Mapping the health promotion benefits of Art Centres on the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands: An Ethnographic Account

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OPERATIONAL DEFINITIONS IN THE THESIS[1]

Aboriginal Community Controlled Health Organisation (ACCHO) or Aboriginal Community Controlled Health Services (ACCHS)	The term ACCHO refers to Aboriginal health organisations established in and across the Northern Territory and South Australia's Anangu Pitjantjatjara Yankunytjatjara (APY) Lands and usually affiliated with the National Aboriginal Community Controlled Health Organisation (NACCHO). These organisations are an expression of Aboriginal health empowerment, founded on the principles of self-determination.
Activity Management System	The software used to help Art Centres managers in the day-to-day running of Art Centres, including their cataloguing, sales, artwork history, artists' details and biographies, consignments, sales, invoicing and accounts.
Anangu	A generic term for the Aboriginal peoples of the Western Desert. It also refers to a Western Desert language-speaking Aboriginal person. Yankunytjatjara people use the word Yanangu. The term Anangu can be compared to other collective descriptive language group names such as Wongi, Nyoongar, Koori and Murri.
Arts and health	All activities that aim to use arts-based approaches to improve individual and community health, health promotion and healthcare or that seek to enhance the healthcare environment through provision of art works or performance. Also known as arts in health.
Art Centre	The term refers to the Indigenous owned and operated arts organisations normally located in an Indigenous community. Art Centres vary in size and structure but are managed by a local board. Approximately 150 Art Centres operate in remote and very remote locations across Australia as non-profit organisations, delivering a variety of benefits to their members, such as managing art productions and sales of art work.
Community Controlled Health Promotion	McPhail Bell (2013) first used this term to explore cultural perspectives on health. The concept is about establishing the Art Centre as a cultural site of health promotion.
Food security	In the remote context, food security is the ability to afford and access healthy food.
Health for All	In 1977, Health for All became a social goal of the World Health Organisation (WHO). The WHO's main objective was to achieve global health for all people by 2000.

[1] The Pitjantjatjara words in this definition have been cross-referenced with Goddard, C. (1992). *Pitjantjatjara/Yankunytjatjara to English Dictionary: Revised Second Edition*. IAD Press.

Health promotion	The World Health Organisations defines health promotion as 'the process of enabling people to increase control over, and to improve, their health. It moves a focus of individual behaviour towards a wide range of social and environmental interventions' (see http://www.who.int/topics/health_promotion/en/).
Hybrid economy	Rather than a standard two-sector (private/public) model, the hybrid model represents the economy as having three sectors: the public (or state), the non-market (or customary) and the private (or market). It is argued that in addressing Indigenous poverty, such an approach might be more successful economically and culturally than mainstreaming.
HAAC	The Home and Aged Care service is funded through the Commonwealth government and provides services to persons with a disability to live independently.
Indigenous	The 'I' is upper-case in the word Indigenous when reference is to generic, stylised concepts used by Indigenous contributors. The small 'i' is lower-case in indigenous when reference is to a specific area or clan.
Indigenous Visual Arts Industry Support	This is the main source of funding for remote Art Centres to support their arts practice. This support is funded by the Commonwealth.
Inma	A ceremony incorporating singing and dancing.
Iwara Kunpu artcen centreku	'Making Strong Tracks for Art Centres' is the conceptual research framework used in this thesis.
Kanyini	To look after or mind, or to be in a model of care.
Kirda and Kurdungurlu	This is the Warlpiri system involving two groups of people. The kirda group are responsible for carrying out ceremony or a ritual event. The other (kurdungurlu) need to witness, manage or oversee the quality of the performance. This system is important because it recognises that two people/groups are needed to carry out this responsibility for the ceremony to take place.
Kulini or kulila	These terms mean 'Listen!', 'Take heed!' or 'Take notice of me!'
Kumunanara	The Pitjantjatjara word for 'one whose name cannot be mentioned'. It refers to the name of a recently deceased person. As part of Pitjantjatjara mortuary beliefs, all people with the same name, or even a name that sounds similar to the one belonging to a deceased person, take the name Kunmanara. Kunmanara remains in place until the grieving family deems it appropriate to bring the name back into use. Occasionally, an alternative word with the same meaning but different sound may be used.
Kurunpa	Spirit or self-will.
Mai Wiru	This term is translated as 'good food'. It also refers to Mai Wiru Stores and Policy on the APY Lands.

Mai Wiru Atumananyi	A term used in the research to describe Anangu health and food practices. It translates to 'keeping strong through good nutrition'.
Malpa and Malpara	*Malpa* is the Anangu word for 'friend' and can be used to describe the way in which Anangu work together (or they would say, in a '*Malpara* way'). In this research, the *Malpa* is the friend who helps to negotiate the research position in the field.
Minyma	This term refers to an Anangu woman with a child or children.
Minymaku	Of or belonging to a woman.
National Aboriginal Community Controlled Health Organisation	The peak advocacy body to represent over 150 ACCHOs across Australia.
Ngintaka	The Ngintaka is an ancestral being and a significant songline that traverses the APY. In 2014, the South Australian Museum held an exhibition on the Ngintaka: the perentie lizard (Varanus giganteus).
Ngarpartji Ngapartji	A concept used among Anangu to express a relationship.
Ngura	A home or campsite, usually meaning where a person or family reside.
Ottawa Charter	The international doctrine that details health promotion action.
Piranpa	A white person; a non-Aboriginal person.
Pulkupa	Content, happy, satisfied or pleased.
Punu	A long-held traditional practice among desert people is punu or wood carvings of sculptures. Punu serve many purposes in desert life and include coolamons (storing food/seeds) and clap sticks.
Tjukurpa (Law) tjukurpa (story)	According to different sources, the term tjukurpa has various meanings. However, I use this term to refer to the time when the spirit ancestors travelled the world; the beginning of Aboriginal religion; the story of the beginning, which is eternal. Also known as Dreaming or Dreamtime, it is a fluid concept of time and space.
Tjanpi	This is the traditional practice of weaving coiled baskets and sculptures from spinifex, Tjanpi grass or raffia.
Walka	A meaningful mark or pattern used by Pitjantjatjara men and women for cultural ceremonial (inma) or ritual purposes. The APY artists are known for this type of design/marking, and often walka is painted on the body during ceremony or drawn in the sand for storytelling.
Waltja	One of the family; a kinsman or relation.
Wapar	Story; a Dreaming story from the Law.

ABBREVIATIONS

AAB	Aboriginal Arts Board
ACAA	Aboriginal Councils and Associations Act
ACCA	Aboriginal Community Controlled Health Services
ACCO	Aboriginal Community Controlled Organisation
AEDP	Aboriginal Employment Development Policy
AHW	Aboriginal Health Workers
AHCSA	Aboriginal Health Council of South Australia
AIHW	Australian Institute of Health and Welfare
ARC	Australian Research Council
ARC	Australian Red Cross
ATSIC	Aboriginal and Torres Strait Islander Commission
ACCHS	Aboriginal Community Controlled Health Services
APY	Anangu Pitjantjatjara Yankunytjatjara
CAA	Council of Aboriginal Affairs
CACD	Community Arts and Cultural Development
CAHP	Culturally Appropriate Health Promotion
CDEP	Community Development Employment Program
CPHC	Comprehensive Primary Health Care
CRC	Cooperative Research Centre
CSDH	Commission for the Social Determinants of Health
DCITA	Department of Communications and Information Technology and the Arts
FAHCSIA	Department of Families, Housing and Community Services and Indigenous Affairs

GFC	Global Financial Crisis
HACC	Home and Community Care
Ku Arts	Ananguku Arts and Culture Aboriginal Corporation
IVAIS	Indigenous Visual Artist Industry Support Program
NACCHO	National Aboriginal Community Control Health Organisation
NAHS	National Aboriginal Health Strategy
NATSIHP	National Aboriginal and Torres Strait Islander Health Plan
NEAF	National Ethics Application Form
NPC	Nganampa Health Council
NSAICC	National Secretariat of Aboriginal and Islander Child Care
NTER	Northern Territory Emergency Intervention
OATSIH	Office for Aboriginal and Torres Strait Islander Health
ORIC	Office of the Registrar of Indigenous Corporations
NPYWC	Ngaanyatjarra Pitjantjatjara and Yankunytjatjara Women's Council
PAR	Participatory Action Research
PBS	Pharmaceutical Benefit Scheme
PHC	Primary Health Care
SDH	Social Determinants of Health
SRA	Shared Responsibility Agreements
SWOT	Strengths, Weaknesses, Opportunities and Threats
UPK	Uwankara Palyanyku Kanyintjaku
WHO	World Health Organization

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DECLARATION

I certify that this thesis does not incorporate without acknowledgement any material previously submitted for a degree or diploma in any university; and that to the best of my knowledge and belief it does not contain any material previously published or written by another person except where due reference is made in the text.

18th April, 2018

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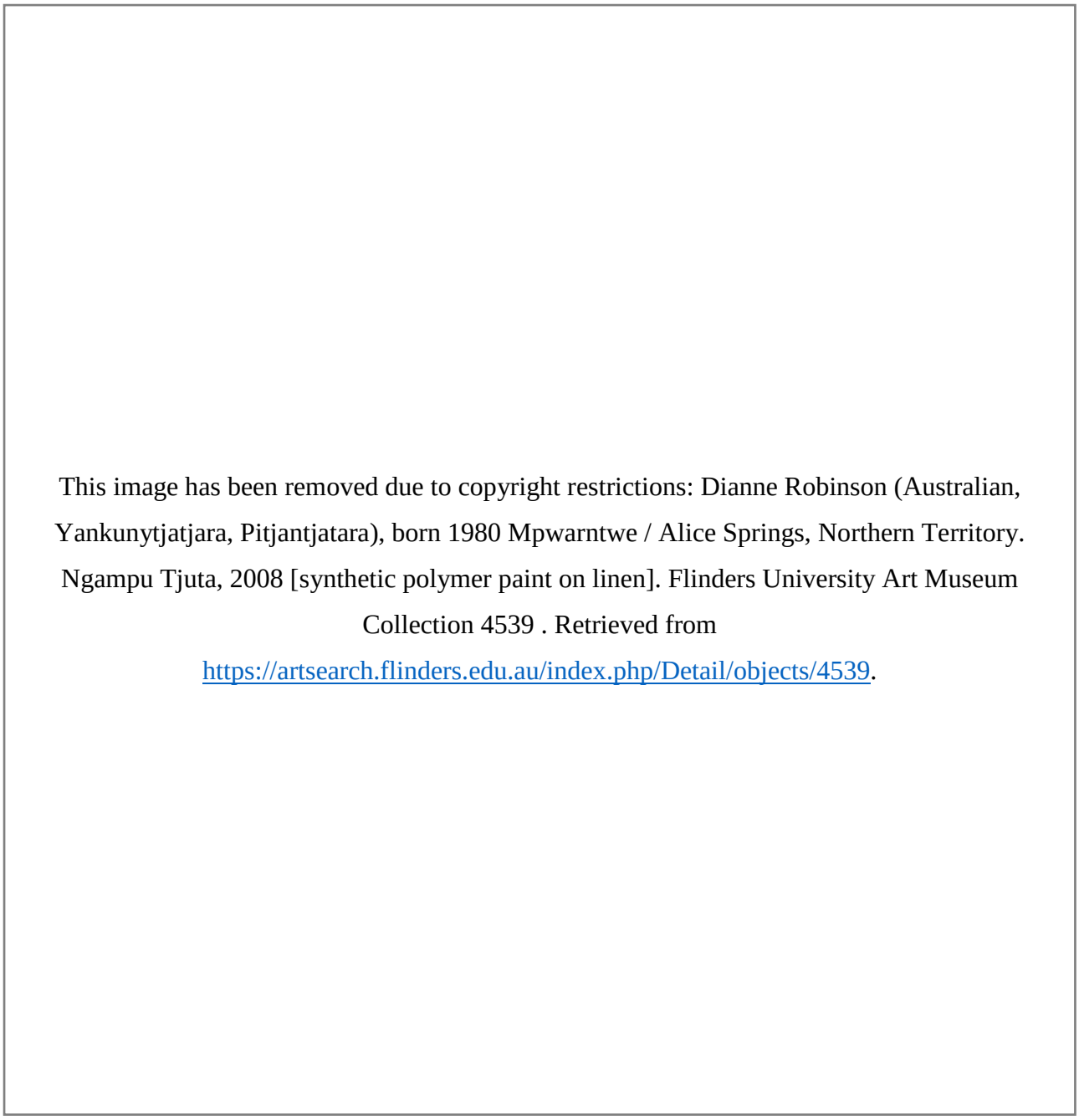
Maree Meredith Date

ABSTRACT

This thesis investigates the health promotion benefits of Art Centres of the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands, South Australia. There is a growing body of evidence that establishes the social, economic and cultural importance of remote Art Centres in Indigenous communities of Australia, with an increasing emphasis on economic sustainability, including but not limited to employment and income generation. However, few studies have focused on the health benefits of Art Centres from an Indigenous perspective. In the remote context, the Indigenous health narrative is presented through a social determinants framework that suggests that poor health is shaped by a set of social, economic and political conditions across the life course. To date, this has maintained the status quo of 'Indigenous disadvantage' and continues to reflect a 'deficit' discourse that often overlooks 'strength-based approaches' of Indigenous-led health promotion.

This research challenges the western discourses of health promotion and advocates for a new approach, highlighting the importance of community control principles and Indigenous governance in health promotion. In considering Anangu health promotion, the research firstly shifts the lens towards a non-medical setting by suggesting that the APY Art Centre is an emerging site of health promotion. Secondly, this argument is supported by a theoretical framework emphasising the principles of community control and culture as two key components of Anangu health promotion. Furthermore, the research defines an Anangu health perspective, whereby 'art as practice' co-creates Anangu collective wellbeing through painting country, culture and kin. These three pillars of cultural health extend an Indigenous health promotion agenda beyond the social determinants of health framework to one that combines community control, the cultural determinants of health and the Anangu concepts of pulkulpa and kanyini. Methodologically, the research process is health-promoting. It positions Anangu knowledge and culture front and centre, alongside and within the borderlands of an Indigenous mixed methodology. Mapping the Health Promotion Benefits of Art Centres seeks to extend Indigenous scholarship by promoting Anangu health promotion through the lens of art as practice.

CHAPTER 1: INTRODUCTION



1.1 Chapter outline

This chapter introduces my PhD research topic and presents the themes and issues that highlight the Art Centres' role in the Anangu Pitjantjatjara Yankunytjatjara Lands. It describes the significance of the research and the methods employed to conduct the research. This chapter outlines the thesis from Chapters One through to Nine. It also gives my personal reasons for undertaking the research, along with its significance and objectives. The title of the thesis is *Mapping the health promotion benefits of Art Centres on the APY Lands: An ethnographic account.*

In 2016, the artworks featured in this thesis were selected from the Flinders University Art Museum collection in close consultation with staff. Each chapter brings alive the health promotion story, as depicted through a series of selected Anangu artworks. For instance, the painting above was created by Anangu artist Diane Robinson and is called *Numpu Tjuta*, which means 'many rocks'. I chose this painting because each rock, big or small, represents an important health promotion message. Together, each rock builds a picture of health, as seen through the eyes of the artist. A table of works selected for the thesis is listed below.

Table 1.1: List of artworks featured in the thesis

Year	Artist	Title or subject
2000	Diane Robinson	*Numpu Tjuta (Many Rocks)*
Unknown	Pantjiti Lewis	*Unnamed Batik Work from Ernabella*
2005	Kathy Maringka	*Unnamed Etchings from Fregon*
Unknown	Gladys Rolley	*Untitled Etching from Fregon*
2005	Josephine Mick	*Rabbit Sculpture and Weaving*
2004	Ruby Williamson	*Ultukunpu (Grevillea Flower)*
2010	Pantjiti Lionel	*Waru (Fire): Synthetic*
2014	Selection of Indulkana Ceramic	*Pulkupa (Happy) Pots Exhibition*
2009	Wingu Tigma	*Minyma Tjutaku Inma (Women Dancing)*
2010	Mary Pan	*Paarkapani (To Take Flight): Tjanp*
2009	Walyampari Nyankulya Watson	*Ngayaku Ngura (My Country)*
Unknown	Robert Fielding	*Aerial View of Country*
1983	Alec Baker	*Untitled Painting*
2012	Tjala Arts Collaboration	*Perentie Man Story*

1.2 Background

This research is an ethnographic study that investigates the health promotion benefits of the APY Lands Art Centres of South Australia. It argues that Indigenous Art Centres provide an ideal model for promoting health (in the broadest understanding of the word). To do this, I take a step-by-step approach. Firstly, I identify Indigenous understandings of how art is health-promoting and then

show how art as health-promoting links to the social determinants of health. In making these claims, I draw on ethnographic fieldwork undertaken between 2012 to 2015 on the APY Lands.

The research emphasises Indigenous notions of holistic health, but from the perspective of the Anangu artists themselves. The role of the Art Centres focuses attention on the Indigenous (Aboriginal) community control organisations as the foundation of Anangu health governance (see Sorensen, Fowler, Nash, & Bacon, 2010). In this context, the Art Centre is the site of health promotion and allows a strength-based approach to Indigenous health. Furthermore, the health promotion discourse, seeking to promote Indigenous community-led health promotion initiatives in mainstream Australia, runs parallel with Indigenous voices from 'the margins' (McPhail-Bell, Bond, Brough, & Fredericks, 2015).

1.3 Why this research? Why me?

The genesis of this research project has its roots firmly grounded in the Anangu context, with artists proposing and moving a motion at the Ananguku Arts Annual General Meeting (held at Umuwa on the APY Lands in 2009) to support this study. During this meeting, Anangu and their representative body, Ananguku Arts and Culture, decided to support the idea for an arts and health project. In 2011, a successful joint application from Flinders University and Ananguku Arts and Culture Aboriginal Corporation (Ku Arts) to the Australian Research Council (ARC) resulted in funding to support the linkage project, entitled 'Mapping the health promotion benefits of Art Centres on the APY Lands'. This would also mark the beginning of a long-term partnership between Flinders University and Ananguku Arts and Culture Board of Directors, who became the main partner throughout the research. My reason for undertaking this research is closely connected to the fact that there was evidence of Anangu knowledge and support for an arts and health project. Given my previous experience working with Aboriginal communities and families in Central Australia, this was a fundamental consideration in my application for the ARC scholarship. It is my firm belief that research, like health promotion, must have a bottom-up approach and be driven by the community. The scholarship was advertised nationally; I was shortlisted and successful. No special considerations were given to my application. I won the scholarship on merit. I had the relevant experience and knowledge; more importantly, I was driven and excited about working alongside Anangu of the APY Lands. The interview consisted of senior women from the APY Lands, who were also the founding board members of Ananguku Arts and Culture. They were instrumental in providing support throughout the research project.

There is a level of suspicion when it comes to researchers and their practice in remote communities. This has meant that I have had to overcome these challenges by taking a different approach to the

research project. Embedding my practice in the rhythm of everyday community life has given me insights into how Indigenous methodologies can be developed alongside Anangu and their cultural ways of doing and being. In doing so, however, the timeframes of ARC-funded research were not met, so funding was sought from other sources, including the Lowitja Institute and the Whyatt Benevolent Foundation.

Primarily, this research set out to explore the 'health story' for Anangu Art Centres and, in the process, has captured a unique perspective into how Anangu artists co-create health. This arts and health story attempts to give agency to the artists by unpacking their cultural values and aspirations through the lens of health promotion. Ultimately, this research defines Anangu health promotion through the practice of art.

In 2011, my increasing awareness of the diversity of Indigenous arts practice became evident as I witnessed the Anangu talents emerging from the APY Lands. It seemed like every newspaper had a good news story about Anangu and their award-winning artworks. The Telstra Aboriginal Art Awards is considered the Holy Grail and is the highest accolade that the industry can give an artist. During the same year, an APY artist from Amata, named Dickie Minyintiri, won the award. In the previous year (2010), another APY artist, Jimmy Donegan, had won the top prize. It seems as if I arrived on the APY Lands to start my PhD research during the height of an APY arts movement, where Anangu brilliance dominated and continues to dominate the national art scene.[2] Looking back, it was the perfect environment to commence a PhD, and artists such as Donegan (and various family members) would become central to this project.

In 2012, I commenced my candidature as an external student with Flinders University. For the first six months, I began my life as PhD student off campus, located in Alice Springs with my young daughter. During this time, I scoped the literature and became familiar with ethics applications, permits and more applications for funding the project. I became well-versed in the administrative side of the PhD, reporting on milestones and writing funding submissions for top-up funding to provide wages for those Anangu who worked alongside me. It would be a further eight months before I commenced the research on the Lands. This became the first of many setbacks in the field. As I describe later in the thesis, I started to unpack my various positionalities against the backdrop of constant crisis and chaos. These difficulties ultimately make it clear that health promotion is not a straightforward concept. I was constantly reminded of this as I came to terms with the negative and positive forces unravelling before me. I realised that any preconceived notions of health

[2] See Georgie Moddie (2017) article, *Why the APY Lands Dominate the Australian Art Scene*. Retrieved from http://www.abc.net.au/news/2017-07-27/why-the-apy-lands-dominate-the-australian-art-scene/8746040

promotion became ‘undone’, obliging me to search for new ways of knowing in the Anangu context.

1.4 Research Aims, Objectives and Context

1.4.1 Primary aim

This research’s aims, as outlined in the ARC application, are to map the health-promoting capacity of Art Centres on the APY Lands. The specific objectives are as follows:

a) Identify Indigenous understandings of how art is health-promoting;

b) Investigate how this understanding is related to the social determinants of health;

c) Explore to what extent, and in what way, organised art generates health and wellbeing;

d) Identify essential features of the Art Centre organisation and function that underpin the success of this model (or models) in contributing to community health, wellbeing and capacity building as a blueprint for other remote communities;

e) Identify what strategies could be adopted to further enhance the health-promoting aspects of this model;

f) Provide opportunities for currently employed Anangu artworkers to learn the principles of, and engage in, art-based health promotion research.

1.4.2 Research site and location

The APY Lands are situated in the northwest of South Australia, covering an area of 103,000 square kilometres. They are the traditional land of the Ngaanyatjarra, Pitjantjatjara and Yankunytjatjara people. In 1981, the South Australian government returned Anangu title to the land under the *Aboriginal Land Rights Act (1981)*. Under this Act, Anangu are the traditional owners of mostly arid land desert country that extends from Western Australian, through to the Northern Territory and South Australian borders. The main communities of the APY Lands are Indulkana, Mimili, Kaltjiti, Pukatja, Amata, Pipalyatjara and Watarru. There are several homelands as well, the larger ones being Kalka, Kanpi, Nyapari and Yunyarinyi (APY website, 2017). These communities are home to some of Australia’s oldest and most respected Art Centres. This research focuses on four APY Art Centres: Iwantja Arts (Indulkana), Kaltjiti Arts (Fregon), Ernabella Arts (Pukatja) and Ninuku Arts (Pipalyatjara/Kalka) (see Figure 1.1 below).

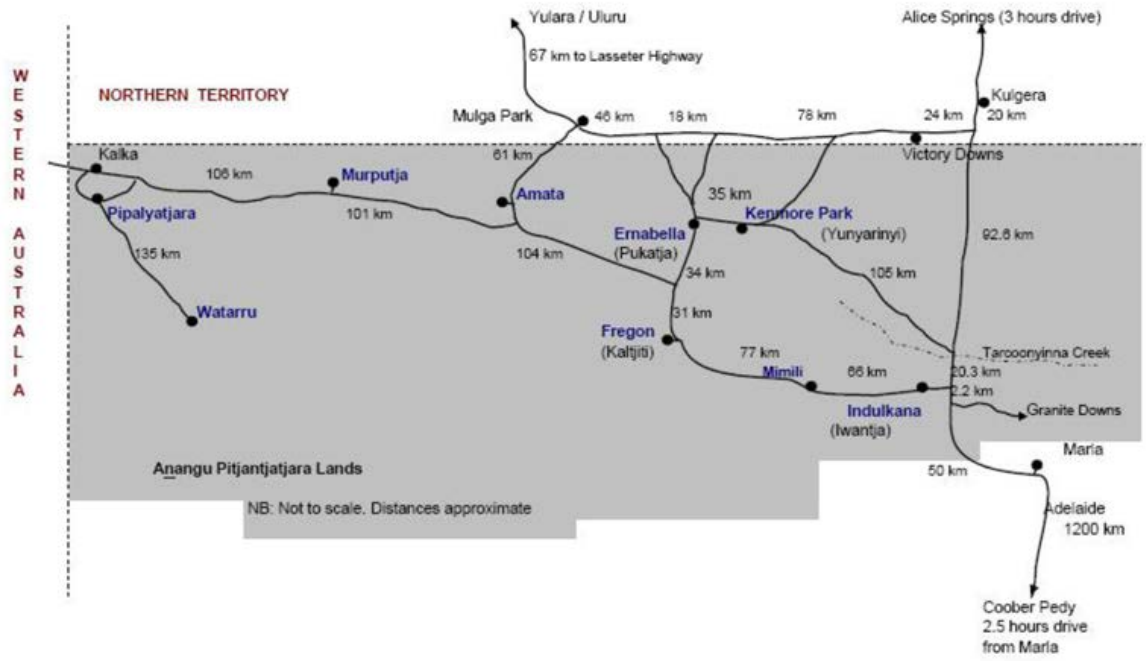


Figure 1.1: Map of Anangu Pitjantjatjara Yankunytjatjara Lands

1.4.3 Anangu and Art Centres

The term *Anangu* is given to the Aboriginal people residing in the traditional country of the Pitjantjatjara and Yankunytjatjara. Statistical data collected from the latest census suggests that there are approximately 2700 Anangu living on the APY Lands. According to Acker (2016), around 3000 Anangu are involved in art production on the Lands, and the Art Centres provide an environment where Anangu can embrace and explore their artistic talents.[3] The APY Lands are the home to some of Australia's most prominent artists, some of whom have been key to this research, and their artworks provide a platform to advocate for the arts to be considered health-promoting. Anangu artists' identity, and therefore their health, is closely connected to country and kin. The country of the APY Lands provides inspiration for both my research and for Anangu artists to paint country and culture. At the core of this research is the notion that country nourishes people and keeps them healthy. This theme is explored in the thesis and is captured through an arts and health perspective, whereby I argue that art is essential to Anangu health.

1.4.4 Art Centres

There are seven Art Centres operating on the APY Lands, supporting over 500 Anangu artists (Ananguku Arts and Culture). Each Art Centre is autonomous, with a local board of directors that

[3] This estimation (30 artists x 7 art centres = 210 artists) is based on observations during fieldwork from 2012-2015 working across the APY Art Centres. However, Ananguku Arts and Culture record 500 artists involved in art production.

manages the day-to-day running of the Art Centre business. An emerging body of literature looks at the economic benefits of Art Centres (Altman, 2000; Riphagen, 2014), but research into the health benefits is limited. This research looks at health promotion from within the Art Centre and focuses

This image has been removed due to copyright restrictions: Robert Fielding (Australian) born 1969. Arial (sic) View of country, undated (c2006) [synthetic polymer paint on linen]. Flinders University Art Museum Collection 4361. Retrieved from https://artsearch.flinders.edu.au/index.php/Detail/objects/4361.

on the cultural context of the Centre promoting health and wellbeing (as defined by Anangu artists). In contemporary Aboriginal society, Aboriginal peoples' connection to land and country is seen as fundamental in understanding conceptions of health and wellbeing. Indigenous people around the world talk about their relationship to land. The land does not belong to the people: the people belong to the land (La Duke, 2006). This is a significant statement within my research, as I attempt to unpack the relationship between the artist and the subject: their country. Within this research, the primary focus is to understand how the Art Centre plays a role in promoting and facilitating health and wellbeing for Anangu artists.

Anangu artists' views of their country are characteristically neither literal, photographic nor representative of a single moment in time (Caruana, 2003; James, 2015). However, there is a kinship with country (James, 2005) and an unbroken connection that links them with the power of the *Tjukurpa*[4] through time and space. The paintings presented in this thesis demonstrate a continuous link with the *tjukurpa* and inform contemporary Anangu arts practice. One does not need to look very far to see where Anangu artists draw their inspiration from. The red country and landscape of the APY is dominated by key landscape features such as the Musgrave and Mann Ranges. These ranges divide the Lands into northern and southern APY. Geographically, the country is dominated by vast open spaces characterised by red sand and spinifex. Many Anangu

[4] The terms *Tjukurrpa* (Law) and *tjukurrpa* (story) vary according to different sources. They are also translated as Dreaming or Dreamtime, but I refer to James' (2015, p. 40) definition, which sees the Creation ontology of *Tjukurrpa* as holistic and an active continuous time not relegated to the past. It is a fluid concept of time and space.

communities are nestled amongst the rocky formations of the ranges. During my PhD, I traversed the country with my *Malpa*[5], as she explained to me the importance of following the footsteps of the ancestors, and that our research story needed to make a strong path. This can be seen in the following YouTube clip:

YouTube: https://www.youtube.com/watch?v=tchSBPxLr5I

My *Malpa* explained to me that her *tjukurrpa* was the tracks of the ancestral footsteps in the landscape, and her family's stories are in the sand. Names of places and people flow from each other.[6] Some of the big Creation stories for country are displayed through her work. My *Malpa* is like many other women of her generation who paint in the Art Centre because it keeps them 'strong' and 'together' with other Anangu artists. This research shows that Anangu health is nurtured and constructed by practising culture through participation in the arts. Exploring Anangu health through the lens of an artist offers a unique perspective on health promotion, founded on the principle of painting country, culture and kin. In this thesis, I argue that these are the cultural pillars of Anangu health. Understanding the Anangu view of health through their art and arts practice requires a shift in understanding cultural knowledge and the difference that language brings to the Anangu view. Therefore, it is imperative that paintings that accompany the thesis be seen together with the scholarly work in order to appreciate the relationship between art and health. Both the paintings and the text of the thesis bring alive the art and health story of the APY Lands.

1.5 Research Agenda

The research is an Indigenous ethnographic account, conducted from 2012 to 2015. The tools of engagement and protocols of research were negotiated with an Anangu board of directors from the Aboriginal organisation called Ananguku Arts and Culture. This organisation has been instrumental in providing the financial, ethical and cultural foundations of the research. This research positions the Indigenous Art Centre as the main vehicle to talk about Indigenous health from an Anangu perspective. Essentially, an arts and health perspective offers a unique opportunity to take health out of the traditional medical setting and bring conversations of Indigenous health into an Indigenous 'space'.

[5] The term *Malpa* means 'working together both ways' in the *malpara system,* it is a type of relationship that privileges the Anangu ways of working together.
[6] Refer to James' (2015, p. 40) explanation: "Anangu are not just talking about rocks as being 'like' people or representing them; they 'are' the person. They act towards these rocks as relatives".

1.6 Research Partners

For me to ascertain Anangu notions of health and wellbeing, I needed to have artists work alongside me. The reality of most research projects is that it simply cannot progress without adequate funding and support. During this study, I was supported by numerous industry partners who had come to my rescue, especially in supporting Ananguku engagement in the project. These partners were pivotal in moving the research forward and allowing me to work and live in South Australia. The assistance from Ananguku Arts was instrumental in giving me the right start, with a house and car to commence the research. At the same time, other industry partners were very helpful, such as the Centre for Remote Health, who provided accommodation and desk space in Alice Springs, and the Poche Centre for Indigenous Health and Wellbeing, who provided further financial assistance though a living stipend. Other philanthropic support came from the Wyatt Benevolent Foundation, who part-funded the wages for Anangu artists during the third stage of research. Towards the end of the doctorate, the Lowitja Institute provided top-up funds for me to conclude the research and the write-up stage. These industry partners have been crucial in allowing this research to grow in a way that was appropriate for the Anangu context. The story of health promotion presented in this thesis is demonstrated through the relationships developed with Anangu Art Centres and industry partners from 2012 to 2015. Figure 1.2 below helps to conceptualise or map how the research has grown from an idea into an action research project that guided and developed the research from the bottom-up. The diagram shows the research structure, which incorporates input (financial and in-kind support) from both Anangu and non-Anangu partners. Whilst a dissemination phase is captured in the diagram, the results of the implementation strategy are not incorporated in this thesis. However, these results will become integral to the industry reports that will be available to partners at a future date. The main Indigenous research partners, along with the four Art Centres, have played a critical role in fostering partnerships along the way and brokering access into the field to conduct the research.

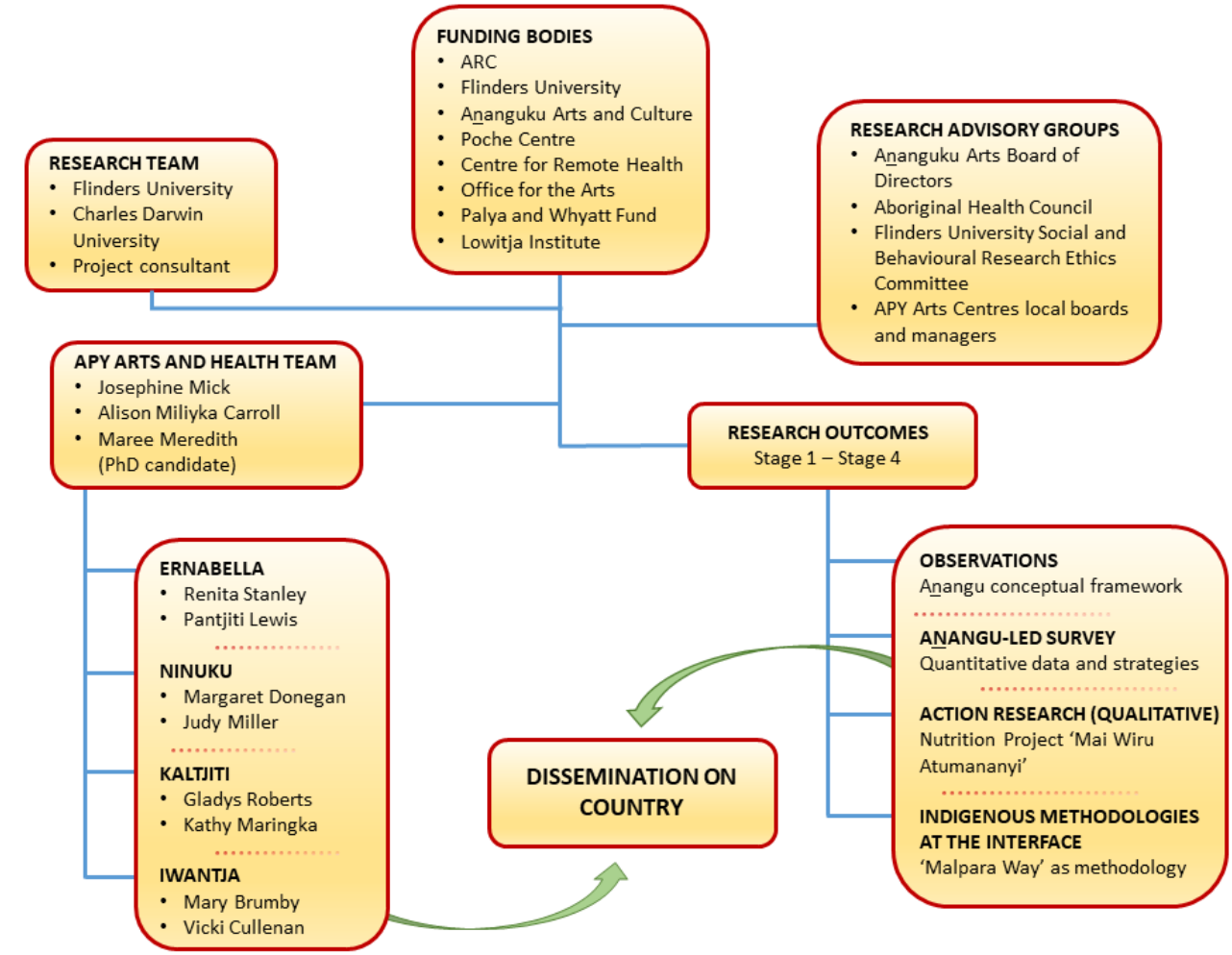


Figure 1.2: The APY Arts and Health Project structure from 2012 to 2015

1.6.1 Regional support: Ananguku Arts and Culture

At the regional level, some Art Centres are members of two regional organisations: namely, Ananguku Arts and Culture Aboriginal Corporation (Ku Arts) and Desart (based in Alice Springs). This project only worked with the members and board of Ananguku Arts and Culture, an organisation with a clear mandate: *arts kunpu, tjukurpa kunpu, waltja tjuta kunpu* (strong arts, strong culture, strong communities). This is in line with my research objectives when I tried to understand health promotion by identifying the local determinants of health in the Art Centres. More importantly, using regional support networks such as the Ananguku Arts Board gave me a basis to determine an Anangu perspective of health promotion by acknowledging the board as the key framers of a wider Indigenous research agenda. This will become clear in Chapter Four as I use the board and the '*Malpara* way' of conducting research in the field.

Photograph 1.1: My first meeting with the Anangu Board at Umuwa, APY Lands, in 2012. Photograph courtesy of Ananguku Arts and Culture.

1.7 Fostering Local Level Support: APY Art Centres

While there is local anecdotal evidence that suggests Art Centres may play a role in promoting health for the local artists, such as providing a violence-free safety zone, meals-on-wheels, or various other spin-off activities, its exact health function is not clear. The aim of this thesis was to extend the evidence base by thoroughly investigating the Anangu conceptualisations of health through arts practice. In the first instance, the Art Centres of the APY provide the locale for the PhD research. Over the duration of the three-year study, the research focused on four Art Centres, with the view of understanding a social model of health articulated by Anangu artists through their cultural expression and creativity. The most appropriate way to determine whether APY Art Centres are health-promoting is to consult with and engage the Art Centres and their managers. Key to the research is the ability to foster and maintain local level supports across the Art Centres and also include other key community supports, such as the local store. In Chapter Six, a food security initiative is the subject of further investigation around health promotion and enabling environments that demonstrate contemporary and familiar forms of health promotion.

Photograph 1.2: Taken on my first meeting at the Iwantja Art Centre in 2012.

1.8 Thesis Structure

1.8.1 Chapter One - Introduction

Chapter One introduces my PhD research topic and presents the themes and issues that highlight the role of the Art Centres in the APY Lands. It briefly describes the significance of the research and the methods employed to conduct the research. The chapter presents the outline of the thesis from Chapter One through to Chapter Nine. It also gives my personal reasons for undertaking the research, along with the research significance and objectives.

1.8.2 Chapter Two - Art Centres and health: Understanding the historical and socio-political contexts

Chapter Two provides a critical appraisal of the current governance frameworks operating in remote Aboriginal communities, particularly since the Northern Territory Emergency Intervention (NTER) and Closing the Gap policy approach (2008). I argue that these policies are not working, particularly those relating to Indigenous health. In making this critique, I explore the 'ideal' health promotion model, based on the principles of self-determination and community control (Sorensen et al., 2010) and drawing specifically on the National Aboriginal Community Controlled Health Organisations (NACCHO) model that foregrounds Indigenous governance at national, regional and

local levels. Firstly, to do this, I explore the World Health Organisation's (WHO) understanding of Health for All, Primary Health Care and health access. Secondly, I demonstrate the relationship between self-determination and the concepts of community control taken up by NACCHO and the WHO. Thirdly, I analyse how these concepts influenced the Aboriginal Community Controlled Health Services' (ACCHS) understanding of health. However, a three-sided conflict exits between the states and territories, and Indigenous and Anangu constructs. Added to this, these conflicts have been further exasperated by considerations of the social gradients and community agency. Therefore, understanding the remote, socio-political, cultural and economic contexts of the APY Lands warrants an examination of the contesting concepts of health and health promotion. Fourthly, I introduce Altman's hybrid model (2007) to show how the three sectors between and within are competing to examine health promotion on the APY Lands. Finally, I conclude by highlighting how a deeper understanding of Anangu concepts of health will assist in providing comprehensive health in general and explain the role of the Art Centre in remote Anangu communities. The chapter concludes by highlighting tensions, but in doing so, it paves the way towards a deeper insight into Aboriginal and Anangu understandings of health promotion. This is realised more fully in Chapter Three.

1.8.3 Chapter Three - Reframing health promotion from an Anangu perspective

This chapter provides an overview of the health promotion literature. Specifically, it highlights the themes and issues regarding Indigenous health promotion and its relationship to Anangu arts practice. It presents the literature on health promotion, starting with the international doctrine of the Ottawa Charter, followed by the Health for All policy (World Health Organization, 2008). This brings me to the national level, where Indigenous Australians assert their rights for self-determination and control through their own definitions of health. While these definitions have been crucial in understanding how the social determinants of health have helped us to frame Indigenous health, the discourse is often one of disparity and deficit (Boffa et al., 2007; Carson et al., 2007). In the local context, I explore how the Art Centre and Anangu arts practice may help us to reframe health in the Anangu context, where health is similar, but different. Throughout the thesis, I will be using pan-Indigenous and Aboriginal notions of holistic health. However, I make the distinction that Anangu concepts are similar but different, especially at the local or community level. For instance, I explore how conversations about health can shift if one takes them outside of the traditional setting of the health clinic and positions the conversations in an Indigenous setting such as a remote Art Centre. The Art Centre context provides opportunities to explore how the artists may define health and open up a dialogue that examines the nexus between art and health. This chapter not only advocates for a 'reframing' of Indigenous health but also seeks to explain the

relationship, definition and policy around arts and health (Putland, 2012). It positions the remote Art Centre as a means to start the health promotion conversation by shifting the deficit discourse to one of Anangu empowerment and agency.

1.8.4 Chapter Four - An Indigenous approach to mixed method research: Mapping the journey

In Chapter Four, I continue to advocate for a deeper understanding of an Anangu perspective on health promotion by highlighting the importance of Indigenous knowledges and their role in research. This chapter is about a research journey, guided side-by-side with Anangu supervisors and, in particular, my *Malpa*. The chapter allows me to reframe the research lens by developing my methodology and reflecting on my Indigenous ways of doing, knowing and being alongside local Anangu practice and protocols. In understanding the health promotion story for the arts, it is important to understand my own positionality as an Indigenous researcher operating within another Indigenous cultural context. At one level, the health promotion story cannot be told unless the concept of power is considered. In keeping with an Indigenous methodology, it is important to 'assume power' to my *Malpa*, who guides my way into the field, negotiating my contact with Art Centres in order to follow 'proper' Anangu protocol. The extent to which my research grows is determined by the relationships made in the field and the realities on the ground. While most of the literature on health promotion interrogates the postcolonial interface between black and white, mine is primarily concerned with exploring health promotion as a 'cultural interface' (Nakata, 2007) (Nakata, 2007) between two Indigenous knowledges, coming together in order to conduct research in a culturally safe manner. Here, a deeper understanding of health promotion starts to be revealed as I come to terms with spaces of mutual benefit and contention. The health promotion message goes deeper as I examine what the trade-offs for Anangu and me are as we navigate and negotiate our position in the field. Most importantly, this chapter considers the principles of the *Malpara way* as a respectful methodology for both Indigenous and non-Indigenous researchers.

1.8.5 Chapter Five - Health promotion in action: Everyday life in an Anangu Art Centre

This chapter examines health promotion in action from an Anangu perspective. These ethnographic stories are analysed and show that health promotion in the Art Centre context is contested. For instance, everyday local interactions often compete with the core business of the Art Centre, which frequently create tension and chaos. On another level, for some Art Centres, conflict with outside agendas is played out. Within this context, I try to understand health promotion by articulating where Anangu agency is located and where it is asserted. As such, there are often competing agendas where different 'regimes of value' conflict, while at other times, the systems of value often work together to provide the backdrop of health promotion in action. The interface between the Art

Centre and Anangu cultural imperatives is sometimes at cross purposes (Folds, 2001). The chapter sheds light on this difficult, contentious and chaotic relationship. It gives insights into the highly dynamic and shifting worlds of both the Anangu Art Centre and the artist. Included as part of this chapter are a series of personal reflections on the research process which are presented as vignettes and appear as boxed text.

1.8.6 Chapter Six - Nourishing the arts: Examining traditional health promotion

Chapter Six continues to explore the health promotion agendas of both the Anangu artists and the Art Centre manager by focusing on a food security program. The many different and competing notions of health promotion are further illustrated, with the uptake of 'outside' partnerships often raising questions around community control and self-determination. This chapter shows that traditional notions of health promotion are challenged in order to make way for the local Anangu determinants of health, whereby control is determined by the Art Centre. In doing so, it challenges the notions of community control from a local, regional and national perspective, showing that health is not only context specific but, more importantly, is politically driven and must be negotiated. Nourishing the arts outlines the dilemma of working within a resource-stretched environment with many players with competing definitions of self-determination, community control and therefore health promotion. These competing agendas and varying definitions of health promotion often bring up questions of sustainability and success of health promotion in a remote context.

1.8.7 Chapter Seven - After the Ngintaka: Defining health promotion in APY contexts

In Chapter Seven, a clearer picture of Anangu health promotion emerges, as the results from survey data and qualitative data collected from 2012 to 2014 depict a deeper understanding of health promotion. This chapter focuses on the processes for developing Anangu-directed survey instruments but, more importantly, starts to highlight their perspectives on health promotion. Here, the emphasis is on Indigenous tools of engagement highlighting the importance of community participation and community engagement. This chapter also shows how Anangu participation in the research, particularly in survey design, yields positive results in terms of being culturally safe and appropriate. Anangu participants' collection and subsequent interpretation of the survey results enhance the development of a unique Anangu perspective of health promotion. A discussion of an Anangu cultural perspective is highlighted in the next chapter.

1.8.8 Chapter Eight - Towards a discourse on health promotion in the Anangu context

This chapter summarises the results and main findings of each chapter to this point, outlining mainstream understandings of health promotion. It demonstrates the various understandings of

health promotion but also makes way for an Anangu discourse. The chapter asserts that health promotion, regardless of one's position, is contested and must therefore be negotiated. It advocates for health promotion to look beyond a functionalist view to incorporate Anangu notions of *pulkupa*, *kanyini* and *Malpara ways* as keys to health promotion in the Art Centres.

1.8.9 Chapter Nine - Health promotion practice and Art Centre management

This chapter presents an Anangu definition of health promotion based on art as practice, through painting the three pillars of cultural health: country, culture and kin. The three pillars of Anangu health extend an Indigenous health promotion agenda beyond the social determinants of health framework. The chapter discusses the need to shift the narrative of Indigenous health towards a strength-based approach that emphasises Anangu cultural perspectives of health through art. The three pillars of Anangu cultural health provide a framework for further discussion on the cultural determinants of health. In conclusion, the chapter seeks to reposition the Anangu health promotion discourse front and centre and in dialogue with Anangu arts practice. This chapter examines the concepts of *pulkupa*, *kanyini* and *Malpara way* to demonstrate how Anangu health promotion is understood in the Art Centre context.

1.9 Conclusion

As an Indigenous researcher, I am committed to being accountable in the knowledge production process within this thesis. Therefore, I reflect on my journey by discussing the challenges and positives of conducting research in a cross-cultural environment and highlighting the important lessons I have learnt. In keeping to the theme of arts as practice, I present a selection of artworks highlighting the pivotal points of the research journey. Indigenous methodologies illuminate the process of being critical by engaging in a reflective process, and this thesis concludes by using reflexivity as a way to tell the arts and health story of the APY Lands. I now turn to Chapter Two, where I examine Aboriginal concepts of governance as the foundation to health promotion.

CHAPTER 2: ART CENTRES AND HEALTH: UNDERSTANDING THE HISTORICAL AND SOCIO-POLITICAL CONTEXTS

Photograph 2.1: The Art Centre at Ernabella community on the APY Lands (courtesy Ananguku Arts and Culture 2012)

2.1 Introduction

This chapter introduces the concept of the Indigenous Art Centre and its role in contributing to and promoting Anangu health and wellbeing in the remote communities of north-west South Australia. While the evidence suggests that Art Centres do fulfil a health function, the precise health qualities they promote are unknown and is anecdotal. Furthermore, the premise on which the health assumptions are based do not consider health from a local or cultural perspective, but rather, put forward a deficit model, epitomised in Closing the Gap (Council of Australian Governments, 2008, p. 6). As Pholi et al. pg (2009, p. 7) express, the 'unquestioning acceptance' of current approaches, such as the Closing the Gap in Indigenous Disadvantage, calls into question its pursuit for statistical equality in health. I argue that the Aboriginal community-controlled health model offers a way towards thinking about alternative approaches to health and how Art Centres might be understood as health-promoting, including their contribution to the hybrid economy (Altman, Buchanan, & Larsen, 2007). To establish this argument, I provide a brief introduction to the idea that Art Centres

might be health-promoting from a self-determination and self-management agenda. This is followed by a discussion of the current Art Centre model and history, and the tension between the economic agenda and cultural maintenance and enhancement roles they play. I explore two issues in the cultural health agenda: the notion of the relationship to land (country), and the history and role of the more culturally contemporary community-controlled model of governance fostered by NACCHO. I then suggest that the principles of community control as a structural determinant of health and culture are central to the principles of health promotion and to Indigenous notions of health and may provide a way towards understanding health promotion in Anangu Pitjantjatjara Yankunytjatjara Art Centres.

2.2 Art Centres and health promotion

A number of reports indicate that Art Centres promote health (for example, T Cooper, S Bahn, & M Giles, 2012). This is in line with emerging data from the Ninti-One CRC Project *Aboriginal and Torres Strait Islander Art Economies* that suggest that Art Centres are central to the social, cultural and economic wellbeing of many Aboriginal and Torres Strait Islander artists (see Acker, Stefanoff, & Woodhead, 2013). Furthermore, the Ministry for the Arts claims that Art Centres contribute towards health: 'art centre[s] are community hubs that support better health outcomes through increased income, employment, engagement, strong culture and through practical initiatives such as nutrition education, bush tucker market gardens and providing meals' (Government of Australia, 2013b, p. 1). These sources also show that health, as practised by Indigenous people, is undertheorised in the remote Indigenous context, and even more so within Indigenous Art Centres.

The roles of the Indigenous Art Centres in remote areas of Australia are multifaceted, dynamic and diverse. Suggesting that Art Centres can promote health fundamentally challenges the way we think about health, and about art, and how both are conceptualised in a remote context. It challenges the orthodox view that health belongs in the traditional biomedical or clinical setting. The growth of Art Centres, on the other hand, 'has been organic, responding to local circumstance rather than centrally plan and directed', operating across diverse platforms to deliver social, cultural and economic benefits to its artist members (Wright & Morphy, 1999, p. 107).

There is no substitute for being on-country, but in the context of contemporary Anangu society, the Art Centre is a significant institution in remote community life, where cultural knowledge is maintained and exchanged to strengthen and affirm relationships to country and kin. While these are considered ideals, the reality is that some Anangu do not have vehicles or, if they do, the cost of running them (fuel and maintenance) is expensive, making trips back to country almost impossible or rare. In some instances, the Art Centre and its vehicle plays a critical role in facilitating on-

country workshops for Anangu artists. The importance of the Art Centres and their associated health promotion benefits will be the subject of further investigation in Chapters Seven and Eight of this thesis.

2.3 An Historical Overview: From craft rooms and women's centres to Art Centres

In order to establish the health benefits of Art Centres, a wider appreciation of their historical origins is needed. Firstly, this section gives a brief historical overview of the rise of the Art Centre model, from its humble beginnings as women's craft and hobby centres to the current Art Centre model. This history provides a contextual background of the Art Centres, especially with regards to the rise of the Art Centre movement and its consequent administrative shifts evident throughout the sector over the last 40 years. Over this period, there has been significant growth in Indigenous arts practice, facilitated by the Commonwealth government using a community-controlled arts organisation model or a co-operative model (Altman, 2005, p. 5). However, there are different approaches to community control, with one put forward by NACCHO and the other articulated by John Altman (2005). One of the purposes of this chapter is to explore the foundations of community control as a tool within a set agenda of self-determination and as a way forward in understanding how health promotion is operationalised in the APY Art Centres.

A diversity of art practice is found in Indigenous Art Centres throughout Australia, with an excess of over 100 Art Centres operating throughout Arnhem Land, the Kimberleys, Central Australia, Western Australia and South Australia (Acker, Stefanoff, et al., 2013, p. 11). As Acker states, 'different languages are spoken at different art centres; they are surrounded by different terrain; and different conditions prevail, socially, culturally and historically' (Acker, Stefanoff, et al., 2013, p. 4), making for an array of community-based Art Centres. Most are located in regional or remote parts of the country, with the majority found in the Western and Central Desert communities (Partos, 1998). The Aboriginal Art Centre movement is a phenomenon of community development in these regions, and their evolution is, in itself, significant[7] (Partos, 1998). Each individual Art Centre has evolved in a particular way, relevant and responsive to the local community it supports. Some have grown through training workshops; some began as women's centres that have become small businesses, while others are run through the local training centre. However, they all share a common foundation of community management, characterised by community backing and support (Partos, 1998).

[7] Individual Art Centres were essentially community development projects (women's centres), and with the increase of the Art Centres, a new generation of artists emerged, resulting in the growth of the Art Centre movement.

The Art (and craft) Centres of Central Australia provide a meeting place for artists and a focus for the production of art. The role of these centres is intrinsic to the life of an Aboriginal community, strengthening communication and culture and providing training for the artists who access them. To an Aboriginal artist working in a remote community, Art Centres provide contact with the outside world and a place through which they can promote their art. Artists, whether young or old, need stimulus and contact with other artists. In addition to this, the Art Centre may play a critical role and provide the setting for important cultural and traditional interactions (Partos, 1998, p. 51).

The majority of Art Centres are non-profit associations, whose members are Aboriginal artists and craftspeople. The ultimate management of these Art Centres rests with an Aboriginal executive, selected by its members. An art co-ordinator or manager, who reports to the executive, is responsible for the day-to-day running of the Art Centre. At meetings, decisions are made about which exhibitions to be involved in, where the work produced should be sold, who should attend important functions and interstate events and how the financial operations of the Art Centre are managed (Partos, 1998). Also, Art Centres generally operate in communities where enterprise and employment opportunities are extremely limited. Some Art Centres provide training for office bearers with executive responsibilities for their management committee; this training then enhances opportunities for greater artist control.

