

Highly Commended = Melita Smilovic (NSW)

What is a snowflake?

My cousin, who has started a tradition of decorating gingerbread shapes with the children in our family, told her mother about a snowflake cookie cutter she had bought.

“What is a snowflake?” asked her highly intelligent mother, whose first language is not English.

“You know, like a piece of snow – a flake of snow – a snowflake!”

Her mother remained perplexed.

“What does it look like?”

“Like a star, sort of...” began the tortured explanation, “like a crystal...it’s meant to look like a piece of snow.”

“But snow doesn’t look like that.”

She was right. Snowflakes, as we see them, do not look like their cookie cutter or tree ornament equivalents.

My cousin and I have a long-running commentary on trying to explain or translate concepts to our parents. “If I cannot explain this, what can I explain?” she asks. This gulf in understanding is caused by English not being our parents’ first language and because they never had the opportunity to be educated in their home countries, let alone in Australia.

My cousin’s struggle to explain a simple cookie cutter shape got me thinking. Depression – as a clinical illness – has finally become understood (somewhat) in my family. It is present in many branches of the family tree. Its roots are deep and invasive. But try explaining the term ‘carer’ as it is used by clinicians or defined by the government for the purposes of getting a ‘carers allowance’. It’s getting into snowflake territory.

My father is a carer. He is also ageing. But who will care for him, when the time comes?

My father is the only one of 11 children that came to Australia after World War II. After escaping the communist republic of Yugoslavia, he spent time in a refugee camp in Italy. When I asked him why he chose Australia, he answered, “There was a boat. I got on it.”

His first home in Australia was his cousin’s garage. Since then, he has married and raised a family of three children, worked hard, established his own successful cleaning business, and owns his home. Any extra money always goes towards supporting family, including his four grandchildren, and anyone else in need.

Where is my mother in all this? The way I see it – through the distorting lens of childhood, and the mother daughter relationship – she gradually lost her ability to work, to take care of herself and her family. I was resentful. Angry. Confused.

Now, as a mother myself, struggling to balance work, self, family, I see it differently. She is a woman of individuality and humour, clever but frustrated, loyal and loving, steadfastly refusing to accept any ‘diagnosis’ presented to her and any ‘medication’ that might come with it. It was as an adult that I came to understand that she had a mental illness. And it was as an adult that I experienced mental illness myself. So did my brother. And my sister.

We all tried to get her the help that we had found for ourselves. But she wouldn’t have it. ‘Mental illness’ was not in her vocabulary. Any intervention was meddlesome, invasive, and downright rude. None of it made sense to her – she had worked, raised a family, given everything she had until there was nothing left. We were the mad ones!

Factors contributing to depression in older people include the impact of experiences such as war, migration or suicide in the family.¹ My mother has experienced all of these. So have many other migrants and refugees. Due to large-scale immigration to Australia after the Second World War, it is predicted that by 2011 one in every five people aged 80 or older will be from a culturally and linguistically diverse (CALD) background, and that in 2026 this proportion will increase to one in every four people.² Who will take care of them? The largest group of primary carers is women of middle age.³ But more women are working – their participation in the labour force has risen from 44% in 1978 to 57% in 2005⁴ and the majority of women with dependent children now work.⁵ I have two children, I work full-time and my capacity to support my parents when they most need me has been depleted. I live in a different city and I am less available than ever.

My husband, who works part time, visits my parents more than I do. He helps ensure that my parents' relationship with their grandchildren is strong and a source of joy. My daughters' delight in their grandmother's capacity for child-like foolishness and fun. They love helping my father fix things. His capacity for hard physical work, especially when it comes to maintaining our old house, is only slightly diminished by age. I remember him picking up an enormous, top-loading washing machine and walking it down our back stairs to our laundry. My husband and I looked at each other in wonder, then laughed.

My father is a man of enormous physical strength, but also emotional strength. He believes that "you got to talk about things" but sometimes I see him get tired, reticent and dumbly accepting. He is a support to many in his family and community. I'm sure it feels great to feel valued, useful, needed, but I see that it also takes its toll. A few years ago, he believed he was having a heart attack, which had my sister rushing from a hair salon with half a haircut to drive my father to the hospital. The initial diagnosis of angina turned out to be anxiety. Not a heart attack, but a panic attack. My father had the wisdom to know that if he did not take care of himself, everyone's health and welfare would be at risk. He did as the doctor ordered. He rested more, talked about what was troubling him, took medication and had physical checks with his GP every 6-12 months. He bought a bike. He went to the gym. He ate healthy food. But a series of losses made him vulnerable: the cousin he lived with when he first came to Australia died of cancer; his dearest sister died; his youngest sister took her own life; a close friend and neighbour also died of cancer.

The process of migration means enduring loss. To revisit this type of experience later in life is not easy and is often cause for depression amongst older people.⁶ Waves of migrants are experiencing the same things as my parents. Some are refugees; some have endured torture, trauma, and unspeakable horrors in their homelands. These stories are not uncommon. And they will be even less uncommon as the population ages.

We all need to be taken care of. As we age, this need becomes greater. It's hard to face for those who are ageing and those with the responsibility of supporting ageing parents or relatives.

¹ The Elderly Suicide Prevention Network (NSW), *Working towards the prevention of depression and suicide in older people* <http://www.livingisforeveryone.com.au/IgnitionSuite/uploads/docs/Depression.pdf> accessed 13 January 2010

² Gibson, D, Braun, P, Benham, C, Mason, F (2001) *Projections of Older Immigrants: people from culturally and linguistically diverse backgrounds, 1996-2026*

³ NSW Refugee Health Service (2006) *Caring for Older Refugees in NSW: A Discussion Paper*

⁴ The Hon. Kevin Andrews MP *Work and Family: The importance of workplace flexibility in promoting balance between work and family. Issues paper*

⁵ Workforce, Union Teach, *Lessons for a Fair Society* http://labor.net.au/teach/3_factsheets/1063253992_13943.html
Accessed 19 December 2009

⁶ The Elderly Suicide Prevention Network (NSW), *Working towards the prevention of depression and suicide in older people* <http://www.livingisforeveryone.com.au/IgnitionSuite/uploads/docs/Depression.pdf> accessed 13 January 2010

As my dad says, “you got to talk”, to friends, family, partners, or whoever can provide support. Take care of yourself or you sure won’t be able to take care of anyone else. Take a break. Stay active. Maintain social contacts. How can the simple things be so hard?

“You got to talk”. Silence breeds misery and loneliness and is the harbinger of depression.
“You got to talk” not just about the bad stuff, but the good stuff, too.

My mother has lots of good memories. I listen to them now, when once they frustrated me. “But what about now!” I would shriek. “Stop living in the past!” I’m more accepting of what makes her happy, now. I try to affirm what is good in our relationship instead of focusing on the bad. She is a person in her own right, not just my ‘mother’, a role which I now understand is primal, yet tightly socially constructed... so that we can easily feel like failures. My exposure to feminism, education and working mothers as the norm allows me the privilege to contemplate and change my situation if I wish. My mother didn’t have these choices. Maturity has allowed me to develop a greater respect and understanding for people who grew up in a different generation. This is what I wish to receive from others as I age.

Just as a cookie cutter will never represent a snowflake as we see it, no cookie cutter will ever represent the experience of real people. Looking beyond templates to understand the behaviour and experience of individuals and their relationship to any broad group – whether it’s carers, migrants, refugees, people with a mental illness or the aged – is worth striving for. If we can achieve this as individuals, we might be able to achieve it as a community, or as a government or as a nation. Then, step-by-step, we might just get somewhere.