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New Thinking About Old Ways: Cultural Continuity for Improved Mental Health of Young Central Australian Aboriginal Men

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Abstract

Decades of reports and policy have drawn attention to the significant social and occupational impairment of many young Aboriginal men in Central Australia. However, the role of mental ill-health as a contributing factor to this impairment, and culturally appropriate intervention targets have received insufficient attention in the psychiatry literature. Despite having the worst health outcomes of any population in Australia, Aboriginal men chronically underuse primary health care services. It's proposed that interventions ensuring cultural continuity through Identity-strengthening with a particular focus on positive Aboriginal masculinities will address a critical mental health gap for young men. In Central Australian and broader Indigenous populations, tangible and measurable kinship, language, religious and economic (KLRE) activities are catalytic vehicles for restoring traditional knowledges that suffer ongoing pressures as a result of colonisation and assimilationist Government policy. By transforming KLRE knowledge content from ethnographic archives, these culturally rich repositories may be utilised to create education and engagement materials that will support young Aboriginal men's efforts to obtain and maintain positive mental health. This proposal focuses on building resilience through the acquisition of KLRE knowledges which young Aboriginal men can utilise as resources for enhancing positive identity and mental health outcomes.

The association between disengagement from traditional knowledge and mental ill-health among Young Aboriginal Men from Central Australia (YAMCA; aged 12-25 years) has drawn commentary from social science researchers for decades (Australian Institute of Health and Welfare, 2021; Cawte & Kidson, 1965; McCoy, 2009; Strehlow, 1954). Situated near the geographic heart of Australia, the traditional lands of the Arrernte people now feature the region's largest economic center, Mparntwe/Tyuretye, known in English as Alice Springs (Strehlow, 1972). First contact between the Arrernte and British colonists occurred in the 1860's nearly a century after the British arrived on the Australian coast (Kimber, 2011). Initially a remote outpost, Alice Springs' population expanded between the 1870's to the 1930's causing the local Arrernte to become vastly outnumbered by Europeans and Aboriginal people from outlying areas (Strehlow, 1972). This upheaval suppressed traditional religious expression, fractured social structures and interfered with intergenerational knowledge transfer (Elkin, 1951; Linnekin & Poyer, 1996, Strehlow, 1972).

Twentieth century assimilationist government policies were introduced to 'breed out' Aboriginal people in Central Australia (Elkin, 1951; Hart, 2019; Strehlow, 1972). Consequently, the wellbeing of Aboriginal people deteriorated as the pre-colonial roles that imbued each individual with purpose were undermined by successive assimilationist era Governments (Cawte & Kidson, 1965; Hart, 2019; Kimber, 2011; Strehlow, 1997). Historically relevant to Central Australia, from 1932 until his death in 1978 Ethnographer TGH Strehlow worked closely among Arrernte (and other tribal men) recording what he described as their deterioration, regression and increasing social dysfunction (Strehlow, 1954). Based on his decade's long interrogation of Aboriginal societies, Strehlow commented "*in short, the collapse of the old religion and old traditions has left in its wake, serious social disorders*" (TGH Strehlow, 1954, Pg. 8). Over forty years, Strehlow documented cultural institutions and society from religious authorities with encyclopedic knowledge (akngerrepate) producing one of the richest archives of Aboriginal knowledge in the world (Gibson, Angeles & Liddle, 2018; Hill, 2006). Strehlow was not alone in his concerns. In the 1960s, Ethnopsychologists Cawte and Kidson worked among the neighboring Warlpiri and Alyawarr peoples and commented on the destructive impacts of

assimilation policies (Cawte, 1965; Cawte & Kidson, 1965). The deliberate suppression of traditional cultural life (and associated disruption to traditional cultural continuity) in favor of introduced religions and societal values by British colonial authorities caused protracted morose states amongst individuals, social and occupational impairment, withdrawal and increased acts of physical violence (Cawte, 1965; Cawte & Kidson, 1965).

In the contemporary context YAMCA are often poorly educated (e.g., English illiteracy and innumeracy), significantly unemployed, suffer physical violence, incarceration and poor mental health characterised by substance abuse and suicide (Brown et al., 2013; Brown et al., 2016). More broadly, significant health and social inequities caused by systemic and structural racism are experienced by young Indigenous men globally (Smith et al, 2020; Merlino et al, 2020). The mental health of Indigenous men remains at the periphery of gender discussions in health contexts, and commentary regarding Indigenous men focuses on negative impacts of contemporary power, patriarchy and harms associated with adopting hegemonic forms of masculinity (Langton, 2008; Hart, 2019; Smith et al, 2020).