Wright (2000, p. 27) states that the fundamental difference between Art Centres and any other organisation that trades in Aboriginal arts and craft is the involvement of the artists themselves in the management of the organisation and its profits. The extent of artist control was a line of enquiry in Wright's report, and I followed a similar approach in trying to understand how Anangu artists assert control and authority on a day-to-day basis. Commentator and former Desart advisor, John Oster, describes the typical Art Centre:

> [T]he environment is at once both chaotic and well organised … it is chaotic in the sense that Aboriginal communities are themselves chaotic places. There is constant movement of people within and between communities, and there are many local misconceptions about markets and mainstream Australian culture … This environment is also well organised in that Art Centres have grown up with a particular culture and established a strong presence both in the market place and in remote communities (Oster, 2009, p. 69).

The juxtaposition of chaos and control are keys themes that I encountered in the Art Centre context, and I outline some of this in Chapter Five in articulating how health promotion might be expressed and understood.

2.3.1 APY Art overview

Art Centres on the APY Lands operate in very remote regions under difficult conditions. These Art Centres, in isolated Aboriginal communities, are located over 500 kilometres from Alice Springs. Hundreds of kilometres of rough roads separate them from larger population centres. These Art Centres are oases of human activity. In all, there are seven Centres on the APY lands. This thesis deals with four Art Centres: Ernabella, Kaltjiti (Fregon), Ninuku (Kalka) and Iwantja (Indulkana). Together, the four Art Centres provide the ethnographic evidence detailed in this thesis. These Art Centres are supported by their local boards and seek assistance from other regional organisations such as Ananguku Arts and Culture and Desart. The seven APY Art Centres are home to some of Australia's most prominent artists (past and present), including Tali Pompey, Harry Tjutjuna, Wingu Tingima, Hector Burton, Ruby Williamson, Tjunkaya Tapaya and Dickie Minyintiri. However, a new generation of APY artists is emerging, including Vincent Namitjira, Kaylene Whiskey and Robert Fielding. Throughout my research, I was fortunate to work alongside some of the women, including Dianne Robertson, Gladys Roberts, Kathy Maringka, Kanytjupai Robin, Delma Forbes and Milyika Alison Carroll.

Photograph 2.2: Anangu artists Marita Baker from Nyapari (Tjungu Palya) and Kuntjupai Robin from Fregon (Kaltjiti).

In recent years, long after commencing working as artists, senior women and men decided to leave behind the *walka*[8] of the early days and depict their *Tjukurpa* (sacred stories of country and law) on acrylic canvas. Although Anangu came to painting on canvas much later than their Papunya counterparts, Anangu were still experimenting with modern material and developing *walka* for mediums ranging from hooked rugs to *punu*[9] (Ryan, 2010, p. 5). The reputation of the APY Art Centres rests on the adaptability and innovation of the artists who have been introduced to many different mediums since the original craft rooms began. In most Art Centres today, there is a variety of artists, a mix of young and old, men and women. The artists include very senior Pitjantjatjara and Yankunytjatjara men and women. The members of Art Centres are always re-invigorating their Centres, which the former have helped to evolve, from their first incarnation as craft rooms, into culturally strong, contemporary Art Centres.

2.3.2 Ernabella Arts

The first of the craft rooms started on the APY Lands at Ernabella in 1948. The Ernabella Art Centre is home to some of Australia's most prominent artists, including Dickie Mintyinteri, Alison (Milyika) Carroll, Peppai Carroll, Rupert Jack and Tjutjuna Andy. Pukatja was the first permanent settlement on the APY Lands. The Presbyterian Board of Missions established the mission in 1937. In 1948, a craft room was established. The first craft products were hand-loomed woven fabrics and hand-pulled and knotted floor rugs; these products had a unique pattern that became known as 'the Ernabella *walka*' or *anapalayaku walka (Ernabella's design).*

The historical emergence of the APY Art Centres can be traced back to the founding mother of APY art, Winifred Hilliard. Hilliard was instrumental in establishing a small-scale craft industry in Ernabella towards the end of the 1940s. During the 1950s, Aboriginal women, with Hilliard's assistance, applied the designs to fabric, wool floor coverings and paper. These developed into highly detailed works, painted on paper sheets and cards. Mostly abstract, these works consisted of flowing lines and swirling patterns, reminiscent of leaves, flowers and birds' wings. Each design or painting was rendered in bright—sometimes iridescent—colours, using the full palette of commercially available water-based paints. Artists from a neighbouring community, Fregon, are well-known for having continued this style of painting to the present day, using acrylic paint on small boards (James, 2009).

[8] *Walka* is a meaningful mark or pattern used by Pitjantjatjara men and women for cultural ceremonial (*inma*) or ritual purposes. The APY artists are known for this type of design/marking, and often they paint *walka* on their bodies during ceremony or draw it in the sand for storytelling.

[9] A long-held traditional practice among desert people is *punu* (or wood carvings or sculptures). *Punu* serve many purposes in desert life and include coolamans (storing food/seeds) and clap sticks (ceremonial).

Today, the Ernabella Art Centre is considered the oldest Art Centre in Australia (http://www.ernabellaarts.com.au/about-ba/). Like most emerging Art Centres in the remote Indigenous communities, it was established as a craft room and women's centre. The transition from the women's centre to the Art Centre model is significant, as it suggests some links with health. It is worth noting that in 1977, Ernabella's first arts advisor, Win Hilliard, alerted us to the wider benefits of Art Centres (especially the health benefits). Hilliard's articulation of health is couched in terms of community wellness and wider spin-offs of creative expression. Her account, which was published in the *Aboriginal Health Worker Journal*, is one of the first to detail the health benefits for Anangu artists at Ernabella (Hilliard, 1977, p. 46).

During the 1970s, Hilliard realised the potential for translating the complex fluid designs of the Ernabella artists into batik. The characteristic flowing lines, patterns and dots could be further enhanced by the lightness and transparency of the textile material. Ernabella batiks quickly became highly desirable and well-known in Australia and overseas. The Ernabella women who had developed the process subsequently shared their knowledge and skills with artists in other Pitjantjatjara communities. Recently, silk screen printing on materials has been introduced into the Ernabella arts and craft room. This medium allows for infinite combinations of shapes and colours from the original abstract motifs of the children's drawings.

This image has been removed due to copyright restrictions: Pantjiti Lewis (Australian, Pitjantjatjara) born late 1950s. Untitled, undated [synthetic polymer paint on canvas]. Retrieved from Flinders University Art Museum Collection [Ernabella Arts Archive TAN 1264.002].

One of the first artists to examine the acrylic paintings recorded on the APY Lands was an Ernabella artist, Tjuwilya Atira[10]. Tjuwilya Atira painted *Kutuja Tjukurpa* in 1987, and she and her husband learnt acrylic painting on canvas by watching other artists paint at the Centre for Aboriginal Artists and Craftsmen in Alice Springs. In 1987, the Healthy Aboriginal Lifestyle Team (HALT), based in Alice Springs, requested paintings about healthy lifestyle issues from people on the APY Lands. This project explored the cultural concept of health, and artists were asked to express in paintings their own values of a healthy lifestyle. HALT (1991) was comfortable with the use of traditional Western Desert iconography to communicate Aboriginal worldviews:

> In this book we encounter an Anangu concept of health: a concept that is rich in its embrace of a totality of personal and social existence. Its core metaphor is the journey, rather than the semantics of combat: the targets, campaigns, task-forces, weapons, and ammunition that recur in the conventional idioms of medical intervention (1991, p. 2).

The HALT team approached all Art Centres to contribute paintings for a book, *Anangu Way*, on healthy lifestyle. In 1989, they provided canvases, brushes and acrylic paints to artists at Ernabella, Fregon, Mimili, Amata and Pipalyatjara. This precipitated a burst of community painting, as artists were inspired to paint old and new stories about health and wellbeing.

2.3.3 Kaltjiti Arts (Fregon)

The early history of Fregon Art Centre is intertwined with Ernabella artists (James, 2009). Many Kaltjiti artists had first drawn with crayons on paper at the Ernabella and then later moved on to designing in watercolour in the craft room. The artists who moved to Fregon in 1961 continued painting and designing products, to be marketed through Ernabella, until 1975 (James, 2009, p. 73). Kaltjiti Arts is situated in Fregon community and was founded in the 1960s to provide skills and artwork activities for the women of the community. The current artists, many of whom are represented in prominent public collections, have a history of active art participation and are skilled in painting and print-making. The Kaltjiti style, evident in batik and painting, includes *walka*—the seemingly abstract and organismic imagery that reflects the landscape—as well as exciting paintings that express *Tjukurpa* (Creation stories) and contemporary life. More recently, vibrant landscape scenes in a distinctive Kaltjiti aesthetic have been inspired by visits to country, and this is evident in the Kaltjiti repertoire of artists. Today, Kaltjiti artists seek to convey these meanings in their acrylic painting: connection to country, family and place. Their array of canvases captures different aspects of the whole that is Anangu way, life and art. Their acrylic art contains signs

[10] Tjuwilya Atira now paints at Ninuku and is the sister of Josephine Mick (my *malpa*).

traced in paint, left for the keen observer to follow, their intent to make clearly visible Anangu sense of place, country and Dreaming (James, 2009, p. 80).

This image has been removed due to copyright restrictions: Kathy Maringka (Australian, Pitjantjatjara) born 1954 near Pukatja / Ernabella, Anangu Pitjantjatjara Yankunytjatjara Lands, South Australia. Untitled, 2005 [etching, colour inks on paper]. Flinders University Art Museum Collection 4343. Retrieved from https://artsearch.flinders.edu.au/index.php/Detail/objects/4343.

This image has been removed due to copyright restrictions: Gladys Roberts (Australian, Pitjantjatjara) born 1979 Anangu Pitjantjatjara Yankunytjatjara Lands, South Australia. Untitled, 2005 [etching, colour inks on paper]. Flinders University Art Museum Collection 4344. Retrieved from https://artsearch.flinders.edu.au/index.php/Detail/objects/4344.

2.3.4 Tjala Arts (Amata)

The Tjala Art Centre started out as a women's centre called Minymaku Arts. In 1997, it changed its name to Tjala Arts. Tjala Arts is a significant APY Art Centre, especially with the emergence of highly successful artists, including the late Kumunara Hector Burton, Kunmanara Tiger Palpatja, Kumunara Ruby Williamson, Ray Ken and Mary Pan. The Art Centre is located at Amata Community in the western APY Lands. Recent works display new innovations in imagery and style, continuing to move from craft-based influences into contemporary fine Aboriginal art. The introduction of brighter colours and larger canvas sizes has been a catalyst for artistic development.

Male and female elders, as well as young artists, regularly work at Tjala Arts. The artists work in a range of media, including acrylic paint on canvas etching; woodblock print (punugraph) designs on fabric; *punu* (wood carving); and *tjanpi* (spinifex/raffia baskets or small animal sculptures) (E. Tregenza, 2010).

2.3.5 Ninuku Arts and Tjungu Palya

The Anangu arts movement grew with the establishment of both Tjungu Palya and Ninuku Art Centres. Located at Nyapari, Tjungu Palya is set at the base of the Mann Ranges in the heart of traditional Pitjantjatjara Country. These ranges are known to Anangu as *Murputja*, likening the mountain to the bony ridge of a person's spine. Aptly, Tjungu Palya (meaning 'good together') is in many ways the backbone of the current artistic resurgence. Over 50 artists from these communities have joined together with their family members over the years. The Ninuku and Mimili hub was set up as a flexible art enterprise (Ryan, 2010). The flexibility of the art programs meant that small clusters of linked homelands enabled artists to paint on country (Ryan, 2010).

The Ninuku Art Centre is one of the most westerly Art Centres in the APY Lands and is the home to my *Malpa*, Josephine Mick. The Art Centre represents the communities of Kalka and Pipalyatjara and has found great success with their strong, story-based work. Ninuku Arts (*ninu* means 'bilby' in Pitjantjatjara) is based in an old mud-brick building, but with the recent renovations, a new studio has emerged, giving the artists a new home. Ninuku originated in 2004 as a 'start-up' project for all five western communities (those now encompassed by Ninuku and Tjungu Palya) and was supported by a roving co-ordinator. So successful was that project in answering the long-standing needs of artists that two exciting new Art Centres were born and now operate independently. Both Ninuku and Tjungu Palya have a strong, reputable relationship with galleries, both nationally and internationally (E. Tregenza, 2010). These galleries ensure that Anangu works are sought after by important private collections in Australia and abroad.

Photograph 2.3: Ninuku Artists Josephine Mick (left) and her sister Tjuwilya Atira are senior custodians for the kungkarangkalpa (seven sisters songline)

2.3.6 Mimili Maku

Along with Ninuku and Tjungu Palya, Mimili was set up on the APY Lands in 2004/5. Now called Mimili Maku, it takes its name from the witchetty grub songline that traverses the country in and around Mimili. This is a significant Dreaming track and is therefore depicted in many of the artist's works. In recent years, Mimli has cemented its place in the art world. Its artists attract attention with their traditional imagery, symbols and narrative, combined with untainted, abstract and distinctive applications of colour. The artists' strong abstract variations and complex depictions of country, *Tjukurpa* and contemporary stories have generated unmatched interest from collectors in Australia and overseas (E. Tregenza, 2010).

Photograph 2.4: Nypulya (Margaret) Pulmani stands in front of her painting that she calls Maku Dreaming 2013

2.3.7 Iwantja Arts and Craft

The Iwantja Arts at Indulkana is the closest APY Lands Art Centre to the Stuart Highway, being only 8 kilometres west of the highway and 55 kilometres north of Marla. I spent much of my fieldwork in this Art Centre. The Iwantja artists originally worked with lino cut printers, but the artists have more recently diversified their creative activities to focus more on acrylic paintings and pottery, both of which showcase a popular, distinctive and innovative style.

2.4 Closing the Gap and the Creative Arts

In the contemporary context, Fforde et al. (2013) took two significant policies, the Northern Territory Intervention and ‘Closing the Gap’, to uncover a discursive discourse of Indigenous failure (Fforde et al., 2013). The deficit discourse has become synonymous with Indigenous health, and the high rates of Aboriginal mortality and morbidity support frames that accept ‘illness’ as part of the Indigenous identity (Fforde et al., 2013, p. 167). This discourse of Indigenous failure has seen a dramatic policy shift away from self-determination towards ‘mainstreaming’ and ‘individualism’ via the current Closing the Gap (CTG) framework (Fforde et al, 2013). Jon Altman argues that the CTG framework and its ‘business as usual approach’ has failed to value Indigenous difference and

accommodate Indigenous aspiration in all its diversity and that 'unless we get beyond CTG, the next phase in Indigenous policy making and program investments is 'destined to fail' as in previous approaches' (2009, p. 1). The arts experience demonstrates that Indigenous people can gain comparative advantage from location, due to its proximity to culture and country, rather than being constrained by remoteness. Whether Indigenous artists have a measure of control over the production and presentation of their work depends on how one views the concept of self-management: as a vehicle for surveillance, as suggested by Batty (2005), or as health-promoting.

Batty's (2005) critique is useful in that it suggests that Aboriginal people become subjects of surveillance through their organisations. However, a counter-argument by Rowse (2005) is that Indigenous people require community sector organisations in order to become visible as citizens (see Sullivan, 2010). In fact, the role of an Indigenous community-controlled organisation can represent and, in a sense, embody the client (Dwyer et al., 2011, p. 40). Community organisations allow Indigenous people to participate in civil society (Rowse, 2005, pp. 207-223). However, these organisations, like many in the non-government sector, also carry direct accountabilities to their communities and consumer (Dwyer et al., 2011, p. 37) and also need to balance this against the heavy burden of compliance, monitoring and reporting arrangements to justify ongoing support from the government.

2.5 Institutional Expressions of Aboriginal Agency and Self-determination in Health: The National and State/Territory National Aboriginal Community Control Organisation (NACCHO) Model

One of the most enduring Aboriginal Community Controlled Organisations (ACCO) is the Aboriginal Community Controlled Health Services (ACCHS). These are culturally appropriate, autonomous primary health services that are initiated, planned and governed by local Aboriginal communities through their elected Aboriginal board of directors. In many ways, they are the practical expression of Aboriginal self-determination in Aboriginal health and, by definition, are not government-run. Since the Redfern Aboriginal Medical Service opened in 1971, Aboriginal health services around Australia have been established as community-controlled services. There are now over 100 ACCHSs operating across Australia in all states and territories. At the national level, all ACCHSs are members of their umbrella body, NACCHO. ACCHS are independent and autonomous health services controlled by the community they serve and funded mainly by the Office for Aboriginal and Torres Strait Islander Health (OATSIH) through a series of tied grants. The services ACCHSs provide follow an integrated primary health care model, in keeping with the philosophy of Aboriginal community control and the holistic view of health that it entails (Baeza & Lewis, 2010, p. 723). The definition of

primary health care adopted by the National Aboriginal Health Services (NAHS) working party in 1989 was derived from the 1978 WHO Alma-Ata definition of primary health care:

> Essential health care based on practical, scientifically sound, socially and culturally acceptable methods and technology made universally accessible to individuals and families in their communities in which they live through their full participation at every stage of development in the spirit of self-reliance and self-determination (World Health Organisation, 1978).

To meet the definition of an Aboriginal Community Controlled Health Service, an entity must be: 1) incorporated as an Aboriginal organisation; 2) initiated by a local Aboriginal community; 3) governed by an Aboriginal board of directors elected by the Aboriginal community; and 4) delivering holistic and culturally appropriate health services to the community. NACCHO represents Aboriginal community-controlled health services on matters relating to health and wellbeing. The ACCHS philosophy of health care provides a contrast to and extension of the traditional, biomedical, curative paradigm of mainstream health services and, as such, the former's services transcend primary care. These services involve a range of activities that some government officials, health professionals and others do not consider directly related to health (Bartlett & Boffa, 2001, 2005). Nevertheless, ACCHSs argue that such activities are central to improving Indigenous health outcomes. For example, many ACCHs produce and disseminate information and educational material on Indigenous issues. They provide speakers to health and welfare professionals and to university students. They advocate for fair Indigenous access to educational and training facilities. Many have been actively involved in the struggle for land rights, acknowledgement of Indigenous people in the Australian Constitution, and recognition of Indigenous culture and history. They lobby the government for adequate housing and expose incidents of discrimination and racism in the healthcare system and wider society. They are also engaged with Indigenous youth and the issues they face.

In keeping with its major objectives of delivering holistic and culturally appropriate health and health-related services to the Aboriginal community, some of NACCHO's major activities include representing and advocating for constituent Aboriginal communities in matters relating to health services, health research and health programs; promoting, increasing, developing and expanding the provisions of culturally appropriate health care through local Aboriginal community-controlled primary health care services; assisting member organisations to provide their communities with health and health-related services; accessing the health needs of Aboriginal communities (through research, data analysis and surveys) and taking steps to meet these needs; and liaising with governments, departments and organisations within both the Aboriginal and non-Aboriginal communities on matters relating to the wellbeing of Aboriginal communities (National Aboriginal Community Controlled Health Organisation, 2017). This ACCHS model of care pre-dates and

exemplifies the application of the Alma-Ata Declaration on primary health care endorsed by WHO (1978).

The ACCHS sector plays a considerable role in the delivery of primary health care (Grant, Wrongski, Murray, & Couzos, 2008). The common factors to distinguish these services are that they are governed by boards of management elected from the local community and that they deliver culturally appropriate, comprehensive primary health care. Community control in matters of health, particularly in the delivery of primary health care, is an entrenched international principle that provides the foundation for the delivery of appropriate and acceptable health care. Community control is also seen as the local community having control of issues that directly affect their community. Aboriginal people must determine and control the pace, shape and manner of change and decision-making at local, regional, state and national levels (Australian National Aboriginal Health Strategy Working Party, 1989).

2.6 Tensions in Indigenous Health Policy

Indigenous health policy development in Australia has largely focused on the fundamental assumption that Indigenous Australians are disadvantaged; put another way, this can be read as 'statistical inequality' (Altman, 2009, p. 4). Comparable statistics became available in 1971 through the National census, which revealed, using standard social indicators, the extent of socio-economic disadvantage. In 1987, the Hawke Government launched its Aboriginal Employment Development Policy (AEDP), which aimed to deliver statistical equality between Indigenous and other Australians in employment, health and education by the year 2000. Kowal and Paradies (2005, p. 1349) noted that Indigenous Australians achieved formal equality in the 1960s, yet Indigenous health only received government funding from the 1970s onwards. The official discourse of Indigenous health as a special right, with self-determination as crucial for health improvement, and the recognition of Indigenous concepts of health, was not fully articulated until the NAHS of 1989 (Australian National Aboriginal Health Strategy Working Party, 1989).

However, the NAHS also reported and highlighted the negative statistics on Aboriginal births, deaths and illness rates, noting the differences between Indigenous and non-Indigenous Australians. It then moved to critique the complex division of responsibilities in the general health system between Commonwealth and state/territory governments. It also found, along with the review of the Council for Aboriginal Health established under the NAHS, that there was ongoing conflict between the states and ACCHs (Bartlett & Boffa, 2005, p. 54) that continues to the present time. The NAHS was developed to provide agreed directions for Aboriginal and Torres Strait Islander health policy in Australia; however, as Bartlett and Boffa (2005, p. 54) indicate, there is a history of

antagonism between government health departments and the ACCHS. The continuing antagonism between the Aboriginal health services and the state and territory health departments saw the ACCHS look to the Commonwealth for policy and funding support.

Tensions between the ACCHS sector and state health authorities have persisted since the 1970s (Grant et al., 2008). Since the inception of ACCHS, sections of state health bureaucracies have frequently and deliberately undermined ACCHS initiatives by competing for funding, co-opting initiatives and programs. ACCHSs are viewed in many jurisdictions as a direct challenge to a state government's service delivery role in Aboriginal people's health. Following the release of the Foley report (1984) in South Australia, the state government directly funded ACCHS activities. However, in other jurisdictions, assimilationist state health service policies were merely dressed-up with the rhetoric of community control (Grant et al., 2008, p. 10).

An ongoing dilemma for most ACCHSs is that they must continually reconcile their commitment to and focus on the needs and contingencies of local Indigenous communities with the rigorous funding stipulations and often conflicting expectations of government departments and funding bodies (Khoury, 2015, p. 484). The introduction of new public and administrative management and its associated trend towards 'normalisation' of Indigenous people (Holcombe & Sullivan, 2013, p. 498) and communities allowed for a 'new paternalism' to grow within the deficit discourse. However, despite being hampered by its ability to challenge the bureaucratic process, NACCHO is a good example of an Indigenous organisation that has successful governance arrangements for a complex membership (Morley, 2015) and deserves recognition as a preferred health model for Indigenous communities. This line of argument suggests that other community-controlled organisations such as remote Art Centres can be examined in conjunction with Anangu constructs for how best to deliver cultural health in a remote setting.

2.7 The Development of the Aboriginal Corporate Body

Since the 1970s, Indigenous communities have played leading roles in building community-controlled services, in areas such as local government, health, housing, community and welfare services (Sanders, 2002; Tsey, McCalman, Bainbridge, & Brown, 2012). The growth of government support for Indigenous organisations to manage programs and services is shown by numerous local community and national representative bodies across Australia. Sanders describes the emergence of these organisations as an 'Indigenous organisational sector' that has been 'crucial to the involvement of Indigenous Australians — as Indigenous Australians — in public policy' (2002, p. 5). Despite Batty's (2005) view to the contrary, this sector 'provid[es] some order and stability to the articulation of Indigenous interest' (Sanders, 2002, p. 8) and now is an 'integral element of the

processes of Australian government" (Sanders, 2002, p. 9). Furthermore, Sanders (2002) describes how these organisations are a way for Aboriginal people to engage in mainstream or civil society and are a point of intercultural interaction (see also Rowse, 2005).

Anthropologist Phillip Batty showed that there is a distinct period when an administrative partnership emerges with the onset of the 'Aboriginal corporate body' (Batty, 2005, p. 212). He took Rowley's ideas about 'governing': namely, that a more effective way of governing Aboriginal people would be through the creation of what Rowley terms 'Aboriginal Companies' (1962, pp. 247-267). Batty suggests that the state should provide the framework through which these companies could be established and directly subsidised. He also proposes that the government should 'hand over to them [such] special welfare activities as they agree to operate' (Batty, 2009, as cited in Sullivan, 2010, p. 1). While some Aboriginal organisations can trace their origins to the Aboriginal advancement associations of the early 20th century, most Aboriginal organisations were formed in response to legislation after the 1967 referendum and are part of the Aboriginal services sector that developed from that time.

It was the explicit suggestion in 1967 of the Council for Aboriginal Affairs, chaired by HC 'Nugget' Coombes, to bypass the state governments and direct Commonwealth funding into the hands of Aboriginal people through these associations (Sullivan, 2013, p. 355). As a result, the Federal government began to directly fund the delivery of community development programs (Coombes 1984 p.25-28 cited in Holcombe & Sullivan, 2013). The model adopted by these Aboriginal organisations drew on concepts of community development. For example, in Central Australia, the Central Australian Aboriginal Health Congress placed significant emphasis on its duty to advocate and provide services for all Aboriginal people of the region. In 1974, it produced a document entitled *Community Development Alternative Health Model*, which outlined plans for a community development approach to the delivery of primary health care services to remote communities (see Bartlett & Boffa, 2005, p. 78).

2.8 The Rise of the Indigenous Sector: From assimilation to self-determination

The 1970s policy era of self-determination gave rise to the emergence of an indigenous sector (Rowse, 2005) and a shift away from 'assimilation'. This shift in government policy resulted in other institutions, such as the churches and the state, relinquishing control of Aboriginal settlements and missions to Indigenous residents. The *Northern Territory Aboriginal Land Rights Act* (1976b) provided the catalyst for the outstations movement—which spread across remote areas beyond the Northern Territory. Discrete Indigenous organisations were developed to service homelands and

outstations. Self-managed service delivery through community-controlled, not-for-profit organisations was the predominant vehicle of Commonwealth Aboriginal policy from the 1970s to the 1990s. The growth of Aboriginal Art Centres coincided with these policy developments and shifts.

The establishment of the Aboriginal and Torres Strait Islander Commission (ATSIC) in 1990 epitomised the self-determination policy period. This national Indigenous representative body was a major conduit for infrastructure resourcing to communities, including decentralised, small family homelands or outstations. The outstations and homelands were and are political statements about culture, as much as statements reasserting the Indigenous polity (Holcombe & Sullivan, 2013). Outstation life, supported through the 'hybrid economy' (Altman, 2007) of customary activities and the Community Development and Employment Program (CDEP), was used to employ Aboriginal workers (e.g., within the arts industry).

During the 1970s, the Commonwealth, through its Council for Aboriginal Affairs, explicitly encouraged Aboriginal groups to incorporate in order to circumvent state governments. As a result, the Federal Government began to directly fund the delivery of community development projects. Similarly, in 1974, the Woodwood Commission recommended that the Commonwealth create a statute for simple incorporation of Aboriginal groups to administer land held in trust. This gave rise to the *Aboriginal Councils and Associations Act (ACA) 1976* (Australian Federal Parliament, 1976a). The late 1970s and 1980s saw a rapid expansion of self-help organisations, many of which were incorporated under the ACA Act. Some of the Aboriginal Art Centres in Central Australia are incorporated associations or are auspiced by incorporated associations. A small number of Art Centres are either companies, subsidiaries of companies or trusts. Some were women's centres that now have arts and crafts as the focus of their activities (see Wright, 2000). See Table 2.1 for a list of incorporated Art Centres.

Table 2.1: Establishment of a selection of Art Centres (date of incorporation appears in parentheses)

DATE	ART CENTRE
1948	**Ernabella Arts (1974)**
1967	Bima War (1969)
1969	Maningrida Arts & Culture, Tiwi Designs (1980)
1971	Papunya Tula Artists (1971)
1974	**Kaltjiti Crafts**
1975	Buku-Larrnggay Mulka
1976	Bula'bula Arts
1982	Maraku Arts & Craft
1985	**Iwantja Arts & Crafts**
1987	Keringke Arts (1989)
1990	Hermannsberg Potters (1992)
2004	**Tjala Arts, Mimili Maku**
2007	**Ninuku Arts/Tjungu Palya**

2.9 The Art Centre Model: The Aboriginal Arts Board (AAB)—1970s

In the mid-1970s, the Aboriginal Arts Board (AAB), established by the Australia Council, brought Indigenous artists, curators, promoters and marketers together (Acker, Stefanoff, et al., 2013, p. 5). An all-Aboriginal board was accompanied by the new type of arts bureaucrat, entrepreneurial and focused on supporting and implementing the priorities of Aboriginal people, including buying much of the art in the 1970s (Myers, 2002). Hence, when the first Art Centres[11] emerged, the two key sets of policy priorities around the Art Centres viewed them as economic enterprises and a means for self-determination and Aboriginal expression. At the same time, the birth of the Western Desert

[11] Ernabella Art Centre is considered the longest-operating Art Centre under the Art Centre model.

Movement in Papunya (see Bardon, 1991; Bardon & Bardon, 2006) gave rise to a new generation of Indigenous artists who were the first to explore the acrylic-on-board (later to become acrylic-on-canvas) dotting techniques. The Papunya artists are widely recognised (James, 2009; Ryan & Batty, 2011) as the first artists to explore acrylics on canvas but were later followed by their Western Desert relatives of the APY Lands (James, 2009).[12]

The AAB had a policy of supporting the Pitjantjatjara carving tradition. This policy was based on Peter Brokensha's (1975) report to the AAB after completing his thesis on the Pitjantjatjara and their crafts: Brokensha's report was based on fieldwork conducted at Amata in 1971 and Pipalyatjara in 1975. Brokensha (1975) emphasised the importance of carved artefacts from the Pitjantjatjara Lands, though he acknowledged they were hard to sell at the time. The AAB had begun to fund some of the Art Centres on the Lands and strongly advised them to continue to specialise in artefacts. All the art and craft advisors at the time followed this policy, but they required assistance to make artefact production commercially viable.

The AAB's values and financial support were crucial contributions to what Jon Altman calls the 'art centre model' (Altman, 2005, p. 6). Under this model, non-Aboriginal arts advisors (also called Art Centre managers) are employed and are directly accountable to the artists. Altman's (2005) description concurs with Wright and Morphy's more focused definition, although they also note the existence of small urban centres, as well as '[o]rganisations operating in remote Australia owned and controlled by Aboriginal people. Their principal activity is facilitating the production and marketing of art and craft. A centre may be independently incorporated, or auspiced by an Aboriginal company or incorporated association' (Wright, 2000, p. 9). To be successful, the Art Centres have had to bridge geographic and cultural divides while satisfying the requirements of artists, policy makers and the market (Jones & Birdsall-Jones, 2014, p. 301). The relationship between these elements has shifted over time, often influenced by global financial markets, cultural factors, Indigenous communities themselves, or government funding criteria. Tensions between the market and the cultural divide are considerable. These tensions necessitate rethinking how we approach and move the Art Centre model beyond its immediate core business. This thesis examines closely the health benefits of Art Centres and pushes the standard Art Centre definition beyond the

[12] It is not the objective of this research to go into this important art movement, but merely to flag that any discussion about the APY Lands arts practice must be contextualised as an extension of the Western Desert Art movement and Papunya Tula Artists. Anangu and Papunya (who are Luritja and Pintubi speakers) are considered relatives within the wider family of desert languages also known as the 'Western desert bloc'.

binary of its immediate cultural and economic imperatives to incorporate holistic notions of social health.

2.10 The Art and Craft Story—1989

Altman (2005) broadly distinguishes between before and after a 1989 report, of which he was the first author (Aboriginal Arts Australia Crafts Industry Review Committee & Altman, 1989). This Aboriginal Arts and Craft Industry Review Committee report led to the end of Aboriginal arts and craft control and supply of funds but consolidation and growth in support through ATSIC administration funding. With the abolition of ATSIC, a mainstreaming approach was introduced, with the Department of Communications and Information Technology and the Arts (DCITA) taking responsibility for art funding. The AAB became the Aboriginal and Torres Strait Islander Arts Board, and as part of the Australia Council, focused its resources on specific projects, arts promotion and professional development for individual artists. The report resulted in further support for Indigenous visual arts, with the introduction of the Indigenous Visual Artist (IVAIS). This program, which has been administered within the Art Centres, is heavily used to support the livelihood of practising artists.

2.11 Arts Administration Shifts

Fred Myers (2002) provides a more detailed account of the shifts in administration and pressures on the Art Centres. He identifies three periods. The first (from 1972 to 1981), described above, was marked by serious cash flow problems, along with a focus on self-management. Myers characterises the second period (from 1981 to 1989) as the boom years. During this time, economic rationalisation came to dominate the administration of Art Centres, while exhibitions and retail successes led to the entry of Aboriginal art into the public sphere. In this era, Aboriginal symbolism was also associated with Australian cultural nationalism (Morphy, 1989; Myers, 2002). The third period (from 1989 to 2000) corresponds with Altman's break and is characterised as a 'privatisation period' (Myers, 2002, p. 124), shaped by the establishment of a calibrated market for Aboriginal fine art (Jones & Birdsall-Jones, 2014, p. 302). The changes of 1989 ultimately resulted in less control for Art Centres and continuing issues of quality for dealers as the market suffered from an 'entrepreneurial free for all' (Myers, 2002, p. 315). This included growth in questionable business practices that divided artists from their communities and took advantage of artists' immediate needs. A good account of these industry malpractices is documented in Adrian Newstead's *The devil is the dealer* (2014), which gives an insider's account of the carpetbagging practices well-known in the industry. Regulation of the industry saw the development of an Indigenous Art Code,

spearheaded by those regional organisations calling for regulation in the art sector (www.indigenousartcode.org.au).

While there are a number of continuing problems, Altman (2005) identifies an increasing sophistication and growth in the market, with well-established artists consistently delivering sophisticated marketing, exhibitions, art conservation and documentation, and having an increasingly sophisticated engagement with corporate training and research partners (Altman, 2005, p. 11). Physical infrastructure has improved, along with the range of activities artists undertake. There are also significant regional bodies representing groups of Art Centres and organisations, such as Ananngu Arts and Culture, who took a major role in ensuring infrastructure development from 2012 to 2015.[13]

Apart from the Standing Committee report, there is currently little information summarising the characteristics and roles of Art Centres (Acker, Stefanoff, et al., 2013). However, Jones and Birdsall-Jones (2014) state that some studies of single community Art Centres have provided detailed and nuanced information (Carty, 2011; May, 2006; Riphagen, 2014; Schmidt, 2012). Australian government research acknowledges the multiple roles of the Art Centres, with a recent report stating that art enterprises contribute to employment, training, safer communities, governance and economic participation, noting that in many Aboriginal organisations 'art sales are the primary or only source of non-government income' (Australian Senate, 2007). Wright and Morphy (2000) found that for Art Centre executives (largely senior artists and custodians), less importance was attached to income, and the Art Centres were seen primarily as centres of cultural and creative practice, emphasising cultural maintenance and facilitating the development of artists and the production of art. Herein lies the paradox or tension between the cultural and economic imperatives of the Art Centre model. In this thesis, I argue that both are important, and together (encompassing the social, cultural and economic features of the Art Centre model), each complements and competes within a social model of health for artists.

2.12 Searching for Indigenous Alternatives to Western Models of Health

2.12.1 Political Context: Contested sites of governance

Culture is important, but so too are structures, especially structures of governance (both of the state and of the Indigenous sector). The Indigenous sector is also referred to as the *Third Sector*

[13] The Ananguku Arts Infrastructure Project (from 2012 to 2015) invested $1.2 million into upgrades in APY Art Centres. The upgrades included new studios and upgrades to existing amenities and staff accommodation. See: https://statedevelopment.sa.gov.au/news-releases/all-news-updates/upgraded-arts-centres-a-cultural-hub-for-apy-lands

(Holcombe & Sullivan, 2013), characterised by ACCHSs. ACCHSs are a 'corporate expression' (Holcombe & Sullivan, 2013, p. 501) of Indigenous identity and represent the needs and aspirations of the community. The idea of community control is an important principle underpinning Indigenous governance of Aboriginal organisations. However, while they are considered as 'conduits between cultures' and 'intermediate systems', their values and practices are also contested, adapted and, at times, transformed (Holcombe & Sullivan, 2013, p. 508). This is, in part, due to a renewed trend towards the new public administrative reforms that have impacted on the ACCHS sector, such as new public management (Dwyer, O'Donnell, Laviole, Uning, & Sullivan, 2009).

For Indigenous Australians, the role of the state and the unequal distribution of power and resources have significantly challenged the capacity of Indigenous health organisations to perform their core business, resulting in an overburden on health services (Dwyer et al., 2009). In part, this is due to the intercultural tensions that inform the relations between the state and its Indigenous citizens (Holcombe & Sullivan, 2013). Yet, despite being undervalued and overburdened, Indigenous organisations offer a counter narrative to the current deficit discourse of health and may provide a focus for understanding how contemporary notions of health are understood in remote Indigenous contexts.

2.12.2 Governmentality

The anthropological literature frequently uses the term 'intercultural relations' (Holcombe & Sullivan, 2013) when explaining the relationship between Indigenous people and the state. Sullivan suggests that 'Aboriginal cultures and settler cultures are ineluctably embedded with each other, and this includes the bureaucratic cultures that administer Indigenous affairs' (Sullivan, 2013, p. 354). In other words, Aboriginal development is embedded within the bureaucratic processes of the state. Indigenous organisations have been influenced by these relationships with the Australian state over many decades (D. Smith & Hunt, 2008, pp. 1-26), and Indigenous governance must be understood within a *relational* context with the state. Smith and Hunt argue that the governing of Indigenous organisations is influenced by interactions with the state and that Indigenous governance is constantly renegotiating the balance of *domination, subordination and contestations* (D. Smith & Hunt, 2008, p. 4). These themes run through my ethnographic accounts (key concepts of control and chaos), which examine the institutional relationships between Indigenous people and the state, often described as a '*culture[s] of governance'*, and explore their institutional relationship (D. Smith & Hunt, 2008, p. 5). Typically, these relationships have often been analysed through the development of policy. Sullivan takes a 'long view of Indigenous development' (2013, pp. 353-369), suggesting that the relational context of the state with Indigenous institutions is beneficial. Through his

analysis, Sullivan observes two trends: 1) the emergence and the decline of the community-control services sector; and 2) 'the debilitating effects of the remote control of Aboriginal development through intervention of the Commonwealth bureaucracy' (2013, p. 354). Art Centres sit smack in the middle of this space.

In *Contested governance*, Smith and Hunt (2008, p. 4) discuss the 'governmentality of the state'. Others, such as anthropologist Phillip Batty's notion of 'governmentality', examine how governmental power relations shape Aboriginal subjectivity (Batty, 2005, p. 211). Batty highlights the techniques used by government to 'enrol' Aboriginal people into their own 'governance' as useful and suggests that the development of incorporating Indigenous organisations under the ACAA was a formal tool of the government. Aboriginal organisations wishing to receive government funding were required to incorporate under the Act. This gave the government the power to regulate concerning the administration of the Aboriginal body corporate. In other words, this became a technique to govern Indigenous people (D. Smith, 2008) and essentially formalised the state's role in surveillance and control (D. Smith, 2008, p. 79).

2.13 The Issue of Economy: Linking Indigenous art economies to health

The emphasis of culture and cultural maintenance over and above economic imperatives is an underlying premise of this thesis. While community-controlled Art Centres have been supported by numerous policies, initiatives and strategies focusing on arts practice, there is now a growing awareness that government support for Art Centres is—at least partly—for non-art outcomes, with the Commonwealth's Closing the Gap agenda highlighting art enterprise's contributions to health (see Department of Prime Minister and Cabinet Office of the Arts: www.arts.gov.au/indigenous). Central to notions of Indigenous health is the idea that practising 'culture' reaffirms and strengthens identity (see the National Aboriginal and Torres Strait Islander Health Plan 2013–2023). Woodhead and Acker state the following: 'The way Art Centres operate is changing. Most Art centres are small, community focused organisations with many emphasising social or welfare services with art production as ancillary' (Woodhead & Acker, 2014, p. x). This claim is also supported by Jones and Birdsall-Jones (2014, p. 302), who acknowledge that Art Centres have multiple roles and contribute towards health, employment, training, and safer communities. Nevertheless, Jones and Birdsall-Jones (2014) fall short in explaining how health in the remote context of the Art Centre is practised and promoted, or how it sits with the other agenda of the economy. This is now a particularly pertinent question, given the impact the Global Financial Crisis has had on the economic returns of Indigenous art (See Acker, Stefanoff, et al., 2013). The hybrid economy is an alternative approach to the current policy discourse in Australia; this approach seeks to address Indigenous poverty via

the modernisation paradigm and assumes that Art Centres are economically sustainable (Altman et al., 2007, p. 2). The hybrid economic model is depicted conceptually in Figure 2.1. The model, different from a standard two-sector (private/public) model, represents the economy as having three sectors: the public (or state), the non-market (or customary) and the private (or market). It is argued that such an approach might be more successful, in both economic and cultural terms, than mainstreaming in addressing Indigenous poverty. This approach, referred to as the 'hybrid economy model', emphasises that the customary or non-market sector has a crucially important role to play in addressing Indigenous poverty (Altman et al., 2007). Altman states that '[a]n approach that recognises the importance of all sectors in the 'hybrid economy' including the customary and the importance of community-control development processes will alleviate poverty more readily than any monolithic approach currently being promulgated' (Altman et al., 2007, p. 8). This economy is strongest in the remoter areas, intersecting with the mainstream economy chiefly through production of arts and craft.

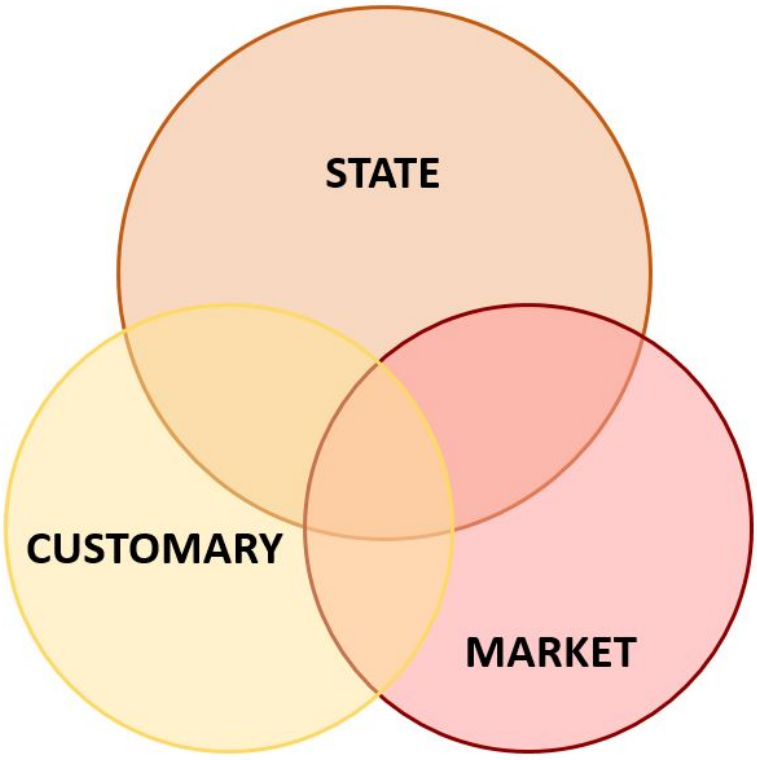


Figure 2.1: Altman's Hybrid Economy
Adapted from Altman, 2007.

Clearly, the hybrid model offers an appropriate theoretical framework which can help me to conceptually locate the Art Centre in a remote context. More importantly, the hybrid economy demonstrates that Anangu artists can operate across a number of dimensions and spaces on any

given day, and this is re-iterated by Altman when he explains, "Many Indigenous people regularly move between the seven niches[14]…For example, an individual might participate in customary wildlife harvesting, the production of an artefact for market sale and in engagement with the state working-for-the-dole (under the Community Development Employment Projects scheme) all on the same day" (Altman, 2009, p. 4). The day to day life of an artist will be subject to examination in Chapter Five, and I will later argue that the customary component is also key to health.

2.14 The Issue of Culture: Linking country to the health agenda

Culture and one's cultural identity is critical to social and emotional wellbeing (Australian Government, 2013, p. 21). A small yet significant body of literature provides evidence of the observed health benefits of Aboriginal people living on country and undertaking land management on their country, including harvesting and people with diabetes eating bush foods (Lee, Bailey, Yamirr, O'Dea, & Matthews, 1994; O'Dea, 1984). While Carson et al. investigated the social determinants of health, such as poverty, class, community, social capital and unemployment (2007), Anderson, Baum and Bentley (2007) brought together a range of perspectives that look at how the underlying factors of culture, law, employment and models of governance and social and community interactions affect the health of Aboriginal Australia. This thesis looks at the importance of these factors but gives some suggestions for further inquiry into how these factors can be more health-promoting.

Garnett et al. (2009, p. 61), commenting on the Healthy People, Healthy Country initiative, state the following:

> [T]he high level support for this project among Indigenous people certainly suggests that policy initiatives that facilitate interaction with country (read culture) would be well supported as a culturally appropriate way to promote the wellbeing of both people and their country (Garnett et al., 2009, p. 61).

The caring for country initiatives highlight the importance of investigating Indigenous health promotion activities (Burgess, Berry, Gunthorpe, & Bailie, 2008, p. 1). This is also echoed by Indigenous and non-Indigenous critics who have demanded a shift in research towards strength based approaches (Arabena, Rowley, & MacLean 2014, pg 317) towards identifying what works, including 1) improvements in the social determinants of health; 2) identification of drivers of resilience and health gains; and 3) the stipulations that solutions may arise from outside the health domain (Clapham, O'Dea, & Chenhall, 2007, pp. 271-291).

[14] Indigenous people move between the seven niches which include: the State (1), Customary (2), Market (3) and the customary and state (4), the state and market (5), the customary and market (6) and the market, state and customary (7)

2.14.1 Healthy country, healthy people

A key to the health of Aboriginal people living in remote areas appears to be connected to their interaction with country. For example, the Caring for Country program provides opportunities for renewed interaction with places and may lead to health gains for both participants and the environment. As such, it is frequently asserted as a fundamental determinant of health and wellbeing for Indigenous Australians (Burgess & Morrison, 2007; Burgess et al., 2009; Garnett et al., 2009). For example, the joint relationship between Aboriginal land management and improved health has been accounted for in research provided by the Healthy Country, Healthy People Project (Garnett et al., 2009). Their research shows that investment in programs to help Indigenous people undertake work that maintains the environmental health of their country has benefits for the environment as well as for the physical, mental and cultural health of the Indigenous people involved.

For Aboriginal people, involvement in managing country can result in confirmation of identity and cultural authority, social activities, purpose, teaching and sharing of knowledge, exercise and food. Contemporary Aboriginal peoples' attachment to country is expressed in various ways, including living on traditional country; visiting their country; carrying out land management practices; and painting. Campbell et al. recognise the importance of Aboriginal peoples' 'ownership of … activities that express their relationship with their country … [as] a sense of control over one's life is a psychosocial determinant of health, and is also critical to motivation and institutional stability' (D. Campbell, Davies, & Wakerman, 2008, p. 5).

The strength of these programs is that Indigenous Cultural Resource Management asserts cultural obligations to country without separating spiritual, ecological and social aspects—all of which are integral to Indigenous culture (Baker, Davies, & Young, 2001). Nonetheless, these programs rely heavily on subsidies from welfare-based instruments such as the Community Development Employment Program (CDEP), also known as 'work for the dole'.[15] As Brundtland notes in relation to Indigenous peoples throughout the world, "Clearly, Indigenous people have the knowledge and cultural basis on which to build healthier societies. But they cannot do so alone. Governments have a responsibility and an obligation to do their part as well" (Brundtland, 1999, p. 21).

To date, there have been no evaluations of contemporary Indigenous Natural and Cultural Resource Management programs, nor the factors linking Aboriginal health outcomes with their social determinants. However, there have been some successful evaluations of programs that use informal,

[15] See the *Kuka Kanyini* Project (2003): http://www.healthinfonet.ecu.edu.au/key-resources/programs-projects?pid=68

culture-focused activities in the rehabilitation of substance abuse and the management of diabetes (Bird Rose, 1992; Brady, 1995; Phillips, 2003). Concordantly, the significant health gains achieved by Maori occurred during a period of cultural renaissance (see Kunitz, Levy, & Andrews, 1994). It is this context, the concept of 'healthy country, healthy people' deserves a serious mention (Burgess et al 2009) and may have relevance to discussions on Art Centres, given the connections artworks have with country.

The centrality of culture in the health of Indigenous people is recognised in the National Aboriginal and Torres Strait Islander Health Plan (Australian Government, 2013, p. 4). It is argued that local community-controlled organisations are central to maintaining local culture, as they are 'rooted in their community, cultures and country', and provide "culture" in a way that large national or state-wide organisations cannot' (Secretariat of National Aboriginal and Islander Child Care, 2012). An important aspect of embedding culture is prioritising the Indigenous worldview: that is, one that is relational and holistic, based on community and family obligations rather than the individual (Secretariat of National Aboriginal and Islander Child Care, 2012). Similarly, Indigenous Art Centres, described by Altman as hybrid organisations (2007), are also located in this cultural space.

2.14.2 Indigenous governance for good health

One important aspect of good governance in Indigenous communities is achieving a legitimate cultural fit (Dodson & Smith, 2003, pp. 18-19). While complex in practice, a cultural fit in the context of governance involves a balance between organisational governance standards and community traditions and values (Australian Senate, 2007). Dodson and Smith highlight that 'problems arise for many Indigenous governing bodies when they lose sight of the fact that their ongoing legitimacy is often grounded, at the local level, in culturally-based values [and] priorities' (2003, p. 19). Accordingly, given the context-specific nature of good governance, there is no one-size-fits-all approach to governance of Indigenous community organisations and programs (Dodson & Smith, 2003).

Dobson and Smith suggest that 'building good governance is identified as the key ingredient—the foundation stone—for building sustainable development in communities' (Dodson & Smith, 2003, p. v). Self-governance refers to Indigenous organisations and communities having structures, processes and institutional capacity in place to be able to exercise 'jurisdiction through sound decision making, representation and accountability' (Hylton, 1999 & Sterritt, 2001, as cited in Dodson & Smith, 2003, p. 2).

There is emerging evidence from the primary health care sector data that compares the health outcome of Indigenous people in ACCHSs with the outcomes achieved through mainstream services (Panaretto, Wenitong, Button, & Ring, 2014). This data shows that ACCHSs have risen to the challenge of delivering best practice health care and, as such, there is a case for expanding ACCHSs into new areas. There are growing calls that in order to achieve the best returns, the current mainstream Closing the Gap investment should be shifted to the ACCHS sector, with the latter's model of comprehensive primary health care and community governance (Panaretto et al., 2014, p. 649). The ACCHSs are key players within the Indigenous community for exercising self-determination, taking responsibility in action, improving Aboriginal and Torres Strait Islander health, and setting frameworks to underpin the shift to healthy communities.

2.14.3 Promoting community health through the community-control sector: ACCHO and Art Centres

At a broader level, the NACCHO and community-control sector offers an array of options in considering the relationship between Indigenous art and health. Exploring these options further is the objective of the next chapter. Nevertheless, it is important to re-iterate the importance of Indigenous community control and governance when considering an optimum model of health. These ideals include the ability to promote holistic health through appropriate means, as determined by Aboriginal people themselves. NACCHO, which uses the term *Aboriginal* inclusively to refer to Aboriginal and Torres Strait Islander Peoples, defines an ACCHO as follows: 'an incorporated Aboriginal organisation; initiated by a local Aboriginal community; governed by an Aboriginal body which is elected by the local Aboriginal community; delivering holistic, culturally appropriate health service to the Community, which controls it' (National Aboriginal Community Controlled Health Organisation, 2017, pp., para. 4).

The term *Aboriginal community control* has its genesis in Aboriginal and Torres Strait Islander Australians' right to self-determination (Australian Institute of Health and Welfare, 2012; National Aboriginal Community Controlled Health Organisation, 2017). The fundamentals of art organisations are similar, even though there are significant regional variations in their particular form, owing to differing histories of development and differing locations (Altman, 2005, p. 6). Art Centres such as the ACCHOs rely primarily on government (Commonwealth and state) funding. The ACCHOs receive this funding through a variety of channels, including (mainly) Medicare, the pharmaceutical benefits scheme (PBS) and core service funding (often called PHC funding) (Gomersall et al., 2015, p. 142). For Art Centres, the majority of support continues to be through state support, which invariably leaves them vulnerable due to the 'hybrid nature' of their cultural

and economic enterprises (Altman, 2005, p. 13). It is not just the economy that is hybrid, but also the Art Centres.

Art Centres are invariably incorporated organisations, with artists as their members. The members elect management committees that form the governing body, and this governing body in turn employs staff. But according to Altman, '[t]hese are hybrid organisations, at once cultural and commercial, local and global, Aboriginal and non-Aboriginal—fundamentally intercultural and operating between thoroughly different locals' (Altman, 2005, p. 6). The hybrid economy challenges the notion that Indigenous Australians need to transform their cultural and economic lifestyles in order to improve their socio-economic status. This approach enables Indigenous people to practice to a certain degree their customary rights to country and maintain their cultural identity. The hybrid economy has various relations between the customary sector (traditional economy), state (welfare), and market sectors (Altman et al., 2007, p. 16). Thus, the hybrid economy equates with Indigenous people exercising the range of choices that they have available to them and still connects their lifestyle and their traditional cultural forms. The Indigenous Art Centre, as a hybrid organisation, plays an important role in facilitating the retention of traditional cultural forms in community and ceremonial life.

Over the past decade, the central terms of Indigenous affairs have shifted dramatically, from self-determination, to self-management and self-governance, to mainstreaming, whole-of-government, and shared responsibility agreements (SRAs). Earlier in this chapter, I highlighted that chaos and control are key themes that must be considered to understand how health promotion is understood and contextualised. At the same time, we must be alerted to the various definitions of community control in order for us to determine and explore the 'ideal' health promotion model in the Anangu context.

