as someone who was 'oversensitive, socially inept and found it hard to make friends'. Analyze the many factors that may have contributed to this.
- What roles do friends play in our lives? What does it mean to you to be a friend? What do you expect from a friend? Interview your best friend and see how you both rate. Is there anything you could change or improve? Make a commitment to do one thing better, starting today.
- There are support groups for adolescents with a variety of needs. Alateen is a support group for adolescents who are either alcoholics or come from a family with a parent who is an addict of some kind. Sexuality and sexual preferences may not be discussed in some families or communities, so it is important to know that there are also groups for adolescents who are gay or confused about their sexuality and need support. There are also sites with literature to help adolescents and their families to understand the issues involved. <http://www.gbwebworks.com/pflag/readings.htm>
- Identify resources, films, books, pamphlets and web sites relat-

ing to issues of sexuality. Make sure that they are publicized and accessible, in contexts where this is appropriate.

- How can music help to heal us? How does Alix use music? What is your favourite song or piece of music? If you are willing to do so, share this with a group, explaining why it is helpful to you.
- Discuss what individuals can do to create safe and supportive environments in any community, whether it is a school or a special interest group. Create an agreement for your group about what kind of environment you want and what you are prepared to do to make it happen.

BIBLIOGRAPHY/INTERNET LINKS

Youth Suicide Prevention Projects
<http://www.yspp.org/>

Australian Institute of Family Studies
<http://www.aifs.org.au>

Mental Health in Multicultural Australia
<http://www.mhima.org.au/>

Beyond Blue National Depression Initiative
<http://www.beyondblue.org.au>

Lifeforce Suicide Prevention Program
<http://www.wesleymission.org.au/centres/lifeforce>

Mental Health & Wellbeing <http://www.mindhealthconnect.org.au/>

Prevention Strategies for Adolescent Depression <https://www.mja.com.au/journal/2007/186/6/australian-school-based-prevention-and-early-intervention-programs-anxiety-and>

Reach Out! Information for young people
<http://www.reachout.asn.au>

Schizophrenia Fellowship
<https://www.sfnsw.org.au/>

Seasons for Growth <https://goodgrief.org.au/seasons-for-growth>

The Yellow Ribbon Program Australia <http://www.yellowribbonproject.org.au/home>

Youth Suicide http://www.rch.org.au/cah/research/Youth_Suicide_in_Australia/

Youth Suicide Prevention – National University Curriculum Project, Background Report
<https://aifs.gov.au/sites/default/files/pm%281%29.pdf>

PROGRAMMES FOR YOUNG PEOPLE

These are just a few of the programmes available to support young people.

Here for Life – Youth Suicide Prevention & Youth Sexuality Project
Tel: (03) 9548 7240
Fax: (03) 9548 7260
Freecall: 1800 359 770

Kids' Help Line: 1800 551 800

Lifeline: 131 114

FURTHER RESOURCES

This is a useful quick link for students researching issues to do with health and wellbeing. It has links to a number of common areas of student assignments.

www.health.gov.au/students.htm

Check for services available in your state or area similar to this one:

MENTAL HEALTH LIBRARY
1st floor, Clinical Services Centre
Royal Park Hospital, Park Street
Parkville VIC 3052

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Our Brother James

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Director: Jessica Douglas-Henry
Producer: Mary-Ellen Mullane
Executive Producer: Franco di Chiera



Our Brother James and *From Sand to Celluloid* are both distributed by Film Australia Limited. For information contact:

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