Despite the observations and concerns voiced by researchers over successive decades, little has been done to investigate remote Aboriginal perspectives on mental health (McCoy, 2008). These effects appear to be intensifying, compounded by the rural to urban migration of Aboriginal people seeking access to Government (and other) services (Austin-Broos, 2009, Strehlow, 1954). Considering these historic and contemporary factors, it is proposed processes that facilitate restoration of traditional knowledges will act as a mechanism to counteract social dysfunction among YAMCA. Moreover, interventions targeted at enhancing Aboriginal identities should be adapted and implemented for the benefit of other Aboriginal language speaking groups in Central Australia and beyond.

Health interventions in Central Australia have largely ignored the unique identities of Aboriginal people and failed to address structural and systemic issues that YAMCA require to meet their collective health and wellbeing needs (Canuto et al., 2018; Smith et al., 2020). Without a comprehensive discussion of alternative, strength-based Aboriginal masculinities there is little hope for improving mental health outcomes for young Aboriginal men (Griffith, 2012; Smith et al., 2020). YAMCA require nuanced approaches that incorporate positive masculinities (e.g., visible and accessible role modelling of traditional knowledge intellect, multilingualism and adherence to traditional society i.e., kinship/anpernirrentye) to ensure culturally and contextually appropriate interventions that address their mental health needs (Smith et al., 2020). Such interventions require the intergenerational exchange of cultural knowledge between Elders (akngerrepate) and YAMCA and locally, contextually based role modelling (Griffith, 2012; Smith et al., 2020).

Many YAMCA experience initiation practices as part of their rite of passage (boyhood to manhood). In this process they become recognised as ‘men’ according to pre-colonial traditional lore (Altyerre) and societal values while concurrently being proficient in one or more Aboriginal languages (Smith et al., 2020). Intersecting factors including language, religious beliefs, culturally targeted interventions and health status collectively deter YAMCA from accessing primary health care services, particularly those less likely to engage in non-tailored programs (Canuto et al., 2018; Smith et al., 2020). A shift towards strength-based approaches is required to prevent further disenfranchising and disengagement amongst YAMCA.

Revival of Indigenous knowledges has proven to be a protective factor against poor mental health among Indigenous people (Hallett, Chandler & Lalonde, 2007, Kirmayer et al., 2011; Wexler et al., 2015). Previous interventions sensitised to Indigenous communities have demonstrated a relationship between strengthened identity and improved mental health outcomes (Gray & Cote, 2019; Chandler & Lalonde, 2008). Cultural continuity has been conceptualised as incorporating six key factors including (i) accessibility to communal cultural facilities for the intergenerational transfer of traditional knowledge, (ii) land autonomy (e.g.,

treaty, title), (iii) self-governance (e.g., economic and political independence), (iv) control of health, (v) education and (vi) policing services (Chandler & Lalonde, 2008). Communities lacking markers of cultural continuity demonstrate heightened rates of poor mental health and youth suicide (Kirmayer et al., 2011; Chandler & Lalonde, 2008). While cultural continuity shows promise in other settings, implementation of mental health approaches that focus on cultural continuity remain untested in Central Australia.

Previous studies have established that Indigenous people who lack agency over their identity are more likely to experience alienation and socially dysfunctional behaviors (Adams et al., 2014; Battiste, 1998; Kirmayer et al., 2011; McCormick, 2000; Wexler et al., 2015). A systematic review of literature examining Indigenous communities in Australia, Canada, the United States and New Zealand found that communities who received targeted cultural interventions and reflected cultural definitions of health and wellbeing had lower instances of suicide and helplessness than those who did not (Clifford, Doran & Tsey, 2013). Moreover, intellectual acquisition associated with Indigenous knowledges promotes a sense of agency, enhances self-esteem and improves interpersonal interactions, adaptive thinking and behavior (Baka, Derbis & Maxfield, 2012; Salzman, 2001; Salzman & Halloran, 2004; Salzman, 2018).