The varying definitions of community control show that there is not one definition and therefore health promotion as a discourse is contested even at a community level. While community control organisations such as ACCHSs are described in this chapter as the preferred model of social health, I look for alternatives, represented through a hybrid model that could potentially offer insights in my search for Indigenous alternatives in health promotion. As Sullivan (2013) states, there are signs that the trend towards neglect of the community-control sector is being reversed—most notably with the introduction to *Working on Country* program. At the same time, we need to be aware of the various commentaries put forward for self-management, and this should not be at the expense of local community-control perspectives demonstrated by local ACCHSs such as Congress in Alice Springs.

The current Australian health system context involves turning the pyramid of health bureaucracy upside down, so that people and communities are the starting point for any health endeavours. It is about altering the power structure for health care (Eckermann, Dowd, & Chong, 2010). This is a shared vision stated in 'Our Visions' (Central Australian Aboriginal Congress Aboriginal Corporation, 2015):

> [W]e improve the health of our community by providing high quality comprehensive primary health care … [and Congress] remains committed as a community controlled organisation … we listen to, and respond to, the needs and wishes of the community … [Congress also] advocate[s] and partner[s] with the broader community to identify and address the causes of poor health such as education, employment and housing. (Central Australian Aboriginal Congress, 2018, para. 1)

Therefore, empowering the community and putting people first must be a priority in any consideration of a health care model.

The variation in definitions sets this thesis up to explore the spaces of opportunity that may exist and how remote Art Centres may redefine or self-determine their own definition of health promotion. Here, the strength of self-determination is about political participation, with the potential to redefine assumptions about health and wellbeing. The rise of the Indigenous sector is the main vehicle of self-determination. It can be described as an important measure of wellbeing, as it assumes that Indigenous people in remote Australia have a right to choices about their health and wellbeing.

2.15 Conclusion

The community-control sector provides the basis for considering Indigenous governance frameworks for good health. Historically, Indigenous organisations were founded on the principles of self-determination, and this is evident within the arts sector, where Art Centres were considered part of the growing suite of Indigenous legal, housing and health organisations emerging in the late 1960s to 70s. The Art Centres were originally set up as crafts rooms and women's centres and later grew into more formalised organisations, as arts administration and funding formalised Aboriginal institutions as corporations. These Indigenous corporations, including the Art Centres, were deemed institutional expressions of self-determination and, therefore, they provide a theoretical framework for considering good governance for Indigenous health. At the same time, there are also emerging alternatives for remote health, as considered in the caring for country and ranger programs, which are clear expressions of self-determination and empowerment in the contemporary context. Evidence from these programs provides a platform to consider alternative approaches to health, especially as I consider socio-cultural models of health and wellbeing in the Anangu context.

There is evidence that Art Centres are health-promoting, but to what extent, and how do we determine what is health-promoting? This chapter puts forward the notions of community control and self-determination alongside the notion of self-management. I argue that health promotion must be contextualised and must run parallel alongside the community-control model. In this research, health promotion must be contextualised against a myriad of policy shifts that often cause chaos and tension. Here, health, especially from an Indigenous perspective, needs to unpack competing agendas to inform what a health-promoting discourse may look like in an Art Centre space. This chapter has considered how health is organised in the remote community context. This has been achieved against a myriad of policies which have continued to shape and inform Indigenous social life. This chapter has shown that there are diverse governance frameworks that have been built on notions of community control and self-determination. While a community-control model may offer insight into the nature of Indigenous governance in health, it does not tell us how an Indigenous organisation such as an Art Centre can deliver health and wellbeing. However, the next chapter starts to elaborate how the notions of community control can best inform an aspirational model of health for Indigenous remote Art Centres.

CHAPTER 3: REFRAMING HEALTH PROMOTION FROM AN ANANGU PERSPECTIVE

Photograph 3.1: Ernabella artist Alison Milyka Carroll teaches her daughter Philomena in the Art Centre (Courtesy of Ananguku Arts and Culture 2012)

3.1 Introduction

In the previous chapter, I argued that the community-control model offers the most effective governance framework for Indigenous health. This chapter provides a discussion of mainstream health promotion (as exemplified through the Ottawa Charter), illustrating the relationship between this literature and the Indigenous perspective on health, while also highlighting how the latter differs from the mainstream Western models. To establish this argument, firstly, I revisit the concept of community control and explore its relationship to health. I then examine health promotion doctrines such as the Ottawa Charter, along with the work of the Commission on the Social Determinants of Health. These are viewed against the backdrop of emerging Indigenous voices such as Brough, Bond and Hunt (2004) and non-Indigenous health promotion advocates such as McPhail-Bell et al. (2013), Baum (2008), Labonté (2011) and Keleher (2008). In an attempt to 'decolonise' the health promotion paradigm, I focus my attention on health-enabling environments, including the concept of community health, whereby health promotion is defined through the institution of remote Art Centres and Anangu practices of art and culture. In considering the

institutional effects of health promotion, I discuss the possibility of health promotion 're-inventing' itself and advocate for a deeper and more holistic understanding of health promotion, emphasising the importance of a 'decolonising' lens (Brough et al., 2004, p. 219). In the final section, I explore the relationship between arts and health and health promotion.

3.2 Community-controlled Health Promotion

In the previous chapter, I introduced the Art Centre as a community-control organisation. In line with McPhail-Bell et al. (2013), I argued for an Indigenous health perspective that emphasises that 'learning from Indigenous community control' is required in order to decolonise health promotion practice. Indigenous community-controlled health promotion (p. 3) offers a different way of considering Indigenous cultural perspectives on health. It also proposes a shift in the language used to describe Indigenous health promotion practice and governance. These are two important ideas. In applying these ideas to the research context, I make the assumption that community-controlled health promotion and practice are governed by the Indigenous organisation and its people: that is, the Art Centre and its artists. I argue that the notion of community-control health promotion (McPhail-Bell, 2016) is determined by the artists who practise keeping culture strong through painting and engaging with the arts. Thus, practising health or health promotion becomes an integrated process, aligned with keeping Anangu ideals of kin, country and culture alive. Here, the merging of arts practice into health brings alive an Anangu perspective on health promotion. The health promotion lens shifts and opens up to privileging Anangu knowledge, practice and protocols, bringing into the research frame a new perspective in Indigenous health. I begin this argument by tracing the history of health promotion from a Western perspective.

3.3 World Health Organization and Primary Health Care

The idea of health promotion has its origins in WHO's work on primary health care (World Health Organization & UNICEF, 1978). The concept of Primary Health Care (PHC) was first recognised through the Alma-Ata Charter for Primary Health Care, proclaimed in the late 1970s (World Health Organisation, 1978). From that point, the nature of PHC was contested, with arguments that it should focus selectively on particular diseases rather that the broad Alma-Ata mandate of working with the whole community to achieve health through social reform, or what became known as a comprehensive approach to PHC. WHO initially embraced comprehensive PHC as a means of achieving Health for All by Year 2000 at its Alma-Ata conference in 1978 (World Health Organisation, 1978). However, soon after, arguments were advanced that comprehensive PHC was too expensive, and that if health statistics were to improve, high-risk groups must be targeted with carefully selected interventions (Werner, Sanders, Weston, Babb, & Rodriguez, 1997). The

dominant characteristic of selective PHC is that health problems need to be identified by experts outside a community, who then plan appropriate interventions. Thus, it is top-down, leaving power relationships unchallenged, despite the fact that lack of power is a key determinant of (ill) health (Evans, Barer, & Marmor, 1994; Marmot & Wilkinson, 1999). Nevertheless, selective PHC became widely implemented as an alternative to comprehensive PHC. Along with the World Bank's structural adjustment programs and Investing in Health strategies, selective PHC has been identified as one of the key threats to achieving Health for All (Werner et al., 1997). Discussions on selective versus comprehensive PHC are important because the philosophical differences between the two approaches have broad implications for how we view and implement PHC and achieve Health for All (World Health Organization, 1984).

3.4 PHC and Health for All

PHC as a philosophy focuses on health for all and emphasises working with people to enable them to make decisions about their health needs and how best to address them. The International Health for All policy (World Health Organization & UNICEF, 1978), including the philosophy of PHC, emphasises the following principles: equity; social justice; reorienting of health systems towards raising the health status of individuals, families and communities; and enabling of people to lead socially and economically productive lives. These principles reflect a PHC philosophy: using approaches that are affordable, appropriate to local needs and, therefore, sustainable (Talbot & Verrinder, 2014, pp. 3-4). This concept aligns with Aboriginal community control and the broader definition established by WHO that health is 'a complete state of physical, mental and social wellbeing, and not merely the absence of disease or infirmity' (World Health Organisation, 1946, p. 1).

It is particularly important to understand how the Aboriginal community-control sector incorporates the principles of PHC into their work. According to Bartlett and Boffa (2001), Aboriginal community-controlled PHC services have led the way in Australia in developing a model of PHC that is able to address social issues and the underlying determinants of health and provide high quality medical care. This model is characterised by a comprehensive style rather than the selective PHC model that tends to be more common in mainstream services. Central to comprehensive PHC is community control, which is critical to the bottom-up approach, as opposed to the top-down approach of selective PHC. The three pillars of community control are participation, intersectoral collaboration and equity (Bartlett & Boffa, 2001). Scrimgeour (1997) argues that the ACCHSs have developed a model of comprehensive PHC in practice that is under the control of the community, although he acknowledges that the nature of community control is debated. Scrimgeour highlights

the broad spectrum of involvement, from community participation in an organisation's day-to-day activities, including employment and education, through to control of the organisation's governing structures.

3.5 Health Promotion in Context: The Ottawa Charter as Mainstream Discourse

The Ottawa Charter for Health Promotion (World Health Organisation, 2017) drew international attention to the important aspects of PHC, arguing for a focus on healthy public policy to create environments that are supportive of health and (reiterating the Alma-Ata ideals) that strengthen community participation and reorientate health services towards health promotion. The Charter reflected frustration with the limitations of the selective lifestyle and behavioural approaches prominent during the 1980s that were labelled under the banner of PHC. While the Ottawa Charter is best known for its five action areas (building healthy public policy; creating supportive environments; strengthening community action; developing personal skills; and reorientating health services for PHC for health promotion), the Charter also strongly argues for what it called the 'conditions and resources for health' (World Health Organization, 2009, p. 1) (such as peace, shelter, food, education, income) drawn from the Alma-Ata Declaration on Primary Health Care (World Health Organisation, 1978).

The Ottawa Charter defines health promotion as "the process of enabling people to increase control over, and to improve, their health" (World Health Organization, 1986, p. 1). However, the Ottawa Charter is itself a definition of health much broader than that captured in the above definition that outlines the five levels of action. On a practical level, the Charter shifted the main focus from individual risk behaviours to the social determinants of health and introduced innovative strategies such as participatory processes and empowerment of communities (Labonté, 2011; World Health Organisation, 2017). Health promotion is also considered a theory that arouses debate over its goals and practices (McQueen, 2007).

The confusion over what exactly health promotion is has arguably been driven by the growing complexity of its mission (Crouch & Fagan, 2014; Labonté, 2011). The current mission of health promotion is to do the following: 1) be central to global development; 2) span whole of government policy; 3) address the impacts of globalisation; 4) address the social determinants of health; 5) re-invent health education through health literacy; and 6) support community capacity building, community transformation and individual behaviour change (Commission on Social Determinants of Health, 2008). Furthermore, the WHO Commission on the Social Determinants of Health

(CSDH) identifies a focus on *social stratification and health equity* as core to the effectiveness of the promotion of health (Commission on Social Determinants of Health, 2008).

3.6 The Commission on the Social Determinants of Health (CSDH)

The term *social determinants of health* refers to and includes both the social and economic determinants of health (Baum, 2008). The determinants of health are the circumstances in which people are born, grow up, live, work and age, and the systems they operate within, such as education, legal, cultural, economic and political systems (World Health Organization, 2008). Under the auspice of WHO, the CSDH work spanned the period from 2005 to 2008. The Commission brought attention to the need to support and tackle the social causes of poor health and avoidable health inequalities (World Health Organization, 2008, p. 1). Over a three-year period, CSDH gathered and reviewed evidence on what needed to be done to reduce inequalities within and between countries, as well as between population groups. One of the key concepts that CSDH pursued was the idea that health inequalities were avoidable and that these inequalities are the result of complex systems, such as gender inequality operating at global, national and local levels. The recommendations CSDH put forward argue for what the Charter calls the 'basic prerequisites' and what we know as the social determinants of health (Labonté, 2011, p. 185). CSDH notes that 'our work in health promotion must refocus from individuals and their lifestyles to upstream social patterns and structures that shape people's chances and opportunities to be healthy (as cited in Baum, 2008, p. 50).

The CSDH final report (2008) was critical of global economics and power distribution and called for action on three key areas: 1) improve the conditions of daily life—the circumstances in which people are born, grow, live, work and age; 2) tackle the inequitable distribution of power, money and resources—the structural drivers of those conditions of daily life—globally, nationally and locally; and 3) measure the problem, evaluate action, expand the knowledge base, develop a workforce trained in the social determinants of health and raise public awareness about the social determinants of health.

Health promotion has also been explicitly linked to continuums that map the social determinants of health, from micro individual determinants (such as obesity and mental health) to macro-level systemic determinants (such as the distribution of wealth and or the provision of public transport) (Commission on Social Determinants of Health, 2008, p. 16) (see Figure 3.1). This micro-macro determinants' view is reflected in the use of 'upstream downstream' metaphors (Commission on Social Determinants of Health, 2008, p. 17), where 'upstream' refers to macro determinants, while 'downstream' refers to micro-level determinants. This continuum moves from downstream

'selective primary health care' approaches, drawing heavily on the biomedical model, to midstream behavioural change and health education programs where ill-health is seen as a matter or individual endeavour and responsibility, towards upstream community development and policy reforms. The upstream space epitomises comprehensive PHC and draws on concepts such as the social determinants of health (policy and organisational change), but also self-determination and community development (advocacy and community action (Murphy & Keleher, 2003). These concepts resonate with the ACCHO model of health care. Figure 3.1 illustrates this.

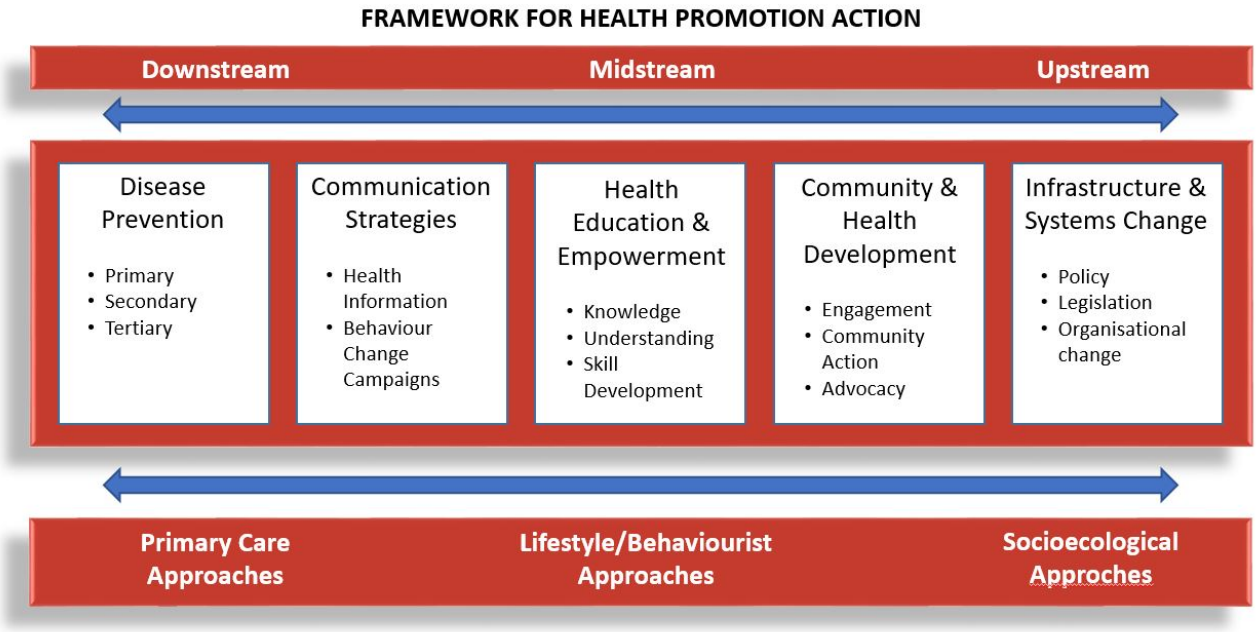


Figure 3.1: The Health Promotion Continuum

(Source: Murphy & Keleher, 2003)

3.7 Political Action on the Social Determinants of Health (SDH)

The Commission focused on the 'causes of causes', recognising that the underlying determinants of health inequalities are interconnected and must therefore be addressed through comprehensive and integrated policies, responsive to the specific context of each country and region (Marmot, 2005, p. 1102). Others have emphasised the concept of health equity as a guiding ethical principle for the CSDH and have defined health equity as the absence of unfair and unavoidable or remediable differences in health among social groups (Solar & Irwin, 2010, p. 14). Inequality, the unequal distribution of power, income and prestige, significantly restricts people's access to health care, education and work. It ultimately restricts their ability to lead rewarding and healthy lives. Closely linked to this is the social gradient of health; for example, the poorest of the poor around the world have the worst health (Marmot, 2005, pp. 1100-1101). This is a global phenomenon, seen in low-, middle- and high-income countries, with health outcomes directly linked to where an individual is on the gradient. The concept of the social gradient means that health inequalities affect everyone.

To decrease health inequalities between and within countries, it is necessary to look beyond the immediate causes of disease towards the individual's position on the social gradient (Marmot, 2005, p. 1100).

While much of what is encapsulated in the areas of action outlined above can be taken up by civil society, social movements within the community and enlightened and empowered health promoters, these also require political action. One of the earlier health promotion commentators, Ilona Kickbusch, described the link between healthy public policy, health promotion and community action as political and community action. Kickbusch (2006) argued for the need to address the political and social determinants of health to more effectively govern global health and achieve a more responsible and equitable health outcome. Other commentators have made similar observations (see Bambra, Whitehead, & Hamilton, 2005; Labonté & Schrecker, 2007; Raphael, 2006).

The health resources that people can access are determined through political means and processes (Kickbusch, 1986). Attitudes towards empowering people to take more control or direct resources to address a health issue are political and not just neutral decisions made by government officials (Kickbusch, 1986). Moving resources and shifting people's attitudes to better means of improving health outcomes are political in nature (Sparks, 2009). Politics can be read as associated with governance and the activities of the state, but it can also be seen as concerned with the conduct and management of community affairs. Politics can be about conflict resolution, compromise, negotiation or conciliation. Conversely, power can be a demonstration of control over the way resources are produced, distributed and used to create necessary infrastructure. Politics can be 'big picture' and focused on global, national or regional issues. It can also be very local—intimate, immediate and, ultimately, emotional (Sparks, 2009).

3.8 Indigenous Health and Health Promotion Concepts

Indigenous health concepts draw on both contemporary models as well as those that have their origins in pre-contact times but remain relevant in the current post-colonial context. In 1989, NAHS defined health as 'not just the physical well-being of the individual but the social, emotional, and cultural well-being of the whole community' (Australian National Aboriginal Health Strategy Working Party, 1989, p. ix). This whole-of-life view also includes the cyclical concept of life-death-life embedded in the traditional cultural model (Australian National Aboriginal Health Strategy Working Party, 1989, p. ix). Together with WHO's definition of health, which emphasises the concepts of self-determination and empowerment, both these definitions highlight a holistic approach. They emphasise wellbeing as an attribute of communities, as well as of individuals within

a community, and identify cultural wellbeing, along with social emotional wellbeing, as equally central to health (Brough et al., 2004, p. 3). These definitions have become standard in Australian academic literature and Indigenous health research over the last 20 years (Lock, 2007). Consistent with the definition of Indigenous health, many researchers and health practitioners have argued that addressing the relatively poor health status of Indigenous people demands attention not only to physical symptoms and the direct causes of ill-health, including the deficit statistics, but also to broader contributors to social, economic and emotional wellbeing, including culture (Australian Government, 2013, pp. 9-21).

A holistic Indigenous approach emphasises relationships between individuals, social groups, their physical environments and cultural and religious beliefs and practices (Hamilton, 1975; Nathan & Japanangka, 1983; Janice Reid, 1983). In remote Indigenous communities, the ideals of holistic approach to health, if not fully realised in practice, are central to people's physical and spiritual wellbeing. For Aboriginal people, the responsibility to maintain harmony between 'people, land and spirit' is vitally important for nourishing life and maintaining culture (Janice Reid, 1983, pp. vi-xvi). This concept can be illustrated in a number of ways. For example, Deborah Bird Rose's account of the Ngarigman of the Victoria River district in the Northern Territory highlights the importance of rituals that hold the 'country' and 'keep country clean' as part of 'sustaining ideals' (Bird Rose, 1992, p. 37). Thus 'to take care of country is to be responsible for that country. And country has an obligation in return — to nourish and sustain its people' (Bird Rose, 1992, p. 109).[16] Bird Rose's account of the Ngarigman concept of wellbeing encompasses person, country, and *punya*. *Punya* is translated as strong, healthy, happy, knowledgeable, socially responsible, beautiful and clean (both in the sense of being within the Law and being cared for) (Bird Rose, 1992, pp. 100-101). Accordingly, the Pitjantjantjara use the concept of happiness (*pulkupa*) to describe the emotional, physical and spiritual wellbeing of Anangu. In this context, to feel *pulkupa* reframes health to be 'the complete development of the individual in all its *entirety* including the physical, social, aesthetic, and moral — not just the behavioural and physiological — aspects' (Arnold & Janssen Breen, 2006). *Pulkupa* helps to re-imagine the boundaries of body, mind and spirit by suggesting that health is an 'evolving process' (Arnold & Janssen Breen, 2006, p. 14) that requires "loosening boundaries and undergoing transformation" (Arnold & Janssen Breen, 2006, p. 14). In

[16] There is a connection here with Elizabeth Povinelli's (1993) concept of the economic and cultural activity being closely related (1993, pp. 32–33). Povinelli asserts that the productivity of the country is closely related to Aboriginal people's identity and their ability to 'sweat' on country. It is regarded as an economic exchange based on labour relationships. See Povinelli's (1993) *Labours lot: The power, history and culture of Aboriginal Action* (University of Chicago Press).

this sense, to view health as *pulkupa* is to also view health as transcendence.[17] As Arnold and Breen suggest, "the process inherent in body-mind-spirit is understood as a *unified whole* that has great potential for experiencing, altering and expressing health" (Arnold & Janssen Breen, 2006, p. 14). In later chapters, this will be the subject of further investigation with regard to holistic health promotion as experienced and embodied by artists of the Anangu Pitjantjatjara Yankunytjatjara Lands. Within the Indigenous account, wellbeing is not only an individual experience, but one that reflects the nature of the relationship of an individual to his or her community (or extended family). Wellbeing is a quality of the physical body, but it is also understood in terms of the quality of relationships with other people, the environment and the cosmological universe (Bird Rose, 1992). Reid states in relation to this:

> Health, to Aborigines, is not a simple matter of good fortune, a prudent lifestyle or diet. It is a complex interplay between individuals, his [sic] territory of conception and his spiritual integrity: his body, his land and his spirit. (Janice Reid, 1983, p. xv)

Janice Reid (1983) also argues that among the Yolngu, of northeast Arnhem Land, health is understood as a balance of body, land and spirit. The body refers to the physical health of the individual and social group; land refers to the environment and to people's relationship to and responsibilities in country; while spirit refers to the religious and cultural wellbeing of individuals and communities. On the APY Lands in South Australia, the Anangu worldview of health is similarly conceptualised through ideas about the interrelationship of family, kin and county. This worldview cannot be separated from land, customary law, ceremony and kinship: the traditional institutions of governance in desert Aboriginal society (Davies et al., 2011, p. 419). Equally, these factors cannot be separated from the health of the people, including the next generation. The link between intergenerational learning and transmission of Aboriginal knowledge is very direct and can be seen as health-promoting. Anangu cultural knowledge is situated in place. It is more than a set of facts or skills. Rather, it is enacted, then comes alive by 'doing' (Armitage, Marschke, & Plummer, 2008; Lauer & Aswani, 2009). Transmission of that knowledge without practice has less meaning. For older Anangu, passing on knowledge inter-generationally requires engaging younger people through experiential learning of country, and nurturing their abilities to recognise stories and songs associated with country. In a modern context, the Art Centre provides the contemporary health promotion setting for 'holding knowledge' and keeping knowledge safe through contemporary arts. Here, the Anangu concepts of health cannot be separated from health promotion—they are, in fact, one and the same. Therefore, at its core, the Art Centre has effectively embodied health promotion.

[17] *Health as transcendence* in health promotion is explored as a concept in Arnold and Breen (2006, pp. 144–15).

3.8.1 Indigenous political action: Closing the Gap as a social right

Increasingly over the last decade, the Australian government has been called to take action through 'Closing the Gap' in Indigenous Disadvantage. The Social Justice Report (Human Rights and Equal Opportunity Commission, 2005) considers what progress has been made in improving the health status of Aboriginal and Torres Strait Islander peoples and sets out a human rights framework for achieving health equality within a generation (Human Rights and Equal Opportunity Commission, 2005). This report became the basis for spearheading a campaign for Aboriginal health equality by 2030 and thus effectively brought into place the recognition to achieve health equality for Indigenous Australians, especially in the area of life expectancy, within a generation (Australian Human Rights Commission, n.d.). This conceptual human rights approach connects social conditions and broad governance principles to health (Solar & Irwin, 2010, p. 13). For Indigenous Australians, these rights have become synonymous with citizenship rights and self-determination through the right to practise one's culture and language. As Solar and Irwin suggest in their exploration of the social determinants of health: 'In this sense, human rights principles are intimately bound up with values of solidarity and with historical struggles for the empowerment of the disadvantaged' (Solar & Irwin, 2010, p. 13). The long, historical struggles associated with Indigenous people's right to self-determination is most powerfully articulated through the emergence of Aboriginal community-controlled organisations. Here, health equity is reinforced through the delivery of primary health care via the NACCHO model of service delivery. For NACCHO, control is made concrete at the level of policy and governance and at the point of service delivery and is, by its very nature, health-promoting.

3.9 Health Promotion and Practice in Mainstream Australia

In Australia, health promotion programs have been delivered through a wide range of organisations, settings and sectors and with diverse groups (Lin & Fawkes, 2007). This includes programs that operate as action research or community development programs, through to one-off behavioural change approaches (Lin & Fawkes, 2007). Consequently, there are diverse views on how health promotion is practised and therefore defined within Australia (Baum, 2008, p. 457). As a construct, *health promotion* is a relatively new term in the Australian policy health sector (Wise, 2008, p. 498). Despite this, according to some, 'Australia has successfully adopted and applied the values, methods, and practice of health promotion … and [has] contributed to the global evolution of the field of health promotion' (Wise, 2008, p. 497). But it is also true that the evolution of the field of health promotion has traditionally been characterised by experts fixated with 'health behaviourism' (Brough et al., 2004, pp. 215-220). Australian public health advocate Fran Baum once stated that '[h]ealth promotion does not sing with one tune' (Baum, 2008, p. 457). This will be further

explored in Chapter Six, as I try to understand the changing and dynamic nature of health promotion within an Indigenous context of the remote Art Centre and a food security program.

The case of Indigenous health promotion in Australia remains limited regarding effectiveness in demonstrating the diversity outlined by Baum (2008). Also limited is the focus on selective behaviours and the evidence that the approaches used have failed (McCalman et al., 2014; O'Donoghue et al., 2014; Power, Grealy, & Rintoul, 2009; Wise, Angus, Harris, & Parker, 2012). For example, research pays primary attention to risk behaviours, risk factors and disease, or to midstream health promotion action. Substance abuse is a main feature of Australian health promotion research in relation to Indigenous health promotion, particularly alcohol (Brady & MacKenzie-Taylor, 2002; Conigrave et al., 2012) and tobacco use (Bond, Brough, Spurling, & Hayman, 2012; M. A. Campbell, Finlay, Lucas, Neal, & Williams, 2014; Mark, McLeod, Booker, & Adler, 2004; Wise et al., 2012). Likewise, research regarding lifestyle programs and physical activities are prevalent (Aboriginal Health and Medical Research Council of New South Wales, 2009; Doran & O'Brien, 2007), as is sexual health research (Arabena, 2006; Crouch & Fagan, 2014; McCalman, Bainbridge, Percival, & Tsey, 2016; McEwan, Crouch, Robertson, & Fagan, 2013; Mikhailovich & Arabena, 2005).[18] Examples do exist whereby health promotion advocates have attempted upstream approaches. For example, on the APY Lands, Freeman's (1994) work looked at five key areas for action in health promotion in HIV/AIDS education, suggesting that workshops using traditional painting styles were essential, especially with regard to culturally appropriate community education techniques. On the APY Lands, the Mai Wiru Stores Policy (2000–2001) and Nganampa Health's UPK project are considered to be best practice models of health promotion in Anangu communities (Nganampa Health Council Inc, South Australian Health Commission, & Aboriginal Health Organisation of South Australia, 1987).

3.9.1 Post-colonial and post-Charter moral dilemmas

The argument that health promotion has failed rings true in regard to the Indigenous context, where there is a growing assertion that 'health promotion has failed Indigenous Australians' (Brough et al., 2004; McPhail-Bell, 2014). Australia may be considered a world leader in the practice of health promotion, but despite its success, health promotion has had little impact on improving the health of Indigenous Australians (Wise, 2008). Traditionally, health promotion efforts have been guided by the Ottawa Charter, but more recently, there has been a push to re-examine the institutions of the

[18] On Central Australia, see Dussart (2009); Tyrrell et al., (2003) and Devitt and McMaster (1998) for culturally sensitive health promotion initiatives such as the management of diabetes.

movement and analyse the Charter from a post-colonial and post-Charter standpoint (McPhail-Bell et al., 2013). McPhail-Bell makes the following important statement:

> [H]ealth promotion is not separate to the process of colonisation, given its focus on behavioural, social and cultural change. It can be practised as an apparatus of control *over* Indigenous Australians, instead of working to increase Indigenous control over their own health (McPhail-Bell et al., 2013, p. 2).

The dilemma McPhail-Bell outlines is that health promotion practitioners are confronted with the need to improve Indigenous people's lives and communities, yet the need to consider Indigenous cultural perspectives in health is confined to the traditional domain outside of the western biomedical model and its settings. In making these points, McPhail-Bell demonstrates the emergence of an Indigenous perspective within the health promotion discourse. Her ideas align with the call for a 'post' Charter voice (Labonté, 2011) that recognises the diversity not only within the general discourse but also within the Indigenous perspective.

The call for a post-Charter approach also suggests the failure of past health promotion approaches broader than the Indigenous programs. These two ideas, a postcolonial and post-Charter view, not only align with other commentators, but also present a shift within health promotion praxis (Crouch & Fagan, 2014; Labonté, 2011). These ideas were highlighted in a special edition of the *Australian Journal of Primary Health* (2014) that published the work of a number of emerging Indigenous scholars who are "writing back against the deficit position" (Arabena, Rowley, & MacLean, 2014, p. 317) within the health promotion discourse that always defines Indigenous health in negative terms (Arabena et al., 2014; Bond et al., 2012; McPhail-Bell et al., 2015). Importantly, in the editorial commentary, Arabena et al. (2014) suggest that health promotion is something that cannot be defined; thus, the ambiguity of the movement highlights the complexity of the challenges ahead. However, focusing on communities of practice that already exist is an important point and emphasises the need to highlight the strengths of communities rather than the weaknesses.

In a similar vein, a post-Charter voice such as that of Labonté (2011) calls for attention to the local determinants of health. Labonté states that '[i]t is imperative that local determinants of health, to which health promoters give their attention, be traced to broader, even global determinants of health' (Labonté, 2011, p. 183). Labonté's conceptualisation of the local determinants of health, combined with the WHO's health promotion action and agenda to 'create supportive environments' (World Health Organization, 1986 para. 4), offers a way to understand how Art Centres located in Anangu communities on the APY Lands can co-create health in a collective way that acknowledges, affirms and reflects the values of Anangu identity and culture. In this context, the focus of health promotion lies within a community health model, whereby the community Art

Centres themselves are the focus of health promotion, rather than a specific health issue or behaviour. As Arabena et al. (2014, pp 318) express, 'community is the context, the method, the focus, the intervention and, ultimately the solution' (2014, p. 318). At a macro level, health promotion frames health as a resource that is created in the context of everyday life and as "the process of *enabling* people to increase control over and to improve their health" (emphasis added World Health Organisation, 2017, para. 3). At a micro level, it is a lived experience bought to life through the creative processes of local Anangu artists working in their community Art Centres. Therefore, local community organisations such as the Art Centres are at the hub of community life and co-create health through supporting the practice and maintenance of culture held by Indigenous artists and their families.

Given these claims, it is not surprising that Crouch and Fagan assert that 'health promotion is really at the cross-roads' (Crouch & Fagan, 2014, p. 232). This is an apt quote, as it describes the dilemmas inherent within this research as I try to navigate the complex theoretical tensions within the broader public health discourses, in parallel with the changing policy landscape of Indigenous affairs. At one level, there seems to be a consensus that health promotion has failed generally and that it has failed Indigenous Australians in particular. To even begin to adequately address these issues, there is a need to highlight Indigenous holistic understandings of health promotion but at the same time, there is a need to emphasis Indigenous diversity,[19] as evident in the emerging literature. In this complex environment, it is difficult to determine and define what exactly has failed: the general or the particular. Regardless, the failure of health promotion approaches to engage appropriately with Indigenous communities reflects a broad need for 'critical reflection' and 'a deeper understanding of various value systems within the health promotion discourse', a need that is not restricted to Indigenous critics (Keleher & McDougall, 2009, p. 10).

3.9.2 Health Promotion: values, rights and practice

It is recognised that health promotion has a strong value base that reflects the rights of others and a desire for social justice and equity (Keleher & McDougall, 2009, p. 10). To reframe health promotion requires a re-evaluation of values and the capacity to engage in other knowledge and skill sets that reflect meaning in the 'contexts of peoples' lives, their environments and their understandings of health and wellbeing' (Keleher & McDougall, 2009, p. 12). A 'people centred approach' put forward by Springett (as cited in Keleher & McDougall, 2009, p. 12) underpins health promotion work based on 'good process, with sound values, and necessarily involves

[19] The idea that there is a pan-Indigenous notion of health promotion is fraught, as it suggests that Indigenous cultures throughout Australia are homogenous. In the previous chapter, I flagged that Art Centres are 'similar yet different', suggesting that an Anangu discourse is needed.

engaging people in those processes. Labonté (1989, p. 236) tries to clarify what this is by suggesting that we ask the question 'Exactly what is health promotion, and who gets to define it?' He argues that issues defined by communities as health problems should be regarded as such and should therefore be the central platform in the work of health promotion (Labonté, 1989, p. 57).

Keleher argues 'that the health sector has a tendency to construct definitions of health that make sense to them' (Keleher & McDougall, 2009, p. 9). Hence, in defining *practice*, it is necessary to know what people value. A refocus on practice illustrates a shift and is further demonstrated by Keleher, who says that 'reframing the discourse is also about being grounded in practice and looking at the factors that address the social determinants of health as a core value' (Keleher & McDougall, 2009, p. 31). What is required is the recognition that community members bring their own perspectives and expertise to issues, and that these contribute a great deal more to the quality and value of decisions than if the decisions were made by health promoters alone (Fleming & Parker, 2007). For example, there is recognition that those who practise health promotion are sometimes faced with moral distress when their personal values conflict with those of the health promotion discourse. Sunderland, Harris, Johnstone, Del Fabbro, and Kendall (2015) argue that health promotion practitioners are vulnerable to moral distress due to the values-driven and political nature of the practice, the emphasis on systems change and the inherent complexity and diversity of the practice. This vulnerability to moral distress poses significant challenges to both workers, organisations and the communities they seek to benefit (Sunderland et al., 2015, p. 33). One way around this is to ensure that the approach taken begins upstream. For example, if we move away from the 'institutional constraints' (Sunderland et al., 2015, p. 34) and focus on cultural systems that work (i.e., the Art Centre), this positions the discussion of health promotion outside of the deficit discourse and along the continuum, upstream and in line with cultural aspirations. Hence, the minority practice informs and guides a dialogue about *what it is to be health-promoting* from a cultural perspective.

3.9.3 Approaching the deficit and moral distress: Taking a cultural approach

An issue confronting Aboriginal health promotion is the perpetuation of the discourse of failure; this discourse informs health narratives, as Indigenous Australians continue to suffer disproportionate rates of disadvantage against all measures of socio-economic status, including health (Australian Bureau of Statistics, 2013). For example, closing the 17-year gap in life expectancy is one of the greatest challenges facing health promotion in Australia (Pyett, Waples-Crowe, & van der Sterren, 2008; Wise, 2008). The concern of many Indigenous health promotion commentators is not the concept of health promotion as such, nor is it an attack on the many practitioners who have worked hard to provide health for all. Rather, the issue is with the institution

of health promotion, where the power to make decisions rests outside of the control of communities and their respective organisations. As a result, in most cases, health promotion and its application have fallen short of effectively engaging with Indigenous communities in meeting this gap (McPhail-Bell, 2014). The chronic health crisis evident in Aboriginal communities requires attention to new approaches that are built on genuine partnerships aimed at consciously Closing the Gap in Aboriginal ill health (Demaio, Drysdale, & de Courten, 2012). To acquire new approaches, we must overcome what Gillian Cowlishaw calls the 'narrowing gaze' (2003, pp. 2-8) that results from pathological descriptors of Indigenous communities. This results in blindness towards the complex and rich social domains that exist alongside social disorders (Cowlishaw, 2003).

The current Health Promotion Closing the Gap (CTG) campaign follows the Ottawa Charter, with the latter's focus on advocacy, enabling and mediating. The CTG suggests that strategies and programs should be adapted to local communities, overcoming the one-size-fits-all logic (Commonwealth of Australia, 2013). This is supported by other practitioners. For example, Demaio et al. (2012) call for health promotion practice to be shaped in a way that demonstrates respect for local communities, their culture and knowledge. McPhail-Bell (2013, p. 3) states that Indigenous communities and people have been practising health promotion long before the Ottawa Charter was produced (Ward, 2014, as cited in McPhail-Bell et al., 2013, p. 3). Nevertheless, there is limited knowledge about how Indigenous cultural perspectives influence health promotion practices. Thus, Demaio et al. (2012, p. 63) advocate for a *Culturally Appropriate Health Promotion* (CAHP), based on eight principles consistent with WHO's approach: 1) community involvement, consultation and empowerment; 2) socio-culturally tailored health promotion techniques; 3) community evaluation and feedback in real time; 4) the utilisation of local communication techniques; 5) maximisation of both the spoken word and the local tongue; 6) sustainable health development and community health autonomy; 7) holistic in nature, addressing the needs of the whole person; and 8) spirituality and social connectedness as health determinants.

This culturally appropriate framework is not simply about targeting, intervening or responding (Demaio et al., 2012). Rather, it strives for the understanding, empowerment and respect of communities and their socio-cultural environments and aims to influence from within the local community in a sustainable way and provide culturally driven health improvements (Demaio et al., 2012, p. 62). This is in line with the Lowitja Institute's position on the need to implement a cultural determinants approach to health (N. Brown, 2014). This approach moves beyond the neo-liberal or health imperialism efforts of the past and shifts the responsibility off the individual to the community. In this way, contemporary health promotion practices challenge the dominance of a

medical view of the promotion of health (Baum, 2008, p. 463) and advocate for the need to operate within a wider social, cultural and political framework.

3.10 New Ways and Approaches to Health Promotion

In Australia, the institution of health promotion (McPhail-Bell, 2014) has been governed by policies of protecting and promoting the health of the population, but for Indigenous Australians, the policies and actions were not called health promotion[20] (Wise, 2008, p. 498). In Aboriginal society, the kinship system is the basis of all social relationships, as it prescribes individual and group behaviour and obligations. Traditionally, senior generations cared for and controlled juniors in a system of governance that largely ensured health and wellbeing. An analysis provided by Ian Keen (1999) looks at several aspects of governance as applied to Aboriginal Australia. Keen proposes a governance specifically highlighting a 'whole-of-life charter' (1999, p. 27). This charter, represented through the Dreaming, provides Aboriginal people with moral, social and spiritual imperatives and is based on a familial system of governance. The familial system of governance is enforced by the older generation who held and nurtured the younger and, as a result, ensured health and wellbeing in kin (see Folds, 2001; Myers, 1986).

Historically, institutional arrangements set out through past government policies have dictated the health and wellbeing of Indigenous families in Australia, thereby overriding the traditional systems of familial governance. The impact of historical, political, economic and social determinants on poor health wellbeing is well established (see Australian Human Rights Commission's Bringing Them Home Report of 1997). Aboriginal people in Australia have been suggesting for some time that there is a need to do things differently (see Brough et al., 2004). Unlike traditional health promotion, which is typically driven by health experts, new perspectives emphasising a strengths-based way of practising health promotion are emerging, which centre on Indigenous knowledge, perspectives, community control and practice (Arabena et al., 2014). Increasingly, these new ways of practising are bringing about novel ways of measuring health and wellbeing: hence, the development of alternative approaches to Indigenous wellbeing frameworks (Prout, 2012; John Taylor, 2008). Themes such as community control and empowerment and self-determination have re-emerged to counter the deficit discourse of Indigenous health discourse (Arabena et al., 2014). In the past, these concepts had their foundations embedded in Indigenous self-determination and

[20] This highlights the need to look at health promotion in the contexts of people's everyday life experiences, such as meaningful or customary activities that were in line with social responsibilities of keeping country clean (including the natural resource management activities in hunting and gathering). See Baker, R, Davies, J & Young, E 2001, 'Managing Country: An Overview of the Prime Issues', in R Baker, J Davies, E Young (ed.), *Working on Country: Contemporary Indigenous Management of Australia's Lands and Coastal Regions*, Oxford University Press, Melbourne, Australia, pp. 1–23.

community control, especially in Indigenous health. For Indigenous Australians, creating healthy communities and families is central to an Indigenous discourse and characterises a shift away from a behaviourist to social agency, in which addressing the social determinants of health is a key focus.

3.10.1 Health promotion as an act of power

The Ottawa Charter for Health Promotion states that 'the purpose of health promotion is to enable people to gain greater control over the determinants of their own health' (World Health Organization, 1986, p. 1). This definition links to the determinants of health by addressing those factors which are modifiable, such as behaviours, lifestyle, income and the physical environment (Laverack & Keshavarz Mohammadi, 2011, p. 44). However, the key to addressing the determinants of and inequalities in health is the redistribution of power and the transformation of unequal power relationships that are indicative of our society and working practices (Laverack & Keshavarz Mohammadi, 2011, p. 44). While this tenet guides much of the work of health promotion, it must be recognised that the enhancement of health is very much aided by a variety of strategies: legislative, economic, organisational, motivational and educational (Fleming & Parker, 2007, p. 235). Health promoters need to be knowledgeable about the socio-political and cultural contexts of their work. This is particularly important in working with Indigenous Australians, whose concept of health, as previously discussed, is different from that of other Australians. Consequently, any health promotion work needs to rest on a thorough understanding of Indigenous people's views of land, law, family life and community mores (Fleming & Parker, 2007, p. 234).

3.10.2 Health promotion: Beyond the clinic

A community health model and a focus on community health centres are a starting point to continue a discussion of health promotion in community organisations such as Art Centres. According to Kickbusch (1986, p. 437), health promotion action needs to take place at the community level. The term *community health* has many different meanings in Australia, but it is easier to speak about the term in regard to what it is not, rather than what it is. For example, Fleming and Parker (2007, p. 180) argue that it is not a hospital, treatment, traditional doctors, technology or bureaucracy, and it has little to do with traditional diseases. The most common interpretation is that community health refers to state public health systems where community health nurses work. Another interpretation refers to the role and function of 'community health centres' (Fleming & Parker, 2007, p. 174), and this is consistent and supports my argument for a community-controlled health promotion. Another view of community health is the 'healthy community' (Murray, 2003, as cited in Fleming & Parker, 2007, p. 181). A healthy community is one where there is a 'visible commitment to achieving the health and wellbeing of individuals, families and various groups of people' (Murray, 2003, as cited

in Fleming & Parker, 2007, p. 181). This view is relevant, especially in the context of examining an Indigenous community- controlled organisation such as a remote Art Centre.

The Indigenous view of community health was discussed in the previous chapter in relation to community-controlled health organisations that have the responsibility for health in Indigenous and very remote communities. These community organisations were set up by their community members and interested non-Indigenous activists and reflect the values of the members who established them (Shannon & Longbottom, 2004). Together, the community health model and the community control model demonstrate the breadth of contemporary community health practice. There is no reason why this cannot be applied in the remote context to Art Centres and the people who work and manage these institutions of civil society. Much work has already been achieved in the space that brings health and art together within the wider community. Kickbush (1986) argues that people themselves create the conditions for a changed attitude to health practices and policies by taking a greater interest in health issues and pressing for new approaches.

These ideas are also reflected in the work of influential commentators such as Marmot, Friel, Bell, Houweling and Taylor (2008, p. 1661), who claim that '[s]ociety has traditionally looked to the health sector to deal with its concerns about health and disease', but WHO's Commission of SDH agenda to 'Closing the Gap in a Generation Aspiration' must embrace all sectors of society, not just the health sector (Marmot et al., 2008). From an international perspective, these statements drive the push to look outside and embrace non-traditional health settings as potential sites of health promotion practice. This perspective is not new but has informed developments since the 1970s. Meanwhile, Indigenous arts and cultural activity have developed in a separate way. In her article, 'Beyond the Dot Paintings', Indigenous researcher Bond (2002) calls for a critical analysis of the biomedical model and its relationship with Aboriginal Health Workers, stating that health promotion models need to go beyond the medical model to emphasise a "whole of life approach" which emphasises the social and cultural determinants of health (2002, pp. 17-18). Prominent Maori academic Mason Durie (2004) addresses the issue that for health promotion to be useful to Indigenous peoples, it needs to be consistent with their values, attitudes and aspirations. Similarly, Demaio et al. (2012) draw attention to the need for Indigenous health promotion to understand how key processes of communication are used in communities. Pathways of communication and knowledge transmission are different in Aboriginal communities, and health promotion can draw on these differences. For instance, understanding how information is interpreted, gathered and transmitted is essential. These authors assert that 'local communication techniques vary greatly between communities [and] beyond the spoken language, programme communication techniques must reflect the individual community demographic, culture and values' (Demaio et al., 2012, p.

60). In my analysis, the Art Centre model can be regarded as an example of the upstream approach in the sense that it does not explicitly exist to address health and wellbeing but focuses fully on the value and expression of art as intrinsic to whole communities practising culture and living well.

3.11 Health Promotion and the Art Centre: Arts and Health

The argument for situating the Art Centres firmly within health promotion draws heavily on the Arts and Health movement (MacNaughton, White, & Stacy, 2005). Arts in health can be defined as '[a]ll activities that aim to use arts-based approaches to improve individual and community health, health promotion and healthcare, or that seek to enhance the healthcare environment through provision of art works or performance' (MacNaughton et al., 2005, p. 333). Internationally, the field of arts and health is dispersed and varied and crucially reflects the context within which it is practised. Initiatives are found in acute clinical venues (art therapy) through to community health centres (community-based art projects) and non-health settings (reflected in buildings, landscapes and street art). These initiatives range from supporting curative health care for individuals through to creating healthy environments for the wider population (Dunphy, 2009; Guetzkow, 2002; White, 2006). The value of the arts and health movements is in the increasing recognition that people's health and wellbeing are influenced by a range of interconnecting factors, many of which are outside the health sector. The application of creative arts and cultural experiences to improve health and wellbeing has proven to be one of the ways to successfully tackle a range of social and health problems both within and beyond the clinic (Mills, 2011, p. 11).

The field of arts and health has grown out of practice, not policy, and crosses sectoral, professional, theoretical and institutional boundaries (Mills, 2011). It operates within a diversity of health models, art forms and settings (Putland, 2012). Just as health is a complex and multidisciplinary practice, so too are the arts (Mills, 2011). These multidisciplinary art forms include, but are not limited to, the visual arts, music, theatre, dance, literature and digital media. The multidisciplinary nature of arts and health practice is a key factor in this sector. This field is informed by a growing body of evidence that shows, for instance, that the application of creative arts and cultural experiences to improve health and wellbeing have proven to be one way to successfully tackle some of Australia's major health problems, including obesity, alcohol, tobacco abuse, mental health and Aboriginal and Torres Strait Islander health (Mills, 2011).

Putland (2012) provides a framework for examining this evidence moving from what is known about the benefits of art activities, such as music therapy to assist people with i) chronic conditions such as dementia, through to art used in the ii) acute tertiary sector for reducing stress in patients with cancer, or sick babies and children, to its iii) preventative capacity with at-risk populations. For

at-risk populations, art moves beyond the acute sector to public and primary health care domains where, for example, community-based art projects may contribute to individual self-worth and increased health literacy. In the final section of her framework, Putland (2012) identifies health interventions for iv) well populations, including participation in art and cultural activities for enhanced social and cultural capital. Each of these four domains are seen to impact in turn on the health care system and to have policy implications ranging from reducing re-admissions to identifying harm-reduction behaviour and enhancing social and cultural capital. However, Putland is aware that pinpointing the direct line of evidence between an art activity and its health outcome is not always easy to prove.

3.11.1 A Creative Australia

To bring the arts in health in the Australian context closer to health promotion, I draw briefly on two publications: firstly, the Creative Australia report, secondly, Putland's framework outlining the breadth of the terrain (Government of Australia, 2013a; Putland, 2012). Both underpin the National Arts and Health Framework (Government of Australia, 2013c). The Creative Australia national cultural policy set the ground work for an arts and health framework at Federal level. In March 2013, the relevant Ministers welcomed the release of Creative Australia, the National Cultural Policy developed by the Australian Government. They reaffirmed the essential role arts, culture and creativity play in the life of every Australian, not only for economic benefits, but also for community wellbeing (Government of Australia, 2013a). A joint communiqué in 2014 from the Ministers of Health and Culture highlighted their ongoing commitment to improving the health and wellbeing of all Australians through the arts. In 2014, following the launch of the Arts and Health Framework, Federal and State Cultural and Health Ministers endorsed and acknowledged the value of the Arts and Health Framework and agreed to champion it, with support from the various state and territory Health Ministers, demonstrating the principles of intersectorial collaboration (World Health Organization, 2017).

The Arts and Health Framework (Government of Australia, 2013c) is a document that collates all the findings and current debates in the field. In particular, the framework states that 'there is clear empirical evidence that arts and health activity is a health-promoting endeavour for all members of society' (Government of Australia, 2013c, p. 2). This evidence extends from the impact of quality, architecturally designed hospital environments on the health and wellbeing of patients, through to art exhibitions that bring individuals together. The document provides an expanded definition of arts and health, noting it is a health promotion practice that 'involves all art forms and may be focused at any point in the health care continuum. It is seen to impact on the determinants of health through 'changing individuals' attitudes to health risks' and not be limited to any particular setting

(Government of Australia, 2013c, p. 2). Importantly, the benefits extend beyond the patient or client to all stakeholders because all experience the art activity, whether they are the creator, an audience or the manager of the event. The Arts and Health Framework recognises and places Indigenous cultural maintenance as central to health and wellbeing and affirms the holistic approach to inform the delivery of health services (Government of Australia, 2013c, p. 3). The Federal government's CTG policy (Council of Australian Governments, 2008) also has strong synergies with arts and health initiatives (Mills, 2011).

3.11.2 Putland's framework

The Arts in Health Framework also draws heavily on the work of Putland (2003, 2012). In her 2003 paper, Putland provides a typology of arts and health activities that resonate with the health promotion continuum, although she acknowledges the field is not as ordered as the typology implies, given the considerable overlap and her own interest in upstream action. This typology provides four frames for discerning where a creative activity fits in terms of participation, the health focus, the setting and the creative activity. Participation moves from the individual's passive action through to public engagement/community participation, either as creator or observer, and enhances democracy as it progresses. The health focus moves from individual curative activities such as art therapy through to active engagement in artistic activities as an individual or as part of a collective, to the enjoyment of art installations that create healthy communities, and social cohesion. The specific art activities may involve an individual listening to music, painting, being part of community-based art creation, or attending and supporting public events. Each in turn contributes to the individual's personal skills. These activities in turn determine the setting. The typology is presented in Table 3.2, borrowing from Murphy and Keleher (2003).

Table 3.1: Putland's Framework for Arts and Health as an extension of the Health Promotion Continuum

Community ⟷ Individual					
Upstream		**Midstream**		**Downstream**	
Democratic art practice leads to sustainability	**Participation** in the arts is intrinsically healthy	**Participation** in the arts builds community capacity	**Participation** in the arts promotes individual well-being	**Environment** (art) contributes to wellbeing	**Participation** in the arts is Therapeutic
Focus on social change	**Focus** on mental and social		**Focus** Physical and social	**Focus** on physical and mental	
Setting is public. In the case of Anangu, the Art Centre	**Setting** in public or private and community		**Setting** Schools, homes, public events	The **setting** is the clinic or community health	
Personal skills: individual self-expression, confidence, identify and empowerment and sense of control	**Personal skills:** individual self-expression, confidence, identify and empowerment and sense of control. Social engagement, community building, networks and support		**Personal skills:** individual self-expression, confidence, identify and empowerment and sense of control	**Personal skill**s: individual self-expression, confidence, identify and empowerment	

3.12 Arts and Health as Community Practice

In Australia, arts practitioners are guided by community arts and cultural development (CACD) principles. Putland (2003) points out that CACD represents a model of practice and that while much community-based arts have health and wellbeing as their goal, it cannot be assumed they have the same purpose as arts and health. CACD provides opportunities for people to express themselves and share their stories while developing cultural knowledge and artistic skills. As a practice, CACD has demonstrated its ability to have a positive impact on the health and wellbeing of communities and stimulate artistic innovation. Generally, CACD practice involves the following:

- development as a primary objective of the initiative
- an activity that is socially inclusive
- an activity that is community-centred and collaborative (Creating Australia, 2015)

In my view, these key features resonate very closely with the Indigenous principles of community control. In the Indigenous context, health promotion efforts have called for community-led health promotion, where Indigenous people's experience of health is articulated from within a social and cultural framework.

3.13 Understanding the Context of Art and Health

Putland's (2003) approach to arts and health sets the parameters for this research by explaining its features and the way in which it links to health promotion. She claims that '**diversity** is, indeed, one of the great strengths in work that is intended to express context, culture and place (Smith, 2001, as cited in Putland, 2003). However, what it also does is create a space to consider *culture and place* outside of health care and medical settings. As Putland writes, 'arts and health is currently in the context of medicine and health services and assumes that it has similar aims' (Putland, 2003, pp. 4-5). But if we shift the context of art and health into an Indigenous space, such as Art Centres, then we cannot assume that the aims are the same. They may be different, although (of course) also marginal.

3.14 Conclusion: Indigenous Arts in Health

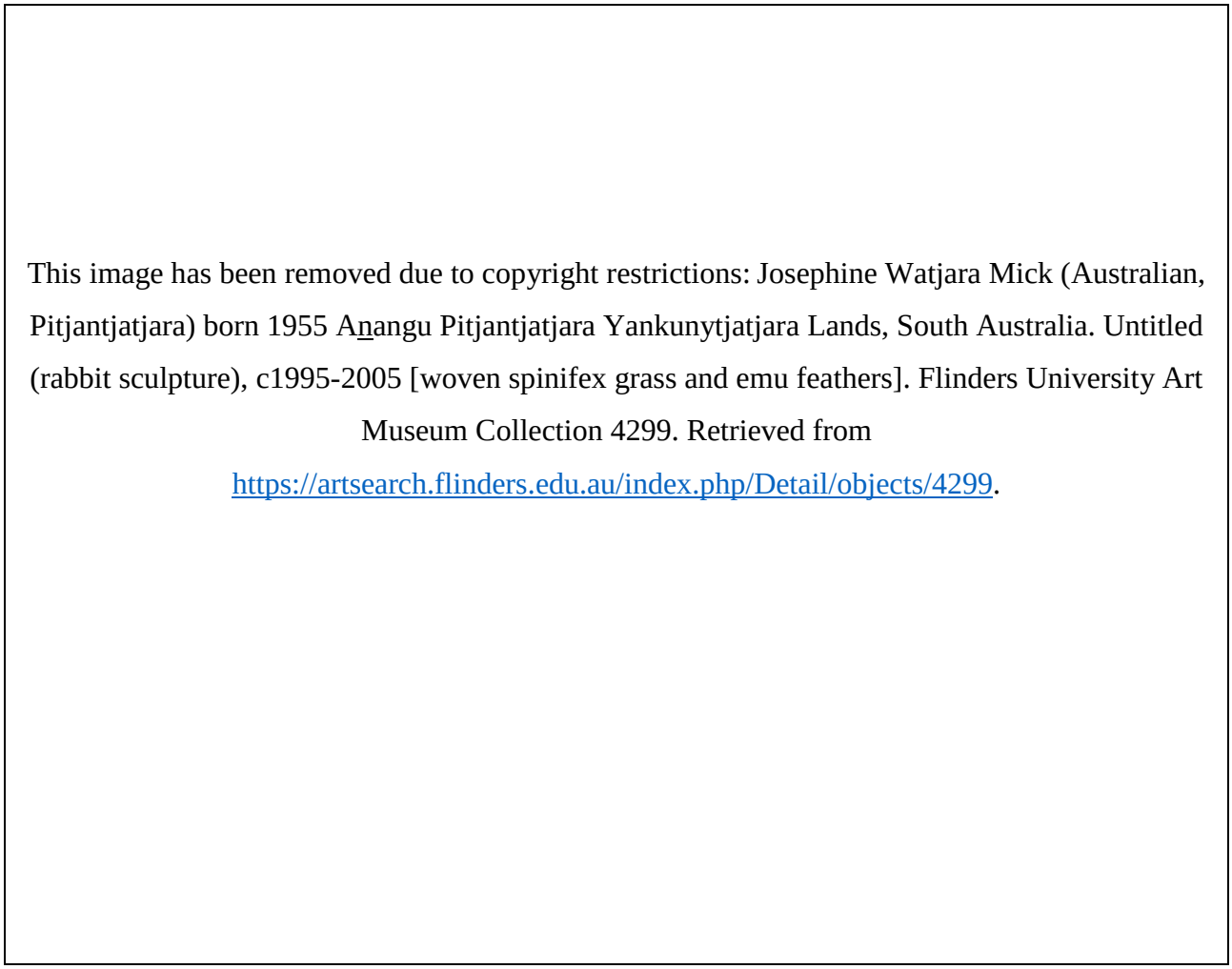
Indigenous participation in the arts is well-established, with over 150 remote Indigenous Art Centres subsidised by the Australian Government through grant funding set up to cover operational costs and salaries (Petersen, 2015, p. 38). The Indigenous Arts Strategy highlights the contribution of arts in Aboriginal communities. For example, the Indigenous Visual Arts Support (IVAIS) Program provides funding for Art Centres and other industry support organisations. Together, the *Indigenous Arts Strategy* and the *National Health Plan 2013–2023* emphasises the centrality of culture in the health of Aboriginal and Torres Strait Islander people. There is a wealth of evidence emerging that highlights the significance of culture to Indigenous wellbeing, with positive association being linked to health, education and employment outcomes for Indigenous Australians (see Nguyen & Cairney, 2013).

For Anangu artists, these relationships and connections are strengthened through the participation of painting of culture. McHenry (2009) identified the role of art in community vitality and social wellbeing through tourism, income generation and employment opportunities. T Cooper et al. (2012), in an evaluation of the Wirdna Barna Art Centre, concluded that there was evidence that the Art Centre played an important role in mitigating some of the causes of poor health (particularly social exclusion) by facilitating self-esteem. Additionally, new funding programs by the Commonwealth government have expanded the range of services Art Centres provide, such as employment (Woodhead & Acker, 2014). The Senate Enquiry, 'Securing our Future: Australia's Indigenous Visual Arts and Craft Sector (Australian Senate Standing Committee on Environment Communications Information Technology and the Arts, 2007), noted that the Aboriginal Art Centre has two pivotal cultural roles. Firstly, it enables the transmission of culture outside of the community. Secondly, the Art Centre combines both the social, cultural and the economic, which in

turn promotes not just the health of individuals but also the whole community.[21] In the next chapter, I turn to outline how this research project was conducted.

[21] A comprehensive report provides the role of Art Centres from a social, cultural and health perspective.

CHAPTER 4: AN INDIGENOUS APPROACH TO MIXED METHOD RESEARCH: MAPPING THE JOURNEY



4.1 Introduction

This chapter is the story of my research journey. My journey, whilst written as a narrative, is also an analytical account of the approach I took with my PhD research. As a method for incorporating narrative, I periodically rely on the first-person voice. I use the first person because it honours the experiential while engaging in the abstract and theoretical. I am an Indigenous woman and have deliberately made this choice to write in the first person to privilege my own voice throughout this chapter. In doing so, I am allowing my position and my voice to provide the foundations of an Indigenous methodology. There are many other voices intertwined in this story too. It includes the voices of senior Anangu elders who have 'guided' me, leading me on this journey by providing

protocols, directions and instructions. These 'ways of doing' (Arbon, 2008; K. Martin, 2008; Moreton-Robinson, 2000, 2013) have ultimately set the course of my research and are integral to the methodology, as will become evident. Most importantly, the narrative I present in this chapter is in contrast to the standard ethnographic methodology and challenges academic beliefs about 'legitimate' research methodologies. As an Indigenous researcher, I understand the continuing difficulties faced by other academics, including myself, who struggle to legitimise our research practice. I have chosen to take a number of different paths, because I want to invite the reader to consider this story using multiple lenses. This is an ethnographic text which is the result of many years of working and living in various locations in remote Central Australia. This will be evident as I outline the journey towards an Indigenous approach to mixed method research.[22]

The purpose of this chapter is to share insights about how I navigated Western and Indigenous worldviews to shape an Indigenous methodology that honours my own 'ways of doing', alongside local Anangu beliefs, values and customs, while upholding academic research protocols. The methodology chosen was not a static or linear framework, model, or flowchart of step-by-step lists of things to do along the way; the methodology is a lived process, grounded in experiential learning within a post-colonial context. Here, storytelling becomes a central part of the thesis as the vignettes selected serve to bring alive the experience and conversations held between myself and those around me (see Chilisa, 2011, p. 140). All aspects of the study and methodology were developed, monitored and implemented by myself in collaboration with doctoral supervisors; Anangu elders (particularly one who is my *Malpa*/mentor and the Anangu Supervisor for the study); a Board of Members comprising 14 people acting as an advisory committee; and eight Anangu women who participated in the survey and are referred to as a reference group for the survey results. The advisory committee included Aboriginal people from across South Australia, of which many are considered experts in Anangu law and culture. Insights from this Indigenous-led, community-based research that blends Western and Indigenous worldviews are offered in this chapter for Aboriginal, Anangu and non-Indigenous individuals, researchers, academics and policy makers engaged in Indigenous research, health and the arts.

My previous experience as a development practitioner, and now as a researcher, marks the beginning of an exciting new chapter in my life. As I embark on this new journey, I take with me my own cultural belief systems, or ways of knowing. These have shaped how I have conducted and

[22] I use the terminology Indigenous, Aboriginal and Anangu interchangeably in this chapter. For instance, I use the term 'Indigenous' in the title as it comes to represent current policy discourse in Australia. Within the international literature, Indigenous can also be referred to in the context of knowledge systems and methodologies. In my local research context, I refer to Anangu because this is the collective identity of first nations people of the APY Lands of South Australia.

interpreted my research. This chapter is informed by a selection of Indigenous theorists who have helped frame my thinking on Indigenous research methodologies and scholarship. In particular, Linda Tuhiwai Smith's (1999) *Decolonising Methodologies: research and Indigenous Peoples* is considered to be a ground breaking text and continues to shape my ideas along with others including Nakata (2007), K. Martin (2008), Rigney (1997), Wilson (2008),Kovach (2009), and Moreton-Robinson (2013). These authors have influenced this chapter in different ways, contributing towards an overall understanding of an Indigenous methodology framework designed to incorporate both qualitative and quantitative data ranging from Indigenous designed survey, a case study, conversations, and story- telling.

4.2 Starting the Journey: 2012

In 2012, I started my research journey into the Anangu Pitjantjatjara Yankunytjatjara Lands after a lengthy interview process with Flinders University and the Board of Ananguku Arts and Culture in the previous year. I was the successful candidate and in my hand I held the map which would determine my path for the next three years. The map was the successful Australian Research Council application (2010 ARC ID LP110100014 11/13). It detailed the proposed study, the project team and partners, their expertise and of course a reasonable budget and stipend. My initial observations about the proposed map alerted me to the critical role of methodology. In principle, the research seemed achievable but, in reality, I knew this could be a different story on the ground. Prior to the commencement of my PhD, I worked with many traditional owners on a variety of economic development projects. These collaborations helped me to interrogate my own experiences, training, and beliefs about working in a cross-cultural environment. My experience with a large Aboriginal organisation in Central Australia had taught me many lessons in this area which would equip me for the research task at hand. One of the most important lessons I learnt was how to prepare 'traditional owner identification documents' (also known as TOIDS in anthropological terms) and to 'consult' with traditional owners and communities[23]. I knew I needed to consult with Anangu throughout all phases of the research process, especially during the first phase, even though the time demands for such involvement would be extensive and would continue through to the data analysis stage. My primary objective was to understand how Anangu and Art Centre managers felt about the research and how best to proceed under their guidance and direction.

[23] I am aware that such anthropological terms can be considered a Western tool/construct of research. An Indigenous research standpoint insists that 'decolonisation of research process' (Chilisa, 2011, pp. 14-15) is needed in order to reframe Indigenous/Anangu subjectivity. Therefore, my use of storytelling through art is a way to counter-challenge such tools and to bring forward an insider or Indigenous perspective. The knowledge production process is situated within an Indigenous space and is based on the premise that knowledge is located in context and through a specific lens (see Chilisa, 2011, pp. 1-43; Haraway, 1988, pp. 575-599). This, of course, is a contested space.

My intention at this early stage of the research was to facilitate the process and to find out how the research could benefit Aṉangu. I wanted to understand how the research could be useful and so I let go of any pre-determined ideas of research paradigms in exchange for a more organic process where I could engage with Aṉangu on their own terms and to gain an 'insider's' perspective. In order for the consultation process to take place, I needed to make some personal decisions. My decision to relocate myself and my family to Marla was based on proximity and convenience, however, as the research process began to unfold, it became a critical positioning in ethnographic fieldwork.

Marla is a township located on *Yankunytjarra* country. The locals, who are predominately *piranpa* or white, call it Marla Bore because it was originally a water hole for stock. The township is located on the Stuart Highway at the northern tip of the Oodnadatta Track, and is in close proximity to the Aṉangu community of Indulkana. Whilst there is a significant history of pastoralism on the public record, there is an emergence of local oral histories now starting to find their way to mainstream audiences. The Australian National University's *Songlines of the Western Desert* (James, 2013) clearly articulate the importance of traditional knowledges and collaboration. According to local Aṉangu history, this place is where the *Wati Ngintaka* tjurkurpa travels. This is an important yet controversial story. Nevertheless, the story of the songlines including the *Seven Sisters* highlights the increasing importance of Aṉangu knowledges and their role in mainstream academia. Whilst my research does not focus on these dreaming tracks, it is evident that these creation stories have played a significant role in the story-telling of Aṉangu artists of the APY Art Centres. These narratives provide the foundation of an Aṉangu perspective on story-telling as methodology, as discussed later in this chapter.

My first visit to the Art Centres in mid-2012 would give me some valuable insights and lay the foundations of the research task ahead. On my first trip to the lands, I was accompanied by the General Manager of Aṉanguku Arts, my mother, and my daughter. We travelled from east to west starting at Indulkana and then onto Ernabella. Bringing my family along on the first visit was important step. Firstly, for me to undertake the PhD, it was necessary to call upon extra help and my mother has played a vital role in supporting me during the research process. Introducing my family to Aṉangu on the first visit gave them a chance to 'locate' me and my family, to ask questions about where I come from and where I live, and to ask about my 'job'. Secondly, I was honest and offered information about my family and upbringing, often describing us as a 'very close' mob. Bringing my mother and child along with me highlighted the great importance I placed on including my family in my working life. I think my values and 'ways of being' often mirrored those of Aṉangu who place significant importance on *waltja*. Clearly, my physical appearance prompted people to

ask, “Where do you come from?” and this would almost be the ice breaker to start a conversation with Anangu about themselves and their art. These initial conversations with Anangu started my thinking and theoretical understanding of positioning in the ethnographic field.

4.3 The Development of a Political Ethnography and Positioning the Self

The development of an ethnographic account and the positioning of the self is a ‘political exercise’ as demonstrated by Linda Tuhiwai Smith, who writes, “In positioning myself as an Indigenous woman, I am claiming a genealogical, cultural and political set of experiences” (Tuhiwai Smith, 1999, p. 12). Her quote adequately describes my position and location as an Indigenous researcher on this journey, drawing on my own sets of experiences to inform my research process as an Indigenous researcher. There is limited research which details the issues and challenges often faced by Indigenous researchers like myself (Tuhiwai Smith, 1999). As Indigenous researchers, we are expected by families, communities, and by the institutions which employ us, to have some form of historical and critical analysis of the role of research in the Indigenous world (Tuhiwai Smith, 1999). In brief, my analysis has been acquired through formal channels and, more recently, by my experience working in the field as a practitioner. My experience as an undergraduate and postgraduate student of anthropology has meant that I have grown up in a world where science and my own Indigenous beliefs and practices coexist. I did not become an anthropologist, and although many Indigenous writers and mentors would nominate anthropology as representative of all that is truly bad about research, it is not my intention to single out one discipline over another, nor is it my intention to discredit the discipline which has bought me to this point in my academic life and career. However, I possess what refers to as an ‘invested positionality’. This means that my research is directly influenced by who I am, my gender and cultural background, my status and my education. I know that I speak and write from my own position, experiences, and perspectives, but I also represent the voices of other peoples.[24]

The purpose of self-declaration within an Indigenous research approach is to firstly locate myself as an Indigenous person, secondly, as researcher, and thirdly as a woman. By declaring my position at the onset of this research journey, I hope to be accountable in the knowledge production process. I have a vested interest in this research as I seek to reframe the research agenda, and I do so in accordance to my life, experience, and history as an Indigenous woman. I want to refocus the anthropological lens by avoiding the ‘objective’ or ‘neutral’ positions so commonly found in the ethnocentric accounts of Aboriginal representation. In the past, there has been a long and varied

[24] bell hooks (1990) reminds us that representation and the voice of the researched and the rights and ownership of the knowledge production process are critical to decolonising critiques (see also Haraway, 1988).

history with Indigenous people and research. The first point is that Aboriginal people and their knowledges have been collected, gathered and interpreted. Ethnography, like research, has not always taken the standpoint of Indigenous people (Martin, 2010). However, emerging Indigenous voices assert that "Indigenous researchers are not powerless and that many of us are located within an institution of power which produces representations of Indigenous people" (Tur, Blanch, & Wilson, 2010, p. 58). Therefore, we are in a position to deconstruct the dominant paradigms through the consideration of other ways of knowing, for example, through standpoint theory (Moreton-Robinson, 2013; Nakata, 2007).

Absolon and Willett (2005, p. 97) state that "as Aboriginal researchers, we write about ourselves and position ourselves at the onset of our work because the only thing we can write about with authority is ourselves". The only voice I can represent is my own, and this is where I place myself. Giving myself the authority to value my own insights and to focus on my own knowing has been a progressive yet important step towards writing this text. The ethnographic method has allowed me to speak from my own truth and to draw on my own belief systems, and this is reflected in my writing. It has allowed me to have control over issues of representation (Kovach, 2010) regarding the narrative, allowing me to write from my own experience and to ultimately have authorship and authority of the ethnography text. Whilst various ethnographic methods tend to 'write from the margins' or to 'give voice', my ethnography is focused on a 'decolonising research' approach (Mutua & Swadener, 2004, p. 13). Attempts to understand the decolonising process are recounted using Indigenous researcher accounts, or what Mutua and Swadener refer to as an 'ally' as an 'insider', 'outsider', 'insider/outsider' or 'outsider/insider' (2004, p. 13). Therefore, insights from my first encounters in the field are useful in considering my location in that context.

4.4 Entering the Realm of Research: The first encounters

My first visits to Iwantja, Mimili, Fregon, and Ernabella Art Centres were defining moments. The valuable insights during the first trip highlighted the interplay between myself as a researcher, the artists, and the Art Centre managers. These observations helped shape my identity in the field and helped determine my location as a researcher. For instance, my own influence on the artists and the Art Centre managers are revealed in Chapter Six. Absolon and Willett (2005), and L. Brown and Strega (2005), Indigenous scholars in Canada, and Tuhiwai Smith (1999), a Maori scholar, highlight the importance for Aboriginal researchers to write about themselves. Absolon and Willet say that as "indigenous people that the process of telling the story is as much the point of the story itself" (2005, p. 98). Putting myself forward is also essential to establishing my location, and revealing my story and speaking from my own authority is a critical element of an Indigenous

methodology. Here, locating myself, as I did during the consultations with Anangu and Art Centre managers was an opportunity to reveal details about myself and my intentions for the research. In keeping with an Indigenous tradition, I offered my story to the artists and Art Centre managers:

> *I am a Murri woman from Queensland. My mother is a Bidjara on her mother's side, and my father is Samurai from Fergusson Island off the coast of Papua New Guinea. I was raised by my mother and her late husband and spent most of my childhood being brought up on a farm in country Queensland. I grew up with one brother and many cousins, and would often spend my time between Brisbane and my hometown of Kalbar. I have been living in Central Australia for many years working in Alice Springs. My daughter is from here and, through her father's family, we have ties with many Arrernte families. I have come to ask for your and assistance and hope you can help me along my journey.*

The first encounter with the Art Centres was liaised through the Ananguku Arts General Manager. During the first visit to the Art Centre I met with the Art Centre managers, Ananguku Art Directors, art workers and artists, and spent time in the field in order to understand the context. During this time, I began to understand the essential role of the Anangu interpreter. I got by with speaking English at the meetings, but knew it would be essential to have someone work with me to translate during the research process. I needed to modify my language and using the term 'research' was problematic. By the time I had my last meeting at the Ernabella Art Centre, I had swapped the word 'research' with 'story'. I slowed down my talking and allowed for the silence to create a space for Anangu during the conversations. Upon reflection, I would consider this to be a process of deep listening or *dadirri* (Sjoberg & McDermott, 2016, p. 33; Ungunmerr-Baumann, 2002). This allowed Anangu to talk and discuss amongst themselves in language. I did not try to control the agenda, but sat and observed the dynamic of the meeting as it unfolded. I brought my child along to one of the meetings and sat her on my lap. Many of the artists sit on the ground while they paint and I decided to do the same as I cradled my child. Whilst this was a much better and comfortable way to communicate my ideas, this slight gesture was a symbolic shift as it represented the chance to speak on the same level as the artists. I sat side by side with the artists, shared my story with them and they were able to see my face from time to time as they occasionally glanced up from their paintings as they listened to my story. It felt more like a conversation than a meeting.[25]

Things were not always easy during this time. At another Art Centre, I sensed there were some tensions as the meeting was brief, there were not many people and the Art Centre manager seemed 'on guard'. My presence created an uneasiness, perhaps because I was an outsider, and my research

[25] I refer to Indigenous yarning circles and conversations used as a form of focus group discussion within Indigenous methodologies (see Bessarab & Ng'andu, 2010; K. Martin, 2008; Wilson, 2008).

may have been perceived as a threat. According to Denzin and Lincoln (2011), 'the research field has always been characterised by diversity and conflict' (p. 29) and, along the way, I've had to confront the issues surrounding the politics of fieldwork. Gatekeepers have had a significant impact on my research as indicated by the limited access to the other Art Centres and this will be evident in future sections in this chapter. The reality of my situation was that access to Anangu and acceptance by the Art Centre managers was pivotal. However, researchers including myself can be misunderstood and perceived to be collecting data in a covert manner or 'spying'. Nonetheless, it was important for me to maintain an open and transparent manner where possible, even when my own integrity was being questioned. I found this to be personally confronting and understood that even though issues of conflict are inherent in Indigenous research, my ability to hold my own was significantly challenged.

However, the experience of the following trip was in contrast to my previous visit. Here, I was welcomed, and even more so when I saw a relative of my daughter at the Art Centre. My impression of the Art Centre was good. The atmosphere was alive, artists were moving in and out and the meeting generated lots of conversation with support and facilitation coming from the Art Centre manager. The Art Centre manager was very encouraging, but was also sceptical about the role of research having "seen it all before" (B. Peacock, personal communication, April 2012). I struggled with convincing other Art Centre managers of the value of research. In the end, the contrasting receptions from Art Centres and their managers helped me sort through my own position in the field. Some critics may raise questions about keeping theory in mind during fieldwork as it may blind one's eye in gathering and understanding primary data. I would argue instead that keeping these contemporary crises in mind in the field makes a significant difference to ethnographic fieldwork as demonstrated in my next example.

I, as researcher, have a duty to 'do no harm' but I also know that harm frequently occurs even at an unintentional level. During the first stages of the research, I was somehow mistaken for another researcher who had previously had her research permit revoked by the APY Board. As a result, I was asked to speak with the General Manager and Chairperson of the Board of APY in person. Luckily, the APY realised my research was something entirely different and was equipped with a methodology geared towards giving back to the community. As they came to realise, I was indeed an Indigenous researcher conducting research on behalf of an Indigenous organisation.

These incidences are examples of what can happen in the field and how researchers can be quickly branded. As a result, potential sources of information can rapidly dry up and eventually close off, as was the case in gaining access to other Art Centres. Word of mouth is also a common form of

communication on the Lands, and unfortunately this worked against me in the initial stages of the research. In taking these incidences into consideration, I felt like it is important to conduct research that is open and transparent. My research ethos operated on the premise of being inclusive rather than excluding in an effort to give Art Centres a collective opportunity to participate in the research. Whilst I was not able to operate in all seven of the APY Art Centres, I have tried to overcome this disappointment by giving greater focus to select Art Centres. Therefore, the development of case study research was critical to overcome issues relating to generalisation. Working closely with four Art Centres became a positive aspect of the research and helped me overcome my initial disappointment of being unable to access other groups.

Whilst the purpose of those first visits maybe seen as an introduction to the field, or as part of a broader cross-cultural orientation, the first encounters could also be viewed as collecting unofficial data. Negotiating the field is linked to data collection simply because it is about relationships to people and their country. Here, the conventional organisation of undertaking ethnography has given way to a more organic data collection process. As stated by Eber Hampton, "I had found that the cut-and-dried, cold, hard, precise facts are dead. What is alive is messy, and growing, and flexible, and soft, and warm, and often fuzzy" (Hampton, 1995, p. 49). Negotiating the relationships, and therefore the field, is a time consuming exercise, but can yield positive results. For instance, taking time to establish relationships in the field improves the overall quality of the data outcomes but, more importantly, it ensures that the research is relational (Louis, 2007; Wilson, 2008). As a result, this has prompted me to think about my positioning in ethnography with regard to my fieldwork.

"*Research like life, is about relationships*" (emphasis added, Kovach, 2005, p. 30).

4.5 Neither Insider nor Outsider: Who am I?

The personal encounters that I experienced in the field helped to frame my position in ethnography. My position can be regarded as neither insider and nor outsider; rather I am in between two traditional categories which relate to the ethnographers positioning in terms of identity and culture. In a micro-context, I am not an insider in the sense that I am not Anangu. In a macro-context, I am not an outsider as I am an Indigenous person who understands the socio-political reality of Indigenous people of this country through my own lived experience. This contrasted picture of my positioning – as both insider and an outsider, and neither insider nor outsider – has helped me understand the debates of theory and praxis of contemporary anthropology. Together, with an emerging Indigenous methodology theory there is a growing sensitivity to the role of discourse in constructing and framing identities and relationships and representations of the "Other" (Mutua and Swadener 2004). Whilst it may be said that we have entered a postcolonial context, Sikes (2006,

p.351), referring to Denzin (2005) and Tuhiwai Smith (1999), states that with an emerging Indigenous methodology theory, there is a growing sensitivity to the role of discourse in constructing and framing identities and relationships, and representations of the 'other' (Mutua & Swadener, 2004). Whilst it may be said that we have entered a postcolonial context, Tuhiwai Smith (1999) states:

> Decolonization is a process that critically engages, at all levels, imperialism, colonialism, and postcoloniality. Decolonising research implements indigenous epistemologies and critical interpretative practices that are shaped by indigenous research agendas (Tuhiwai Smith, 1999, p. 20).

Efforts to decolonise research emphasise the importance of personal narratives that go beyond the reductive polarisation such as insider/outsider binaries. In fact, having a presence in the field and in the text is a strategy towards overcoming what Sikes calls the 'essentializing [of] borders and boundaries' (Sikes, 2006, p. 354). However, I am quickly reminded by Coburn et al. (2013, pp. 331-348) "that Indigenous research in the academy crosses but does not erase boundaries" reinforcing the fact that as an Indigenous researcher I need to "look back" (Kovach, 2009, p. 76) and acknowledge that "we operate against the historically nightmarish relations between Indigenous peoples and the colonizer/settler" (Coburn et al., 2013, p. 334). In looking forward, I see that my journey is complicated by the fact that I am an early career Indigenous academic, a 'native' ethnographer and a woman of colour. These constructs (historical and present) often blur and challenge the insider/outsider binaries showing that the Indigenous researchers and their location is indeed, a contested space often raising the question of 'Who am I?'

4.6 Positioning Dilemmas: four crises

These questionings saw the beginning of a process whereby I was now 'interrogating my positionality' (Eillis & Bochner cited in Botha, 2011, p. 317) and, as a result, I found myself in four types of crises. Firstly, I was struggling to position myself in the dichotomised entity of social research between 'we' and 'they' in the larger picture of *Anangu* vs *Indigenous*. Was I creating another 'exotic other'? Secondly, what point of view should I apply given the politics of collaboration with a number of non-Indigenous industry partners? How would I position the 'voice' of the Indigenous partner in text? Thirdly, as a female ethnographer, in terms of gender, what should be my point of view in looking at the facts and how would I gain well rounded insight into Anangu cultural life if my informants were mainly women? Fourthly, was the problem of authority of authorship. The absolute authority of the ethnographer has been seriously questioned in contemporary social research and writing about another culture did not sit well with me. This led to critical questions which I needed to address. Who gave me authority to conduct research on Anangu

and write about them? How would I use the authority of authorship on Anangu? These questions have helped shaped the methodology and ethical considerations of my research.

4.7 Intertwining Ethics into the Methodology

The questions presented in the previous section have helped me to position myself as a researcher and have laid down the foundation of a broader set of ethical considerations. Undertaking research in various Indigenous communities and their Art Centres is a 'tricky' business (Acker & Carty, 2012) which means I need to think about a number of questions. My previous experiences and my internal questioning have helped to guide the process of fulfilling the ethical requirements of the research and submitting the ethics application. In the past, the Indigenous experience of research has been predominantly negative, both in terms of process and outcomes (Cochran et al., 2008). First Nations researcher, Margaret Kovach, talks about Indigenous methodology as being a process:: "an indigenous research context uses ethics as part of an internal process and it is considered central as a strategy of the methodology" (2005, p. 29). In this context, my research is conducted within a Western framework, guided by academic requirements, which holds its own unique ethical complexity that is less about liability and more about relational issues. For the purpose of exploring the relation between ethics and responsibility, the section titled *Cultural Safety: Holding and Looking After within an Anangu research context* is presented below. Ultimately, the success of this research is dependent on how well I establish and maintain relationships in the field and outside of it. As suggested by Kovach (2005), "giving back does not mean dissemination of findings; it means creating a relationship throughout the entirety of the research" (pp. 30-31).

4.7.1 Cultural safety: 'Holding' and 'Looking After' within an Anangu context

The protocols put in place can be viewed as a familial system of governance, an idea first coined by Fred Myers (1986) and where "authority is the result of nurturance" (p. 212). The senior generation, that is the Ananguku Board of Directors, 'look after me' and protect me as they are also the framers of this research project. As a novice researcher, I have an obligation; a responsibility to give back. Mutual obligation and relatedness is extended in helping one another, and there is a collective responsibility to 'grow up' the knowledge, thus, all senior generations, or elders, are also in a position of authority in a familial system. The word 'holding' implies a vulnerability on my part as the junior, and the responsibility of seniors to protect and nurture is a collective responsibility. The Ananguku Arts Board have reinforced collective responsibility with the establishment of a set of protocols to ensure cultural safety:

1. To report and update the Board on a regular basis.
2. Working and travelling with the *Malpa* at all times;
3. The Board will assist, but advises that a network of people be established on the ground; and
4. To advise art centres in advance of visits and to coordinate appropriate times with managers.

Kovachs (2009) also suggests that when a researcher engages in Indigenous research, there are three key themes of Indigenous ways that must inform the researcher's practice: *relational*, *collective* and *methods*. The relational and collective are two concepts which are embedded in my methodology. Here, building and maintaining respectful relationships with my Anangu supervisors and being guided by their cultural beliefs and values are foundational to the research. A relationship-based model of research is critical to carrying out research with Anangu Art Centres on many levels. On a philosophical level, I am open to understanding new 'ways on knowing', and on a practical level this relates to new 'ways of doing'. To avoid heightening the tension between Western concepts upon the research, I worked with the Ananguku arts Board and a group of Anangu women during the survey to make sure they helped define the research questions; determined who to invite to join the study; chose the methodology; directed the sharing of the study findings, and were included when working with the *Malpa*.[26]

4.8 Being Guided by the Ananguku Art Directors as Framers of Research

An example of cultural safety can be illustrated by the Ananguku Arts Board of Directors development of cultural protocols for the Arts and Health study (Port Augusta, 2012). There is no direct translation for the word 'ethics' in the Pitjantjatjara language, however, another term is frequently used *ngapartji ngapartji* (I give, you give in return).[27] Essentially, a relational approach is based on a collective value of giving back to the community, and this is integral to a methodological approach to my research. As a researcher, I have an obligation to report to the Ananguku Arts Board on a quarterly basis and this gives me the opportunity to share knowledge and be accountable in the knowledge production process, particularly as it relates to how Anangu are represented in the text and thesis. The development of culturally safe protocols is crucial to the integrity of the research methods but, on a practical level, it also keeps myself and others safe when in the field. Whilst I utilised the Ananguku Arts Board as the main source of consultation in the initial stages, it became evident that I needed to go one step further by consulting local boards of the

[26] A key contribution in this research considers the *Malpara* system as a research methodology.
[27] Tur et al. (2010, p. 62) talk about a "knowledge responsibility" within the context of *Ngarparti Ngapartji*. Here, the knowledge production process is 'context specific'. Palmer (2010) talks about it as an act of kindness.

Art Centres. This was another added layer of complexity as the Art Centre boards have their own governance and decision-making structures. By incorporating the local boards in the consultation process, I was acknowledging the local autonomy of the individual Art Centres and their role in the knowledge production process.

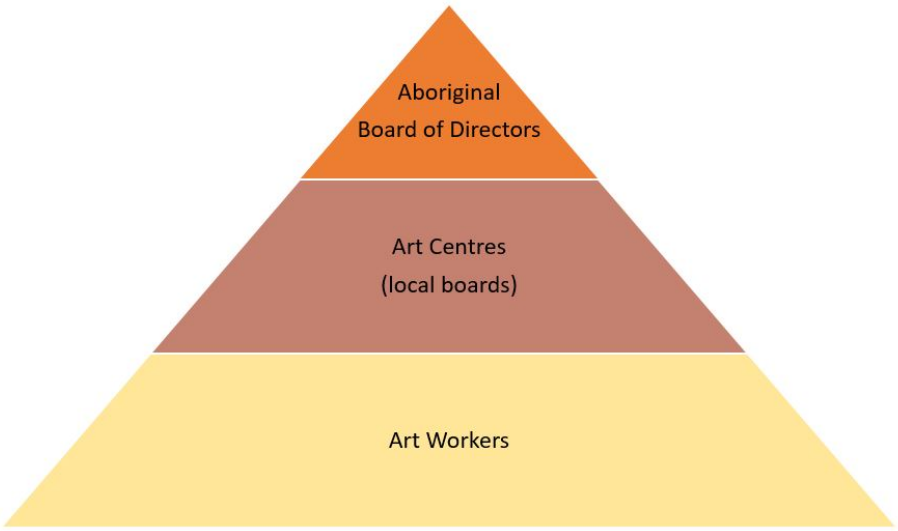


Figure 4.1: Hierarchy of consultations

4.9 Preparing for the Field: Ethics and permit issues

The protocols put in place are not just about keeping safe but they also adhere to other ethical standards. At a national level, the most prominent sets of protocols for research include the National Health and Medical Research Council's research guidelines (2017) which emphasise respect, reciprocity, responsibility, survival and protection, and spirit and integrity. At a local level, I have called upon Anangu Boards and representation to oversee the research process. Each entity has been called upon to provide cultural expertise and guidance on how to implement a research strategy according to Anangu values which emphasise cultural safety in an Anangu context.

The fact that I am an Indigenous researcher does not automatically translate into community trust. Building trust of Art Centre managers and artists has been time consuming but these relationships have endured and sustained the research through to the end. Whilst most doctoral students are in the field over a 12-month period, my experience has been somewhat different. The majority of the first 18 months were spent consulting, engaging and building relationships in the field before any formal data was collected but I would argue that this is still a form of collecting unofficial data. An essential part of any relationship is built on trust. Building trust and asking permission is also about negotiating respectful entry into the field (Stanton, 2014). Those who are familiar with remote fieldwork understand that this increases time commitment demands and it can take years to develop

trusting relationships. I am an Indigenous researcher but this does not give me the right to conduct research in someone else's country. The feeling of being an outsider, amongst other things, weighed heavily on my mind as I prepared to submit my ethics application. I knew that others would be questioning firstly, my place as a researcher, and secondly, questioning my integrity partly due to the fact that I was operating outside of my own cultural domain. Had I overstepped the mark by conducting research in another person's country? Along the way, I have had good allies who have championed my research but there were also those who have viewed the research as a threat. How was I to overcome these challenges?

4.10 Ethics

For any novice researcher, going through the ethics process and submitting the application to the relevant committees is one of the most daunting tasks, and I was about to experience this firsthand, although the ethics process of interrogating my own proposal helped shape the research and, therefore, the methodology. My first ethics applications were submitted to the Aboriginal Health Council of South Australia (AHCSA) and the Flinders University Social Behaviour Ethics Committee. Whilst some researchers opt to submit only one application through the NHMRC, I decided to do two separate applications, for which there are pros and cons depending on your area of research. At one stage, I considered doing another submission to the Central Australian Ethics Committee. Whilst my research location is considered to be in the Central Australia region, my area of study is within the field of health. Therefore, it was recommended to do a submission to the AHCSA and, politically, this was a wise decision because the AHCSA is an Indigenous organisation. Now I was not only being challenged by academics through Flinders University's process, but I was also being scrutinised by Indigenous peers from within the industry. This was my first real test to see if the research and its methodology would meet the University's protocols but, more importantly, whether it would hold up to the cultural rigors of Indigenous critique.

My ethics application was submitted a number of times, after numerous drafts and, in total, took six months to pass through both the Flinders University and AHCSA processes. The feedback from the first ethics round was rigorous. In fact, I was overwhelmed by the whole process and needed a de-briefing session with my doctoral supervisors. It took a little while for me to digest, but in hindsight it has helped me to re-position myself as a researcher and help overcome previous doubts about entering the realm of research. The academic hierarchal and linear realities of the academy specify ethical protocols, language, and Western methods of research, which challenged and impacted my research process. Research language in human ethics documents includes terms such as subjects, analysis and dissemination, whereas I used and replaced subjects with 'Anangu', used 'story' or

'tjukurrkpa' rather than analysis, and 'sharing knowledge' rather than dissemination.[28] For example, the consent forms where problematic. I utilised the Flinders University template and modified the form to fit the research context. I had the observation/interview forms translated into Pitjantjatjara, but continued to modify the consent forms for the survey. I found that during the first and second stages of the research, most Anangu found the consent forms 'foreign' and even though the form was translated, when given the form to read and sign most Anangu sat quietly and looked uncomfortable. The forms were unfriendly, pitched at a high literacy level even when translated and certainly not appropriate to the context.

I had worked diligently during the survey workshop with the arts and health team to come up with a solution. We had workshopped the previous forms and made modifications to make them more user friendly and, therefore, relational because I knew the relationship between the researcher and the community is crucial in Indigenous work. Reiterating collective responsibility was again a key consideration during the process. The consent form did not focus on the individual, but shifted the importance to 'speaking with family' as critical to the consent process. Here, the power shifted from the individual signing the form to a collective approach which emphasised the importance of talking with family to ensure that consent was appropriated in a way which suited the relational context of the Anangu participants. We did not use the university templates on the form. Anangu's previous experience with consent forms are associated with authority within hospitals and a discussion with the team helped to overcome their fears and put in place a system which was simplified using a 'tick the box' system. The new consent forms were 'Anangu friendly', using concepts which emphasised the collective rights to ensure cultural safety and responsibility in conducting research.

The emphasis on respect, reciprocity, and responsibility provided the foundation from which to position the research process and myself as a researcher as I worked with Anangu and non-Anangu. 'Respect', the "reciprocal, shared, constantly interchanging principle which is expressed through all aspects of social conduct" (Tuhiwai Smith, 1999, p. 120), underpinned the formation of relationships and the valuing of the diverse knowledge of Anangu in the study and in relation to their own health and that of their community Art Centres. By acknowledging the relevance of the research process and all it entailed, the research was grounded in local culture and language as demonstrated though an Anangu conceptual framework. This naturally led to ensuring 'reciprocity' since the research approach aimed to give back to the art centres rather than to take from them. This was achieved through the knowledge translation and ongoing work together with the Board, the

[28] The use of western academic constructs and terminology is replaced to make way for 'Language and storytelling' which acts as an 'entry point from which researchers can engage in a dialogue with the researched about social issues of concern' (Chillisa, 2008, p. 156).

survey team including the Malpa and other elders of the Art Centres. By recognising my 'responsibility' as a researcher, an ethos of collective empowerment was at the forefront and was demonstrated through active participation, leadership of team members and an inclusive approach to the sharing of findings.

4.10.1 Searching for Indigenous approaches for tools of engagement

As a researcher, I have the responsibility to conduct research that is culturally safe. It also means having the ability to consider alternative ways of doing. Making the research relevant meant that I had to listen deeply to people during the consultation process, reflect on my own assumptions and have genuine engagement with Anangu. In preparing myself for the field, I needed to understand how 'business' gets done 'Anangu way'. I undertook a cross-cultural course held at the University of South Australia where I was taught the basics of the Pitjantjatjara language from Anangu teachers. In the first few months of the research, I attended the Ngaanyatjarra, Pitjantjatjara and Yankunytjatjara Women's Council (NPYWC) meeting and their AGM at Cave Hill. This was valuable because I was introduced to many of the women and attended an *inma* ceremony. I continued to work the Ananguku Arts Board and went along to a number of art exhibitions in Alice Springs. Here, I got to speak with Art Centre managers and always tried to take a board member along with me to seminars or meetings. On occasions where it was not possible to have an Anangu representative join me, I made an effort to refer to audio visuals or photographs in order to have respectful representation of Anangu presence and voice. The power of having Anangu presence in a seminar or presentation cannot be underestimated and I got to experience this firsthand during a number of co-presentations throughout my candidature. I offered my services to individual Art Centres, often volunteering to make cups of tea or helping people on the telephone with Centrelink, and I eventually got to understand the internal functions of the Art Centres. Some Art Centres asked me to join in at annual general meetings as an observer or taking minutes, and I assisted with their reporting requirements and acquitting project grants for crucial program areas such as the Indigenous Visual Artists Program. I also learnt the craft of stretching the paintings, often asking myself "What can I do to help in the process" or "How can my research better Anangu lives". These are examples of how I have kept the research alive, grounded, 'hands on', practical and, above all, ethical. The relational aspects which were critical to this research included commitment and accountability to the Board, the survey team and local Art Centres. Learning about Anangu ways of doing became intertwined in this journey. For example, often my meetings started with the Malpa addressing the meeting. This would take 30 minutes before the official agenda got underway. On other occasions, a trip to the clinic for medication would be necessary as many of the artists live with chronic health conditions. On another occasion, the Malpa was unable to help with the

meeting, so another Ananguku Arts Board member was asked to run it in the Malpa's absence. Making sure that artists are comfortable, healthy (equipped with medications or eye glasses) and nourished is an articulate of essential health promotion prerequisites to doing and conducting business in the Anangu context.

4.10.2 Mapping the way, walking with the *Malpa*

Throughout the research, key companions such as the Malpa, are an important way of doing business. The Malpa (meaning friend or companion) system is pivotal for community engagement with Anangu and working this way ensures that I am kept safe while conducting the research. Importantly, her appointment by the Ananguku Arts Board has led to the creation of real work, meaning that she is paid as a co-worker and a cultural broker in the field. Rates of pay were often negotiated between myself and the Malpa. Increasingly, this type of work, such as the Malpa, is preferred by, and is suited to, a small subset of women with the necessary skills and interest. Many of these women, however, already have demanding family and community commitments. The Malpa is a busy person and is in high demand. At times, I would need to liaise with competing organisations to make sure that the Malpa's transition from our job to the next was trouble free. In some instances, the Malpa is a person with agency and can decide who she wants to work for and determine the rate of pay. This was one of the challenges of the research due to the fact that my research was competing with other commitments, especially those of other service providers and government departments who paid a higher rate. Therefore, I needed to take the research slowly, working closely with the Malpa who was juggling this research with other jobs and commitments. The theory behind working in this way is that both myself and the Malpa get the most from the relationship – the *Malpara way*.

The idea of this relationship is based on respecting Anangu expertise and allowing this to take the lead in the research process. For example, before I conducted the research meetings, I engaged the Malpa as both a translator and interpreter, but, more importantly, her cultural expertise was utilised to develop a working title for the project which became the basis of an Anangu conceptual framework for the research process. A working title for the research was *Iwara kunpu art centreku* (Josephine Mick 2012), which translates to *a strong track for research with Anangu and art centres*. The following section provides an overview of the principles of the *Malpara Way*.

4.10.2.1 Principles of the Malpara Way as methodology

- **Relationships as Research: You don't choose – they do!**

Firstly, the Malpa is assigned to you. You let others decide what is best for you and the research. It is an invitation. You don't choose it; they choose you. The process of negotiation must take place in order for agency to occur. The Malpa may or may not choose to work with you. It is a big commitment and, therefore, the decision to come on board is not taken lightly. Her engagement means that she will take you through to the end, thus, her family becomes your family. She is responsible for you and your safety. She will negotiate for you and she will protect you. It is her job to teach you 'proper way' and in accordance with Anangu practices and protocols.

- **It is organic and connected**

Backwards and forwards, taking one step forward two steps back. This is typical of the *malpara way* of working. The Malpa is making a strong track, a path that takes us on many tracks. As we traverse the red country, the Malpa has vast kinship networks which criss-cross and extend into the three states; the Northern Territory, Western Australia and South Australia. I never travelled alone when doing my research business. My research was embedded in a social web of networks. Josephine teaches me to make the connection with people and to understand that everything is related. Whist it maybe organic, it is relational – everything and everybody is connected. My research becomes embedded in the social and cultural fabric of Anangu society.

- **Respectful Representation: Deep Listening is required**

As the Malpa talks, you must listen. Her words "*Iwara kunpu artcentreku"* present an opportunity to conceptualise the research process. She negotiates the research interface and puts down the foundations. Taking small steps in a larger picture. She talks about the research in a way that will be understood for other Anangu. There is a process of unlearning or making way for new ways of knowing, doing and thinking. This needs to happen first before you hear, see and understand Anangu and their stories. The processes of 'slowing down' or '*dadirri'* (Ungunmerr-Baumann 2016) is the ability to attune your listening to the rhythm and flow of the Pitjantjatjara language and then gradually hear the messages buried deep within.

- **Rights and Regulations: Anangu Protocols are essential**

The Anangu Board of Directors approach the research by appointing Josephine as the Malpa, but stipulated very specific protocols around engaging other Anangu in the research. These protocols informed my research process.

- **Reciprocal Appropriation: No Survey without Service**

'No research without service' is a fundamental principle. This means that the research being conducted needs to benefit those being researched. One of the guiding principles of the research is that Anangu need to be involved and their needs are to be considered first and foremost. Education and employment are highlighted and the research must benefit Anangu. This means that the Malpa is paid according to her skills and she negotiates others coming into the research such as the APY Arts and Health Team. At the same time, this is not just a financial transaction; it is also a mutual obligation. For instance, you may have a set of skills that you can offer.

4.10.3 *Iwara kunpu artcentreku*: an Anangu conceptual map

The difficult task of explaining research became evident in the early stages of the consultation process. Therefore, I needed to find a way to adequately describe the research process and engage Anangu at the same time. I called on the Malpa to assist me with this task and her way of explaining the research was linked to viewing the research process as a 'map'. When the Malpa translated the objectives and the title of the research in meetings, she talked about 'a map/track for strong healthy art centres' and when this is translated into Pitjantjatjara, it becomes *iwara kunpu artcentreku*. This is an important concept as it provides the Anangu foundation of this story. Here, representation of the Anangu worldview takes place in a way which privileges and centres Anangu knowledge and culture. I have utilised this framework to find a 'common ground' throughout the knowledge transfer process of the research.

The conceptual framework developed during the first stage of the research significantly levered my ability to engage with Anangu and others. From this perspective, the conceptual framework gave me a tool to show how my method was being aligned with Anangu worldviews or ways of knowing. An Anangu conceptual framework was guided by Anangu cultural knowledge that guided my choice to continue disseminating information about the research. I began with privileging and centring Anangu knowledge and, in doing so, I was able to understand the challenges regarding the crisis of representation, issues of authenticity, reliability and validity. Throughout the development process, a research framework began to emerge, giving a new meaning to what I was doing and, most importantly, how I was doing and achieving it. The conceptual framework gave me confidence in the process I was undertaking but, more importantly, the process now commanded that I write and see knowledge differently. I was putting Anangu knowledge and value systems up front and centre within the research process. This was an exciting new development which again shifted my responsibility to acknowledge that I was now moving into a contested space and I needed to acknowledge my own position of privilege (Tur et al., 2010).

Whilst still in an embryonic stage, the conceptual framework became an avenue for Anangu to co-create the research process. The organic nature of implementing the tool meant that each Art Centre had the opportunity to contribute vital cultural knowledge to fine tune the tool. I continued to consult with Art Centres, conducting the meetings using the framework but leaving 'space' for further development. There was a collective uptake with four Art Centres and approximately 60 artists participating in the meetings/workshops. In the end, I could use this framework to translate basic research terms such as 'observation and data collection', 'case studies' and 'surveys' using the tool to assist me. The tool was culturally safe and reliable in a sense that it could initiate a dialogue between artists, and became a way to validate my findings because it: a) was guided by Anangu cultural knowledge; b) was organic so that Art Centres could contribute to the development of the tool; c) was flexible in its application; and, thus, d) could be transferred to other Art Centres. In other words, the conceptual framework became validated and strengthened as each Art Centre contributed vital cultural knowledge towards the development of the framework. It became a crucial tool to begin the data collection strategy but, more importantly, highlights the emergence of an Indigenous methodology whereby 'co-creating'[29] knowledge becomes the practice for constructing an Indigenous methodology.

4.10.4 'Co-creating' an Indigenous methodology

The wave of Indigenous scholarship in Australia, while diverse in theory and discipline, has destabilised the traditional sciences, making a space for the emergence of Australian Indigenism and emerging theories of social discourse (Rigney, 2001, p. 7). In seeking progressive approaches to knowledge production, Indigenist critiques of the social sciences seek to locate tensions, conflicts and contradictions within the various investigative methods. The transformation was described by Lincoln and Denzin (1994) as the "blurring of distinct disciplinary boundaries" (p. 9), leading to the emergence of a variety of new interpretive and qualitative research designs allowing the acceptance of new methodologies of qualitative research and acknowledging the 'crisis of representation' that has allowed space for indigenous critique. While the indigenous response to the dominant Western paradigms has created a space for new interpretive and qualitative designs based on alternative ways of knowing and living on their practice and process, it has also seen the boundaries pushed to recognise Indigenous philosophies, ideas and imageries as fundamental to exploring Indigenous cultural knowledge systems and privileging an Aboriginal voice based on alternative ways of knowing and being.

[29] I introduce the concept of 'co-creating' as described by Arabena et al. (2014) in health promotion. In this chapter 'co-creating' is linked to knowledge production within an Indigenous methodology framework but is examined in more detail within the health promotion context (see Chapter Two).

According to Tuhiwai Smith (1999), Indigenous people all over the world have a different story to tell, but they have never taken the opportunity to tell that story. Tuhiwai Smith points towards the alternative story. These counter stories are powerful forms of resistance which are repeated and shared across diverse indigenous communities (Tuhiwai Smith, 1999, p. 2). Increasingly, these Indigenous accounts are written within a broader framework of self-determination, decolonisation and social issues. They are also a form of 'writing back', 'researching back' and 'talking back' (Tuhiwai Smith, 1999, p. 7) and have created the space for me as an emerging researcher to position myself alongside an emerging community of Indigenous scholars who are grounded in politically specific indigenous contexts, histories, struggles and ideals (Tuhiwai Smith, 1999, p. 4).

4.10.5 Modifying the quantitative method: Exploring issues of rigor and reliability

The quantitative method through the design of survey questions is a powerful tool demonstrating the importance of Indigenous engagement in Indigenous–led research agendas. However, I recognise the method is contested, but would argue that in this context it was a necessary strategy for collecting data. Past experiences of quantitative research have generally excluded local Indigenous participation and, as a result, Aboriginal communities and individuals are reluctant to be involved in any data collecting exercises (Yu, 2012). What is required before collecting quantitative data is a process of giving voices to local Indigenous people and ensuring that the quantitative method is designed in a way that fits with local values and beliefs, and at the same times ensures reliability and validity of the findings. Increasingly, Aboriginal peoples are starting to understand the "power of data" (Walters, 2009; Wilson, 2008). For me, my participation in this research enabled me to shift towards using my Indigenous voice in my personal and academic life.

4.10.6 Anangu dissemination and sharing the knowledge

The involvement of Anangu in research design and implementation and returning back to the participants and communities through knowledge exchange and skills transfer has created a deeper understanding of the cross-cultural interpretation of the survey results. 'Giving back' is a form of accountability in the research relationship, and this is reiterated by Kovach (2009) when she states that "giving back does not mean dissemination of findings; it means creating a relationship throughout the entirety of the research". (Kindle version, chapter 7, section 2, para. 9). This is an important in fulfilling my obligation as a researcher with Anangu and art centres.