Additionally, theorising such as cultural anxiety buffering proposes that positive identity is achieved through traditional knowledge acquisition, and is critical to building resilience (Baka, Derbis & Maxfield, 2012; Salzman & Halloran, 2004; Wexler et al., 2015). Cultural anxiety buffering suggests an individuals' certainty about prescribed standards of living and social engagement improves personal and social confidence and emotional regulation (Kirmayer et al., 2011; Salzman, 2001; Salzman & Halloran, 2004; Salzman, 2018). Universal knowledges associated with traditional society once reinforced a cultural anxiety buffer inherent to Central Australian Aboriginal people's psychology (Strehlow, 1954). Acquisition of knowledge met the collective needs of Central Australian societies and prescribed religious identities, gender roles and responsibilities (Strehlow, 1954; Turpin, 2015). We argue that the production and utilisation of audio-visual materials for education and engagement activities based on co-design

principles will re-engage YAMCA, ensure cultural continuity, build resilience and enhance mental health. It is proposed that enhancing identity through reintroducing traditional knowledge is critical to improving mental health among YAMCA. This includes recognition of strength-based masculinities, identified as a critical gap related to Indigenous men's health (Griffith, 2012; Smith, Watkins & Griffith, 2020).

Modern social anthropological theory focuses on four key traditional institutions: kinship, language, religion and economy, known as the 'KLRE' model of Australian cultures (Rose, 2017). The KLRE model proposes that Indigenous Australian cultures were organised around these key institutions providing cognitive and intellectual scaffolding or 'idea systems' fundamental to social cohesion (Read, 2013). Relevant to the Arrernte speaking area (and translatable into other desert languages), this incorporates knowledge associated with anpernirrentye (kinship), angkentye (language), Altyerre (religion) and arne ingkirreke-ke akaltye-irretyeke (economics; literally translated to 'learning everything/all things'). Where archival data has been reintroduced, significant improvements in individual and community wellbeing have been reported (Gibson, 2018; Nakata, Byrne, Nakata & Gardiner, 2005; Turpin, 2017). In achieving this, archives require access by culturally qualified Aboriginal researchers, activated utilising modern technology and databases and updated (i.e., language orthographics) to ensure community accessibility (Perrurle & Judd, 2018). Indeed, research from the Utopia region in the Northern Territory (approximately 240 Km North-East of Alice Springs) suggests that relative continuation of religious practice, language and occupation of traditional clan estates in two linguistically similar subgroups (Alyawarr/Anmatyerr) has contributed to better overall health outcomes when compared to other communities in the region (Anderson & Kowal, 2012).

Multilingualism was once the norm across Central Australia, however traditional languages are undergoing a process of simplification (Strehlow, 1964; Turner et al., 2010). Younger speakers have lower levels of fluency relative to elders and previous generations, and this challenge is compounded by a lack of English comprehension (Bauer et al., 2010; Brown et al., 2012; Turner et al., 2010). This decreasing language proficiency marginalises YAMCA, placing them in the

mute middle ground, as they become unable to appropriately articulate emotional states in either primary language or English (Turner et al., 2010). Conversational fluency in native languages has shown to be a protective factor against youth suicide in First Nations populations in Canada (Hallett, Chandler & Lalonde, 2007). It is therefore proposed that a focus on traditional language acquisition combined with modern forms of literacy (I.e., Henderson & Dobson, 1994) is critical to arresting decline in mental health among YAMCA.

In summary, we argue that strategies aimed at improving mental health outcomes among YAMCA and Indigenous young men more broadly require cultural-specific adaptation, suited to their contextual needs and environment, including positive Indigenous masculinities. By building on and extending prior work, reengagement activities and enhancing knowledge relating to kinship, language, religion and economy can re-establish cultural anxiety buffers, build resilience, ensure cultural continuity and result in better mental health outcomes among YAMCA. These activities will enable young Aboriginal men to engage and more meaningfully contribute to contemporary society, developing strengths and a positive identity that will enable them, and others around them, to thrive.

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Arrwekelenye areye, akngerrepate areye uthene ingkerreke akwete impene anthurre kwenhe. Akngerrepate areye-le akwete arne Altyerre-kenhe-areye atnyeneme, apmere-kenhe ayeye atningke anthurre atnyenemele. Anwerne kwenhe itnenhe ingkenteme.

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