4.11 Conclusion

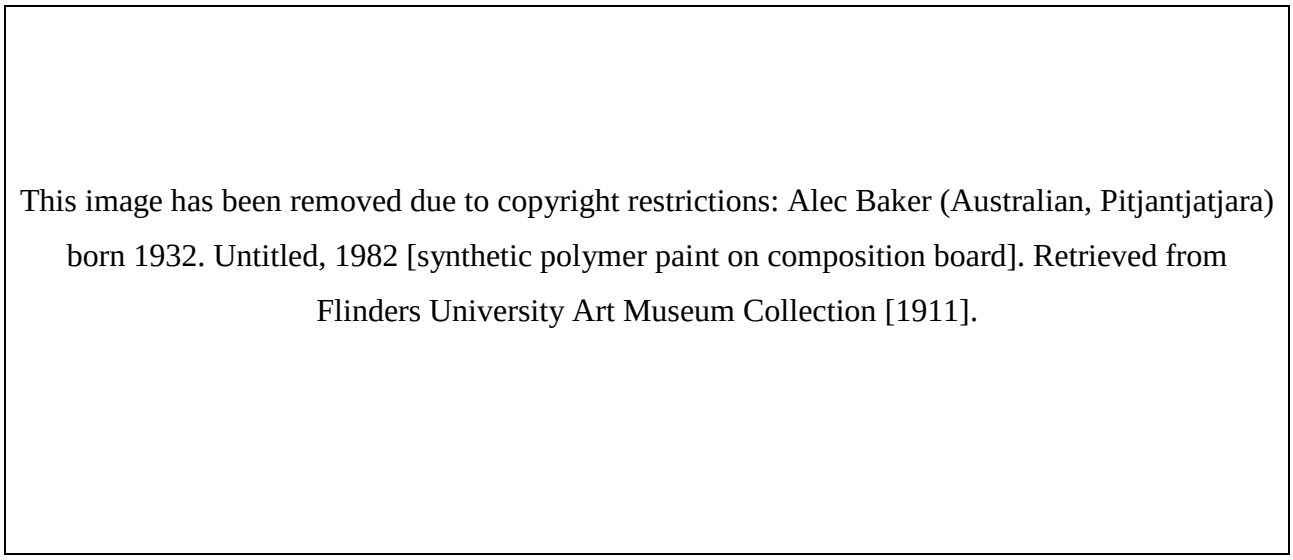
The employment of an Indigenous methodology for this study, and a compilation of guidelines, frameworks, and protocols has enabled me to detail an Indigenous mixed method approach to research. In working with Anangu and forming strong lifelong relationships, 'holding' each other

physically and spiritually for emotional and philosophical support helped keep my journey safe. This required treading lightly and stepping forwards and backwards between both worldviews as I reconstructed my own identity and learned how to represent or hold space for Indigenous and Anangu, as well as those in the academic realm.

With this Indigenous mixed methodology, the research was grounded in gaining knowledge by exploring and understanding multiple worldviews, and finding a balance and harmony within places of opportunity that arose within often stressful and conflicting perspectives. The research journey led to changes in my personal self-identity as an Aboriginal woman and researcher, and in staying true to an Indigenous approach. Through the teaching of my Anangu supervisors, especially my Malpa, I came to better understand the importance and use of Indigenous knowledge, relationships, guidelines, and protocols, especially when facing the constraints and challenges of academic ethical protocols, language, and expectations. Finding ways in which to build and nurture respectful relationships helped enrich this collaborative research.

This chapter has discussed some personal aspects of who I am by 'self-locating' my story up front and centre. I have declared openly my heritage, my cultural identity, and my gender in order to lay bare my biases, preferences, and prejudices. These are all the things that make me an Indigenous researcher and that contribute to constructing my knowledge and its production throughout this process. This research journey has been sustained through the nurturing and building of respectful relationships. These relationships have helped enrich this collaborative research within the borderlands of Indigenous and Western worldviews as the methodology evolved and was employed and enacted. As stated by Shawn Wilson, "if research doesn't change you as a person, then you haven't done it right" (2008, p. 135). For me, my participation in this research enabled me to shift towards using my Indigenous voice in both my personal and academic life. This chapter has addressed the qualitative forms of mixed methods research, namely, observation, participation, and ethnography. The co creation of Indigenous methodologies continues to be develop throughout this thesis as demonstrated in chapters seven and eight. Chapter Seven will detail the processes I undertook in order to design and deliver an Indigenous-led survey with Anangu Art Centres and artists. The results of the survey are further analysed in Chapter Eight whereby both the qualitative and quantitative data is triangulated to get a clearer picture of health promotion in the Anangu context.

CHAPTER 5: HEALTH PROMOTION IN ACTION: EVERYDAY LIFE IN AN ANANGU ART CENTRE



5.1 Introduction

This chapter explores the cultural nuances presented in everyday life in the Art Centre including the difficulties I had in negotiating the field. In chapter three, I presented Murphy and Keleher's (2003) framework for health promotion in action and noted the mid- to upstream determinants (Health Education and Empowerment: Knowledge, Understanding and Skills Development; Community and Health Development: Engagement, Community Action and Advocacy) as possible sites for Indigenous health promotion. Using these themes as the major organising framework, I draw on ethnographic data to reveal the cultural and political factors that influence health promotion in a remote Art Centre.

5.1.1 Going into the field

Between 2013 and 2016, I travelled to and from the Anangu Pitjantjatjara Yankunytjatjara Art Centres. Each visit[30] enabled me to go deeper as I became more familiar with the space and better known to the artists. Using Geertz's (1994) concept of thick description in this chapter, I attempt to provide a narrative that describes 'life' in the Art Centre through a process of short vignettes. These

[30] Field work was conducted over a four year period with thirteen trips to the APY Lands all roughly one week.

vignettes are presented in italics throughout the chapter. In some cases, they are direct observations, stories, or reports, whereas in others they are observations and analysis. In travelling to the centres, my primary objective was to gain an insider's understanding of who comes and goes, the consequences of decisions, and the conversations that occur with regard to Anangu and their Art Centres, and how this all might be health promoting. In Chapter Two I referred to the work of John Oster who describes the environment of the Art Centres as "chaotic and well organised' (Oster, 2009, p. 69). These themes are also woven into this chapter to highlight how issues of control and chaos inform health promotion outcomes for Anangu artists of the APY.

On a deeper level, the chapter starts to unveil the health promotion story of Anangu Art Centres. The nuances of health promotion in action are depicted through an Indigenous gaze. I tell the story in my own words as an Indigenous researcher. Looking closely, I take care to get a version of an insider's perspective, although, as will become clear, my position as insider was often contested. Slowly, the health promotion story emerges as I recount the day-to-day interactions between Anangu artists and their white advisors, at all times trying to be respectful of the difficulties and sometimes uncomfortable situations that result when cultures collide. Within the chaos, I am opportunistically looking for spaces of mutual trust and points of contention. For example, while I had difficulty getting access to all Art Centres, a number of opportunities arose that gave me an insider's view. Two examples come to mind. While living at Marla I became the de facto agent for one of the Art Centres which had a small gallery at the local road house. The details of this role are recalled below. On another occasion I deputised for the Art Centre manager. This opportunity occurred mid-way through my field work when the manager called and asked me to assist the studio manager in her absence. This opportunity gave me access to the inside operations of Art Centres, to the intricacies of managing budgets and funding, and to some insights into how managers are constantly seizing every opportunity to progress the artists' work.

> I arrive at the Art Centre prepared to act as the studio manager for a short period. This gives me access to budget lines and other internal processes. Looking at the budget lines, there is an opportunity to transfer some leftover funds across to professional development for the art workers in the centre. The Indigenous Visual Arts Strategy (AVAIS) funding program is the main source of support for artists on the Lands and is key to supporting the long term professional development of emerging artists. I had asked to see the figures and saw that the surplus was significant. It would be a shame to send the money back. The new assistant and I draw up a new budget and put the money under specific budget lines. Before requesting to spend the money, we seek advice from the program manager and discuss the proposed changes. The program manager was OK with the new changes, and looked forward to receiving the new proposal and budget. Under the new budget, we were able to support a small number of artists' professional development. It meant that specific tutorial assistance for emerging artists could continue under a professional development scheme over a few months (Fieldnotes, February 2014).

During the entire three years of field work, my main objective was to understand health promotion from an Anangu artist's perspective. Thus, I was interested in how Anangu agency is articulated, where it is located, and how it is asserted. I was also keen to understand the interface between the Art Centre's economic aims and Anangu cultural imperatives which I suspected were at times at cross purposes (Folds, 2001). This chapter sheds light on the somewhat difficult, contentious, and chaotic relationships in the Art Centre.

5.2 Decolonising Ethnography in a Health Promotion Project

In the previous chapter I presented my methodology using the three themes of positionality, power and representation. These concepts need to be unpacked in order to gain an understanding of health promotion within the Art Centres. The various scenarios and vignettes I have selected demonstrate the characteristics of my positionality and the interplay of power dynamics between myself and those I am researching. A balancing act is required in this chapter between a focus on the researched and a focus on myself as the researcher (Wilson, 2008). Within the text, I have chosen to look closely at the relationships and interactions between the main actors in the Art Centre context – the Art Centre manager and the artists. I use myself as a filter for everything that I have learnt because, as will become clear, my access to the field has much to say about power and empowerment.

From here, writing the ethnographic text is very much an exercise in writing the self as well as the subject of my gaze. My ethnography lays bare my positionality and the world I have come to create and negotiate between myself and the artists and their Art Centre managers. The changing boundaries of my position within the text serve to remind me of the challenges that lie within the shifting and highly dynamic research context of the Anangu Art Centre. The insider-outsider continuum (Hellawell, 2006, p. 489) becomes a self-regulating tool as I slide backwards and forwards, as both insider and outsider, throughout the ethnographic journey. On the other hand, the HP continuum (see Figure 3.1; Murphy & Keleher, 2003) also serves to remind me that there are bigger issues at play, such as power and control, that influence health promotion in an Anangu context. The continuum helps me to understand my own positionality whilst at the same time it gives me insights into health promotion at different points in the research. The situation in the first vignette, which occurred in the early days of fieldwork, provides insight into the power of Art Centre managers and sheds light on the concepts of empowerment and engagement.

5.3 Health Empowerment and Engagement in Context

Fieldnote reflections on positioning the Art centre Manager

> There are many characters and personalities, and some who have learnt to survive by forming alliances throughout the industry. I am a complete novice in the art world. I am vulnerable and incapable of reading the potential dangers of forming the wrong alliances. I am also unaware of the deep divisions that exist between north (DesART) and south (Ku Arts); the two major, centralised organising bodies.
>
> Along with this, I sense there is an element of distrust among Art Centre managers upon my arrival. My arrival disrupts their day-to-day lives at the Art Centre. From my perspective, there is much apprehension and walking in this space feels very cold. On guard, and not saying a great deal, I know it is in my best interest to not say or reveal too much. However, eventually a request comes for information about my research. I am obliged, but feel extremely nervous.
>
> My first lesson surrounding the socio-political context of the APY Art Centres is revealed. There is a fuss made with the wording on the website outlining my research. The first of the tensions begin to rise with an Art Centre manager who dislikes the current wording in the description of my project. A request is put forward to change the wording from 'managed' to 'assists' in relation to one of the industry partners. Immediately, I sense there is a potential power struggle with the Art Centre manager and her need to exhibit power and control is evident. This destabilises the research. I take care to reposition the project and work to resolve the conflict amicably with support from my academic supervisor. This incident reveals many things. Firstly, it tells me that there is a need for caution when engaging with the other Art Centres. They have their local agenda and this is different to the Board of Directors (from Ku Arts) who are concerned with asserting their rights as the regional decision-making authority. Secondly, being inclusive in the research is going to be difficult as there are many agendas being played out. The foundations of my research, as detailed in the previous chapter, are based on developing respectful relationships. However, I am conflicted and I ask myself, 'On what basis or criteria do I build these relationships? The path ahead is unclear.' So I refer to Merriam et al. (2001) here, who remind me to take caution and that power relationships are embedded in the research context. I am also reminded of Fred Myers' (2002) amusing accounts of the Aboriginal Art Scene in Painting Culture, in particular his comment, "My sense is that the Aboriginal art scene is one in which white participants invested complex emotions" (Myers, 2002, p. 73) (Fieldnotes, April 2013)

My research is operating within a highly charged socio-political context. The incident outlined above regarding a change in the project wording tells me a lot about the personalities of Art Centre managers in terms of their relationship to the Anangu artists. At the time of this incident, I was looking forward to working with all seven Art Centres on the APY Lands, however, over the course of my fieldwork, it became evident that incidences like this would impact on my ability to access artists in the Art Centres despite the Ananguku Arts Board of Directors explicitly requesting cooperation from all the managers. There is a great deal of protection that goes on under the guise of looking after Anangu. Batty (2005) notes that this is part of the paternalistic relationship

practiced by non-Indigenous advisers.[31] In this early period of my field work, my observations were that I was too focused on the independence of Anangu, rather than the inter-dependency of the Art Centres, their managers, and artists. I realised that these actors are part a larger socio-political context where asserting local autonomy becomes a public display of power and control, sometimes in the interest of the manager, but at other times for Anangu. In light of this, I sought to understand power relationships and how they were exercised. I also asked what the cost benefit analysis or trade-offs were, especially with regard to the Anangu art workers, and how this contributed to health promotion concepts such as empowerment.

Understanding power in everyday relationships is pivotal to understanding health promotion discourse. Talbot and Verrinder (Talbot & Verrinder, 2014) lists a number of practitioners who have explored the concepts of power and empowerment in the health promotion literature including Freire (1974), Wallerstein (1992), Wallerstein and Bernstein (1994), Labonté (1997), Tesoriero (2010), Baum (2008), and Labonté and Laverack (2008). The idea of empowerment encapsulated within the Ottawa Charter action areas identifies 'strengthening community action' as an imperative (World Health Organization, 1998, p. 12). Empowerment is also described as both a process and an outcome (Labonté & Laverack, 2008). As a process, empowerment means acting with others to make changes to achieve a designated goal. In health promotion work, empowerment describes the process involved in working with individuals, organisations, and communities to achieve goals. However, I am perplexed at how difficult this seems to be in my first encounters in the field and accessing Anangu becomes a very complex and messy affair.

On the surface, any notion of empowerment seems to rest solely in the hands of the Art Centre manager and not the artists, but I tell myself I need to dig deeper to understand where Anangu agency is located. In order to do this, I draw on Phillip Batty's notion of 'Aboriginal subjects' to understand the working partnerships that emerge from the postcolonial frontier between the white advisor and their 'Aboriginal subjects' (Batty, 2005). While Batty indicates that these relationships are 'poorly theorised' (2005, p. 210), he draws attention to the non-Aboriginal employee who works with, and on behalf of, the Aboriginal organisations. These employees are invisible in the official representation of the organisation, and are entirely dependent on robust partnerships with Aboriginal people for ongoing legitimacy, even in situations where their skills are essential. Their authority and legitimacy comes from the relationship they have with the 'Indigenous subject' (Batty, 2005, p. 220). As a consequence, I get a sense that health promotion empowerment cannot

[31] 'Looking after' or 'holding' is observed as an Anangu health promotion ideal practiced within the context of the Art Centre. I analyse this concept more thoroughly in Chapter Eight and refer to it in the context of a model of health care based on social relationships.

be defined in isolation from these interactions and interdependencies within the post-colonial context between the Art Centre managers and artists. Paying attention to the interpersonal strategies being employed by those who are 'inside' (the Art Centre managers) and those who are 'outside' (myself and the Anangu Board of Directors) will be part of the analysis, but first I must find my way in.

5.4 Searching for Community Engagement Along the Journey

The season of piriyakutu (Spring) is a time of renewal and new beginnings. The wild desert flowers are in full bloom and alive with colour; beds of violet and yellow and bursts of red can be seen for miles against the backdrop of a clear blue sky. The winds are warm. Springtime in the desert is about new growth and new beginnings. My spring of ethnography began as I drive down the long stretch of road from Alice Springs to Marla, a five-hour trip into South Australia, my destination is the APY Lands. I was leaving behind my previous life, in the Northern Territory in search of a new journey marked by anxiety, hope and excitement. Who was I and where was I going?

I spent my Spring learning about the artists from each centre, and their managers. The desert landscape slowly opens up, calling me to come in and take a look. As I transverse through Anangu country, I am acutely aware of the vast openness and take care not to transgress cultural borders and protocols. Feeling small, I am a visitor in someone else's country. I am also an outsider. Taking care to stay on the main corridors, not to diverge from the beaten track, I am constantly looking behind myself trying to understand how I have come to be in this situation. As I drive along the south entrance into the APY Lands, it becomes apparent that I am nearing the outskirts of a community. The powerlines are hard to miss and they travel for almost the entire length of the trip from Mimili to Fregon. The road gets better, less rough, and easy to drive. As I draw closer, there is a sign indicating the turnoff into the community. The old car bonnet has been re-painted and the sign of a dog's paw serves to remind me that I am now in Kaltjiti (Dog) country. I turn left and travel along the entrance road and soon come over the small hill, down across the creek onto bitumen. Do I turn right or keep going? I continue on and look to my right – there is the school. But where is the Art Centre? In the remote communities of the APY Lands, the community Art Centre may be the hub of community life, but it is a challenge to find.

Photograph 5.1 The desert in bloom. Taken in 2013 on the way to Fregon.

5.4.1 Locating hubs of community engagement: the Art Centre

The Art Centre buildings are often hard to distinguish from other older buildings in need of repair. For instance, it is always easier to find the shop than the Art Centre. My cue to finding the Art Centre was always to see where people wandered, and often I would drive around the community in search of a building people were drifting towards. Nearing the Art Centre, I am surprised at the number of vehicles parked outside. Not just cars that belong to Anangu, but government number plated vehicles which suggest that perhaps there might be a meeting.

Photograph 5.2: An insider's perspective and looking from within the Ninuku Art Centre, 2014

Art centres located in remote settlements are considered to be the 'hub' of communities and, arriving at the gate of this centre, it is hard to overlook the chains and locks; even the windows are barred. At the front door, I knock three times. No answer. I knock again. I am brave and open the door to pop my head in. Men and women are standing around the desk where the Art Centre manager is seated working on the computer. Others are sitting at a table, while another is on the phone. Some look at me, but others are keen to hold the attention of the manager. At this point, my position as insider or outsider is quietly being sized up by Anangu onlookers. I have no control over how they perceive me and as Narmala Halstead (2001, p. 308) writes "…[this] control of my position as insider or outsider by my informants must necessarily be locally contextualised…" I agree with Halstead. The present localised context, which I am currently operating in, will be determined by the Art Centre manager, not Anangu. The Art Centre manager has discretion on who comes in, who stays, and how they are perceived.[32]

The manager acknowledges me and says she will be with me in a moment. I make myself busy by looking at the art works laid out on the table. Alongside me, there are two health department workers (one is with child protection, the other is a colleague). They are keen to buy a few canvases, but are undecided. They ponder and procrastinate but say they will come back. The morning is looking busy and everyone has an agenda. After handling the various requests[33] *from Anangu, the Art Centre manager gives her attention to me. I can tell this conversation is a chore, and I suppose she is constantly telling new people like me the same story – over and over again. It must get tiresome, and I feel guilty for putting her through this, but I was encouraged by a former colleague who had a prior familiarity with her that she is a reasonable manager. Legitimising my research is a constant and ongoing battle. I am reminded daily of the legacy of research and its relationship with Indigenous people as I come up against resistance with Art Centre managers. Even though the Art Centre manager is sceptical, she lets me into the Art Centre, to deliver my first workshop.*

My location at the outset of these consultations is as an outsider. Access into the Art Centre is determined by the manager. The manager's motives are twofold. From her position, this may be an opportunity to be explored for the artists; to let me into the centre could be valuable. She is mediating on behalf of the artists' interests, which means that she is in control in assessing the value of the research. Secondly, the manager is reasserting her power. This is done by conveying a sense that I am inconveniencing the entire operation. It is a common technique used when the outsider comes into contact with the art world. It would appear to be a deliberate strategy to devalue me and

[32] Commentators on power often talk about the importance of understanding the ways that power is *exercised* in society (Talbot & Verrinder, 2014, p. 57). The Art Centre manager has the power to decide who comes and goes in the centre. How she exercises her power is at her own discretion.

[33] In the health promotion literature, the ability for people to gain greater power over their lives requires access to information, supportive relationships, decision-making processes and resources (Labonté & Laverack, 2008). In this context, the Art Centre manager controls all sites of access.

the research as the outsider, and to defend her power base.[34] I utilise Hellawell's (2006, p. 489) insider-outsider continuum as a tool to help me clarify and reassess my positionality throughout the early to late stages of the research.[35]

I am reminded of Mendoza's (2016) concept of the 'cultural outsider' which suggests that context determines one's position. I am not completely 'outside' in terms of prior experience working with Anangu in the Northern Territory. However, in claiming this status, one needs to be aware that it is never fixed; it is fluid. I use my Aboriginality and connections to strengthen my position in the field and leverage the research, but this will only get me so far and, as reiterated by Merriam et al. (2001), "the researcher's power is negotiated, not given" (p. 409). I continue to work hard to build respectful relationships as I am keen to work with all of the Art Centre managers. My main concern here is making sure that I observe local practice and protocol, hence my desire to involve Anangu at this early stage of the research. For this reason, I am interested in exploring how Anangu protocols can shape my methodology. As suggested in the methodology chapter, local tools of engagement, such as using the *Malpara Way*, are integral to the research. At this point, my malpa and I understand the barriers and enabling factors which could in effect facilitate or hinder the research.

5.5 Community Health and Advocacy in Context

Photograph 5.3: **Kaltjiti artists participating at my first meeting 2012**

[34] As suggested by Talbot and Verrinder (2014, p. 58), "power is rarely a neutral concept". That is, an increase in one's personal power will often result in another person losing power.

[35] Hellawell often asks students a series of questions (see 2006, p. 488) to examine their positionality, for instance: a) How many think they are doing insider research? b) How many think they are doing outsider research? c) How many think they are doing both?

Whose health promotion?

Health promotion perspectives alert us to addressing some of the challenges to advocate for more equitable partnerships and how best to do so. An important challenge for health promotion is the ability to give power to, rather than take power away from, the participants which one seeks to empower. The contradictions become even greater with the growing need to gain access to the artists.

An important lesson learnt in the first interactions with Art Centres and their managers is the growing need to accept that the relationships between the manager and the artists is constantly negotiated. This is an emerging theme with regard to my own arrival.

The negotiation process takes place firstly with the Art Centre manager who reserves the right to give access to Anangu or to decline. What is very clear in the first conversations is that I do not have control about how my research is being defined or interpreted. It now needs to accommodate the growing demands of the Art Centre manager as she interrogates the objectives of the research and can see an opportunity for 'her' artists. I relinquish control of my own research agenda in order to open the conversation and steer it towards how I can better understand the challenges of the Art Centres. The best way for me to understand the needs of the Art Centre is to directly speak with the artists themselves. My access is granted by the manager.

My temporary 'visa' into the Art Centre does not guarantee me full access. In fact, I will need to work entirely within the Art Centre manager's agenda and this means working around her business priorities. My plans to run workshops will be negotiated to ensure there are no clashes with key events or meetings held by the Art Centre. So, whilst I have one foot in the door, I am completely at the mercy of the manager's directives. Again, this is at odds with the Ananguku Arts Board of Director's objectives, who insisted I work with all Art Centres. Their directives are being challenged by centre managers who fail to comply with their request to allow me access. In this situation, a number of tensions arise and I am faced with a number of anxieties. Firstly, my access is controlled by the Art Centre manager. Furthermore, my research priorities are secondary to her agenda. Negotiation takes place but there are trade-offs for myself. I do not have control over the research and the legitimacy of the project lies in my ability to mobilise Anangu input. However, whilst my access is temporarily granted, my position changes again from researcher to an agent of change, as I start to facilitate workshops in order to ascertain how health promotion is contextualised. But mostly, I am still very uneasy at the prospect of the Art Centre manager having control of my access into the centres and, therefore, my research direction. I will need to keep calm, be open minded, and diplomatic.

While the power base of the Art Centre managers remains a constant throughout the research journey, a shift in the power dynamics between the managers and myself and the Anangu artists occurs when I am appointed a Malpa by the Ananguku Board of Directors. The malparra system is still maintained in the APY Lands and it allows me to work with and through my local Anangu co-workers rather than the managers. A form of advocacy takes place with the appointment of my Malpa. The Board empowers me by choosing Josephine as the Malpa. This gives me the confidence to work within the cultural domains of Anangu society (see Collard & Palmer, 2006, p. 29). As will become clear, Josephine, my Malpa, negotiates many of the research activities and enables me to tread in places that would otherwise be beyond my reach.

> *My Malpa is my friend, but also protector, guide and advocate through the research journey. She and I are in constant contact, strategizing our meetings and planning the week. We talk directly on the mobile telephone. She tells me she will be out of range for the next two days. She makes contact again, this time from one of the Art Centre landlines. She tells me that we can run a meeting at Ernabella but will need to wait until tomorrow when one of Ananguku Board members is back from down south. Can we make the meeting for the next day? Immediately, I start to make plans to travel to Ernabella for the next day. I am continually on the fly as Josephine rallies support on the ground with some Art Centres. Over a period of eighteen months, we continue our conversations backwards and forwards trying to gain momentum to increase community engagement within the programming of the research.*

5.6 Negotiating the Concept of Health with the Artists

I began my formal time in the field by visiting each Art Centre to talk about the research project, and then negotiating with the managers to conduct workshops with Anangu. During the first workshops held at the Kaltjiti Art Centre, an Anangu framework was used to ensure that artists had access to information about the research and could see the benefits it could potentially bring back to the artists and their centre. The framework was used to prompt conversations about *what is health.* Anangu say that health is about 'feeling good'. Initially the conversations about health are discussed in Pitjantjantjara and clearly there is a sense that health is something different. For example, the notion of *pukulpa,* or feeling good or feeling happy,[36] is constantly raised by the artists as a fundamental concept in the conversations on their understandings of health promotion. Listening carefully, I lean closer to hear the Anangu voices telling me about the stories in their paintings. Stories of the ancestors travelling through country and leaving their footprints behind for the next generation to follow is a constant theme. An elderly artist has a smile on her face as she talks to me

[36] This becomes the first concept of Anangu health as determined by the artists at Kaltjiti Art Centre. The concept of happiness will be discussed in depth in chapters seven and eight.

about the days when her grandmother would take her hunting for honey ants, or another time when the young ladies at the Ernabella Art Centre would make moccasins out of dingo skin to sell. Perhaps this is something that should be reintroduced back into the Art Centre. Happiness overcomes the Anangu lady as she reminisces about her childhood with her family.

Privileging Anangu voice, experience, and expectations of the research takes centre stage. The research methodology becomes fine-tuned as Anangu guide the process. The Art Centre manager is not so prominent and the artists have a chance to talk about their experiences, values, beliefs, and aspirations. Having the opportunity to listen, and for Anangu to be heard, provides the foundation for my relationships in the field. I start to see themes and patterns emerging out of the first workshops. However, the continued issue of access and getting into other Art Centres bothers me. How do I find a way into the remaining centres? I now have four Art Centres participating in the first workshop and perhaps I need to take care about generalising the patterns occurring before my eyes. I revisit my field notes of the workshop, aware of the need to capture the diversity of the Anangu participants. One reminds me that "we are all different," and there are different ways of expressing health.

5.7 Lessons on Health Education and Empowerment in the Art Centre

5.7.1 Lesson One: Health is about linking traditional knowledge with contemporary foods

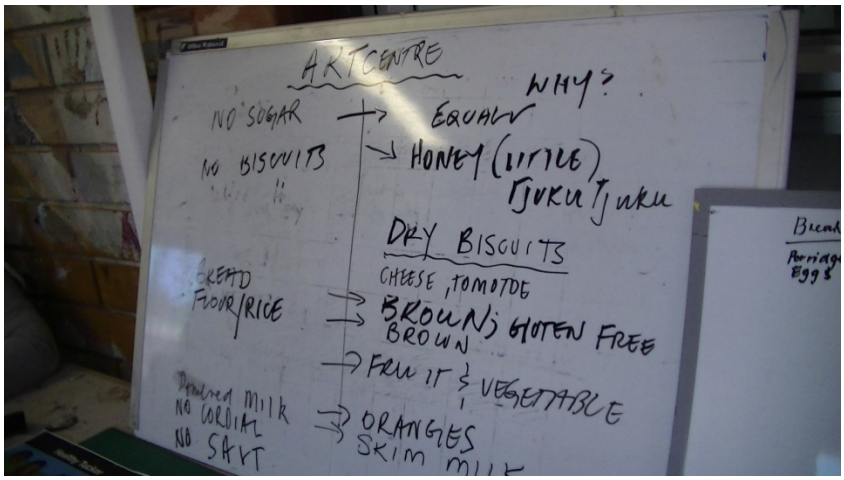
Photograph 5.4: **Mrs Brown (deceased) helps me with translating health concepts.**

My first lessons learnt during the workshops alerted me to the fact that there are different ways of expressing health. Traditional hunting and gathering still play a prominent role in contemporary Anangu society and the women use the metaphor of 'hunting and gathering' in discussions around the research and the ability to be an observer:

On the subject of observation in the Art Centres, Anangu are quick to turn the story around to accommodate and fit their own context. The research has now turned into a hunting and gathering trip on country. On the question of looking closely, one participant does the hand sign. When they go hunting, and especially if there is a kangaroo, they will use hand signals in the absence of talking. They explain the hand signal to me. The non-verbal expression is powerful. It articulates your message without saying it, and an Anangu participant explains " You need to be quiet when you are looking and hunting for marlu." Another participant warns "If you are not quiet, and don't listen you won't catch anything."

"When you say you are looking in the Art Centre, do you mean like when you are hunting – it's like looking and watching for marlu [kangaroo]?" (Anangu participant).

The power of interpretation presents an opportunity to take on board these comments as they become synonymous with the ability to understand conceptualisation of health in the Art Centre. It becomes clear that the artists are not only talking about 'hunting and gathering' per se, but it becomes a metaphor for me to understand and grasp the Anangu concepts of health and wellbeing. It appears that the hunting and gathering metaphor links with traditional food as Anangu start to talk about having the ability to have good food in the Art Centre. I am struck by a statement of another artist who says "If we don't have good food, how can we do good work?" These comments present an opportunity for me to unpack the link between food and work in the Art Centre.



Photograph 5.5: **Workshops on nutrition at the Kaltjiti Art centre 2013 -2014.**

The artists are proud of the fact they do not have sugar, but prefer honey in their cups of tea. Anangu are encouraged to use Equal artificial sweetener tablets. Sweet biscuits are forbidden within the Art Centre and are replaced by Sao biscuits with cheese and tomatoes. Cordial and sweet drinks are blacklisted. At smoko time, the kitchen becomes a hive of activity. Every morning, Kahty Maringka buys the oranges from the local Mai Wiru store for morning tea. Twenty dollars is set aside for the morning's provisions. In previous times, this Art Centre had a viable market garden which supplied the kitchen with nutritious meals. It becomes clear that requests to continue a nutrition program are back on the table and are open for discussion. These conversations provide the foundation of Mai Wiru Atumananyi food program at the Art Centre (see Chapter Six).

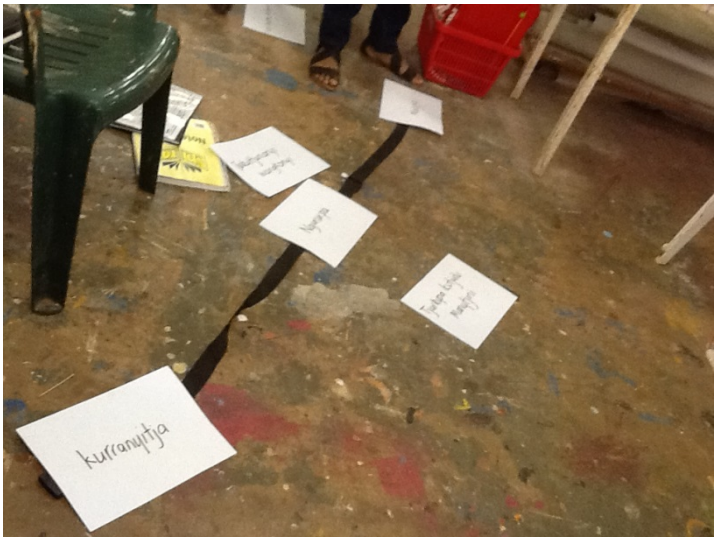
So far, Josephine has been able to make traction with the Art Centres of Kaltjiti, Ernabella, Ninuku, and Iwantja, and determines where the workshops will be held and who will be present. The Art Centre landline and mobile phone are used, and modern technology connects her to other Anangu. I am integrating Anangu knowledge and 'know how' into a contemporary scene. As I travel from Art Centre to Art Centre, I am making a strong track; a blueprint for other Art Centres. I am building relationships along the way, gaining momentum and the Malpa spreads the word, taking Anangu along with us on the journey. She is guiding me. I keep moving. Each footprint is a step towards finding the health story for Anangu Art Centres. We can only manage to get four out of the seven Art Centres, however, more important matters loom and our progress is overshadowed by issues far larger than my research project. Josephine is unable to continue going forward. It seems like the issues of access are now intertwined with matters regarding Anangu law and culture. Despite our disappointment and our limited powerbase, we continue on with those centres who assisted us with the research. We keep asking the other centres for permission, but it never arrives.

I surrender myself to Anangu ways of doing. I am assured that we have the confidence of the four Art Centres to participate. I let my Malpa take me forward and begin to see a pattern. The previous workshop went well and I let the same process unfold. Learning from others is a way of confirming the research tool and process. Anangu tell me there are seasons for doing the research and they capture this on the white board and translate each stage of the research process. Other important seasonal events, such as cultural business in the hotter months and football season in the cooler months, must be taken into account as well as art awards and exhibitions. This becomes a basis for an Anangu conceptual framework. At the next Art centre it was different. Here, Anangu mapped the process and talked about "making a strong track" for other Art Centres. The Malpa as the lead on the research talks to the artists and explains it in her language:

Maree and me, we got a new project telling stories. It's a strong project starting next year. We're working for Ku Arts making a strong track, talking to all Art Centres. The name of the project is strong track, strong land, strong story. From Indulkana to Pipalyatjatjara, we are coming together with all Art Centres to talk. We'll be starting work next year and we are happy to be working together. We're going to make a good strong track and a good strong map. One story will be there.

Photograph 5.6: Josephine Mick (*Malpa*) and I hold a meeting at the Ninuku Art Centre, Kalka 2013

My *Malpa* and I are slowly building the foundations for a map, and the process of mapping is becoming a tool to conceptualise the research project. The concept of the map is important and shows how Anangu conceptualise and build their understandings of health but, more importantly, how they see the research progress moving along. Anangu are keen to map the research process on the ground in the Art Centre, improvising and drawing a track using Anangu terminology to give direction for the research.



Photograph 5.7: Iwantja (Indulkana) Artists make a track for the research on the ground showing an Anangu interpretation of the research and identify the 'seasons' of my research – Kuranyitja (Before), Ngurrupa (now) and Malatja (after or future).

5.7.2 Lesson Two: Health is about care, happiness, work, reminiscence, and identity

On asking Anangu about their Art Centre and why their centres are special, some respond by referring to it as a place where people look after each other, a place where you meet friends and family, and a place where everybody can come and feel connected. Anangu are forthcoming about their ideas. At no point in the workshops does anyone mention the manager or political issues involving the Art Centre. I did not present the question, but Anangu spoke about the happiness of the space, and it was clear that coming to the Art Centre made them feel valued. They say we are "working" or "we feel good when we work." They report that "when we work, we can remember the old times." They reminisce and it connects them to the past. In the health promotion literature, reminiscence is referred to as an empowerment tool and an example of a communication strategy. Coleman and O'Hanlon (2004) state that, "some ethnic groups with strong oral traditions use reminiscence to preserve their cultural identity" (cited in Naidoo & Wills, 2009, p. 73). In the Anangu context, the Art Centre is the vehicle where their health is intimately linked to identity and connection to one's country and traditional lands. Arts practice becomes linked with health in a specific way that enables Anangu to reconnect with tradition as well as 'hold' old knowledge with the new. The ability to have 'both ways' is an important skill to have as an artist and their contemporary arts practice shows the fusing of the old and new. An emerging theme with the artists is that their arts practice is an occupation, but it is also a way of connecting to country, remembering, and reinforcing one's identity.

Photograph 5.8: The Ernabella Artists become engaged in a conversation about arts practise and health.

There is an expectation that the research will provide employment outcomes and this becomes negotiated as part of the methodology. As an outsider, there is an expectation that I bring something of value into the artists' lives. In one Art Centre, an artist asked me "Is there work for us?" and another says, "when does this project start?" I harness their eagerness and assure artists that there will be work for Anangu later in the research process. A well-known younger artist asserts "what about the young people!" He is keen to have his views heard. Here, the transmission of knowledge and 'growing up' the knowledge in the Art Centre becomes present in the conversations. I look back on the health promotion literature to ensure that what is being said can be captured and linked back to the Anangu context.

5.7.3 Lesson Three: "Health is about our story and identity" (Anangu participant)

Another conversation turns to the story of an artist. "Our story is strong, I paint my story" is a recurring statement and gives me a clue to understanding the multiple layers and the potential depth of the Art Centre story. Mikhailovich, Morrison, and Arabena (2007, p. 14) noted that health promotion must adopt a model of health improvement that recognises the assets and capacities of Indigenous peoples. In their review they highlight that art-based strategies using oral narratives or storytelling should be recognised as data collection methods. The transmission of knowledge and 'growing up' the knowledge in the Art Centre is present in everyday conversations. Artists are keen to share their story and this becomes an example of a communication strategy which encourages the artist to tell their story. This is a classic health promotion approach whereby empowering social action through narratives of identity and culture are employed to elicit details about cultural identity and its relationships to notions of health. Williams, Labonte, and O'Brien (2003) highlight culture and identity as important aspects of the empowerment process, drawing on the experiences of migrant Tongan and Samoan women during a social action process in Aotearoa/New Zealand. Williams, Labonte, and O'Brien's (2003) research with migrant groups from Samoa and Tonga highlights the interconnections between identity and culture. In the migrant group experience, storytelling becomes a method (p. 34) as well as a process of empowerment. For instance, marginalised women speak of their experiences as a minority group in accessing affordable housing in New Zealand. The women's storytelling becomes a form of social action process which challenges the institutional power and empowers them by renewing their sense of self by reconnecting them with their culture and identity (Williams, Labonté, et al., 2003).

5.7.4 Lesson Four: "Health is art – art is country!" (Anangu Participant)

Painting the Song

It is 10am in the morning. The Art Centre doors are open and the artists are busily working at their tables. Normally when I arrive, the CD player rings loud with familiar songs. But today the Art centre is quiet. In the back of the corner, the humming begins. I step around the partition which separates the men's and women's spaces. It's Mr Baker, humming a song.

His tone is deep but then travels high. The vibrations of his song ring out across the Art Centre studio. His voice transports me across the landscape – on the top of the ranges, along the ridges, then across the spinifex plains.

As he sings his song, he takes me there to his ngura (country).

I don't ask him about the song. Because, I can see it. His tracks are in the sand. They tell the story.

Teaching the younger children coming from behind.

Singing country and painting the song – coming together as one.

Yesterday, he would dance. But today, he sits in his wheelchair and exchanges his claps sticks for the paint brush. Each stroke is a rhythm accented by wild burst of colour. Every sound and stroke is rich with meaning – there is soakage and some grinding stones. They belong to the songline.

His humming gets lower, the brushstrokes stop.

And all is revealed on the canvas.

The country is alive.

He tells me he owns his song – I can sing it, I can dance it and now I paint it!

The canvas is still wet. Mr Baker places his hands above the canvas. Slowly, he is harnessing the power from within the story. I think he mutters to himself but in fact he is calling the country inside. There is a relationship with the land, they say - a kinship with country (James, 2005). For many artists like Mr Baker, the canvas holds the power – it is inside.

Mr Baker's singing is interwoven with the ways in which knowledge associated with country is acquired, negotiated and transferred. As von Sturmer (1987) notes, when Aboriginal people sing and dance the act goes beyond the "mechanical playing out or enactment of signs … to explore how the body speaks directly and in its totality, of our being-in-the-world and being-with-others' (von

Sturmer, 1987, p. 74). Through painting the song, he expresses health as an embodied exchange, in which the sacredness of the country is manifested within the Art centre space

Essentially, there are two notions of power: the capacity to embody the ancestral presence, as well as Mr Baker's assertion of his own personal authority as a painter. He possesses both the ability to paint the stories and, more importantly, to reveal the knowledge contained within them. Tamisari (2000, p. 275) says that power is interwoven and it 'constitutes the possibility of an encounter with particular others'. Mr Baker's act of painting is not only an individual act but becomes something that can be seen by others, i.e., the stories in the paintings. Weiss (1999) notes that, "the experience of being embodied is never a private affair, but is always already mediated by our continual interaction with other humans and non-humans" (Weiss, 1999, p. 5). This suggests that Mr Baker's individual act of painting transitions and is elevated to a more upstream approach whereby health is enacted, performed, and then transmitted as a social act of health. Thus, health becomes co-created for the collective wellbeing of other artists in the Art Centre.[37]

5.7.5 Lesson Five: "Art is a healthy way to put back into the community" (Anangu Participant)

Looking outside the Art Centre and across the road is the Anangu school and health clinic. The Art Centre is one part of a community. Its relationship with other organisations, such as the school or health clinic is important especially with regard to Anangu cultural education. The school has a close relationship with the centre and I take part in the painting workshops held with the school over one weekend. The event is a collaboration between the school and the Art Centre. The weekend started early in the morning. I arrive at 9:30am and all of the artists are in family groups. One of the long-term clinic nurses talks about her relationships with the artists and the families.

> ***Nganampa Nurse****: I'm an avid art collector. I love the art. And I think it's a really, [by buying it I think] it's a really good way of putting back into the community in a positive way. That you are actually contributing to people feelings of self-worth and well as getting something beautiful to look at and the money goes to supporting lots of people who are hard at work and it gives and I think people are quite proud of their work. Also knowing and a lot of times when their work is sold it goes elsewhere, it goes off the Lands, and they don't, y'know they have that initial thing of selling it but they don't necessarily see it in their community all the time. It's nice I think to have it there and people will visit and see and I think they're quite proud of having their stuff on people they know, on their walls as well.*

[37] In chapter eight I examine more closely how *subject to object* (Munn, 1970) is constructed as *intersubjective relationships* (Tamisari, 2000, p. 1) to promote health with Anangu women.

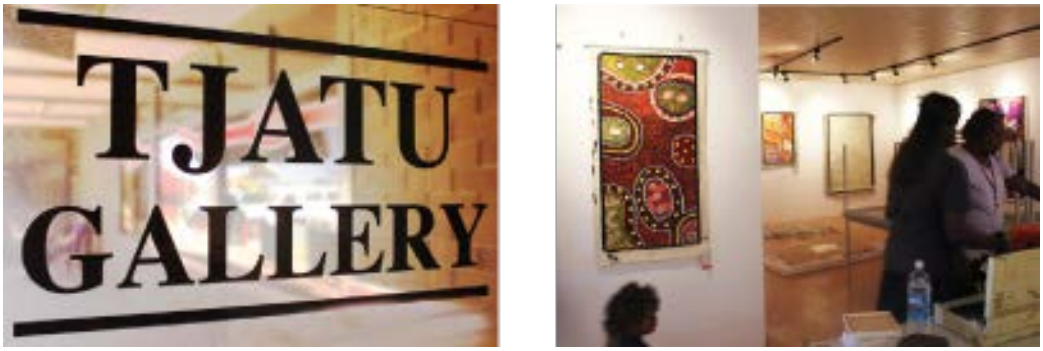
5.8 Understanding the Context of Chaos

After two years in the field, it is clear I am not going to get access to the other Art Centres. My requests to meet with the other Art Centre managers fall on deaf ears. I try several times to contact them. In one encounter I contact the manager by phone. I am supposed to be at the Art Centre the next day. It turns out she is in Darwin. No phone call and no email to let me know. I've made the trip to [community], but there is no Art Centre manager. I take a break in the journey and retire to rest for a while. I seek advice from the Anangu Directors who are the framers of this research. They encourage me to continue. However, at this point, they are embroiled in a legal battle which takes their time and effort away from supporting my process.

These battles epitomise many of the daily issues on the APY Lands. My own research and timetable had to keep pace with life on the Lands, where political events, local and national, played out on a daily basis. I have already noted the impact of the various ethics committees, the obstruction from Art Centre managers, and the slow down over the summer months when Anangu directed their attention to ceremonial business. At other times, the local store would close, artists would become sick, exhibitions interfered with my schedules, deaths and accidents occurred, or senior politicians visited so that all planned activities ceased. This meant that the ebb and flow of life on the Lands was punctured with distress, chaos, and illness, and the need to make serious decisions about houses, land, and family. I outline some of the events that directly impacted on Art centres in the last part of this chapter as a way of further contextualising health promotion in the Art Centres.

5.8.1 Missed Opportunities in an outback gallery

As I noted in the introduction during my fieldwork, I took on the role of overseeing the canvas delivery to the local roadhouse gallery and the small town where I lived during the three years in the field. It was a roadhouse, supermarket, pub, and post office. On a few occasions, I would take paintings to the gallery with the authenticity certificates to be sold to tourists. Given the roadhouse gallery was also my local supermarket, I came to know all the personalities and how the gallery operated. The paintings were placed on the long trestle tables. Some paintings hung under the dull lights, while others had fallen from their hooks and onto the floor.



Photograph 5.9: The Marla Art Gallery located on the Stuart Highway, south of Indulkana Art Centre.

Inside the gallery, there is poor lighting and a bucket catches the dripping water leaking from the broken air conditioner. It is dark, dingy, and moist. This gallery is unusual in the sense that it is unattended, and the paintings sit without any protection against theft or the water which floods the gallery. At one time it closes down for repairs, in this case, for several months. In this gallery, the owner is not an art dealer, but an owner whose main interests are roadhouses and bowser pumps. He has a tough reputation with the local Anangu; there are different rules for them regarding alcohol purchases. The gallery merely serves its purpose; to sell art to tourists. There is no story to be told, just the exchange of the cash and the certificate that accompanies the sale. A truly, uninspiring situation.

Responsibility for the money is taken by the sales attendant who is on the shift. There is no oversight of the sales. The roadhouse takes a percentage of the sales and the remainder goes back to the Art Centre. This is when the Art Centre invoices the sale. If this is incorrect or the paintings cannot be accounted for, trouble ensues. This can occur easily as there are no measures in place to counter theft and usually things are not accounted for. An unfortunate situation arises. I am the in-between for an irate Art Centre manager and an assistant manager from the roadhouse who cannot account for missing paintings. In this instance, the recovery of monies is an ongoing issue that is never resolved. It is not the job of the roadhouse staff to appreciate art, but I also witnessed the missed opportunities which come when new staff are not sure where the pricing lists or the certificates are kept. On one occasion, a staff member is unable to locate the pricing list and certificates (which are usually get kept under the till) and, as a result, the painting doesn't sell. It sits on the table for the next customer to pick up and purchase.

On the upside of this story, the roadhouse gallery provides the opportunity for Anangu to sell to the tourists without the distraction of tourists entering their space. Whilst, this situation works well for the local Anangu Art Centres it also serves to buffer them from the demands that would otherwise be imposed on their world. Anangu are not opposed to tourists outright, but desire to keep their

privacy. When selling artworks, it is the job of the Art Centre manager to inform customers of prices on the painting. Negotiating prices is seen as bad etiquette, yet some tourists think it is ok to haggle.

5.8.2 Football, payday and Friday afternoon at the Art Centre

Another stressful component of Art Centres is managing the money at times when Anangu need this resource. The vignette below illustrates the tensions on both sides as people strive to meet their needs. It illustrates the way I also had to accommodate shifts in people's agendas.

> *It was early Friday afternoon and I heard earlier that there was a football carnival in Alice Springs this weekend. I had planned to run a workshop today, but I soon realised that this was not going to occur. Money day at this Art Centre was spectacular. But for me this meant that my plans for the workshop are now on hold. There were cars lined up back-to-back. The cars were full of men, women, and children. I count eleven vehicles all waiting patiently for the Art Centre manager to come back from her extended lunch. I waited with Anangu for two hours for the manager to arrive. I watch her walk slowly to the Art Centre as the onslaught of money requests begin. I did not envy her. Payments for canvas are always negotiated but how payments occur varies.*
>
> *Anangu are relentless when it comes to sorting out payments for their canvas. They are hard and their assertion tells me that there are different regimes of values clashing here. The art manager says "Kumunara, you had book-up[38] and that means there is less pay for you." This is always an area of conflict and the danger always falls on the manager who has to make a judgement for what the outside market can respond to. This puts her between a rock and a hard place.*
>
> *The art manager needs to respond to advances and keep track of sales against payments going out. At the same time, she needs to make a profit as the Art Centre is also a business. This is sometimes in conflict with individual demands. For example, in the previous week, Kumunara had been stranded in Alice Springs and asked for a bus fare back to the community. Not only for himself but his wife and two children. Herein lies the moral dilemma.*
>
> *Not happy with the $100 Kumunara says, "you're cheating me," but still takes the money, walks away and hitches a ride in one of the cars back to Alice Springs. I watched the cars slowly disappear. Complaints of this nature are exceedingly common. The Art Centre manager continues to deal with requests from the other artists.*

[38] The term 'book-up' refers to a record of credit run by stores so that customers may take goods and pay at a later date.

In the summer, and towards the end of the year, Art Centres usually shift into a different gear. Whilst some agencies and organisations are winding down, the Art Centres seems to intensify activity. This is also my last chance to squeeze in the end of year fieldwork before cultural business rolls around. For me, my fieldwork is captured in two seasons: on-country and off-country. I am moving into the off-country mode which will take about four months. There is a mad dash before the end of the year to meet the deadlines, especially those who are being audited, or their Annual General Meeting (AGM) is due around the October – December period. This can be a great opportunity to understand the current issues and challenges facing the Art Centre. The money story always takes up the majority of the time and receives lots of attention.

One of the better known artists, a charismatic elder, was keen to press the issues around the debt within the Art Centre. It is clear the Art Centre manager is growing uncomfortable with the pressing questions of the artists. In these cases, Anangu take control of the agenda and ask to see the financial statement. They like to see where the money is going and how the decisions are being made even in their absence.

At this Art centre, the need to elect the new board and members is pressing. The Art centre manager introduces the voting board and it is placed around the corner for people to vote. There is excitement in the air as each artist secretly places their vote. Some people chuckle and see it as a bit of fun. The assistant manager facilitates the voting process around the corner. Each person is asked to place a tick against the picture of the person of their choice. Anangu can see the results and the person with the most votes is revealed. The new chair is a woman. She is well respected and everybody gives a round of applause. She plays an integral role in my research.

5.8.3 No more humbugging tourists!

In the next business arising, the same gentleman voices his opinion and has concerns about "tourists walking around, taking photos, and people coming into the Art centre. Especially those tourists who are not so nice. We got to look after this place!" (PM). Those tourists coming from south would often enquire about the communities from where the painting originates. In this instance, the Art Centre is located only eight kilometres off the main highway. This means tourists are interested in finding and seeing the community, and are in search of the artist that has produced the work. Anangu know when there is a tourist in the community. Usually, their car will do the rounds of the community and maybe after the second or third attempt will end up at the Art Centre. My first observations of the interaction between the artists and tourists were made during the peak tourist seasons. The humbugging tourists[39] have also been the topic of discussion at the AGM.

The Art Centre manager says it is hard to know whether these people are good or bad and states, "they're on the highway, but some tourists ignore the signs." She goes on and says, "we can take the signs down, we don't sell that much to tourists." To overcome the issues of tourists driving around the community, another option is put forward to try with more directional signage. It can be tested for six months and perhaps it can be discussed at the next meeting. Anangu are very clear about the need to refuse photographing in the Art Centre and the need to impose more rules to regulate visitors is increasing. Some Anangu suggest that more signs need to be placed at the shop. A year later, I go back to the Art Centre and find that measures to regulate tourists have been implemented.

Photograph 5.10 Signs on the Stuart Highway (South Australia) indicating Iwantja Arts is closed for tourists, 2015.

[39] 'The White buyer and Indigenous artist' (Dé Ishtar, 2005, pp. 215-217)is the subject of Zohl De Ishtar's analysis with *Wirrimanu* in Western Australia. See Dé Ishtar, Z. (2005). In *Holding Yawulyu: White culture and black women's law*. Spinifex Press.

Another issue is taken from the floor. An enthusiastic weaver asked the Art Centre manager about the new arrangements for the making and selling of *tjanpi*.[40] The elderly lady is curious about the new model being proposed by the Women's Council. The arrangements see a shift towards a business model whereby the *tjanpi* truck would come through every four weeks. Art Centre managers are too busy to do *tjanpi* and this will now be done independently by an Alice Springs agency. The new arrangements included the making of *tjanpi* and providing raffia and needles for people and then Anangu would sell *punu*[41] back to *Tjanpi*. There was a problem with this model as the truck only came every four weeks. Responsibility for providing Anangu with needles and raffia will no doubt land back on the shoulders of the Art Centre manager. This is an ongoing issue but in the meantime, it is back to business in the meeting.

Photograph 5.11: Proud tjanpi makers of the APY Lands (Photo by NPYWC)

[40] Tjanpi refers to the traditional weaving practice of the coiled baskets and sculptures made from spinifex.
[41] Punu refers to carvings or sculpture from wood.

5.8.4 Kartiya are like Toyotas

This will be the final AGM for the current Art Centre manager and she thanks the artists for their support over the years. She tells me that working in the Art Centre "is like turning a cruise liner around". In the meantime, the new local Board is tasked with finding the appropriate Art Centre manager. Normally, the Board has to make decisions about the 'right' person coming into the Art Centre. In this instance, it is not hard; there is only one application.

Even though the new Art Centre manager has been working here for the last twelve months, she is unprepared for what happens next. She is thrown into the deep end. The Activity Management System crashes and she now waits for help from the outside world. It seems like a virus has attacked the system and the stock lists of artworks are lost. An inventory of what she has in the Art Centre and galleries interstate and overseas does not exist. She works tirelessly trying to rebuild the system and is on a steep learning curve. The manager's attention is diverted to fixing the problem of a crashed system as well as the day to day chores of answering the phones, marketing art works in new galleries and paying the bills.

Out on the studio floor, the artists are growing impatient. They know that there is a major problem, but are more concerned about having their canvas primed and their individual needs attended to. The complaints from Anangu continue. The Art Centre manager is not doing her job. She is not telling us about the money story or is spending too much time on holidays. She is now tasked with writing the business plan for the Art Centre. Providing comment on a business plan is an interesting exercise.

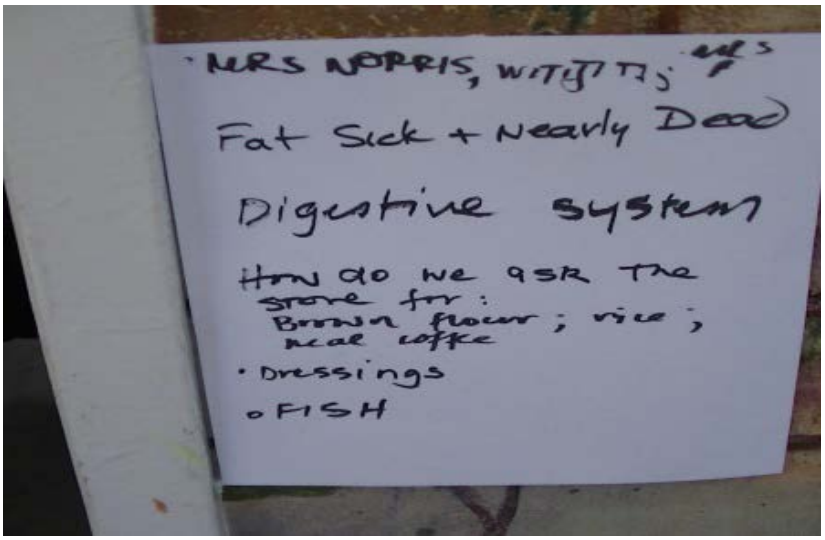
When the new Art Centre manager asks me to review her plan, I am keen to help because she is a novice. For Anangu artists, managers are sometimes referred to as Toyotas: 'when one breaks down, we get another one.' I am reminded of Kim Mahood's (2012) paper 'Kartiya [white people] are like Toyotas'. With the departure of an old manager, a new one arrives and so the cycle continues. The difficulties faced by the new Art Centre manager are starting to show as stress levels go high and the risk of burn-out is forever looming. Art Centre managers may have power, but it comes at a cost.

5.9 Conclusion

This chapter examines everyday life in the Art Centre but, more importantly, positions the artists and the manager in contested roles and relationships, and asks what does empowerment, community engagement and advocacy mean in this context. The health determinants framework gives some understanding of how health promotion shifts up and down the continuum, however, it also shows that these concepts are contested. In examining these themes throughout this chapter using the ethnographic context, I reveal everyday cultural factors that hinder and enhance health promotion in

a remote Art Centre. In the following chapter, the ethnographic text is used to explore a classic health promotion model within the Art Centre.

CHAPTER 6 NOURISHING THE ARTS: EXAMINING TRADITIONAL HEALTH PROMOTION IN AN APY ART CENTRE



Photograph 5.1: Kaltjiti workshop at the art centre held in 2014

Fat, Sick and Nearly Dead!

It is morning time, the Art Centre is opening for artists, the kettle is switched on to make a kapati (cup of tea). It is a unique Art centre in some ways - there is no sugar and no powdered milk. Looking in the fridge, one will only find UHT skim milk, some leftover white bread and margarine. During the winter months, a pot of porridge is bubbling away in the electric frypan. There is only enough for some. The smell of warm porridge makes its way through the Art Centre studio, much to the delight of the hungry camp dogs, waiting intently for the next scrap of food to fall on the cold concrete floor. Meanwhile, their faithful owners work their magic, putting their brush to the canvas – stroke by stroke, dot by dot. However, a darker story looms in the background for the artists. What story will the canvas reveal today…? In the room next door, the Art Centre manager is on a mission. She has been here for twenty-two years and now she says that her artists are "fat, sick and nearly dead!" She shakes her head and continues... "I am not only responsible for the artwork, I am also a nurse, a social worker and a doctor! I have to keep on them about their tablets, and insist on porridge or fruit in the morning. Most of our artists have some sort of disability, whether it is diabetes or kidney disease. Some of our most prized artists go to Adelaide and never come back… it's happening more often. I would also put malnutrition in there too…

How can I run a sustainable business when my most precious assets (artists) are sick! It's impossible… I can't do business like this! And then when you ask for outside help, you don't get it! So, I just do everything myself… at least I know it will be done for the artists!" (Fieldnotes, 2013).

6.1 Introduction

In this chapter, I argue that most public health and health promotion work that is concerned with acting on the social determinants of health takes place in organisations, not by lone individuals (Laris & MacDougall, 2007). In Chapter Two, I highlighted the need to identify Indigenous health settings which underlies this research to look outside traditional venues for a less conventional approach focusing on the social determinants of health. I have argued for the establishment of community control in the delivery of health services, and that health promotion initiatives need to advocate for community-led approaches to the local determinants of health, given these are outside the formal health sector (Laris & MacDougall, 2007). Accordingly, solutions to Indigenous health and development problems need to come from many sectors, not just the health sector. The chapter provides an example of a conventional Western health promotion program that tackled the issue of food security, but examines it within the contemporary context of the Art Centre. Whilst health promotion concepts are not new in the Indigenous context, the chapter takes a closer look at the barriers and enablers to how an Art Centre promotes health through traditional health promotion efforts alongside Anangu arts practice. These factors include the role played by the Art Centre manager, western processes of participatory action research for health promotion, competing understandings of control, self-determination, and self-management.

In providing this analysis, I firstly outline the program, the role of the Art Centre manager, and my own role in ensuring this program was successful including the methodological framework of participatory action research (PAR) and some ethnographic details of how the program functioned. I then examine the food security program from the conventional Western mainstream perspective highlighting the strengths and weaknesses of this program within the Indigenous context, drawing on the work of Nganampa Health and the Uwankara Palyanyku Kanyintjaku (UPK) report (Nganampa Health Council Inc et al., 1987) and theories of action research (Mitchell, 2015). Following this, I examine the various activities and players from the perspectives of Aboriginal self-determination and self-management, arguing that the positive outcomes depend on where one is positioned. This allows me to explore the role of Art Centre manager as well as other Indigenous organisations in the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands that are also concerned with Anangu health. In the final section I ask questions about the success or otherwise of this health promotion initiative.

6.2 The Role of the Art Centre Manager in Health Promotion Programs

In Chapter Two, I highlighted the role of the Art Centre Manager with their ‘Aboriginal subjects’ using Batty’s (2005) analysis to help me understand the relationship between the Art Centre

manager and 'their' Anangu artists. Batty's thesis is that the rise of Aboriginal organisations resulted in the 'birth of the white advisor' in the late 1970s (2005, p. 215), and that there is a symbiotic relationship of mutual dependence between these two players. In Chapters Five and this chapter I provide evidence that their role is central to any consideration of health promotion as issues of access become the focus of conversations of power and control. The methodology presented in Chapter Four suggested that my positionality in the field relied heavily on my relationships with Art Centre managers, and Chapter Five and this chapter highlight that this is constantly shifting along an insider-outsider continuum. In exploring the role of the manager in the provision of a health promotion program at Kaltjiti Art Centre, I suggest they play a prominent role in how conventional Western health promotion outcomes are determined, understood, and practiced. As will also become evident, the uptake and success of this health promotion program was not only determined by my relationship with the Art Centre manager, but also other organisations.

6.3 Telling the Story of the Kaltiji Art Centre Food Story

Entering the field

In the initial research introductory workshop, the Art Centre manager asked, "what practical benefit is going to result from this study?" This became a crucial turning point in the research process as Anangu and their manager were now 'negotiating' the research agenda and research outcomes. I thought more about the manager's question and this prompted me to think about the principles of an Indigenous methodology and perhaps 'giving back' to community was far more important to Anangu and their families.

During the first stages of the consultation with the Kaltjiti Art Centre, I realised that putting the interests of the community first would keep my practice grounded and relevant, and this would ultimately drive the research agenda. I still did not know how I would make the connection between their art and their health. I argued to myself that the Art Centre manager's challenge about the value of my research presented an opportunity for me to allow my research to grow from within provided I kept listening to Anangu and their stories, and let that lead me to their health story. I also knew that it was imperative that I followed the direction of the community Art Centre manager, and listen to and observe the advice from the manager but also keep it aligned with the needs of the artists. Some may question why I would listen to an Art Centre manager and not to the artists. I would argue that my access was still tied to my ability to provide a service which the manager thought important. She highlighted the need for better nutrition for Anangu working in the Art Centre. But how do I know that this was an aspiration of the artists?

The Art centre manager reminded me that a lunch program had been going for many years, and supported artists between the ages of twenty-five years to forty-five years, including those who did not qualify for HACC (Home and Community Care) services. Although ad-hoc in its nature, it generally seemed to work in the Art Centre context, relying on very few people and surviving on a shoe-string budget. The manager would allocate around $50 per day for lunch and, although this would barely feed the artists, it was all that could be spared. The money came from the proceeds of selling the paintings. Somehow, the budget was able to stretch to include porridge, skim milk, Salada biscuits, oranges, tea, coffee, cheese (including cottage cheese), celery, tomatoes, and lettuce. Maybe a tin of tuna would be tossed into a salad to make it go further. Brown bread (when it was available) was purchased to make cheese and tomato sandwiches, and soup was also a favourite in the winter months. Fresh meat was rarely purchased, but on the odd occasion when it was, it provided a wholesome stew for those lucky enough to grab a plate.

The effort it took to generate the internal funds (proceeds from selling art), to shop for the food, and then decide the menu for the day (depending on what was available in the shop) relied entirely on one woman. She was a senior artist and had worked closely with the Art Centre manager over many years. Like the manager, she had seen many key artists come and go. The prevalence of diabetes and the lack of a dialysis services in the community is a real threat. As the Art Centre manager explains below:

"I also took the drastic action and banned sweet biscuits and white sugar, replacing this with sweetener. When some individuals pour sugar into their tea and eat too many sweet biscuits all at once, there is no other option. There are too many diabetics and potential dialysis candidates!! Now no-one asks for sugar or sweet biscuits. They do ask for oranges first thing in the day which has become good practice. If anyone wants sugar, they have to bring their own. This does not happen very often" (Email communication from Art Centre manager, 2014).

The Art Centre manager's intervention was a desperate attempt by her to fix the health problems facing the artists. However, one could also argue that taking this type of drastic action is hardly self-determination but more about the Art Centre manager taking matters into her own hands; a form of her self-management. This reminds me again about the urgency of the situation of 'her artists'. Unfortunately, some artists are required to leave their communities to relocate to larger towns or cities, such as Alice Springs and Adelaide, for dialysis. This undermines the existence of the Art Centre in many ways, let alone the emotional distress it creates at having to leave family and country. It threatens the economic future of the Art Centre business, as those moving away are no longer engaged in the centre's art production. As explained by one manager, "If the artists are not painting, they're not making money" (B. Peacock, personal communication, 2012). However, business and financial gain is secondary to other issues of cultural maintenance. At a deeper level,

their ill-health poses a huge threat to those key artists who are now separated from kin and country, and this undermines the transmission of cultural knowledge and puts pressure on the Art Centre model to support the artists. The Art Centre manager reminds me that a shift towards health, focusing on prevention through education, together with continued lobbying for a regular supply of affordable, good quality, fresh fruit and vegetables is a much cheaper alternative to kidney dialysis and the other health complications caused by inadequate diet of the artists.

This became a crucial turning point in the research process as Anangu and their manager were now negotiating the research agenda and research outcomes. This two-way conversation became intertwined with Anangu talking about their diabetes and disabilities. It became very clear that the health of the middle-aged group of artists was seriously compromised from poor access to quality food that resulted in bad eating habits, and this fact prompted two questions: a) Is there a way that we can continue this nutrition/lunch program as part of my project to get some real data and, at the same time, educate through practical application? b) How can we assist the artists to work with the community store better? These two questions drove the conversation and, as a result, one of the outcomes of my initial workshop was that I was tasked to find and start sourcing assistance by way of funding to help support the lunch program. These conversations with Anangu determined my role in the roll-out of a nutrition program. I began to pursue support from the outside, especially with regards to nutrition and this was indicative of the shifting nature of the insider/outsider continuum.

Both my supervisor and industry funder thought this project was a distraction, however, as I demonstrate, it contributes much to my understanding of health promotion in this context. My main goal was to get an insider's perspective of the artists' notions of health promotion. I did so by implementing a conventional Western form of health promotion with the view of observing the artists and their responses to this form of health promotion. At the same time, I was mobilising support from the outside in an attempt to facilitate additional expertise and to gain momentum. As a Flinders University student, I called upon staff with expertise in nutrition and dietetics, and introduced these 'outsiders' to the artists. This needed to be negotiated and I was able to conduct a number of additional workshops with the artists to understand how a nutrition program might work within an Art Centre context. I was able to bring these experts to the artists and community, seeking advice on the best way to forge ahead. Some clarity around the idea of a nutrition program needed thought, and the best way to help the artists think about this was to bring in external expertise. As a researcher, this gave me an opportunity to reflect on my own capabilities. I did not train as a nutritionist but I was able to use my professional networks and colleagues to work out a practical

way ahead. Together with Anangu artists, this gave me an opportunity to learn new knowledge and new skills.

6.4 The Health Promotion Theory Behind the Kaltiji Food Program

I turn now to examine the theory I employed in the Kaltiji food program as a Western model of health promotion employing participative approaches. I provide some background to previous work done on the APY Lands to contextualise this highlighting two key principles: the need for health promotion initiatives to be situated in the local setting; and the value of collaborative approaches such as participatory action research. This enables me to reflect on my own approach to health promotion before providing a brief evaluation of these strategies in this context.

6.4.1 Traditional and Western forms of health promotion

In Chapter Two, I highlighted that many health promotion initiatives with Indigenous populations in Australia are ineffective as they do not take into account cultural perspectives in health[42] (Demaio et al., 2012). In the APY Lands, the implementation of health promotion programs vary from environmental health through to the majority of interventions being delivered through the local clinic, such as Nganampa Health Clinic, and the schools. One of the major health promotion programs derives from the UPK report (Nganampa Health Council Inc et al., 1987).

6.4.2 Uwankara Palyanyku Kanyintjaku (UPK): A strategy for wellbeing at the local level

The Uwankara Palyanyku Kanyintjaku (UPK) program is an initiative of the Nganampa Health Council (NPC). It resulted from a survey conducted in 1987 which identified a shortfall in 'health hardware' on the APY Lands (Nganampa Health Council Inc et al., 1987, p. 7). The term 'health hardware' was first coined by Fred Hollows and then used by Torzillo et al. (2008). Underlying the term is the view that healthy living practices are dependent on the functionality of the house, that is, items such as safe electricity, water supply, toilets and showers, washing machines, and adequate food preparation areas (Torzillo et al., 2008, p. 7). The aim of UPK as a strategy for wellbeing has always been to secure the physical environment within which Anangu live in order that they can make healthy life choices and, thus, have control over some aspects of their own health. The strategy detailed in the UPK report has today become known as the 'Housing for Health' model and is responsible for a national approach. The 'Fixing Housing for Better Health' program was developed by Health Habitat to address the health issues associated with poor housing conditions (including leaking taps, unsafe power, inadequate hot water and inoperable showers (Health

[42] Lock argues that those accounts that do take into consideration cultural perspectives and concepts need to be further developed saying that "… research is needed to develop the philosophical strengths of such concepts into operational frameworks suitable for engagement by policy makers" (Lock, 2007, p. 12).

Habitat, 2017). The body of work by Torzillo et al. (2008) demonstrates that when Anangu have control over their lives they have control over their health. There is a wealth of research that now recognises the importance of control and mastery influencing both physical and mental health (Dudgeon et al., 2014).

6.4.3 Health promotion as local

Anderson et al. (2007) talk about the need to look at other social models of health to demonstrate their utility to our thinking about the particular context of Indigenous health (pp. 34-35). The UPK project and Housing for Health model are examples of Anangu empowerment at the local level. The emphasis of local evidence is an important idea in growing any health promotion story for the arts, as described by Lowell, Maypilama, and Biritjalawuy (2003) whose research provides the basis for the assumption that participation in Western education is uncritically accepted as a pathway to improved health for Indigenous peoples. Lowell and her team attempted to clarify Indigenous community views about the linkages between education and health. They note that if, as is widely held, education is a key factor in improving the health and wellbeing of Indigenous peoples in Australia, then the imperative to make education for Indigenous people more "culturally and locally relevant" deserves wider consideration (2003, p. 147). Research in this field has demonstrated that what is important is not education, per se, but the quality and cultural appropriateness of this education (Durey, 2010; Lowell et al., 2003). The points raised by Lowell were valid as I endeavoured to understand what an appropriate and culturally relevant model of health might look like in the location of a remote Art Centre.

In support of this idea, Acker and Congreve (2016) suggest that the role of Art Centres is changing which in turn impacts on how managers operate and what skills they require. They may be unsure of how to negotiate the constant changes which are taking place within the Art Centre, given that there are suggestions that art production is ancillary to other factors such the social wellbeing of the artists (Woodhead & Acker, 2014). Their immediate role in health is yet to be determined but the request to establish good nutrition practice is one agenda that supports wellbeing as well as the economic imperative. What is known is that most health promotion occurs within institutional contexts. For example, international thinking about capacity building has moved from a focus on individual training to include the development of organisations and systems. In an Indigenous research reform agenda, capacity building aims to shift the power relationships from depending on external skills to recognising and building community strength, resilience and Indigenous control (Mayo & Tsey, 2009, p. 2). In other words, "Capacity needs to be built on what already exists. It does not start from a deficit, but focuses on strengths and opportunities" (Laycock, Walker, Harrison, & Brands, 2011, p. 132). A starting point for a strength-based approach required moving

from the strength of the art work, to what might be required in terms of food to ensure the quality of the art. Using this approach meant that Anangu artists became the experts in their own health promotion. As the Ottawa Charter for Health Promotion notes:

> Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love. Health is created by caring for oneself and others, by being able to make decisions and have control over one's life circumstances and by ensuring that the society one lives in creates conditions that allow the attainment of health by all its members. (World Health Organization, 1986, p. 2).

6.4.4 Understanding the current APY context: Food security issues at the local level

The Kaltjiti health story grew out of many underlying complexities and it is necessary to approach it with this in mind. It was clear from the outset that there were numerous factors that interplayed with food accessibility, availability, and affordability in the community. These issues were not new. Identified nutrition interventions on the APY Lands have included both efforts to increase demand for healthy foods (including nutrition education and behavioural approaches) and improve food supply and food security (environmental approaches centred on the community stores). One of the most successful food security programs has been the Mai Wiru Regional Stores Corporation which was established in 1998 and provides food supplies to all of the communities on the APY Lands, including a comprehensive freight service from Adelaide. This corporation emerged out of the findings of the UPK report and research by Tregenza and Tregenza (1998) on the cost of living on the APY Lands. The Corporation systematically seeks to provide healthy food and drinks, with a specific agenda to reduce the number of products with high sugar content. It also collaborates with a number of other Aboriginal controlled organisations to offer health education programs directed at making healthy food choices, has sponsored a healthy school breakfast program on the Lands, instigated healthy food aisles in a number of the local stores, and sponsors free fruit and vegetables for school children (Mai Wiru, n.d.).

Despite these endeavours by Mai Wiru, recent evidence published by Lee et al. (2016) highlights the ongoing challenges facing Anangu communities. Although there have been significant improvements in accessibility, availability, and affordability of healthy foods, mainly through the Mai Wiru stores, the results show that there has been a decrease in the diet quality. They note, "The decrease in the diet quality is likely a major contributor to the persistently high incidence and prevalence of diet-related chronic disease in people on the APY Lands" (Lee et al., 2016, p. 7). Nutrition initiatives on Aboriginal communities has traditionally focused on the community store with the store-turnover method quantifying dietary intake (Lee, Bonson, & Powers, 1996). However, little is known of how other spaces within these communities might impact on health literacy and nutrition. Art Centres may be one such site.

6.5 Application of Participatory Action Research (PAR) to Aṉangu Health

While I was clear that the Kaltjiti food project was primarily the idea of the Art Centre manager, my own processes of engagement followed my understandings of participative action research. The recognition of community based participatory research based on WHO principles is seen as best practice and whilst there is a large body of literature on community based participatory research, it remains underused in health (Mitchell, 2015). Participation has been central to improving health since the WHO Health for All Strategy (1984) and its importance to health promotion strategies has been reinforced by subsequent statements on health promotion (Baum, 2002, cited in Baum, van Eyk, & Hurley, 2006). Participation is seen as a means of overcoming professional dominance, and showing a commitment to democratic principles.

Kendall, Sunderland, Barnett, Nalder, and Matthews (2011) give an overview of PAR looking at some international examples and then focusing on Australian Indigenous communities. Firstly, in Indigenous communities the value of PAR was recognised in 1977 in Canada (Hall, 1978, cited in Kendall et al., 2011), where it was described as emancipatory research because of the positive impact it had on communities. Part of its strength comes from the fact that it is a relational research approach. The participatory nature of the research has the potential to reduce the negative effects or, as some argue, the colonising effects other research approaches may have on Indigenous people, namely, (1) Indigenous people being exploited and treated disrespectfully; (2) research process that sees non-Indigenous researchers (or other external providers) retain all the power and control; and (3) the lack of specified short- and long-term benefits (Kendall et al., 2011).

In an interesting study of PAR as a process, van der Velde, Williamson, and Ogilvie (2009) examined qualitative data collected from those who participated in community-based PAR projects. They searched for evidence of PAR's ability to deliver its four main tenets, namely, participation, learning, empowerment, and social action. They concluded that the critical challenge to PAR was participation and then supporting and maintaining ongoing active participation; this participation also needs to be meaningful (Kendall et al., 2011, p. 1724).

In my own thinking, and working with the Kaltiji food program, I drew on both Hecker (1997) as well as McHenry's (2011) idea of civic and social participation in regard to empowerment in remote and rural communities. In my view, the concept of civic and social participation provides a space for the Art Centre to be a place for empowering Indigenous communities. A further idea put forward by McHenry (2011) is the assumption that participation fosters collective action which, in addition to benefiting individual health and wellbeing, can also increase social capital through the development of relationships, networks, and collective norms.

A community health model based on respectful relationships and collaboration enabled the Art Centre artists to prioritise local needs but at the same time encouraged community action for change. As such, the Kaltjiti example sought to ground the lived experience of the artists and to capture their reality. The challenge for the artists and the future of the lunch program lay in their ability to foster and engage in extending the model of community control which focusses on genuine partnerships and resource development aimed at increasing community engagement and participation. The first step in the process is that that artists become involved in the research about them; step two is about taking their capabilities and resources and using this as local expertise; step three builds the local knowledge from the ground up, taking into account their lived experience and stories as the basis of knowledge production; in step four the power shifts to the artists and they begin to see themselves determining the outcomes; and step five is about Anangu driving the health and nutrition agenda. This is pictured in figure 6.2.

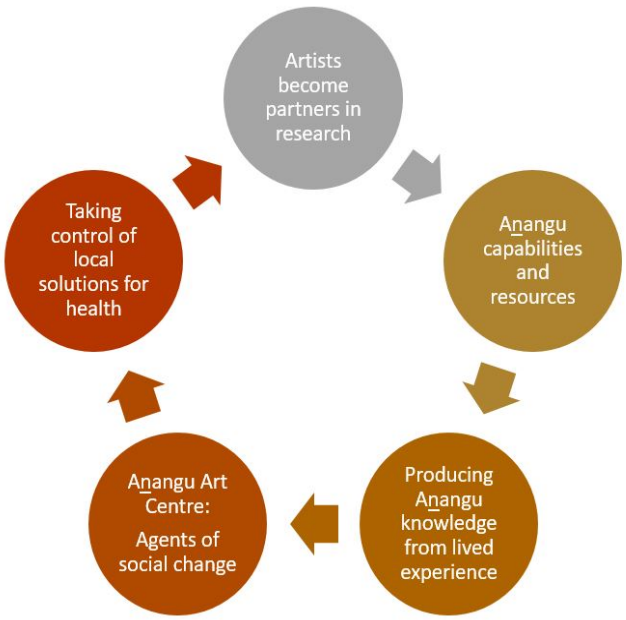


Figure 6.1: An Anangu health model being negotiated within the Art Centre

6.6 Evaluating the Kaltiji Art Centre Food Program as an Arts in Health Promotion Initiative

6.6.1 The challenges confronting the food program

First and foremost, the immediate challenge for the artists and manager was to address their chronic illness which was partly a result of poor nutrition and, second, to locate support for developing a proposal. It was difficult for the Art Centre to initiate the development of a nutrition program because there was a lack of opportunity and funds. The opportunity had arisen throughout my PhD consultations, and it was at this point I was able to integrate the community aspirations with my

research agenda. Other obstacles included finding the right people to help with designing a proposal. This took some months before we were able to get the right combination of on-ground and technical support to help with the design. I believed it was better to wait and get the right people rather than go ahead and do it without support. Throughout this process, there were some difficult questions put forward. These included 'Who would the nutrition program benefit; all of the artists or only some?' A unanimous decision to include all artists in the nutrition program was an assertion of local autonomy to have control over the decision-making process. I believe Anangu see themselves as central to this process as indicated by the attendance at the meetings.

Another challenge was finding an external funding body to support the nutrition program with the artists. This is a time consuming process and took many attempts to find a willing industry partner. In the Kaltjiti case, having the dietician who had prior knowledge of various funding avenues greatly increased the chances of the Art Centre securing the necessary support. Here, utilising the public and private stocks to increase the likelihood of success meant drawing on outside expertise. However, Anangu had very clear expectations. Any research or program implementation needed to involve their knowledge and skills across the planning, designing, and implementation, including the lunch program.

Managing the expectations of the artists was a challenge and often the reality of funding opportunities needed careful consideration. The contrast between a 'wish list' as opposed to what was achievable needed to be highlighted. Encouraging Anangu to discuss their priorities often included a conversation about the long and the short-term benefits. The challenge lay in my ability to manage expected outcomes and to plan for the future. For example, would the activities or changes being consented to and acceptable now, be acceptable to future generations of the Art Centre artists? Would the development of a nutrition program still be viable in 12 months' time if the funding was granted? If we did not get the funding, what were the other options?

6.7 The Conduct of the Kaltijiti Program

Overall, the Kaltijiti program ran for two years. I conducted several workshops with the artists over this period. Some of the outcomes are outlined below, including the title they assigned to the project: "Mai wiru atumananyi".

Conversations around Mai Wiru at Kaltjiti (November 2013)

At the first workshops held at Kaliji around food, we came up with some good reasons to support the lunch program as a health promotion project, and we thought that the Department of Families, Housing, Community Services and Indigenous Affairs (FAHCSIA) might be able to assist in the lunch program, maybe $20K. Knowledge transfer with families was a key element but people seemed to be fixated on bread (there was no wholemeal/brown bread in the store). Many of the artists did sit on the local store committee that made decisions about what would be purchased. In the past, the Art Centre did have an exercise bike and a treadmill but it did not get used often – "it's too hot," according to the artists. The workshop participants' attention turned to the back of the room. There were men standing at the back.

[Senior male artist] "The HACC program is rubbish…they give us carrot in our salad…we got no teeth"

[researcher] "Why do we need it [the lunch program]?"

[artist] "No lunch, [we] have to go home or find money to buy food"

[artist] "It is good to have the lunch at the Art centre"

[artist]"they are not having the HACC lunch…need to keep it working for the artists".

[artist]"The people at the Art centre miss out…they don't fit the HACC program and they are earning money"

[artist]"The nutrition lunch is for everyone…[men and women] are not separate from the pensioners. They are artists, not pensioners, the artists are here working"

[artist]"if you don't eat it all for lunch then you can take it home for dinner"

[artist]"Food needs to be soft"

[researcher] "How do you want to do this project in Anangu way?"

[artist] "Kanyini and mai wiru – good food looking after the artists all together."

Photograph 6.2: Mai Atumananyi Workshop held at the Kaltjiti Art Centre

6.7.1 Findings from the workshops

1) *Access and availability of other foods in the store.*

   The lunch program introduced other foods including brown bread and rice, cottage cheese, and honey as a substitute for sugar.

2) *Financial and budgeting skills*
   a. The constant stress being put on the Art Centre manager to provide money for food was evident and there was a need to implement strategies to manage ongoing requests.
   b. The store was very expensive which meant that artists needed to budget money.
   c. Many of the artists were on a disability pension with very little money, and many of many of these artists are women.
3) *Healthy role modelling through the women to families and children.*
   a. Nutrition education will have a flow-on effect in the household or social environment.
   b. Anangu women share learned knowledge and behaviours with sisters, cousins, other artists and family.
4) *Social and emotional wellbeing*
   a. The Art centre was a ‘happy place’.

6.7.2 Aims and objectives of mai wiru atumananyi at Kaltjiti

The aims and objectives of the mai wiru atumananyi program were to improve the health and wellbeing of Anangu artists through the provision of a nutrition program (Mai wiru atumananyi) based at the Kaltjiti (Fregon) Art Centre.

This project has the potential to increase the health and wellbeing of Anangu artists by providing:

1. Access to nutritious and affordable food;
2. Empowering Anangu artists through education and access to the right information to enable them to make the right choices on their own. Thus, increasing the health literacy of artists through this process will be a key outcome;
3. Strengthening budgeting skills by educating artists on how to provide nutritious food on a limited budget;
4. Increasing the opportunity for education to improve health literacy of Anangu artists;
5. Further enabling Anangu artists to make informed nutrition and health choices for themselves and their families; and
6. Translating healthy eating into the home.

During the workshops, general discussions focused on good tucker, budgeting skills and strategies, meal preparations, and health education with mainly the women involved. Although some men were present in the workshop, it was clear that the women would be key to the sustainability of the project. The women talked about the program being available to both men and women, and the age group would be inclusive of those artists ranging from 18-80 years of age. The idea of capacity building became identified at the community level, whereby it was defined as "strengthening people's capacity to determine their own values and priorities and to act on these" (Eade, 1997, p. 2).

As a preliminary exercise with the Art Centre, I used a SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis, which gave us the opportunity to consider the strengths of the Art Centre as well as the characteristics of the organisation, especially its governance structure and how it works with service providers and other external organisations. We took a strengths-based approach using the Art Centre as an Indigenous health setting. The Art Centre had already made a number of small changes, for example the no sugar policy, with support of the Art Centre manager. However, whilst this may be a short-term solution, it emphasised the need to increase awareness, change attitudes, and focus on skill development and changing peoples' behaviour with regard to their intake of sugary foods and replacing meat with vegetables. This was a short-term strategy but highlighted the need to shift away from an individual behaviourist approach to preventative sustainable approach, hence, our focus on education and awareness raising in these key areas.

6.8 An Unexpected Scenario – 20th December 2013

Our efforts during 2013 were brought to a stop just before Christmas of that year. A number of cars and the Kaltjiti school bus were at the Marla Roadhouse, and a number of Anangu families were grocery shopping. I saw one of the workshop participants and I asked her if she was on her way to Adelaide for Christmas. She replied, "No. We are shopping for food. There is no food in the community. The store has been burnt down". This was extraordinary in terms of the timing; it was five days before Christmas. Anangu families were now desperate and needing to shop in different communities including Marla which is about 200km away. The Kaltjiti shop remained closed over the Christmas and New Year period, and was replaced by a temporary shop which was originally a one-bedroom quarter. It was also subject to an arson investigation. The issues of food accessibility and availability were heightened, and the problem of food insecurity was evident. If ever there was a reason to consider a food program, it was now. The consequences of this would be felt for the next 6-12 months during my research.

6.9 Australian Red Cross Step In

In October 2014, the Australian Red Cross advertised for a Senior Community Development Officer to be based on the APY Lands or at Coober Pedy. This position would be responsible for the delivery of Red Cross development programs to remote communities, focusing on supporting food security initiatives and delivering life skills training and education information to families and communities. The job had a strong parallel with the work I was trying to undertake with the artists. At this stage, we were running out of options with regard to funding opportunities. None of our applications had been successful so I sent an email to the Executive Director of the Australian Red Cross (ARC) in Adelaide and then two weeks later received a response back from the Manager of the Eyre and Far West Regions and Food Security. We had breakthrough: funding was available.

In January 2014, I travelled to Adelaide and met with the National Food Security Manager to discuss the proposal on behalf of the artists. Before having the conversation with the Australian Red Cross, I took into account their previous history of working with Indigenous communities, especially on the APY Lands. Building a dialogue early was essential. This eventually led to an intersectoral relationship which helped us deliver action on the ground. In the first instance, this involved mobilising resources at different levels of government and the NGO sector. Fundamentally, there were some different views on what the lunch program was, and these needed to be addressed immediately. We insisted on the grassroots nature of the process where control and direction of the initiative would lie in the hands of the artists and the manager, as noted in an email communication to the Australian Red Cross written by the Art Centre manager below:

> The nutrition program is built on the already existing 'lunch program' initiated by the artists and manager. As such, any future development of this program will be directed by the Art centre, i.e., with the manager and the artists in consultation with [the researcher] as the primary external nutrition-educator. The benefits of good food through providing lunch had been identified and [the researcher's] project has been a timely addition to potentially develop this further and at the same time keep it simple and focused. For the program to progress, money is needed for the food component (email communication from Art Centre manager to Australian Red Cross, 2014).

The Australian Red Cross provided the funds, a refrigerator was purchased from Alice Springs, and the program focused on healthy lunches. A key part of the agreement was that the Australian Red Cross would not interfere with the program, nor expect to be involved in it on the ground. The provision of a lunch program was seen by the artists as a basic necessity and, as reiterated by the manager, "artists cannot work on an empty stomach" (B. Peacock, personal communication, 2013). I listened carefully to this comment. Again, it resonated with a quote in the original research application, "We paint to buy food for our family" (Alison Milyika Carroll, Director of Ananguku Arts and, 2010). Some of the health hardware included a refrigerator, an electric frying pan, a blender, and basic utensils for cooking. The new equipment in the Art Centre kitchen gave artists a lift, especially Kathy Maringka who had worked tirelessly for years providing food for the artists, working with limited resources. Some final discussions were around the different types of food we could work towards getting, especially those that were not supplied in the Mai Wiru stores.

6.10 Competing Interests in Health Promotion and Nutrition

To date, my story and analysis has taken a local focus as I have argued that health promotion must address local needs, and the principles of empowerment and self-determination must resonate with people at the local level. However, this does not mean that outside issues at the regional and national level, or even global events, do not play a part in any understanding of health promotion, self-management, and empowerment. I briefly resume the Kaltjiti story to outline some of the issues.

Stopped in my tracks: a moral dilemma

During the first stages of the consultation with the Kaltjiti Art Centre, I realised that putting the interests of the artists first would keep my practice grounded and relevant, and this would ultimately drive the research agenda. I still did not know how I would make the connection between their art and their health.

However, word got around that there was yet another nutrition program in the making on the APY Lands. This time it was not being delivered through the usual channels. Whilst the Art Centre manager had highlighted the need for better nutrition for Anangu working in the Art Centre, it was the opinion of others that nutrition programs should rest solely within the hands of Nganampa Health and Mai Wiru. This argument has some merit given the scarcity of resources and the multiplicity of agencies operating in any one community. The suggestion of yet another nutrition project became a site of contention as I struggled to move forward on the project.

Originally, the store manager was very enthusiastic about supporting us in our endeavour. And after a number of emails to the Mai Wiru CEO, it became obvious that I was stepping on the toes of those organisations that were already established. I was in a complete moral dilemma here: How should I proceed forward, by listening to the artists and the manager? Is health promotion empowerment subject to local control or regional control?

One of the major issues I was confronted with at this point arose from the arrangements and barriers which govern the funding of Indigenous organisations in South Australia, the Northern Territory, and elsewhere in Australia. Funding arrangements under the Indigenous Advancement Strategy (Palese et al., 2015), which began in July 2014, replaced over 150 programs and activities previously in place, leaving many Anangu organisations, such as the Art Centre and the community control sector, underfunded due to the ad-hoc basis of distributing funding (Hudson, 2016, p. 8). Like the Art Centres, many Indigenous organisations that have previously been funded through Federal Government mechanisms were defunded, or received less funding, following the Northern Territory Intervention in 2007. The current funding environment under the Indigenous Advancement Strategy (Palese et al.) has created some constraints for existing organisations operating in the field, but it had also opened the door to a number of new players who are able to tender for contracts (Hudson, 2016, p. 13). So while it could be said that the NGO sector along with philanthropic interests are now able to tender for government contracts to deliver appropriate health care in the Indigenous context, others would argue this has occurred at the expense of Indigenous community controlled organisations (Madigan, 2015; Wild, 2015). At the time I wrote in my diary:

There are a number of trade-offs happening within the research now. One of them is the issue of community control at the level of Indigenous organisation versus local control. Essentially, this means that notions of self-determination and community control are seriously contested and go up against the notion of local control and empowerment. This is a confronting yet pivotal moment in the life of the project, as I come to grips with the reality of health promotion in my research. Whilst, I have advocated for a community control model of health and see this as occurring at the local level, I now find that I have to re-establish what I understood by this term. Whilst community control offers a foundation of good governance for health (in principle), it may not be the most suitable model to adapt to the local situation and self-management model that is currently being asserted by the Art Centre manager. At the same time, the dilemma is that community control exists at the local and regional level and, furthermore, there is also competition for resources at these levels.

One of the aims of the lunch program was the development of and maintenance of partnerships. Health provision is now so complex that workable alliances and partnerships between health and other services are critical (Judy Taylor, Dollard, Weetra, & David Wilkinson, 2001). However, partnerships will inevitably be built on different understandings of Anangu culture and health and, therefore, the Art Centre is not always an equal partner. Sometimes the Art Centre is left in a vulnerable position as the non-Indigenous culture will predominate within the partnership. In such a scenario, it is essential for the Art Centre to be supported by other community controlled organisations such as Nganampa Health or Mai Wiru. Currently, Mai Wiru is negotiating a variety of partnering models and memoranda of understanding under the umbrella of Food Security (Lee et al., 2016).

6.10.1 Negotiating a model of art and health

The issues of community control versus localised self-management of the lunch program aligns with the theory presented in the community control literature (Gomersall et al., 2015). Essentially, there are two types of governance models in operation; one is a community control model, the other, a self-management model as directed by the Art Centre manager. Tensions and conflict occur when requirements of the Art Centre are in competition with other community needs. Community members may provide their views about health needs and priorities and monitor the delivery of the lunch program according to their understanding of the health issues in the community (Riley & Weston, 1997), but this does not mean they coincide with the needs and expectations of others; either Anangu or non-Anangu.

6.11 Sustainability and Health Promotion

In the end, the artists and the art centre did not want to continue the program even though there was considerable backing and support from Australian Red Cross for moving forward. I was quite shocked and perplexed by this situation, and initially interpreted this as a failure in health promotion. Why did Anangu decide not to continue? And did this mean that the health promotion project had failed? On reflection, and keeping in line with the themes of control and power, it is useful to explore this drawing on the work of other researchers who have attempted similar projects. For example, Willis (2003), in his study of the Miriuwung, outlines a case study in which he defines them as 'riders', or hitchhikers, while their 'patron', the community development officer is left perplexed. The Miriuwung collaborated with their patron until their own objective; visiting country and relatives, was achieved. At this point they abandoned the stock and hay carting business established with their patron. Willis defines this in terms of his role as a patron and their response as 'hitchhiking' or just coming along for the ride, and dropping off when their own objectives were met. He concludes that they were not engaged in the project (P. A. Willis, 2003). However, upon reflection I would argue that there was considerable agency for Anangu in the *Mai Wiru Atumanyi* program. I could be considered the patron who came with an agenda (my research), this presented an opportunity for Anangu to 'ride' my research. They got what they wanted; a fridge and a lunch program. These were seen as beneficial to their health so, at that point, they terminated the health promotion program. There is no law that says health promotion endeavours need to continue indefinitely. The story illustrates the flaws and assumptions about health promotion in this context. Anangu had sufficient control to stop the program when the aim was achieved. It met the expectations of the recipients. All they wanted was a lunch program and a fridge as an adjunct to ensuring an ongoing lunch program that was prepared at the Art Centre and, consequently, that could be presumed to be nutritious.

6.11.1 Understanding health promotion as a process

Leading social scientist, Don Nutbeam, once stated that "health promotion is a complex field" (Nutbeam, 1998, p. 40) and, therefore, defining success is a challenge. The Mai Wiru Atumananyi example forced me to rethink about my own assumptions of what success and sustainability may look like in Anangu health promotion. Reflecting again, Nutbeam alerted me to think more broadly, that is to move beyond HP from a programming level, and to understand it more as a process (Nutbeam, 1998, p. 28) that responds to the local realities and situations of Anangu in their Art Centres. He says that "health is a means to an end, and not an outcome in its own right" and that "health promotion is not something that is done on people or to people, it is done with people, either as individuals or as groups" (Nutbeam, 1998, p. 28).

6.12 Conclusion

The chapter provides an example of a traditional health promotion program that tackled the issue of food security, but examines it within the contemporary context of the Art Centre. Whilst health promotion concepts are not new in the Indigenous context, the chapter takes a closer look at the factors that are barriers and enablers to how the Art Centre promotes health through traditional health promotion efforts alongside Anangu arts practice. The factors that promote health in the Art Centre include the role of the Art Centre manager, Western forms of health promotion, competing understandings of control and self-determination, and self-management. The *Mai Wiru Atumanayi* example also illustrates how the need to respond in a respectful manner to the local rather than the national is contested, bringing up the notion of conflicting agendas. The Kaltjiti experience shows that providing artists with the opportunity to make a meal in their Art Centre had positive effects on both individuals and at a broader organisational level. On an individual level, the development of a lunch program in conjunction with an educational focus enabled the artists to access basic information about nutritional knowledge and cooking skills, budgeting issues, and high food prices. At the same time, *Mai Wiru Atumunanyi* also outlines the dilemma of working within a resource stretched environment where there are many players with competing definitions of self-determination, community control, and, therefore, health promotion. Finally, the study asks questions about how success should be defined.

CHAPTER 7 AFTER THE NGINTAKA: DEFINING HEALTH PROMOTION IN THE APY CONTEXT

Photograph 7.1: Tjala Arts Colloborative- Paniny Mick, Tingila (Yaritji) Young, Tjungkara Ken, Freda Ken, Marinka Tunkin and Sandra Ken, Ngintaka Tjukurpa – Pernentie Man Story, 2012. Synthetic polymer paint on line, 197x198. Courtesy Ananguku Arts Community Collection. Photo: Iain Moreton.

It is March 2014 and the headlines in the Weekend Australian report, 'Songlines project sparks Indigenous culture wars'. It was supposed to be a celebration of Anangu law and culture but had now turned sour as various reports splashed across the main newspapers and social media describe the Ngintaka exhibition as:

- "a moral threat to traditional law and culture"
- "songline projects sparks Indigenous culture wars"
- "SA Museum is forced to post pone the Ngintaka Exhibition featuring songlines of the APY Lands" (Rothwell, 2014).

I am in the bus returning to Marla. The driver has just pulled the doors shut, reversed the bus and is now driving north towards the Stuart Highway for home as I write these notes. It is going to be a long night. Today I was looking forward to my first major exhibition with the Board and was keen to ride high with their enthusiasm and pride; this all now seems lost. I was making my way to the KuArts headquarters in Grenfell Street when I came across a group of Anangu women sitting outside on the grass. They directed me towards the lawns of the Museum. It was a short ten-minute walk and, as I turned the corner, a scene of a hundred Anangu and their supporters were protesting. I searched for my Malpa. She was sitting with a group of family. I sensed their anxiety. They gave me a hug but few words were spoken. All eyes were on the doors of the museum. Anangu were waiting for a decision. I glanced around. It was intense and there was an air of anticipation.

When I next looked at my watch it was 3pm. I had already made the decision to leave Adelaide regardless of the outcome of the hearing. My view was that the tensions surrounding this exhibition would force me to take sides if I stayed, and this was not my role. The last twenty-four hours had shifted the state of play. Many artists had travelled from the APY Lands over the past few days in support of the Ngintaka exhibition.

I looked across at the Ku Arts Chair; this was his third cigarette in five minutes. The doors of the museum swung open. Two men and one woman stepped forward. “Kulila!” (listen!), said my Malpa. It went quiet. The fate of the exhibition lay in the balance. Finally, the South Australian Museum had decided at the eleventh hour to proceed with the exhibition, after the courts failed to impose a permanent injunction. The show must go on. Anangu clapped and cheered. The photo cameras and television reporters moved in as I said my goodbyes. I walked towards the central bus depot. Stepping onto the bus, my heart felt heavy. I was two years into my candidature; heading into the final stages and about to commence the survey, and was now seriously questioning my ability to continue doing the research. Nothing seemed health promoting at this point. As I weighed up the consequences of the last twenty-four hours, it was best for me to clear out and wait for the dust to settle. As I boarded the bus, I took my seat and looked out of the window. I was worried. I had concerns for everybody but even more so for the future of APY arts and culture. The picture of health promotion in this context was revealing… For some Anangu, it was a win, while for others, it was a loss (ethnographic notes, March 22, 2014).

7.1 Introduction

In the previous two chapters, I used ethnography to highlight some of the emerging issues informing health promotion within a remote context. This chapter continues the tradition of telling a story. It highlights the issues that enabled and challenged the implementation of a survey in 2014 that aimed to discover how Anangu understood health promotion. In this chapter, I argue that Anangu notions of health promotion were affirmed and asserted at this time despite the growing concerns of the Anangu Pitjantjatjara Yankunytjatjara (APY) culture wars. Accounts by Rothwell (2014) in the media at the time painted a picture of Anangu communities in conflict and crisis, with competing non-Indigenous players jostling for power, or running for cover. Researchers were accused of failing to consult adequately over the central story portrayed in the Ngintaka paintings

exhibition; the consequences of which was supposedly revelations of knowledge not meant for public display. This is surely an affront to health promotion.

Despite the unfortunate events throughout this narrative, I give examples of where spaces of opportunity arose with unexpected outcomes for Anangu to articulate how they understood health promotion. I also convey the processes I engaged in to undertake the survey, illustrating the way these activities contributed to health promotion through reinforcing community control. Health promotion is embedded in this environment. The nature of research on country, or in communities with Anangu, takes twists and turns. Doing research that is health promoting must take account of the everyday contexts; it must be constantly negotiated, and competes with numerous outside agendas. A number of charts are presented throughout this chapter to convey the quantitative data collected in the survey and these charts utilise art by Diane Robinson as a graphic backdrop. This chapter is also about finding a way forward in often difficult and hostile circumstances. Anangu health promotion is informed and constructed within these parameters.

7.2 Continuing the Search for Indigenous Methodologies

It has been 19 years since Linda Tuhiwai Smith first published her ground-breaking text *Decolonising Methodologies* (1999). She and other Indigenous researchers, including Nakata (2007), Martin (2007), Wilson (2008), Kovach (2009), and Moreton-Robinson (2013), continue to argue for a decolonising lens with a shift towards Indigenous methodologies. Generating Indigenous methodologies requires that Indigenous scholars be consulted, involved in, and ideally in control of any research about them. One small step in this direction is the development of the National Health and Medical Research Council (NHMRC) guidelines that requires researchers to engage with Aboriginal communities around Australia before and during the research process (National Health and Medical Research Council, 2003). However, Indigenous scholars also argue that there is a need to interrogate and adapt traditional Western research approaches, interventions, and ethical standards, in order to 'Indigenise' research practice. Following this injunction, I use a framework developed by Burchill et el. (2012) who show how 'Aboriginalising' the research process is achieved through developing a culturally appropriate model of data collection and analysis. Their approach is similar to the techniques I used in the survey planning and design, drawing on the processes embedded in hunting and gathering. This process of exploring with questions and data analysis with Anangu challenges the conventional academic model of doing research at arm's length. However, the approach is culturally appropriate and informed but at the same time illustrates the difficulties and challenges of taking this path, not the least of which is the challenge to accusations of bias.

7.2.1 Why a survey?

The 2010 ARC application (Willis & Drummond, 2010) sought to utilise quantitative instruments through an Indigenous designed survey in order to understand how Art Centres on the APY Lands are health promoting. The purpose of the survey was: a) to provide an evidence base for the claim that Indigenous Art Centres are health promoting, and b) to gather quantitative data that directly captured the views of Anangu that would support my ethnographic observations (E. Willis, Drummond, Tur, & Vemuri, 2010). In Chapter Three I argued that the exploration of health benefits in Art Centres with Indigenous people is poorly theorised and often limited to incorporating traditional art designs into posters that supposedly produce information about particular health issues. Hence, my argument is that health promotion, while not an alien concept to Anangu, its specific Anangu understandings are not known (see Ariotti, 1999; Healthy Aboriginal Life Team, 1991; Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council, 2003). What the survey achieved was an articulation of Anangu understandings of health promotion within a particular context. Put simply, they responded to the question; how do Art Centres keep Anangu healthy?

As an Indigenous researcher, my approach to the survey design was not exclusively focused on filling in the evidence gap, but more on developing a process whereby I could actively engage Anangu artists in the collection and interpretation of the data so that what emerged would be grounded in their reality. Coming from this cultural standpoint, my research agenda was aligned with the interests of the communities participating in this stage of the research design. One way to engage Art Centres and communities in the research was to provide education and training in survey design. In doing so, I was able to fulfil the research objectives to identify essential features of the Art Centre organisation and function that underpinned the success of this model in contributing to community health, wellbeing, and capacity building as a blueprint for other remote communities to identify what strategies could be adopted to further enhance the health promoting aspects of this model; to provide opportunity for currently employed Anangu art workers to learn the principles of survey design; and to engage in art-based health promotion research (E. Willis et al., 2010).

Whilst this survey is concerned primarily with these objectives, my research was also framed by current discourses of policies and programs in Indigenous Affairs. In Australia, Indigenous health policy development has largely focused on the fundamental assumption that Indigenous Australians are disadvantaged or, put another way, they are a population group that suffer statistical inequality (see Sanders, 2009). This is the whole point of Closing the Gap, which aims to bring the statistical profile of Indigenous Australians closer to that of the non-Indigenous population. The holistic nature of Aboriginal health has been recognised with the social determinants health (SDH) playing

a role in substantiating alternative understandings beyond the medical model (Anderson et al., 2007). However, Aboriginal and Torres Strait Islander definitions of health often extend beyond, and sometimes conflict with, conventional reporting frameworks, including the SDH, and therefore continue to be marginalised (John Taylor, 2008). Often shaped by political agendas, the frameworks used to collect information do not account for the dynamics within Aboriginal and Torres Strait Islander societies such as collective power and control, cultural difference or of the structural conditions and the relationship with mainstream Australia where Aboriginal and Torres Strait Islanders are socially excluded (Hunter & Jordan, 2010; Jordan, Bulloch, & Buchanan, 2010; Marmot, 2005).

In fact, Taylor (2008) suggests that appropriate indicators, should they exist, would stand 'outside' and therefore be excluded from more mainstream frameworks. As government decisions on health related funding are based on reporting processes, it is vitally important to develop and monitor appropriate indicators that accurately represent the values and perspectives of Aboriginal and Torres Strait Islander people to achieve real health gains. Taking up the challenge put forward by Taylor (2008), I looked 'outside' of mainstream frameworks and shifted the research paradigm to embed health into art. Taking Indigenous health out of its current context, and shifting it into an arts context, opens up a new space where Indigenous health can be considered through the lens of culture. This is in line with calls for a strength-based approach that advocates and affirms Indigenous culture in the health discourses. Others in the field, including Kokatha colleague John Reid, extend this theory calling it 'Indigenous minds' and identify core values of relationships, respect and reciprocity that must be honoured for any health framework to be effective (John Reid & Taylor, 2011). The survey attempts to articulate an Anangu framework of health promotion via the cultural practice of painting country, kin, and culture. I assert that by taking health and locating it within an Anangu setting via the Art centre model challenges the notion of evidence and evidence-based practice.

7.2.2 Whose evidence base?

The issue of evidence and evidence-based policy is a contested space within the Indigenous affairs discourse. Following the Northern Territory Intervention in 2007, the Indigenous policy discourse increasingly focused on disadvantage as well as the perceived failure of self-determination. However, there is a growing body of literature which highlights the need to critique the paradigm of evidence-based policy, suggesting that it is problematic and over-reliant on rationalist frameworks. The critics of the Indigenous failure discourse include academics (Altman & Johns, 2008; Behrendt, 2010; Cox, 2012), and numerous Indigenous and non-Indigenous community organisation and service providers (Partridge, 2013). Critiques of positivist approaches are not limited to those

concerned with Indigenous issues or Indigenous scholars. Evidence-based protocols have been challenged since the turn of the century, particularly the methods used to establish evidence. Denzin et al., (2008) assert that "the very act of labelling some research as 'evidence-base' implies that some research fails to mount evidence – a strongly political and decidedly non-objective stance" (N. Denzin et al., 2008, p. 4). Such objections are also echoed by Timmerman and Berg (2010) who argue that evidence-based medicine (and offshoots such as evidence-based policy) risk standardising our approaches to knowledge and, as a consequence, stifling creativity.

The consequence is that only particular forms of knowledge are accepted, and it is only knowledge or evidence that conforms to particular protocols (Partridge, 2013). Hence, in the hierarchy of research knowledge, qualitative accounts are low on the ladder, including what people themselves say about a situation. Importantly, local knowledge is discounted as it does not conform to the hierarchy evidence pyramid (Raphael, 2000). Given these critiques, in this chapter I use the survey design and the processes of implementation to show how evidence is relevant when it is conducted by the people who design and implement it. I also demonstrate how I have used local Anangu knowledges and 'ways of doing' to ground cultural protocols and practice into the research method and processes. The survey utilises Anangu practical knowledge as well as my own 'ways of doing' to highlight an Indigenous approach to survey design and implementation. My approach challenges the conventional system of data collection, demonstrating that an engaged approach "can be used to transform conventional ways of producing knowledge, so that colonial and imperial impositions are eliminated, and knowledge production is inclusive of multiple knowledge systems" (Chilisa, 2012, pp. 38-39).

7.2.3 Finding the gaps: Evidence of what?

There is also a growing interest in the link between arts and health, along with the recognition of the difficulties in identifying the specific benefits (Putland, 2008). The call is for a more rigorous evaluation of the field, and that strong evaluation tools are needed. My approach to the survey draws on Putland's suggestions for a rigorous evaluation by incorporating a more robust approach. In her article *Lost in translation*, Putland (2008) suggests that "more and better evaluations" (p. 268) is not necessarily the answer, but the question of evidence linking arts and health promotion needs to be considered in within the context of what Anangu consider health-promoting and what they believe is important. The concept also needs to be grounded or put into place. As a consequence, following extensive workshopping with the women who conducted the survey, the questions focused on concepts around wellbeing and conflict in line with Anangu notions of health, rather than direct questions to do with notions of health promotion. Hence, the survey attempted to design and explore Anangu understandings of health promotion and, in doing so, tried to overcome

the challenge of what Putland (2008) has called health promotion's legitimacy problem. To overcome this issue, I argue that what needs to be measured, and how it is measured, should be defined by Anangu artists within the context of Art Centres. In summary, the survey draws upon two guiding principles; the requirement to engage with Anangu knowledges and processes, and the importance of asking questions in context in order to produce evidence-based knowledge.

The research story is divided into four parts. Firstly, I deal with methods by providing the story of how the survey was designed. This is followed by an account of the conduct and analysis of the research. In the third section, I move to a description of the results. Here I supplement the Anangu voices with my own ethnographic observations as an act of triangulation. In the final section, I comment on the survey responses to suggest what health promotion is for Anangu artists. Throughout, I take time out to reflect on other political events that occurred that delayed the survey, or distracted people from their art work. In keeping with my opening vignette, I illustrate that health promotion for Anangu artists is negotiated within a space of the constant interruptions, ebbs and flows and rhymes of everyday community life. Many of these events are not considered health promoting.

7.3 The Research Process: Methods and Analysis

Burchill and et al. (2012) refer to hunting and gathering as a process for collection of data with Aboriginal groups. I take their methods, and apply it to my own context, especially as Anangu conceptualise their own ways of doing research. Burchill et al. (2012) highlight the need to work and develop research ways that are culturally appropriate and informed by Indigenous people themselves. This meant working within the Indigenous time frames, kinship relationships, and protocols. Some considerations that helped contextualise the Anangu data collection process are listed below:

1. A division of labour based on kinship networks among the women, enable the implementation of the survey, recruitment and retention of the team;
2. Specific roles and types of relationships needed to be considered throughout the implementation;
3. The women working together on the survey are connected through kinship and strong family ties. Throughout the process, a form of relational accountability took place when choosing those to implement and participate in the survey;
4. Benefit sharing is divided according to roles and status within the group. Those who are more senior and hold specific knowledge are compensated accordingly. At the same time, membership in the survey team enabled the women to influence the distribution of resources, i.e., payment and other dividends such as food and access to vehicles. In many ways, the women were not only accumulating research knowledge but were also reinforcing their resource management skills as good providers for their families.
5. Anangu and their relationship with each other is an important retention strategy. That is, the Anangu women work with kin and family and this becomes central to building a team of local expertise. However, if a member of the team may temporarily be absent due to other local or land council business, a replacement who is often close kin is chosen. This ensures continuity throughout the research process.
6. Conducting the survey on-country and within the local Art centre is appropriate because Anangu are the local custodians and have the right to do so under Anangu protocol.

These characteristics, with their origins stemming from traditional hunting and gathering practices, can be transferred and embedded into Anangu research practice. Throughout the implementation of the survey, they helped inform my own practice, given I was working outside of my own cultural context. As an Indigenous researcher, it is important to have local protocols within the frameworks which helped to inform my own practice and in moving the survey along. At the same time, I was aware that this was not always straightforward, and that the right to conduct the survey rested with those it intended to serve and, therefore, needed to be negotiated with Anangu and the Art Centre managers.

7.3.1 Exploratory phase: Deciding to gather data

In beginning the process of designing a survey, I did not start from a blank slate. My first cut at determining what questions should be asked came from the previous two years of ethnographic observations across four Art Centres on the Lands. Armed with a set of possible questions organised around themes, I began to plan for the survey in the last twelve months in the field.

7.3.1.1 Anangu selection criteria

In August 2013, I was able to present my ideas for implementing a survey for the Art Centres at the Ananguku Board of Directors Meeting held in Port Augusta. The Board put in place a selection process including the criteria for recruitment of survey workers. The criteria provided the

foundation for selection of the art workers prior to the workshop which was planned for early 2014. The selection criteria for the survey workers included: a) the ability to use computer technology; b) that there must be a gender balance of survey workers; c) that the survey workers should be able to talk with people about the overall project; d) the survey workers should already be working in the art centres; and e) all workers must be prepared to train and deliver the survey, to collect the data and then to participate in ongoing discussions. The selection criteria was an important element for moving the research along, and it became a tool to negotiate employment of the art workers. However, the potential difficulty now lay in negotiating the survey within working hours in the Art Centres and finding the money to pay them.

7.3.1.2 The recruitment strategy of Art Centres and art workers for the survey

In the last 12 months of my time on the Lands (2014-2015), Art Centre managers and artists were aware that stage three of the research involved a survey. They had been informed by the Ananguku Arts Board of the intention to design and implement a survey in order to provide evidence in support of the thesis question: are Art Centres health-promoting? The Board directed all Art Centre managers to engage in this endeavour. By the time I came to implement the survey, only four centres were prepared to engage, representing just over half of the total of seven art centres on the APY Lands. The participating Art Centres in this survey were Iwantja, Kaltjiti, Ernabella, and Ninuku. Of these four, one indicated a willingness to facilitate the recruitment process, another indicated who they would like to nominate for this task, whilst another Art Centre agreed to 'pilot the survey'. I was dependent on the Art Centre managers' involvement in this process; it was crucial, especially as I wanted to run the survey during working hours from 9am-12pm. I was at a loss trying to understand why the other three Art Centres failed to respond to the Ananguku Arts Board directive given that the survey simply aimed to capture an understanding of everyday life for managers and Anangu in the Art Centres. This can be demonstrated through the following exchanges I had with Art Centre managers extracted from my field notes and reflections, written either during the planning process, or soon after the first workshop.

> Not all the Art Centre managers are on board with the idea of the survey. They see my research conflicting with core Art Centre business.
>
> Art Centre manager [A] tells me that "[I] am reluctant to have ongoing meetings or workshops at [Art Centre], that are not directly about artwork production". Interestingly, after numerous discussions, she did invite me to deliver the survey.
>
> Art Centre manager [B] has confirmed that Anangu will not available for the survey and there is "no guarantee that art workers will be available for the workshop" but "I have put the flyer on the door". They did not turn up to the workshop!

> Art Centre manager [C] simply has not responded. I have not been able to get into this Art Centre for six months. It is now clear that the Art Centre manager is leaving.
>
> Over the last few months while I have been trying to get the survey up, three Art centre managers have resigned. Lots of instability.
>
> Last week I planned a meeting only to arrive at the centre, after a 250km drive, to discover that the Minister for Aboriginal Affairs had moved to amend the APY Land Rights Act and threatened to withhold funding for essential services for the Lands. The Anangu artists take off one hat to put on another. Umuwa, the Administrative Centre on the APY Lands, is growing with white Toyotas carting government officials from meeting to meeting. Not far behind are Anangu travelling in their shadow.
>
> Besides all this a tuberculosis scare, numerous funerals and a resignation from an APY General Manager have thrown my plans for the survey into chaos (Ethnographic notes, May 7, 2014 to December 20, 2014).

7.3.1.3 Hunting for the funding to run the survey training

In 2013, Ananguku Arts was able to secure additional funding from the Office for the Arts (OFTA) to support a workshop to train Anangu art workers in survey design. This was a significant contribution that required me to meet with the relevant officials in Adelaide. I headed to the Adelaide head office of Arts SA with the Manager of Ananguku Arts. The Ananguku Arts staff and I spoke about the need to commit funding to get Anangu art workers trained up in data collection that could possibly tell a relevant story in support of arts in health. Funding was secured, although it took another 12 months before the training events took place. Gaining ethics approval and negotiating around the many events on the Lands often intervened to cause delays. A reflection from my diary around this time highlights the difficulties of obtaining ethics approval to do research within the Indigenous context, particularly when it strays into unfamiliar territory such as survey research.

> One of the ethics committees is of the opinion that my approach to the survey is biased. Their feedback continues to hamper progress. They have now objected to who I am recruiting and how I am doing it, calling into question the three stage approach I specifically highlighted in the application: I have indicated to them that:
>
> the list of questions will undergo further transformation based on the back translation process;
>
> the questions will undergo further modification in the proposed workshop to be held with Anangu Art Workers;
>
> the art workers will decide how appropriate the questions are to ‘fit’ within the Anangu context; and [that]
>
> the questions fit into broad categories of Anangu health promotion and wellbeing and are derived from my ethnographic observations.

> I am frustrated by this process. In the end, I have submitted five revisions of the questions to AHCSA and it is has now taken 4 months. (Fieldnotes, March 30, 2014).
>
> It is now close to Christmas and the wet has sent in. The survey will have to wait until the new year (Fieldnotes, March 30, 2014).

7.3.1.4 Gathering knowledge to run the Survey

In order to gain further insights into how a survey might be conducted with Anangu, in the first stages between 2012 and 2013, I consulted with industry partners; both Anangu and non- Anangu. Much of the advice confirmed my observations, i.e., the survey needed to be simple, flexible, and concise. I examined other surveys implemented with Anangu in Central Australia and I was able to learn from previous research what not to do (Buckingham & Saunders, 2004, p. 77). For example, the South Australian Aboriginal Health Survey conducted through the South Australian Health Department (A. Taylor, Marin, Avery, & Dal Grande, 2012) informed my approach to the survey, especially with regard to engagement strategies for collecting quality data with Anangu. Their survey was modified to fit language and cultural issues. Male and female interviewers worked in pairs and interviewed community members, and all were Aboriginal (Marin et al., 2015; A. Taylor et al., 2012). Similar to the SA Health survey team, the role of the Anangu facilitator was to explain the purpose of the survey to Anangu, introduce the survey, and assist in the respondents' understanding of the questions, and, therefore, consent (A. Taylor et al., 2012, p. 12). After many false starts and renegotiating of the dates, the workshop was set to go ahead.

7.3.2 Beginning the survey story: gathering the information

The survey was developed over three phases: the preparation stage outlined above; engagement with the workers and data collection; and the analysis workshop. It is my experience and observations that Anangu generally appear to seek two sets of outcomes that enable them to live well in two 'worlds' – the Anangu world and mainstream Australia. They seek education for their children and opportunities for adult education so that people can get jobs; they seek better health outcomes; and they take opportunities to generate income from arts and crafts. At the same time, they are strongly committed to maintaining their identity, culture, language, and their connection to country. From this I believed it was important for me to capture both worlds in the design phase of the survey. This agenda was partly met by providing the participants with research method education, along with financial reimbursement for their attendance. It also motivated my decision to conduct the survey in both English and Pitjantjatjara.

I planned to discuss the wisdom of conducting the survey in English and Pitjantjatjara with the survey workers in the workshop. I worked over a two-week period to bring all the artists and the facilitators together, negotiating dates in between their engagement in solo exhibitions, major art

fairs, Ministerial visits from the South Australian Government, sorry business, and, most importantly, the availability of accommodation, a caterer, and a babysitter. A window of opportunity existed in the last week of June 2014. Together, ten strong Anangu women representing their Art Centres came to share their ideas, talk about their families, their pride in being an artist, and, above all, the highs and lows of Art Centre life. These senior women were pivotal in the research process and acted as a reference group overseeing the implementation of the survey and assisting me in interpreting the final survey results. While it was wonderful to have these ten women, another of the Board's directives was not fulfilled; gender equity. Unfortunately, no men engaged in the research process. As well as this, the Art Centres' management failed to comply with the directives given by the Anangu Board of Directors making me question notions of community control in the remote context.

7.3.3 Doing the workshop

The objectives of the workshop proposed to unpack what was a quantitative model and how it might be of use to Anangu art workers and practitioners in relation to survey design, what types of activities needed to be undertaken to modify the survey instrument, how results could be used as evidence, and if this evidence might add up to new knowledge. I placed considerable emphasis on process and articulation of Anangu knowledge in the hope of developing a conceptual model within the quantitative method. Key to my approach in the training program were the principles of 'ways of doing' and 'learning by doing' (K. Martin, 2008). The misconception in Australia and abroad is that health research needs to be done by experts, though the inclusion of lay knowledge needs to be more widely excepted (Popay & Williams, 1996, pp. 759-768). Using a simple definition that "research is the organised quest for new knowledge based on curiosity or perceived needs" (Last, 1995, p. 146), I established a space which I believe empowered and privileged the Anangu 'ways of doing' and 'know how' (K. Martin, 2008). In taking such an approach, I argued that non-expert knowledge combined with a 'learn by doing' model can be productive because it produces results that are relevant and significant for the participants involved. That is, Anangu knowledge and ways of doing provided the direction for the survey design and implementation. The learning by doing approach is an important method. I utilised this method as a facilitator. Given my previous experience in remote contexts, I knew it was important to seek out other methods that are consistent with the life experience and literacy and numeracy skills of the Anangu participants. This included using traditional methods such as talking in a small group like a 'yarning circle' (Bessarab & Ng'andu, 2010) which provided a culturally safe space for the workshop agenda to take shape.

In preparation for the workshop, I developed a series of lesson plans centred around the notions of traditional gathering which I assumed would help me deliver the content in a thorough manner. In

the first session in the morning, I planned to cover: a) the purpose of data collection in the research; b) the role of Anangu in the research as survey workers; c) consent forms and permission; d) understanding the survey tool; and e) survey questions and modifications. I also planned to introduce Anangu to the survey instrument in the afternoon session using iPads which would be used to collate the data, and also to refine the questions. However, things do not always go according to plan and the first morning's session, which was scheduled for a 9am start, did not get going until lunch time. There were a number of reasons which demonstrate that running one's own research agenda is not always a priority, and simply does not run parallel to the immediate health needs of Anangu, as my ethnographic notes for that day illustrated.

Running on Anangu Time

> Today Kerry and I started out at 4am to go to Umuwa to pick up my Malpa and translator in order to get the workshop underway. Josephine was not well and it was clear we needed to take her to the clinic at Ernabella, some thirty kilometres away, for medical observations, medication and a new breathing apparatus. She was very sick and could not breathe. My observations are that at this time of the year, the flu and other minor ailments stop people from performing the most basic of duties. It was clear we simply could not commence the workshop until she was seen too. I stayed in the car, whilst Kerry, who is a nurse, went to the clinic on my Malpa's behalf (as she was unable to get out of the car). What unfolded over the next two hours could have been avoided but snowballed into a major event. Because she was not a regular patient at Ernabella, we were told to wait until she could be seen by medical staff. We had no problem with this, but it was the manner in which she was told what to do. This was not just an ordeal for her, but it turned into an ordeal for both myself and Kerry. I was insulted by how the clinic staff treated the Malpa. This would be the first of two incidences today which highlighted the difficulties and challenges in conducting research in a remote setting. After two hours of hostile interaction with clinic staff, we drove back to Umuwa. It was almost 11am and we were running behind schedule. I knew I need to change tack. (Ethnographic notes, June 26, 2014)

The workshop was held between the 26-28th June 2014, at Umuwa on the APY Lands. During this time, we were able to secure the Anangu Pitjantjantjara Yankunytjatjara premises to run the workshop. Umuwa is centrally located on the APY and this made it easier for those ladies travelling from Indulkana and Kalka to attend the workshop. We had to pre-arrange the accommodation with the APY staff as the participants were travelling on the weekend. Our cook travelled from Alice Springs with the shopping and supplies for the workshop. At this time of the year, rain can cause major disruptions as the roads can get cut off, and this was the case for the Ninuku ladies. We needed to wait for them to come before commencing the workshop. They arrived at around 10am whilst we were attending to Josephine (the *Malpa*) at the Ernabella clinic. Despite the bad weather and Josephine's ill health, the participants were together and settled in over some lunch. There were 10 women representing four of the seven Art Centres.

7.3.4 Anangu knowledges and new technology

Following lunch, I took the opportunity to jump into a practical exercise. I directed the participants to pair up, preferably with the other Art Centre worker from their community. This was a complete change to my original plan. I swapped the morning session with the afternoon session and launched into introducing the iPads. The decision to do so was a game changer. The silence was a big indication. The body language of the participants said a million words. I did not talk but just observed. I saw the participants crowd around the iPads, pick them up, press the buttons, swipe the screens, and start to practice the demo surveys, prepared to motivate conversation and modifications. They did this without instructions. They were enthusiastic and proceeded to work through each survey question. When I revisit the YouTube video made that day, I see the Anangu research in action as participants were learning by doing (see the YouTube link *http://youtu.be/TAUhTwWQttY*).

The introduction of new technology through the iPads enabled the experience to be interactive and the women were able to work through the technical aspect of the training simply by learning from each other. Most importantly, it was a shared experience where I, as a facilitator, could learn from Anangu, understand their needs, and then adapt my knowledge to facilitate and transfer the knowledge across to Anangu so that they could acquire the new technique and skills required to run the survey. Whilst I was leading the delivery of the survey technique and content, I was very conscious of the need to have Anangu take a leading role in the workshop. The next stage of designing and choosing the right questions enabled this to take place. Here, Anangu participation, knowledge, and cultural ways of doing were critical to informing the survey. Revisiting the video we made of this event gives a glimpse of the workshop and how we determined the questions for day one. A full set of questions was ready to be uploaded onto the iPads for the next day's sessions. These questions became the framework for the survey and it took the majority of the afternoon to develop.

The YouTube video (http://youtu.be/TAUhTwWQttY) shows Anangu participants observing and learning. Key to Anangu practice is the idea of sharing knowledge. Some participants watch and learn from others, while others assist by translating the objective of the exercise for those who do not yet understand. Kerry ran the session outlining consent and then I practiced with the women saying 'No' or saying 'Yes'. Some sit back, while others lead the conversations. The most beneficial session is the consent process. The conversations around the notion of asking for permission are used as an idea to redesign the consent form into an oral form. Within this space, a participatory action process occurs as they identify the problem and come up with the solution.

I employed two Anangu, my *Malpa* and an independent translator based in Alice Springs, to translate the draft survey questions. In order to ensure appropriate language and terminology, I used Brislin's (1970) cross cultural research technique known as back translation which is based on the following steps. Firstly, I worked with one translator to translate the questions from English to Pitjantjantjara, then I sought an independent person to translate the Pitjantjantjara version back into English. This provided me with a register of survey questions that were expressed in both in English and Pitjantjantjara. The advantage of the back-translation process is that the English version is phrased in a register that is familiar to those who speak Pitjantjantjara as their second or third language. Lastly, it was decided that the Pitjantjantjara version would be utilised in the survey.

The questions were further scrutinised at the Ananguku Art Board meeting held in 2014 at Port Augusta. They were happy with the questions. The Board asked me if there were any issues and I alerted them to the fact that compliance from Art Centres and access to Anangu would need to be negotiated. The Board insisted that I keep asking Art Centre managers to participate. However, it became impossible to have every Art Centre on board due to the conflict over the Ngintaka exhibition at this time. The Ananguku Arts Board became entangled in a legal battle which would last until 2017.

7.3.5 Gathering the data: doing the survey

'No Survey without Service' is a philosophical principle that highlights how I have used research to implement practical outcomes for communities (Miller & Rainow, 1997, p. 96). As reiterated by Miller and Rainow "it is only reasonable that the community should be able to expect immediate feedback…technology is now available to provide as good a service in remote locations as in an urban setting" (Miller & Rainow, 1997, p. 99). Using new devices such as iPads ensured that the uptake was efficient and accessible to Anangu. The combination of YouTube and the internet is an invaluable resource that Anangu expect to have access to including on mobile phones. I tried to harness Anangu and their preferences for new technology and embrace their enthusiasm to engage in an innovative way. This was one way of giving back to the community along with the implementation of the food program which I have discussed in Chapter Six.

The planning, including various ethics modifications, and implementation of the survey took place over a period of 18 months (January 2014 to June 2015). The implementation of the survey drew on a number of resources including various funding proposals supported by external non-Indigenous and Indigenous partners and individuals across various organisations. This added another layer of accountability within the research. I was not only accountable to the Ananguku Board of Directors but also external funding agencies. At the same time, this created another layer of pressure for

myself and the team to get the expected results. The ten art workers conducted the survey using the following steps:

a) The survey workers were on location at the Art Centres (two from each Art Centre). The workers spoke with Anangu participants and Art Centre managers about access and appropriate times. In most cases, the Art Centre manager complied with the requirements to conduct the survey over a period of two days. However, on one occasion a manager declined to do the survey because of Centrelink business being run and most of the artists were not present. She was very apologetic and explained that it was in my best interest to do it the following day.

b) A meeting was held in the morning prior to conducting the survey. At the meetings I revised the main objectives and aims of the survey with the workers. In some instances, I needed to do a refresher session given the lapse in time. For instance, in one Art Centre I ran the survey six months after the workshop. The Art Centre workers at Kalka needed the refresher course because their centre had been closed due to the resignation of the manager. A period of approximately eight months had passed before we were able to deliver the survey across all four sites.

c) Anangu were invited to complete the consent form and survey at the same time.

d) The survey was conducted in the Art Centre (a community space). We were able to run the survey in the corner of the room in the Art Centre and, therefore, privacy was maintained. However, for the elderly, we brought the iPads to them, and sat down with them while they were working on their paintings. The artists were asked to participate, but respect was maintained if they declined. The surveys were implemented using both English and Pitjantjantjara and the majority of the responses were in Pitjantjantjara.

e) The surveys were administered from 10am to 1pm daily.

f) The online survey form, administered by *Polldaddy* survey app showed participants options that clearly indicated their responses and was submitted and stored in a password secured database on the server.

g) Once the survey closed, the responses were then stored on the iPad and downloaded and synchronised when in internet range.

h) A register of participants was developed to identify Anangu who might later opt to withdraw their responses. This did not happen during or after the survey.

i) On completion of the survey, participants were thanked and lunch was provided.

In the area of survey research, there are a number of survey instruments that are available at a reasonable price. Initially, I was interested in using Survey Monkey®, however, I opted for another online product hosted by Polldaddy. Using Polldaddy enabled me to create my own survey using custom templates that were uploaded onto the iPad for the participants to complete. Once the surveys were completed in both English and Pitjantjantjara, the software program was able to quickly generate results and report them back to me as descriptive statistics and graphed information. It was important to have tables that could be easily read to be presented back to

Anangu at the follow-up workshops. The account above suggests a reasonably orderly affair. However, visiting remote communities, and then orchestrating the gathering of data can be a fraught with difficulties as illustrated below in the diagram of events and reflections.

Figure 7.1: Events of 2014

During 2014, I found that there were distinct seasons of ethnography which can best describe research as on- and off-country. The figure above shows all the disruptions that occurred whilst trying to implement the arts and health survey. Working on-country is characterised by trips with the Malpa, adhering to the protocols in order to get access into the Art Centres, and negotiating the cross-cultural interface with key organisations. This happens in the cooler months when the majority of research work is conducted. Towards the end of the year, in the hotter months, work slows down making way for ceremonial and cultural business on the Lands. These hotter months from November through to April are called off-country research. Whilst I'm not in the field conducting research, I still need to maintain relationships and keep close and connected to those who are key to the research. Sometimes this means supporting Anangu and their priorities to engage in cultural activities which are outside of the domain of the Art Centre. There is an absence of men and some women in communities and the Art Centre as the wave of cultural business travels from northwest to southeast. Most roads are cut and travelling alone is a dangerous affair. My off-country experience (end of the year/new year) is a time for reflection and allows me to process my thoughts and to renew my relationship with writing.

The excerpt below which is taken from field notes describes the issues around paying the survey workers in a way that suited their needs and demonstrates one of the issues that must be accounted for.

> The issue of Anangu wages and distribution is always fraught with problems. Initially, when I discussed it with a Ku Arts employee, we thought it was best to transfer money into Anangu bank accounts. But then it became clear that would not work. Not all Anangu have keycards as they are often at Watinuma Store and we were not sure individuals would turn up to the workshop on the day so best not to pay them first. The next best option was to do cash wages as suggested by the Ku Arts Manager who said "I think you need to get cash from the bank in town on Friday and make up envelopes for each worker. Pay [Anangu] on Wednesday at the end of the workshop otherwise they will want to go straight to Watinuma during the workshop…". We were already talking about strategies for the workshop and ways to maximise participation with Anangu. A few days later, I picked [up] Tony Collins from the Alice Springs airport, and asked him "do you have the wages?". He said he had about $7000.00 in his carry-on luggage. He was slightly nervous. The ability to pay Anangu in cash wages is the preferred method of payment for workers. When Anangu provide a cultural service, like translating, they expect payment as soon as possible. The success of the workshop also relied on our ability to fulfil Anangu and their requests (Fieldnotes, 2014).

7.3.6 Doing the analysis: sharing and talking together for one story

In December 2015, the time had come to bring the survey results back to the women who formed the reference group, however, I needed to find additional funding from another source. Eventually the Lowitja Institute was able to fund the last stage under an employment program. I developed a workshop outline and a budget to accompany the proposal which I called 'Talking Together for One Story: Sharing the Arts and Health Story for the APY Lands'. It was important to keep the same women together who helped designed the survey questions for the interpretation stage. The interpretation stage was crucial, especially as the women helped me to gain a deeper understanding of health promotion as it relates to the individual artists in their everyday context.

7.4 The Survey Story: What is Health Promotion for Anangu Artists?

The 2010 ARC application (Willis & Drummond, 2010) sought to utilise quantitative instruments through an Indigenous designed survey in order to understand how Art Centres on the APY Lands are health promoting. In doing so, I wanted to get a sense of how Anangu felt about Art Centres in order to discern its HP characteristics. Hence, the questions ranges from its use, to how Anangu felt about the art centre and therefore its wider health benefits in contemporary Anangu society

Initially, I had hoped to capture Anangu artists and their families with a target of five hundred participants. Given that three of the Art Centres did not engage in this aspect of the research, and no men were available to be survey researchers, this was not possible, as it also meant fewer men

participated. In the final roll out of the survey, only those artists in attendance on the day of the survey responded. As a result, the participant numbers are low at around 30. According to the Remote Australia Online Atlas (NINTI ONE: Innovation for Remote Australia, 2017) there are 718 artists in the region working across seven Art Centres with the mean being 99 artists per centre. My own observations of the four Art Centres I regularly visited estimated the numbers to be around 7-10 Anangu attending on a regular basis each day. I estimated that total regular attendance at these four centres was around 30. RAOA figures for each cohort suggest their data also lacked reliable numbers for each age group as these are significantly lower than the 718. The Atlas notes that around 35% of the population engage in art activities (NINTI ONE: Innovation for Remote Australia, 2017), but it must be assumed these are not all regular attendees.

The survey questions were based around key themes I identified during stage one of the research project. These were: art centre governance, reasons why Anangu visit the Art Centre, and understanding some of the issues and challenges from an Anangu artist's perspective. The results are presented in three parts; a graph with the results, and additional comments made by Anangu during the analysis workshop followed by my own ethnographic observations used to triangulate the findings.

7.4.1 Question One: Where is your Art Centre?

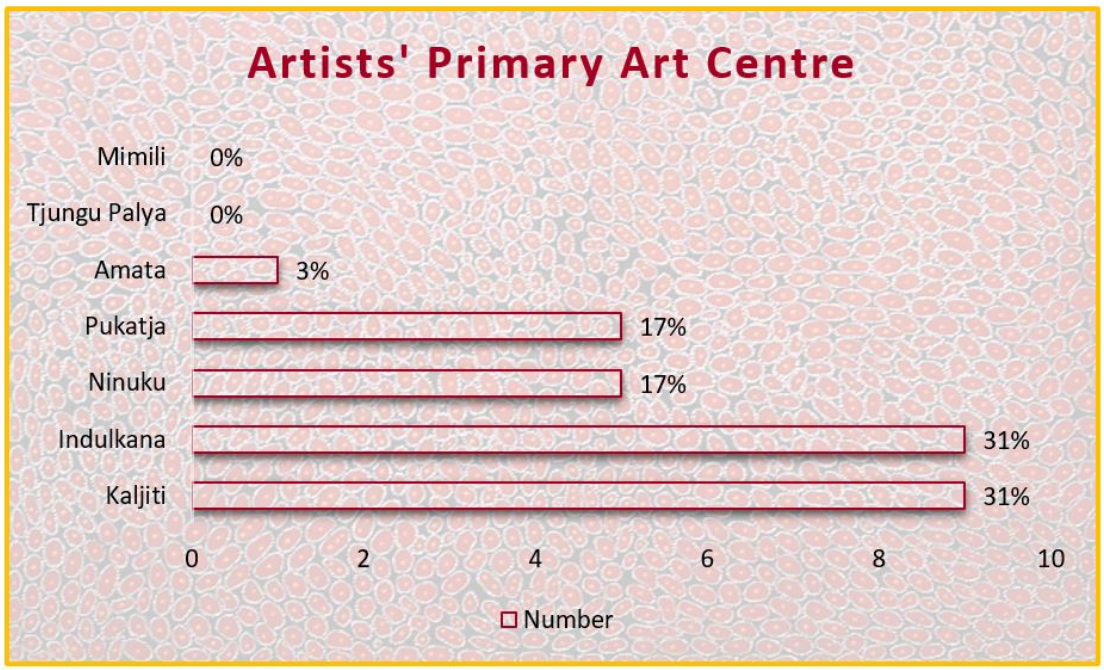


Figure 7.2: Location of Art Centre and primary residence of Anangu artists

The first question, *Ngayiku artcentreku?* (where is your Art Centre?), gave me an understanding about where the artists practiced and which centre they identified strongly with. Some artists may reside outside of the community where the Art Centre is located so, strictly speaking, this question

is about the Art Centre where they practice their art. The majority of the participants are from Kaltjiti (9 respondents) and Indulkana (9 respondents), with five respondents each from Ninuku, and Pukatja (see figure 7.2). One of the participants at the Kaltjiti Art Centre was visiting from Amata. She indicated that this was her Art Centre and, therefore, chose to identify with the Amata Art Centre. Hence, a response for Amata Art Centre is evident even though it was not initially in the list of participating centres. The question of where an artist resides, and who might claim them or provide resources for them, is the first of the key principles of health promotion, but is contested as illustrated by the vignette below.

Contested agendas in the Art Centre

Jospehine (the Malpa) is a busy person and travels across the APY on various missions. Normally she would be painting at Ninuku, but today she is sitting at Mimili with some of her family. Josephine asks the Mimili Art Centre manager whether or not she has sold a painting but apparently she will need to wait; no paintings have been sold.

She has been in the community for about three months and now there is news of a death at Indulkana. Josephine is on the move once again. She is at the sorry camp for weeks on end but then heads up to the Art Centre and uses the phone and also asks for a canvas. The Art Centre manager seems annoyed at Josephine's request.

The Art Centre manager says she cannot give her another canvas because she hasn't managed to sell the last canvas and, besides, the last canvas she produced is unfinished. The Art Centre manager attempts to get Josephine to consider working on the last canvas but Josephine digs her heels in before attempting to use the telephone to make a call to Adelaide.

Josephine ignores the Art Centre manager and sits in the women's community art space and starts to arrange her colour palette. I ask the Art Centre manager how they manage unfinished canvases. She tells me that it is hard because some artists normally paint in another art centre. However, she says that her job is to assist the artists towards a finished product, but in Josephine's situation this is not the case. If the painting is not finished it cannot be sold and, therefore, money is not coming into the hands of Anangu or the Art Centre. Everybody loses and this is not ideal, especially in business terms for the Art Centre.

Health Promotion Principle One: All art centres are available for Anangu.

7.4.2 Question Two: What is your age?

This question was included in the survey to provide the age ranges of artists. It is not always easy to determine the age of Anangu, given that individuals may have no record of the year of their birth. The women and I were interested in this question from the point of view of understanding our target

audience and their demographic features. The graph shows that the majority of artists are in a senior age range and mostly women. The second largest age category was the 26-40-year-old artists. This is an important age group as many are artists who would not normally be categorised as senior in the Anangu context. However, some of these artists in the middle band (26-40) are influential. For instance, one of the respondents [Participant Kaltjiti] from this age cohort would be considered a senior artist by her peers because of her knowledge of her father's country. She paints in a distinct style, and also sits on various committees including the local Board and the Ananguku Arts Board. She is 40 years old. The last two categories (18-25 years and 41-50 years) show that there are not many younger people or people in the late middle age group working or painting at the Art Centres. While the 18-25-year-olds are small in number, there is a view that to be financially viable, Art Centres may need to diversify into mediums more attractive to younger artists. The majority are in the 51+ years age group category.

A brief discussion here on implications of age for continuity of cultural knowledge needs to be highlighted in regard to arts practice. The relationship between cultural transmission and health is important. I have noted that the older generation has the responsibility to pass down knowledge and the Art Centre is the vehicle for the transmission of important stories and cultural knowledge. In this context, health is the result of practising culture through arts practice. This is a fundamental idea within the survey with the suggestion that 'keeping culture strong' underpins Anangu notions of health. The ability to pass down knowledge gets limited as one gets older. However, the survey does show that despite people being sick with multiple chronic health conditions, artists find strength in painting country. Being in the Art Centre enables artists to partake in cultural expressions which affirm identity, place, and, indeed, wellbeing.

The Remote Australian Online Art Atlas data on the age range of artists in the APY Lands is detailed in Table 7.1 below. As can be seen, the spread of artists by age captured in the survey roughly mirrors that of the RAOA study. It should be noted that the RAOA figures do not match their claims to over 700 artists.

Table 7.1: Remote Australia Online Art Atlas (RAOA): Percentage of artists by age cohort in the APY Lands 2012 compared with survey data 2016.

RAOA	30+	42+	55+	65+	75+
Number	12	29	24	23	12
Survey %	45		55		

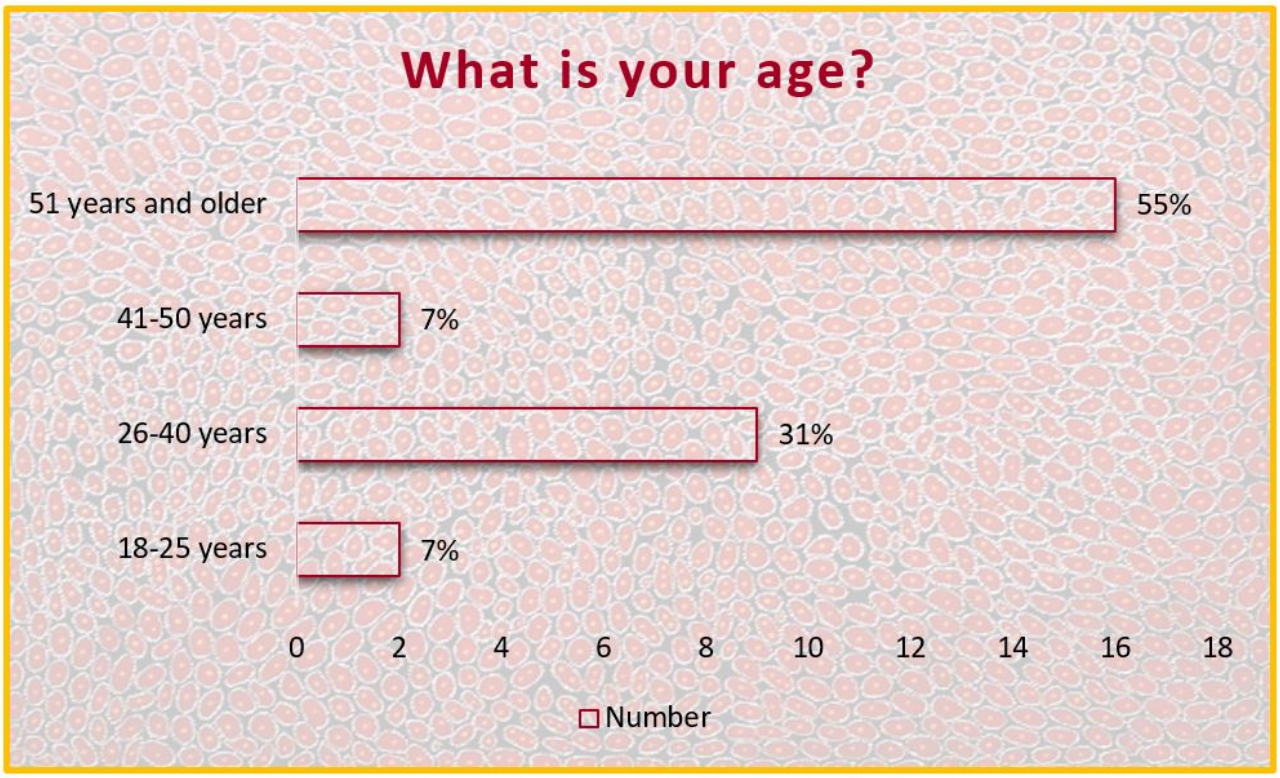


Figure 7.3: Age of artists

Health Promotion principle two: Age is not a barrier to participating in the arts.

7.4.3 Question Three: What is your gender?

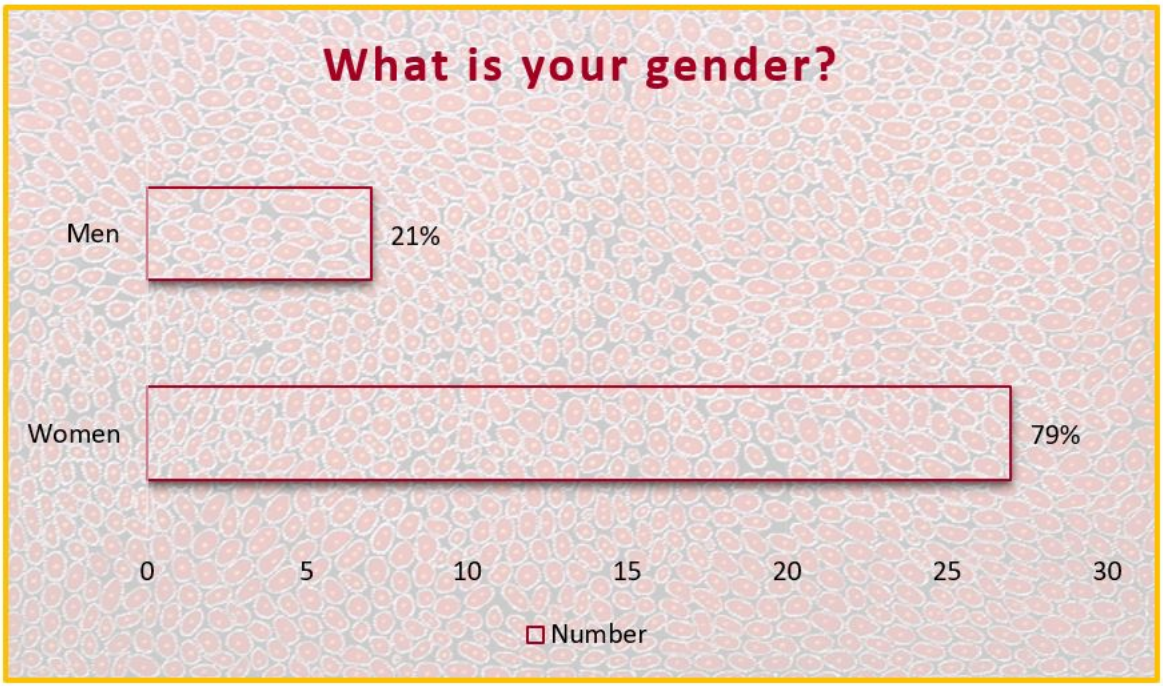


Figure 7.4 Gender of artists from APY Art Centres

These results paint a clear picture that it is mainly women who participate in the Art Centre activities. While this is consistent with the demographic profile of Art Centres on the APY Lands with the RAOA reporting 83% of artists are women, there needs to be some consideration around the fact that the survey was delivered by women and, therefore, this impacted on the results. If men had acted as survey researchers, this might have resulted in more male respondents. Again, this highlights the gendered nature of my research. Whilst this survey did not touch on issues relating to gender and income, Woodhead and Acker's study (2014, p. 3) confirms that there is an important correlation between gender and productivity. Their findings highlight the importance of artist productivity in attaining a higher total sales value for their work over time. While some artists may achieve high average value for art products, it is the artists that produce higher numbers of products over time that are able to achieve higher returns. Overall, this is women. While men tend to earn higher prices for their work, it is the women who produce more products and earn more over the life course of their artistic career. During the interpretation workshop, the reference group confirmed that "men and women work together at the Art Centre" and that the Art Centre is a socially inclusive space, however, the use of the space is gendered. Men tended to paint alone away from the women, but are not isolated or relegated to an inferior space. Here, considerations of the gendered use of space is a principle of health promotion.

Health Promotion principle three: the gendered organisation of space is health promoting.

I used statistics produced by D. Carson (2012) (see appendix) to work with artists through a poster design. I used this poster as a tool and a way to illustrate how Anangu artists are officially represented in the Australian Bureau of Statistics. One of the key lessons learnt in the session was the ability for Anangu to 'talk back' to the statistics. There were conversations generated around the areas of income, employment and mobility. Anangu said that they did not agree with the some of the representations and spoke about the need to do a better job and get a clearer picture (Fieldnotes, June 2014).

7.4.4 Question Four: How often do you go to the Art Centre?

The survey results indicated that Anangu go to Art Centres 'Monday to Friday', 'every day unless sick or in sorry business'. Responses to this question suggest that Anangu see painting and going to the Art Centre as 'serious business' requiring regular attendance. In interpreting this table, the reference group of women held two contradictory but complementary views; Western and Anangu. They viewed the Art Centre through Western constructs of employment and income generation, for example, it is a job from 9am to 5pm. However, the most important statement is highlighted in the second highest response; 'everyday, unless sick or in sorry business'. This is a powerful statement

because it gives the cultural significance to going to the Art Centre. Put another way, Anangu will go to the Art Centre every day if they have the chance, but they will not go to the Art Centre if there is sorry business or other cultural obligations. In most communities, sorry business is a frequent event and will take Anangu away from the Art Centre, sometimes to another community. When Anangu are absent, they stop working and/or may work in a different Art Centre. These responses show that there are two value systems operating in response to this question; the Western and Anangu. Indeed, Anangu integrate two worldviews to make it fit their circumstances and situation in a way that displays their flexibility. This is a key theme of health promotion; Anangu incorporate both Western and Anangu notions of work, but cultural obligations will take precedence over this work in their everyday life.

Findings reported by Acker and Congreve (2016) suggest that the success of Art Centres is "often characterised by how well the artist's employment connects with the *social and cultural logic* of remote community life," with flexibility being one of the key values (Acker & Congreve, 2016, p. 12). They describe Art Centres as being able to deliver a "fluid and responsive mix of services outside of core business" with health potentially being a focus (2016, p. iii). The issue of flexibility is further demonstrated through my observations. In 2013, when I was visiting Indulkana, I observed an event where the manager took a flexible approach to opening hours. The art workers were not pleased as they wanted to go to work.

> *Apparently, the Art Centre manager had sent an email to me this morning indicating that she was not opening the Art Centre that day. I did not get the message until I arrived at the front door. A notice on the door stated, 'Art Centre closed today'. I am intrigued because the Art Centre Troopy is parked outside.*
>
> *I knocked on the door again – there is no answer. I went 'round the back and knocked on the side entrance door. The Art Centre manager came to the door and informed me that she was doing a stocktake of the inventory. She let me inside and we chatted away. Our conversation is interrupted by the banging on the door. It is Mr Baker in his wheelchair. He had come to paint. She told him to come back tomorrow. Five minutes later – another tap at the door. Again, the Art Centre manager turned the artist away – the Art Centre is closed today. A third time in twenty minutes, two ladies arrived and said they wanted to use the phone. She let them in but told them to lock the door when they leave. They were on the phone for 20 minutes. More banging occurred. The Art Centre manager ignored it this time. Despite a notice being placed on the door, Anangu wanted to come to work. Unfortunately, they will need to wait until tomorrow.*

Health Promotion Principle Four: Anangu incorporate both western and Anangu notions of work, but cultural obligations will take precedence over this work in their everyday life.

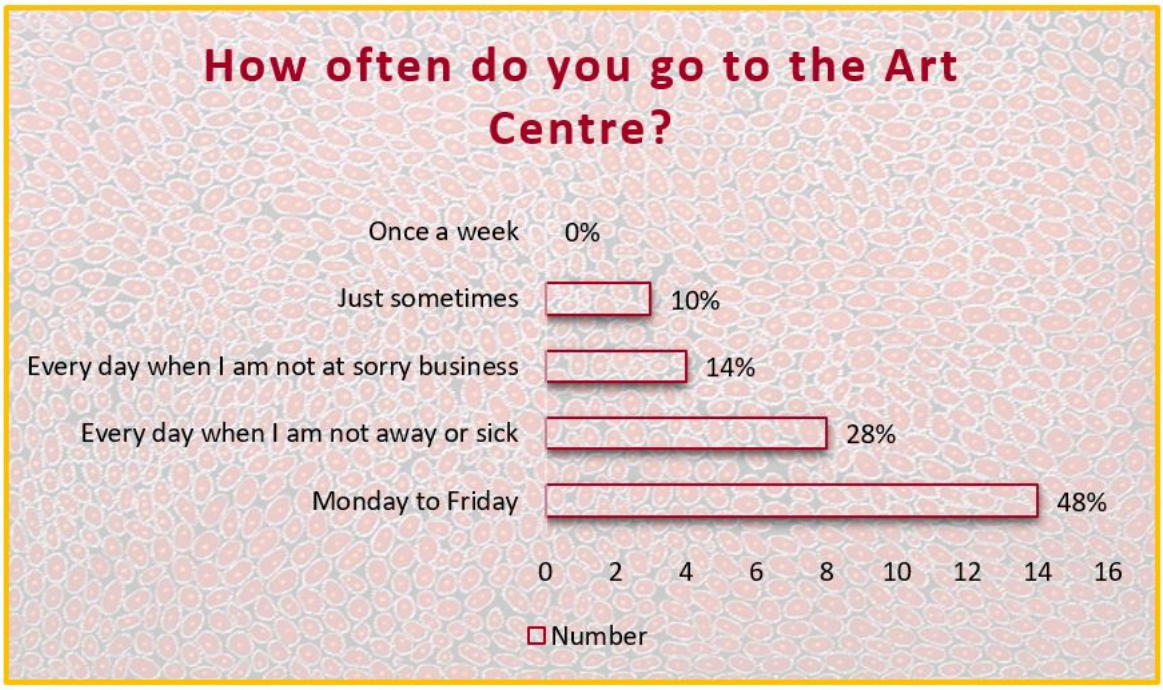


Figure 7.5: Frequency at which artists attend their Art Centre

7.4.5 Question Five: Who goes to the Art Centre? (this can have more than one answer)

The responses to this question are straight forward and indicate that both men and women go to the Art Centre as well as children during the holidays. The second highest response is 'mainly women'. Given that this survey focused on women, I am surprised that the majority of respondents also included men. I interpreted this as an inclusive view held by the respondents who may also believe that the role of men is important within the Art Centre. Again, this was confirmed at the follow-up workshop. Even though men did not respond to the survey in great numbers, their role in the Art Centre cannot be underestimated, and was recognised by those who filled out the survey. This is an important cultural insight into how Anangu artists view the role of men and women in the centres. Overall population figures by the RAOA suggest that 70% of all artists in remote and very remote Australia are women (NINTI ONE: Innovation for Remote Australia, 2017), with the APY percentage higher at 83% (Woodhead & Acker, 2014, p. 1). It also demonstrates that while activities may be gender specific, the women understand the importance of men and present a balanced view. As Woodward and Acker (2014, p. 1) note, the Australian government's policy on social inclusion is defined as a society that provides opportunity for all individuals to participate in the economy. However, as I note in the commentary to question three, gendered relationships in Anangu society are governed by highly organised protocols that include interactions and the use of space.

Health Promotion Principle Five: Equality and gender relationships are health promoting.

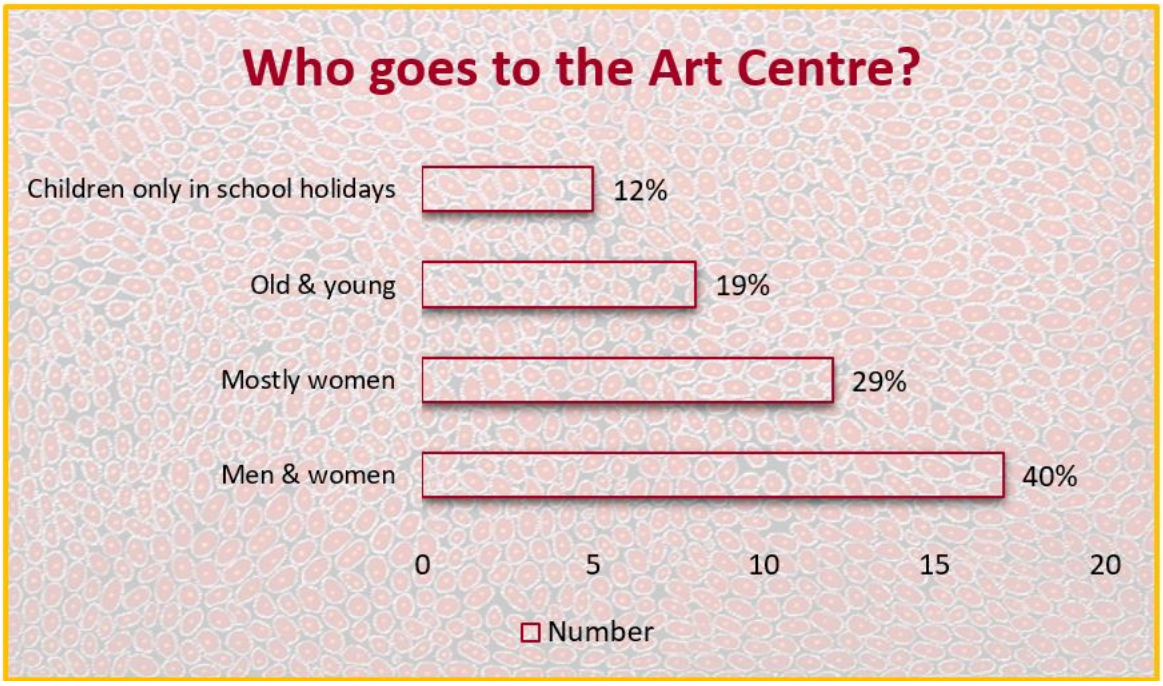


Figure 7.6: Perceived demographic of Art Centre artists

7.4.6 Question Six: When Anangu go to the Art Centre, what is the main reason? (Can have more than one answer)

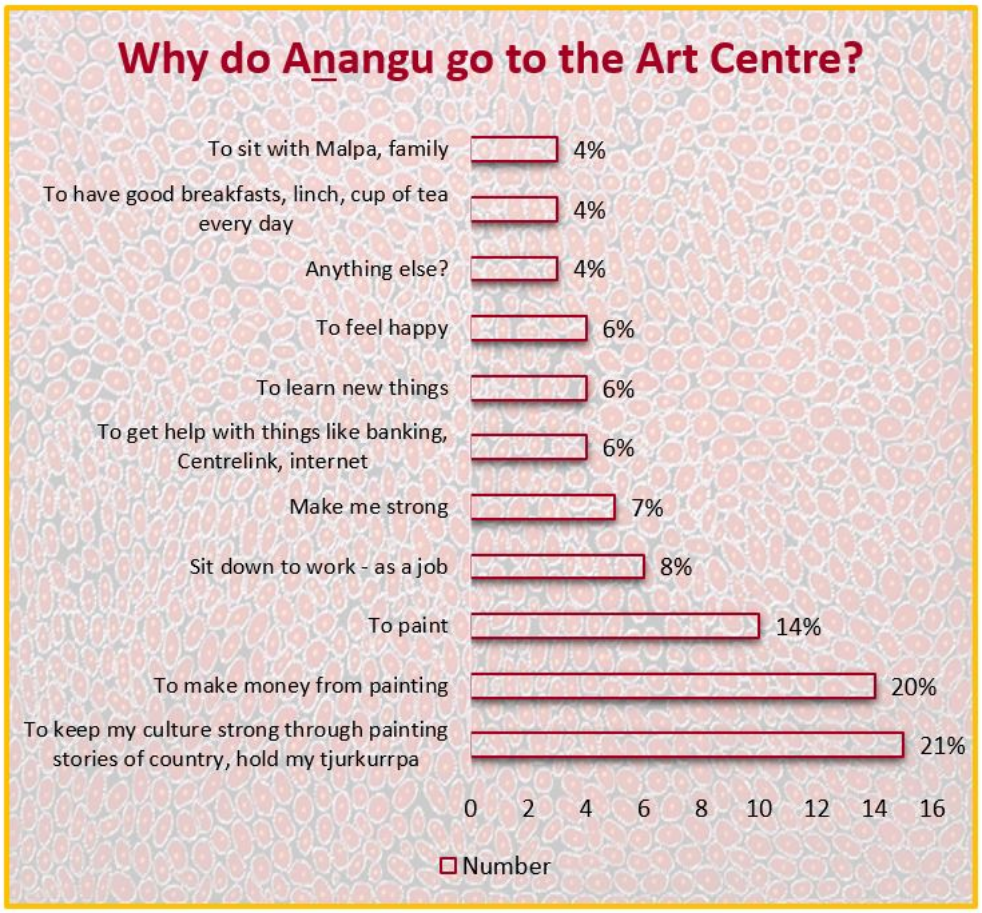


Figure 7.7: Motivations for attending the Art Centre

The main reasons Anangu go to art centres is to keep culture strong through the painting of stories. This was overwhelmingly the main reason, with the ability to earn money the next strongest response. There is a strong relationship between the top two answers – 'keeping culture strong' and 'making money from paintings'. They should not be seen as mutually exclusive, but once again demonstrate Anangu capacity to hold values from both Western and Anangu worldviews. This is further reinforced by the fact that this was a multi-answer question. Some Anangu may have responded to one or two questions but the main story here is that keeping culture strong and making money are the key priorities. In the workshop, the women suggested that the primary reasons included culture and knowledge transference, but these are not the only reasons. The relationships between other motivations need to take into account other variables especially with regards to health and living well in the community and remote contexts. Issues around what constitutes a good life for Anangu are often couched in terms of having food to feed the family, a motor vehicle, and the ability to provide these on request or demand from family and kin. As such, the ability for Anangu to earn a regular income and to provide for such demands is important. Acker and Congreve's (2016) research has analysed the motivational reasons or 'push factors' for what prompts Aboriginal people to become artists. There is consistency between their findings and this survey, particularly with regard to the diverse benefits of employment and cultural maintenance, and family relations that flow from being an artist. They refer to creative and cultural opportunities and highlight the outcomes such as travelling to exhibitions as highly desirable (Acker & Congreve, 2016, p. 12).

While Anangu appear to hold two ideas of cultural maintenance and earning money, as was demonstrated in Question Five, culture takes precedence, highlighting the complexity of marrying the business model with the cultural aspirations of the artists. When defining health promotion in this context, there can be a clash of value systems of the Anangu cultural imperative against the Art Centre market model and its economic focus. Austin-Broos (2009) suggests that Central Australian Aboriginal people, including western Arrernte, continually strive, imaginatively and creatively, to continue lives of meaning and significance in the face of changing and constant demand. She uses the term 'clash of the imaginaries' to describe the situation when 'market-based society' invades a social system with radically different 'regimes of value' (Austin-Broos, 2009, p. 4). While these tensions are not displayed here, responses to other questions, show that the primary focus is cultural, not economic.

Health Promotion Principle Six: Art Centres are primarily about sustaining culture.

The issue of making money from painting is complex as it is important to examine the contribution Art Centres make to the overall community economy. As Altman (2005, 2007) has argued, Art Centres are seen as one of the few successful market-based ventures in remote Aboriginal communities that provide Anangu with supplementary income beyond welfare payments. This research project was partly motivated by the impact of the Global Financial Crisis (GFC) on the downturn of sales of Indigenous art, and the need to find new ways for continuing the support required for them to be viable. In a 2014-2015 update of Art Centre finances Acker (2016) indicates that while there is some evidence of a sales led recovery from the GFC, funding sources and levels remain unchanged although government funding is now on a five-yearly basis, rather than the previous three- or one-year cycle. He notes that government funding remains crucial given that they operate at the intersection of a complex set of expectations "as producers of art, as vehicles for economic opportunity, as service providers, as extensions of government policy and as builders of community capacity" (Acker, 2016, p. 1).

Funding to Art Centres is primarily provided via the Indigenous Visual Arts Industry Support (IVAIS) (90%) and the Indigenous Employment Initiative (IEI). For example, on the APY Lands, funding obtained through the IEI exceeds that of IVAIS (47.6/52.4) with a 6.9% increase in funds over the 2009 to 2015 period (Acker, 2016, p. 4). State funding, while considerable for capital works in the 2009-2010 period, has since declined by 8.6% (Acker, 2016, p. 5). Importantly, Woodhead and Acker (2014) note in their commentary of artist productivity and earnings that "only eight artists (0.3%) had a total value of more than $1 million. Nearly three-quarters (70.8%) of artists made less than $10,000. One hundred and fifty-seven artists (or 5.4%) earned more than $100,000". These figures are not annual, but over the life of the artists career. The conclusion to draw from this is that while Art Centres provide opportunity to preserve and pass on culture and as a place where Anangu can regularly come to work, the idea that they are a viable commercial activity is not sustained. This is not all that different from artists in mainstream society with reports that in the 2007-8 financial year, around 20% of artists worked full time with salaries of around $22,500 (Australian Council for the Arts, 2017). Acker's (2016) data would suggest that while making money is part of why people go to the Art Centre, the financial returns are minimal except for those who are employed under the IEI and the few with successful sales.

The responses also suggest that the view that Art Centre create a link with Centrelink (and presumably other services such as banking and Internet) was not rated highly. In the original ARC application (2010), the authors suggested that Art Centres were places that potentially acted as safe house or sites for contacting Centrelink. However, the results of the survey do not confirm this view. I have crosschecked this with Peterson (2015, p. 44) who similarly suggested that Art Centres

provide a variety of functions and services in the community, although she does not explicitly mention access to Centrelink services in her findings. With these findings in mind, it is possible to draw conclusions that the idea that the Art Centre acts as quasi community health centre is not as strong as originally presumed, at least for Anangu, although it may well be that non-Indigenous service workers use it as the first point of contact. I conclude that Art Centres are not primarily places that provide social and health services, nor are they places for agencies to catch up with people if the Art Centre manager has other priorities.

7.4.7 Question Seven: Sometimes people with disabilities or other health problems go to the Art Centres. How do Art Centres help these people (multiple choice)?

Figure 7.8: How Art Centres assist people with a disability or who are sick

There is a need to revisit the literature to deal with this question and I have drawn on Louis Ariotti (1999) whose research examined the social constructions of disability within Indigenous contexts. In his research, he points to the need to examine the social aspects which define disability in the Anangu context suggesting that disability depends on a range of other factors linked to relationships, status, and power. My experience with this question was that Anangu found it difficult to interpret the concept of disability. This had to be explained to the majority of the respondents. In the workshop, the women said that the nature of disability is a sensitive subject, hence Anangu reluctance to talk about it. Some Anangu saw disability as a physical thing, while

other respondents referred to ‘mental’ problems. Those artists with a chronic illness (respiratory and cardiac conditions; intellectual and cognitive) are treated with the same respect as other artists. My observation is that many with complex health conditions are those who are prominent in the community as artists. In their case, disability is not a defining factor. However, when understood within the medical model, the overall message in this question is that Anangu who have a disability go to the Art Centre because they are places for Anangu to do useful work, receive a meal, and they are able to be seen by the health workers and other services and agencies. For Anangu artists with disability, going and working at the Art Centre maintains their dignity, allows them to feel like they belong somewhere and that they are fulfilling their roles in a social and cultural sense.

If we look closer at why those artists with a disability come to the Art Centre, it tells a story that overcomes the challenges of discrimination. The Art Centre has the potential to redefine the concept of disability by taking it out of the health perspective and analysing it through the social lens where the Art Centre is the focus. Here, Anangu are becoming stronger or more resilient through their practice and this has consequences for maintaining culture. This is demonstrated in Ariotti’s (1999) work, when he talks about the social and cultural consequences of petrol sniffing and the ability to transmit cultural knowledge from the older generation to the younger generation. For those artists who have suffered from petrol sniffing, their ability to engage in the formal process of knowledge transmission is limited. However, the Art Centre is a place where those with a physical or intellectual disability can and are formally involved in the knowledge transfer and exchange process by engaging in the arts. Anangu say the Art Centre ‘makes me stronger’. Going to the Art Centres is another way of affirming how artists can overcome the health challenges that beset them. The Art Centre is a place where those with a disability overcome discrimination by asserting that “I am an artist”. These self-declarations are significant and Anangu take great pride in their ability to assert their status as an artist. Being an artist in the community has great importance and authority. For Anangu with a disability, Art Centres are places where their identity as artists takes precedence over their identity as a person with a disability.

Health Promotion Principle Seven: Art centres are places of social inclusion and keeping connected rather than being isolated.

7.4.8 A thematic analysis: Self-determination and wellbeing in the art centre (Questions 8 to 14)

In the next section, I interpret questions nine to fifteen by utilising an analytical framework based on the concepts of community control, self-determination, and wellbeing. This enabled me to provide a bigger picture of health promotion by linking the findings from the survey with my theoretical underpinnings of the thesis. Whilst Tim Acker (2013) and colleagues continue to

advocate for the role of sustainability based on the economic imperative of Art Centre business or Anangu's desire for 'doing good work', I argue that health and wellbeing is inclusive of this definition and, furthermore, goes beyond the economic imperative to embrace the cultural sustainability and maintenance.

7.4.8.1 Question Eight: How does the Art Centre make artists feel? (Can have more than one answer)

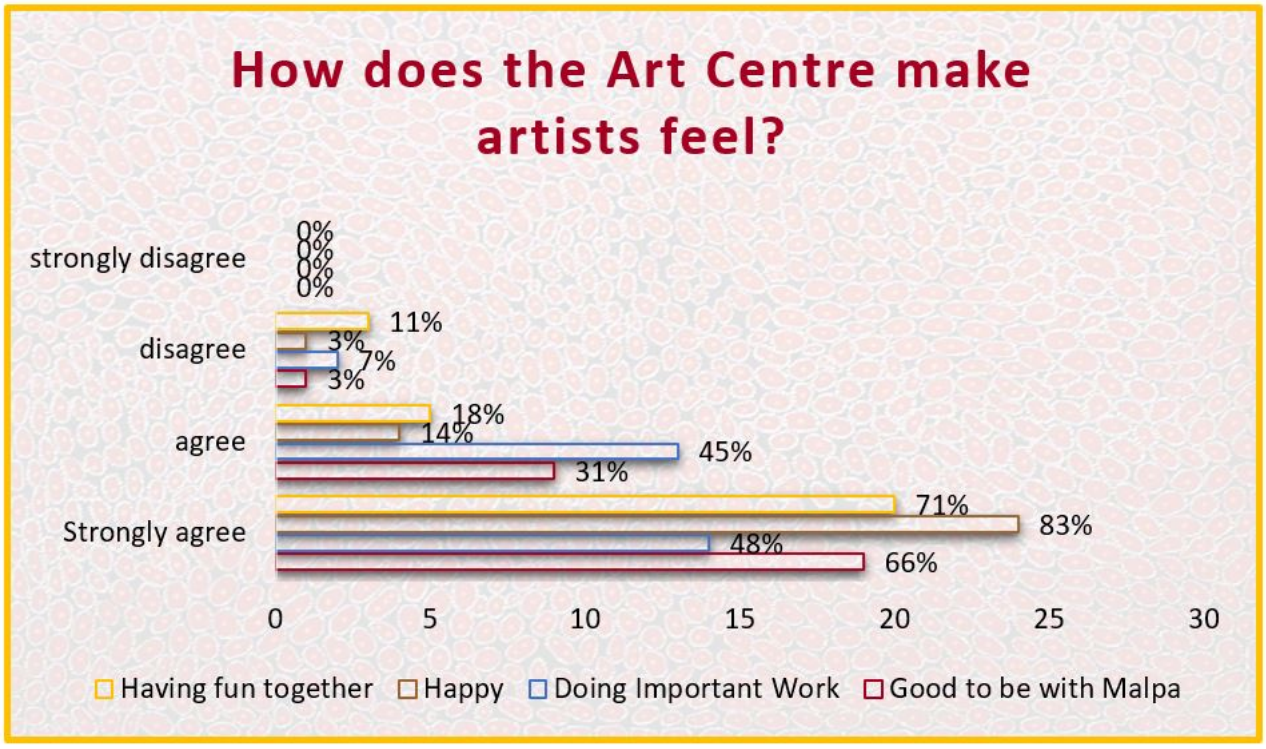


Figure 7.9: Artists' feelings about their Art Centre

7.4.8.2 Question Nine: What does the Art Centre do for Anangu?

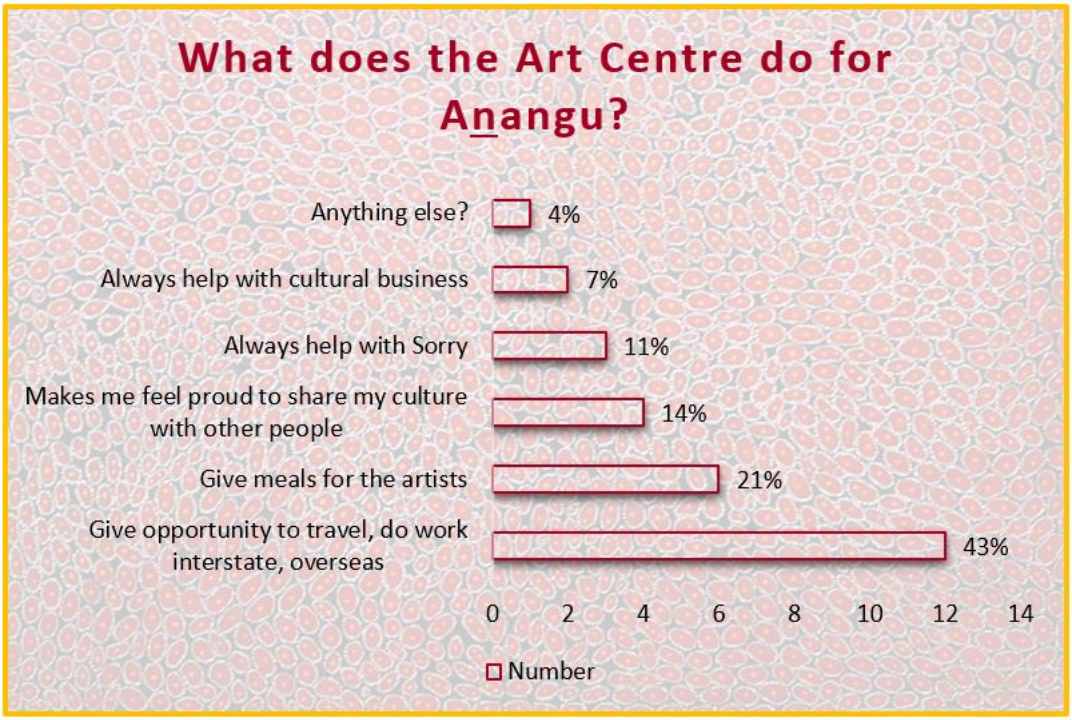


Figure 7.10: What Art Centres do for Anangu

7.4.8.3 Question Ten: What would make the Art Centre a better place?

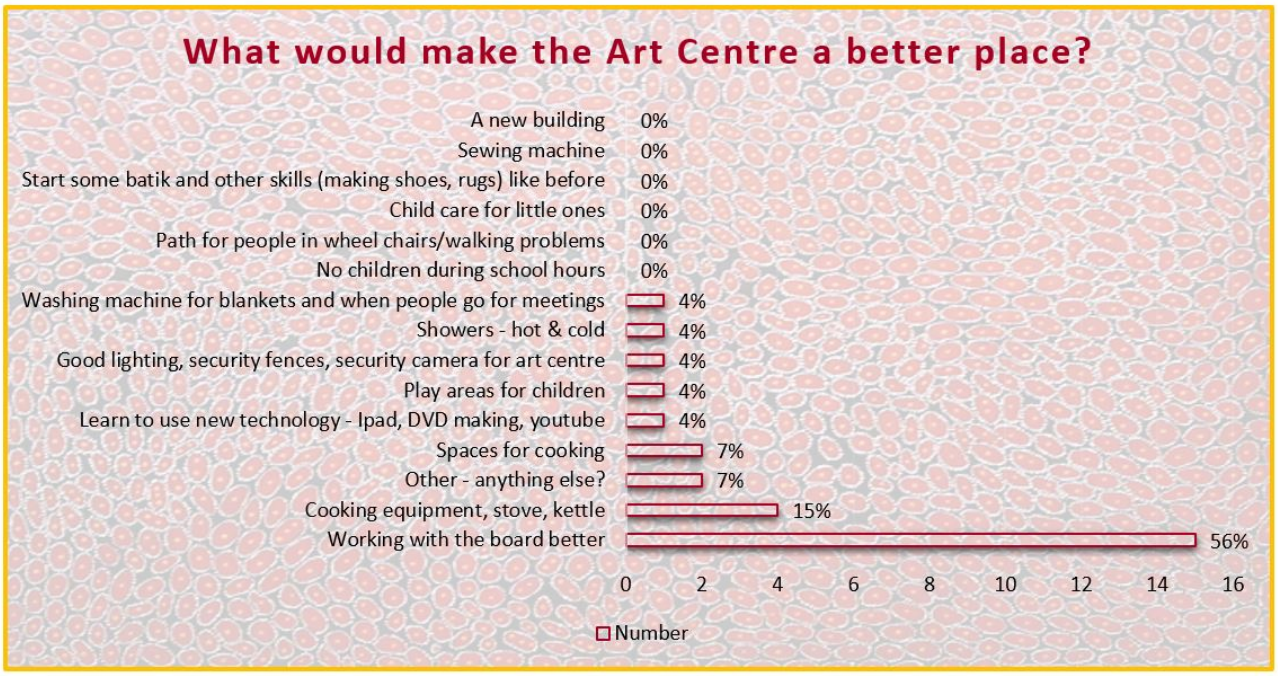


Figure 7.11: Things that would make the Art Centre a better place

7.4.8.4 Question Eleven: Any problems or things Anangu don't like about the Art Centre?

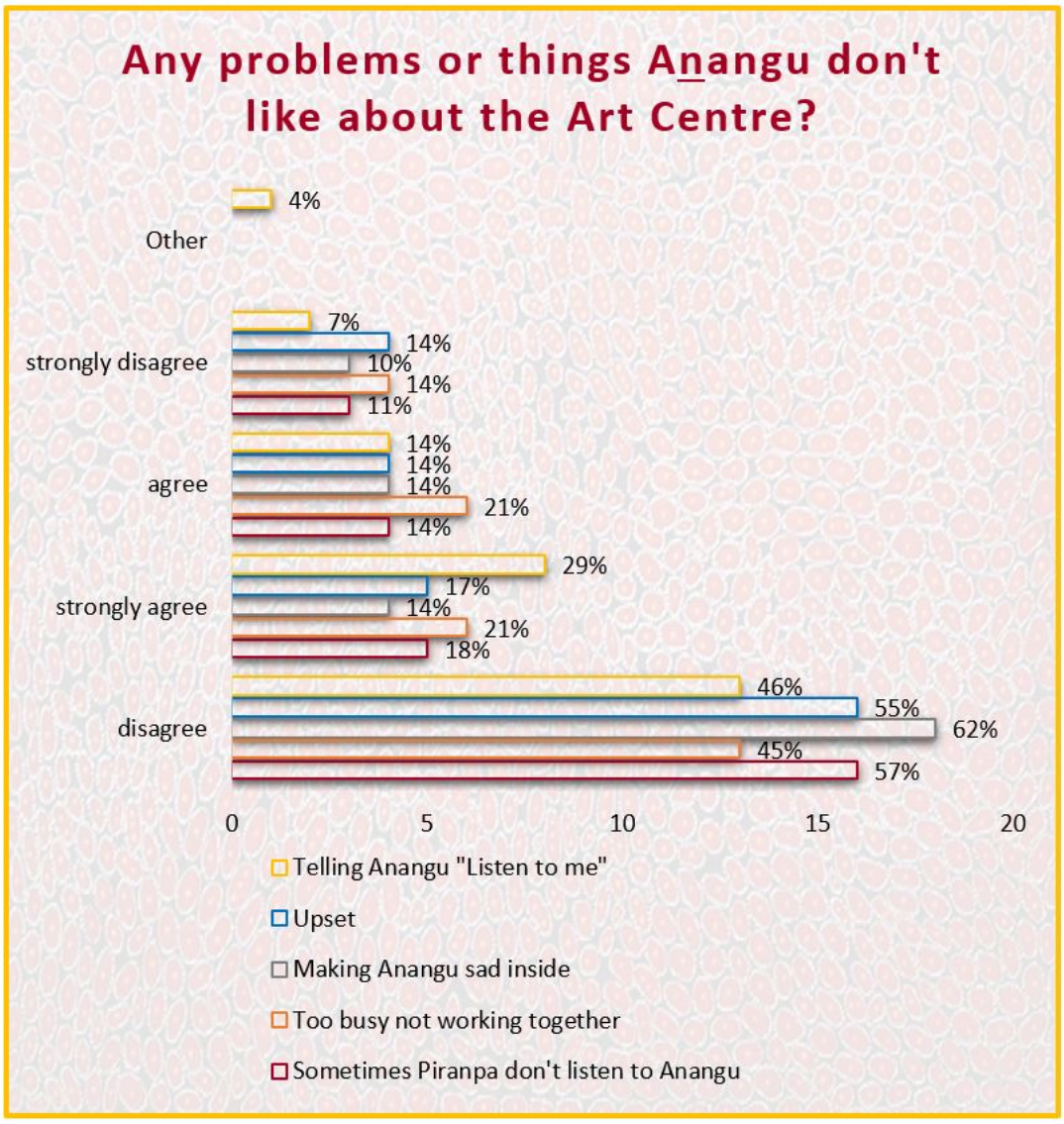


Figure 7.12: Problems or things Anangu don't like about the Art Centre

7.4.8.5 Question Twelve: What rules does the Art Centre have?

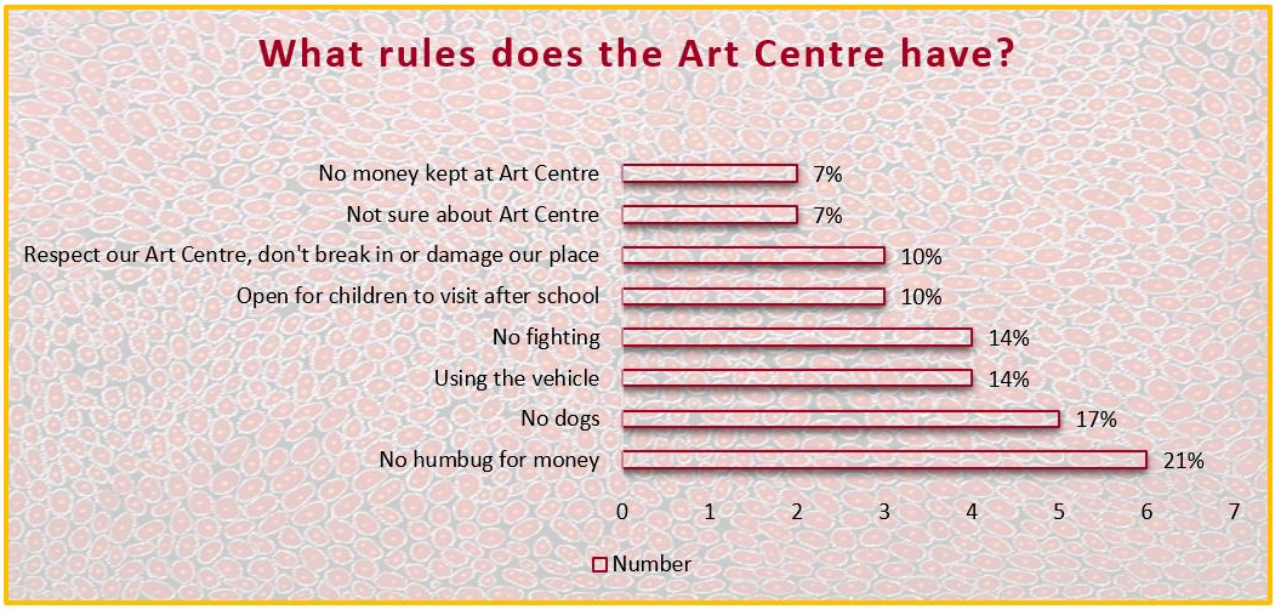


Figure 7.13: Rules at Art Centres

7.4.8.6 Question Thirteen: What would happen if the Art Centre closed down?

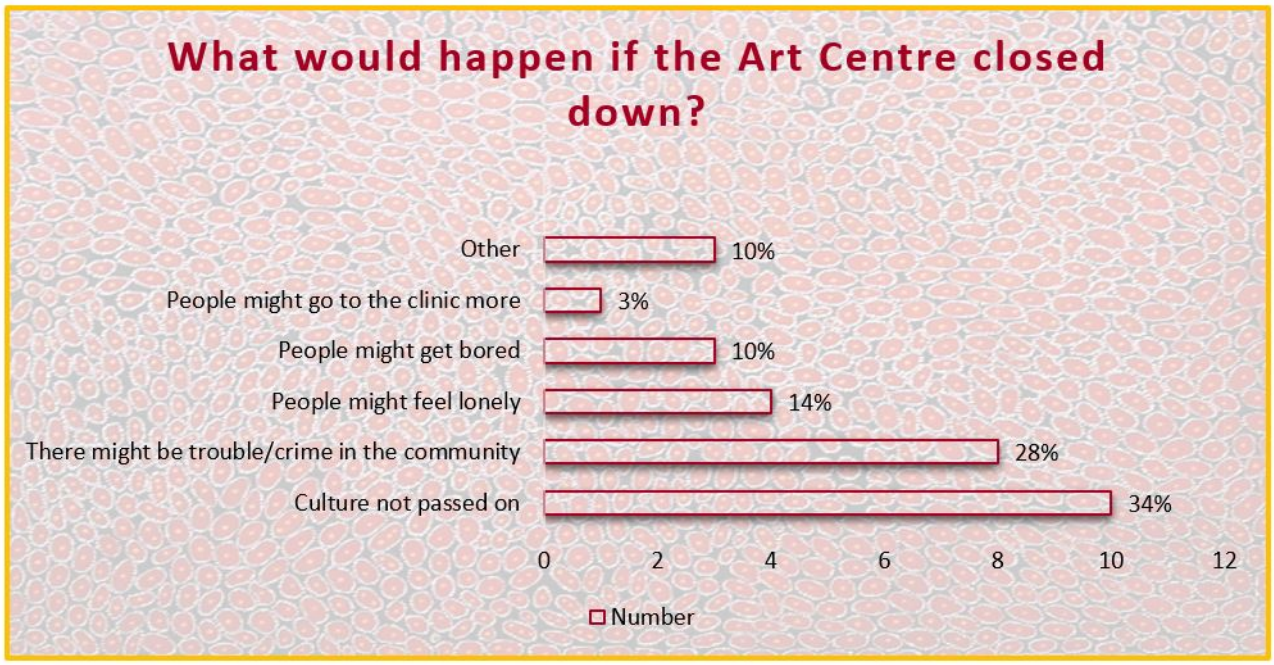


Figure 7.14: What would happen if the Art Centre closed down?

7.4.8.7 Question Fourteen: Art Centre should be open to visitors, like tourists

Figure 7.15: When the Art Centre should be open to visitors

7.5 Discussion: Sustaining Anangu Ideals for Good health

Two central ideas emerging from this survey are Anangu notions of wellbeing and self-determination, and the place the Art Centre manager plays within the centre in terms of Anangu empowerment and self-determination.

7.5.1 Health, wellbeing and self-determination

The ideas I had around empowerment were not obvious from the results. Rather, the questions capture self-determination and wellbeing and, therefore, indicate that Anangu determinants of health are aligned with holistic views of health. These indicators are closely related to Anangu cultural perspectives of health and wellbeing which recognise that control and choice are central to empowerment. Answers to questions 11 and 12 (What would make the Art Centre a better place? Any problems or things Anangu don't like about the Art Centre?), in particular, provide details about what Anangu value. Anangu value being self–determining and making decisions about how to improve their health and wellbeing within the Art Centre context. These results suggest notions of Indigenous health around social wellbeing, peace, and harmony rather than one of continuous chaos and contention.

Today the ladies were working on the pulkupa (happy) pots. This afternoon's deadline was looming. Meanwhile, two women from a well known Alice Springs organisation walk into the studio and ask to see [artist 1] and [artist 2]. It became apparent that these artists were required for another meeting. The Art Centre manager cuts her telephone conversation short.

Talking to [staffer 1], the Art Centre manager says, "You need to ring or make an appointment before you come"

[Staffer 1]: "I did and I sent the flyer."

Art Centre manager: "Today is not a good day. We have deadlines to make. Perhaps you can come back later."

I feel the tension rising. I look across at [staffer 2]. She is oblivious to the conversations taking place with the Art Centre manager and Anangu are happy to see her.

Down the end of the studio where the heated exchange is taking place, Anangu are growing slightly uncomfortable as the two women exchange words. They keep their heads down.

[Staffer 1]: "We just need [artist 1] and [artist 2] to discuss some [organisation] business."

The Art Centre manager insists that they come back another time because they are busy.

The two staffers from Alice Springs are politely asked to leave once again, and are reminded about the Art Centre's rules. They leave and Anangu ladies continue with their pottery whilst the Art Centre manager calms down and makes another call on the phone. The Art Centre manager exclaims "how rude!"

The artists continue to work on the pots to get ready for the Pulkupa Exhibition in Melbourne.

It is also true that other ideas flow within the space of the Art Centre; some applying to the Art Centre manager, but others to the overall space/place. For example, during my conversation with a well-known art worker (a printmaker from Alice Springs, Wayne 'Iggy' Eager) he makes the point that Art Centres are a "neutral place and that it is a place where people are happy" (W. Eager, personal communication, 2012). I agree that they are places where people are happy, although perhaps not neutral, but characterised by less conflict than other spaces in a community. The concept of happiness in Anangu ontology is more nuanced than the Western ideas. For example, Fred Myers (1986) looks at the central theme of happiness (*pulkupa*) within the moral order of the Pintubi. Happiness as an ideal is "closely cooperating with kin, and in this sense Pintubi attempt to define when and how one should be happy" (Myers, 1986, p. 111). The concept of *pulkupa* is of

significance, especially with regard to Anangu health and wellbeing. It is an Anangu notion of happiness used to describe an overall state of wellbeing. This is consistent with the WHO's (2017) definition of health which alerts us to the idea of a complete state of emotional, spiritual, and physical wellbeing.

A further idea of the health-promoting properties of the Art Centre comes from the responses to question eleven, 'What does the Art Centre do for Anangu?" Responses included: 1) Art centres most benefit Anangu by offering opportunities to travel, sharing culture and providing work; 2) Anangu like going to the city for exhibitions, shopping and to meet with other artists; and 3) Sharing culture through knowledge and culture exchange highlights the nature of learning and interacting with others. This question also tells me that the Art Centres make people feel proud (which is linked to wellbeing) to share culture with others. The ability to give and to share is an important Anangu cultural value. Also, Art Centres provide meals for artists. At the analysis workshop, the participants said that when the Art Centre provides a meal, it enables them "to stay and do their work," which means that "they can finish their job as artists." Anangu see that there is a link between having a finished product and this may increase the chances of selling art to earn an income (Workshop participants, 2015).

7.5.2 Art Centre managers and community control: managers or owners?

Some of the questions in the survey were drawn from the workshop held in 2014. These questions offer some way for Anangu to deal with the personalities of Art Centre managers who are employed in the role to oversee the day to day functions of the centre. For instance, Anangu proposed that the survey include a question relating to the non-health-promoting aspects of the Art Centre; 'things Anangu don't like about the Art Centre'. However, in the survey, when Anangu responded to this question, the responses were quite positive – Anangu didn't think that there are problems in the Art Centre. In the follow-up workshop, we talked about the survey results depicting a good story and perhaps Anangu were confused about these questions. During the workshop, the women insisted that there is another side to this story and that there needs to be discussion of the problems and, as one participant said, "it is their way or nothing," that they "don't' listen," referring to Art Centre managers. Issues about "bossy" Art Centre managers tell Anangu to "listen to me," show disregard for Anangu artists' desires to work together in the Art Centre context.

The relationship between Anangu and the Art Centre managers is such that one cannot be without the other. The relationship is symbiotic, akin to the Walpiri idea of *Kirda* and *kurdungurlu* with the Art Centre manager as a manager, and the artists as performers and owners of the work (see Collard & Palmer, 2006). *Kirda* and *kurdungurlu* (owner and manager) is "conceptually a reciprocal

relationship: the system of mapping people onto land is overlaid with safeguard mechanisms that ensure knowledge will be preserved and transmitted" (Bell, 2002, p. 144). In other words, the *kirda* and *kurdungurlu* relationship is what Anangu want, but it is not what they get. Anangu artists see the Art Centre manager's role as looking after the management side of the space and providing opportunities such as (1) sharing culture and providing work; (2) travelling to larger cities for exhibitions, shopping and meeting other artists; (3) knowledge and culture exchange highlighting the nature of learning and interacting with others; and (4) providing meals for artists so they can produce work. At the analysis workshop, the women participants said that when the Art Centre provides a meal, it enables them to stay and do their work so that they can finish their job as artists. These are important statements and it highlights the significance placed upon the social relations to maintain good health. Art Centre managers are expected to be managers, but not necessarily bosses.

7.5.3 Towards an Anangu social and emotional wellbeing: *Kanyini*

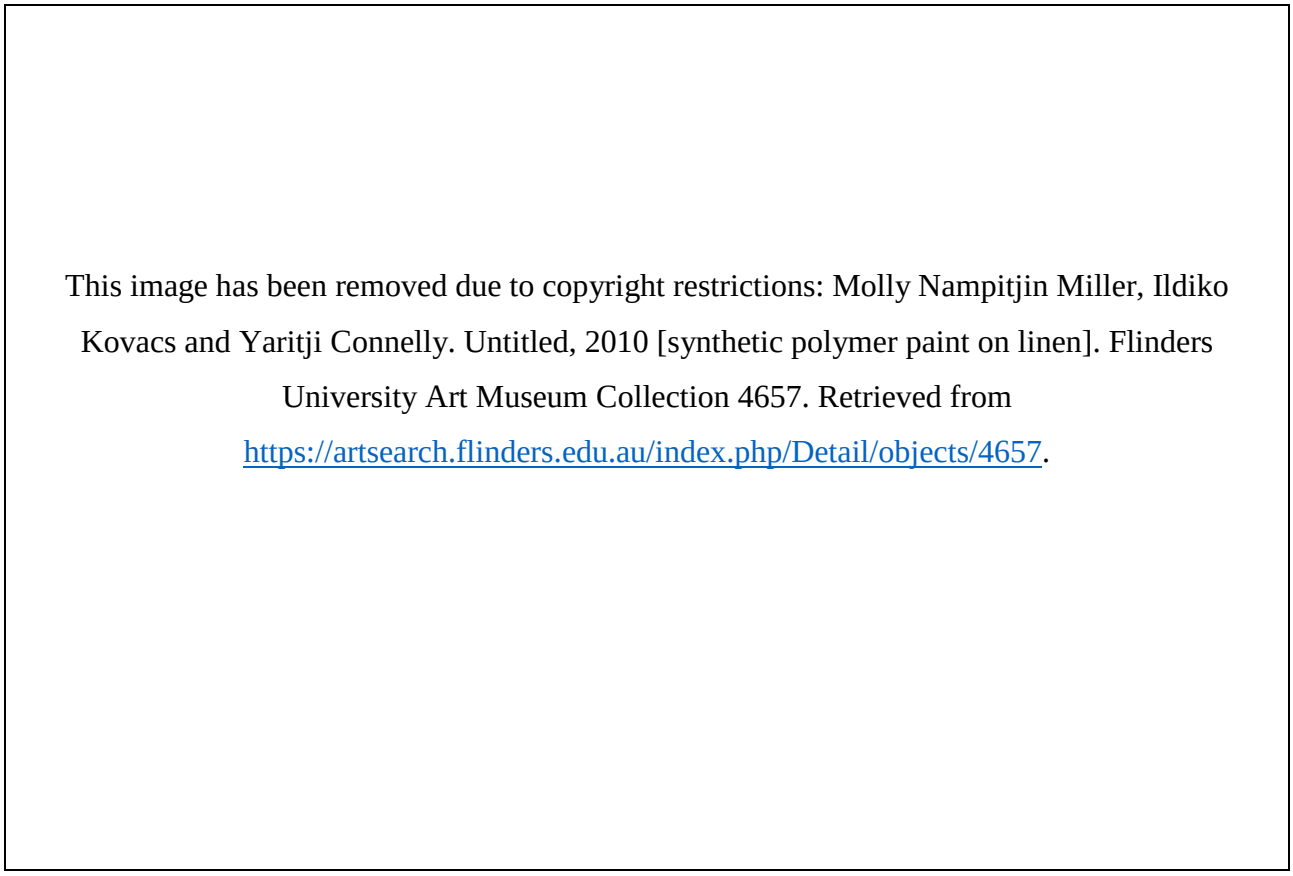
The Art Centre's primary health function is not based on delivering services. The survey shows that artists with a disability are often accommodated, however, the conclusion is that the Art Centre's primary aim is to provide a safe environment where artists can practice culture through their art and feel *pulkupa* (happy). It is one of the most important places in the community where people can come, and be connected and nurtured or cared for in a safe place. The Pitjantjatjara word for this is *kanyini*. Most Anangu see the Art Centre as a key organisation within the community and, like community control organisations, it is controlled by the local Indigenous community through a locally elected management board. This sometimes comes into conflict with other Indigenous governance structures operating at the same time, such as the Ananguku Arts Board. For example, in question eleven, respondents were asked, 'What would make the art centre a better place?' The overwhelming response from Anangu was 'working better with the Board'. It was not clear which Board the participants were referring to; was it their local Art Centre board, or the Ananguku Arts Board? Despite working with the women before the survey, this point remained ambiguous.

7.6 Conclusion

In this chapter I have explored the notion of health promotion through the implementation of an Anangu designed survey. The survey helped me to understand the reality of how Anangu manage interpersonal relationships with the Art Centre manager, and draw attention to the concept of where Anangu agency and control is located. It is clear from the survey that aspects of health promotion are operating at the cultural interface along with an appreciation of an Anangu definition is brought about through an examination of the concepts of self-determination and community. It is clear from the survey that there are two sets of health promotion criteria operating in the Art Centre context.

One set of criteria is operating in the broader concepts of Western notions of health promotion; the other is an Anangu set of criteria that operates with, and against, the Western concepts. This means that definitions of health promotion are at a juxtaposition to Anangu aspirations and ideals. The survey data presented in this chapter demonstrates the complex interplay between Western notions of health promotion and Anangu health promotion in the Art Centre context. The questions from one to fifteen provide an overview of emerging themes and patterns, enabling Anangu to define health promotion on their own terms. Thus, by participating in the survey, Anangu have effectively embodied the practice of health promotion.

CHAPTER 8: TOWARDS A DISCOURSE ON HEALTH PROMOTION IN THE ANANGU CONTEXT



8.1 Introduction

This chapter provides an overview of the findings from Chapters One to Seven, focusing specifically on identifying health promotion (HP) practice. Throughout the thesis, there is evidence to suggest that Anangu Pitjantjatjara Yankunytjatjara (APY) Art Centres are health-promoting, both from a mainstream point of view as well as from an Indigenous and Anangu perspective. These are not mutually exclusive notions of HP. The purpose of this chapter is to present all the evidence including observations, case analysis, and data from the survey to outline how Art Centres meet the criteria for health promotion as understood within mainstream and Indigenous contexts. Previously, I argued that there are two levels of health promotion operating in the Anangu context; mainstream and Anangu. Mainstream health promotion offers fundamental values such as empowerment, engagement, self-determination, and community participation that I consider to be key themes. This is demonstrated in Chapter Six through the story of the food program. The survey presents a set of

principles that encapsulate what might be an Anangu form of health promotion within a Western framework. Anangu specific concepts are detailed in Chapter Nine. I begin the discussion through a revision of mainstream notions of HP, as outlined in the thesis.

8.2 Key Findings from Chapters One to Seven

8.2.1 Mainstream notions of health promotion

In Chapter Two, I provided a critique of the current governance frameworks operating in remote Aboriginal communities, particularly since the Intervention (2007) and in response to the Closing the Gap policy approach (Australian Government, 2009). I argued that these two policy objectives are not working, particularly those aspects focusing on Indigenous health. In making this critique, I explored the ideal health promotion model based on the principles of self-determination and community control, drawing specifically on the National Aboriginal Community Controlled Health Organisation (NACCHO) model which foregrounds Indigenous governance at national, regional, and local levels (Duff, 2013). I suggested that Art Centre community control drew on the NACCHO model and aligned with health promotion as outlined in the Ottawa Charter (World Health Organization, 2017).

In Chapter Three, I explored how Indigenous people, specifically Anangu, understand health as it relates to ideas of empowerment and control. To do this, I drew firstly on the World Health Organization's (WHO) understandings of Health for All, Primary Health Care and health access. This was demonstrated by outlining the relationship between the concepts of community control taken up by the National Aboriginal Community Controlled Health Organisations and the WHO ideas of self-determination and empowerment, demonstrating the alignment between the two concepts, but also how these concepts bring the Aboriginal community controlled services into constant conflict with the State and Territory governments. Added to this, contemporary notions built into the social determinants of health (SDH) drew attention to the distinction between the social gradient and individual and community agency. For Indigenous Australians, as a colonised people, both concepts must be core to any health promotion policy. To illustrate the tensions, I argued that the Western academic epidemiological notions of disadvantage, and high rates of morbidity and mortality, are accorded more value than the concepts of Indigenous rights and agency. The chapter concluded at this point by highlighting the tensions but, in doing so, paved the way towards a deeper understanding of Indigenous and Anangu understandings of health promotion. I also drew on Indigenous notions of health as explicated by various commentators, particularly the ideas of wellbeing, suggesting that it encompasses person, country, and *punya.* I noted that *punya* is translated as strong, healthy, happy, knowledgeable, socially responsible,

beautiful, and clean, both in the sense of being within the law, and in the sense of being cared for (Bird Rose, 1992, pp. 100-101). I noted that the Pitjantjatjara use the concept of happiness (*pulkupa* or *kanyini)* to describe the emotional, physical and spiritual wellbeing of Anangu.

8.2.2 One or many health promotion discourses?

In Chapter Three, I suggested that there are many ways of interpreting health promotion and advocated for an Anangu perspective with the introduction of an arts and health approach. However, I made it clear that the Anangu perspective and the mainstream understandings of health promotion are not mutually exclusive, but overlap within an intercultural space. In the remote context, Anangu do not choose one over the other. In making this point, I drew on Barbara Tynan's thesis, *Medical Systems in Conflict* (1979), which shows that when Aboriginal people in Central Australia engage with the biomedical model, they choose a combination of both Western and traditional forms of medicine and, as a result, the distinction between both systems becomes blurred (Tynan, 1979, p. 155). Again, Tynan says that "Aborigines are constantly faced with situations in which they must adapt to changing or stressful circumstances" (Tynan, 1979, p. 155). I would argue that Tynan's observations are still relevant and relate to how health promotion in the Anangu context is negotiated and then adapted (see Tynan, 1979, p. 155) both in terms of the immediate need, and local situation and circumstances of Anangu. This shows that health promotion is never fixed, but is fluid. It is both context specific, and moves between mainstream and Anangu.

Chapter Three also brings together an Anangu and mainstream view of health promotion and locates the conversation in an intercultural space. I suggested that the intercultural space provides both positive and negative outcomes for Anangu artists, however, I established in subsequent chapters that this is indeed the reality and ebb and flow of the remote Indigenous realm (see Chapters Five and Six). Conversations with regard to Anangu and mainstream health promotion are located in this dynamic space and the concept of culture is positioned as central to taking the discourse of health promotion to the next level. The practice of culture is a prominent feature in my discussion of Anangu health promotion discourse. At a theoretical level, the practicing of culture and participation in the arts inform Anangu health promotion practice. The most relevant argument in this chapter relates to Tynan's concept of adaptation, but seeks to assert that Anangu agency is not just about the ability to adapt but the ability of Anangu to hold numerous notions of health promotion simultaneously. This extends Tynan's notion of adaptation but shows that Anangu are not merely adapting to the changing contexts, but are asserting Anangu agency and autonomy by holding various sets of HP notions and, therefore, articulating Anangu health promotion on their own terms as their needs arise.

8.2.3 Negotiating HP at the interface

Chapter Four is an overview of the methodology utilised to achieve the research. This thesis is an ethnographic study using an Indigenous mixed method approach to privilege Anangu culture and concepts relating to health promotion. Therefore, I argue that the research act was health-promoting in itself. Throughout, I have advocated for an alternative understanding of health promotion, and to achieve this, I have had to address some methodological challenges along the way to gain the inside story of health promotion. The chapter gave me the opportunity to reframe the research lens by developing and reporting on my methodology and reflecting on my Indigenous ways of doing, ways of knowing, and being alongside local Anangu practice and protocols. Whilst the Anangu ways of doing were privileged in the field, the reality was that this was sometimes overridden by external forces outside of the Anangu domain. This meant that there was constant renegotiation of planned visits, meetings, and data collection strategies. In many ways, the constant requirement of renegotiation is a dominant thread throughout each chapter. The methodology showed that research conducted in Indigenous communities is not a straight forward act, but requires an ability to negotiate and renegotiate one's position in the field; it is one of the determinants of their health. Like my research position, it was imperative that shifts in the methodology were taken into account, especially with regard to the knowledge production process. Indigenous research in this context is much more than filling in ethics forms; it is about being accepted by the communities and Art Centres in order to engage with participants on a deeper level. Here, the issues of control were bought forward to establish and negotiate my position in the field. This became an overarching theme within health promotion, and is a key argument presented throughout this discussions chapter.

Reflecting on HP in a remote context

An ethnographic account of health promotion is detailed over four stages of research from 2012 to mid-2015. During stage one of the research, I utilised the Ananguku Arts Board and Culture to establish my position in the field. The Board set up the protocols of research and appointed a Malpa who helped broker relationships in the field and scoped the research context. A lengthy ethics process, and time spent to undertake numerous modifications to the application, meant that I was unable to undertake official data collection until the following year. However, I argue that the time spent brokering the relationships with the Malpa was valuable, and establishing the role of participating Art Centres was crucial. During stage two, I was able to conduct observations across the four participating Art Centres, and this became the basis of my ethnography. The observations highlight some emerging themes in relation to Anangu and their understanding of health. These themes were explored during a workshop held with artists who designed a survey according to their own understanding of health in the Art Centre. In stage three, I took a traditional health promotion approach with one Art Centre to implement a food security program over a period of two years. An ethnographic account details an action research process, whereby the Art Centre manager and artists negotiated the outcomes of the project in accordance with their local aspirations of community control. The final stage of the research highlighted the Anangu meaning of health promotion within the Art Centre. The workshop analysis of the survey reveals Anangu notions of health promotion and how this differs from the mainstream discourse, but these notions are not mutually exclusive. Importantly, health promotion must also be contextualised more broadly by taking into consideration the many challenges and constraints faced by Anangu. Understanding health promotion in the Anangu contexts needs to be established by unpacking the power relationships that exist between and among institutions, issues, and officials, that impact on daily life.

8.2.4 Whose control?

In Chapter Five, I revealed the various health promotion actors and factors positioning and jostling for power and control at the local Art Centre level. Health promotion must be couched within a wider environment that is often messy, unpredictable, and out of the control of Anangu. The confusion and chaos that often plays out in Art Centres, and the story of health promotion, is often couched in terms of being winners and losers (see Labonté & Laverack, 2008). Bringing forth the more positive aspects of health promotion, the ethnographic account details the varying levels and approaches to control and decision making within the Art Centre, and this is displayed through a series of vignettes that bring alive the story of Anangu struggle for agency and autonomy. From a positive perspective, this was demonstrated through the singing of senior artists who 'sing the story' in the face of chaos and crisis, and again in the scenario and vignette of the *pulkupa* pots. This chapter also alerted me to the variety of ways in which health promotion might be understood. I was

introduced to the links between health promotion and adequate food; health promotion as a sense of happiness and remembering country; health promotion as confirming identify and story; health promotion as practising art; and health promotion and giving back to community. What these concepts might mean was not yet fully formed.

In Chapter Six, a health promotion story was established when the Art Centre manager used my research as a platform to gain resources for the establishment of a food program. The complexity of this venture is revealed through the introduction of external agencies who worked at the interface and challenged Anangu governance from within and from the outside. The many layers and complexity of health promotion empowerment are evident in this story with competing definitions of health promotion in the Anangu context, as well as the competing organisations and their definitions of empowerment and control. These agencies were Australian Red Cross, and local and regional Indigenous controlled organisations engaged in food security. While there were significant trade-offs, Anangu were satisfied with the health promotion outcomes although much of the process was outside of their control. As noted in Chapters Two and Three, national policies determining Indigenous health are often at odds and are a mismatch with Indigenous culture and life choices (Tuhiwai Smith, 2007). In reporting on these events, I showed that health promotion is constructed via the interplay of issues regarding power, institutions, relationships, and authority. Importantly, I challenged my own initial analysis that the project had failed when the artists decided to stop the program. I came to see that when their agenda for a secure Art Centre food program were met, it was time to terminate the project.

Chapter Six also displayed the complexity of the Intervention and Closing the Gap funding, whereby the Federal government has supported NGOs over community controlled organisations, thus challenging their capacity for health promotion action. However, the food program is also an example of HP at the local level over national or macro Aboriginal community controlled organisation strategies and agendas. It illustrated the possibilities for the empowerment of one group to challenge the empowerment of another group. It also challenged me to work directly with Anangu via the Art Centre manager who wanted the food program. An important insight emerges from this story as I started to understand the various definition of community control. Throughout the ethnographic study, I frequently asked the question, ‘who is in control and where is the control?’

In Chapter Seven, health promotion was further explored in the ethnographic context through the implementation of a survey. A training workshop to build the existing capacity of artists provided the point of engagement with the artists who developed the questions. Equally important to this analysis of health promotion were the difficulties and obstacles faced during the process of

conducting research. Health promotion action often refers to meeting the challenges at the local community level and building empowerment from within (see Starhawke, cited in Labonté & Laverack, 2008, p. 28). This requires the outside agent to engage with the local challenges and to understand that need is often defined by those of the community. As a researcher, a key question relating to health promotion is, 'who is defining the needs of Anangu and how is this being articulated in the context of research?' In my research, I make the suggestion that if health promotion is viewed through an Anangu lens, the power dynamics can shift from one of deficit to one of Anangu agency, autonomy, and control.

8.3 Health Promotion Mainstream Themes in the Anangu Context

In this next section, I take up several key health promotion themes outlined in previous chapters and explore how they are made concrete in the Anangu context, drawing on the stories of this research across these seven chapters. These themes, drawn from conventional Western ideals of health promotion are; engagement and participation, community control, empowerment, and self-determination. However, while these terms have currency in the mainstream health promotion literature, their meanings are interpreted differently in the Anangu context. The purpose of the next section is to show how the Anangu meaning and the mainstream meanings both come together and diverge in the Art Centre context.

8.3.1 Engagement and participation in health promotion

The health promotion concept of engagement is highlighted in the earlier stages of the research. A critical question was asked of the artists in the beginning of the research: "how can this research benefit the Art Centre?" This question became the basis of local engagement when Anangu artists and the Art Centre managers started to negotiate the research outcomes of the project. Their concerns for better food in the Art Centre became the driver of a food security intervention. Taking on the local concerns challenged the notion of token engagement and made way for a participatory action research agenda not of my choosing. However, an assessment of the enablers and barriers of effective Anangu engagement within this project is required. Within the Art Centre context, gaining participation of the artists was critical. I really only achieved this by having access to the artists via the Art Centre manager, working with one or two artists who were my key reference points for information, and having the opportunity to consult over a long period.

Anangu engagement and participation relied heavily on communication with the Art Centre manager. It became clear to me that it was not possible to engage with them without the manager. As I noted in Chapter Seven, I was unable to gain access to three of the seven Art Centres because of limited cooperation of the managers. In summary, engagement is mediated through a 'manager'

and, as I demonstrated in Chapter Seven, while this is appreciated by Anangu, it is also contested. I also observed where the opportunities for participation existed and became interested in those who did not participate in the research. For example, I ask the question of why did my research only examine four art centres? This fact also tells me more about the issues of power and control within the health promotion story.

Despite these limits and barriers to engagement, the Kaljtiti food program highlighted that when community engagement is locally driven, it can lead to health enabling outcomes (Laverack & Keshavarz Mohammadi, 2011). This program showed that the Art Centre is a suitable and enabling environment where artists can explore and engage in health promotion on their own terms. The Art Centre can be described as an enabling environment for facilitating local engagement and participation. For participation to be sustainable, it needs to be based on, and accommodate, Anangu aspirations. The Kaltjiti food case analysis shows that artists need access to information in order to make appropriate decisions with regard to their health and wellbeing. This was demonstrated with regard to accessing resources outside of their immediate environment and that having the ability to control the decision-making processes was important for local Anangu autonomy.

One of the core principles of health promotion, according to the World Health Organization (1986), is that people have a right and duty to participate in the planning of their health care. If research forms the basis of this, then people also have a right to be active and equal participants in that research process and dissemination (Naidoo & Wills, 2009, p. 33). Hence, the concept of participation is important and very specific. Participation at the Art Centre level is examined and, at another level, participation is identified at the organisational level of the Art Centre. The ability to map these levels of participation is done so within the ethnographic chapters. In doing this, I unpacked the competing themes of each actor and tried to understand the bigger picture of health promotion, what the trade-offs were for Anangu, and where opportunities might arise through the conversations and alliances built. I also distinguish between other forms and levels of involvement with the introduction of outside agencies such as community control organisations e.g., Nganampa Health and Mai Wiru in this suite of agencies. Their involvement or engagement is considered both informal and formal but, more importantly, helped me to construct the discourse around health promotion with regards to Art Centres. Each agency's relationship with Anangu is different and is based on the premise that they service the same constituents. What is clear is that as each agency level engaged in the project, questions of control emerged.

8.3.2 Community control

For Aboriginal organisations such as health services and Art Centres, the concept of community control is at the centre of health governance. This is a theoretical underpinning of health promotion and I would argue that it is fundamental to health. Governance within the Art Centres is through Anangu participation at the local board level, and through its regional boards. However, as this study demonstrates, community control differs for Art Centres. Whilst community control might be an ideal or aspiration, on closer inspection, it is often not the reality. When resources are allocated, it is often done so based on a needs assessment. This raises the question as to whose needs are being considered. Is it Anangu or is it the Art Centre manager, an outside agency, or a regional Indigenous controlled organisation?

Returning again to the food story, I demonstrated that there are other powerful influences which operate from outside of the regional context, such as federal and state governments. It is their policies which dictate where resource allocations are directed. In the food case study, the outside agency was the Australian Red Cross who gained the resources, as opposed to an Aboriginal community control organisation also concerned with food security. This case study provided a more nuanced understanding of the concept of community control in this context and proposed further questions about control and who holds it. Is it Anangu artists, other Aboriginal organisations, the Art Centre, or an outside NGO? And what role does government policy play in this control?

The Kaltjiti food health promotion example also focused on the specific enablers and barriers within the food security program. For instance, in Chapter Five, I concluded that there are multiple definitions of health promotion depending on where power is located and how it is exercised. The food security chapter illustrates three sets of participants competing for control but for different reasons which suggests that the concept of health promotion is fluid and dynamic depending on where you are situated. What is health promoting for one group may be counterproductive for another. The health promotion literature does not address the challenge of gaining more power-over for some by limiting the power-over of others. Buchannan asks, “To what extent is it possible to have ‘power to’ do something without exerting ‘power over’ others?” (2000, cited in Labonté & Laverack, 2008, p. 56). This is the dilemma of health promotion and was highlighted within the food security project with the Kaljiti art centre. The challenge for health promotion cannot be simply reduced to an action which is about the redistribution of power and resources (Labonté & Laverack, 2008, p. 184) but must extend “to recreating rules and systems of global governance that ensure all people have the capabilities to ‘lead lives they have reason to value” (Sen, 1999, p. 285).

8.3.3 Searching for Anangu empowerment

The health promotion term of empowerment is often referred to as the ability of individuals to have control over their lives. The World Health Organization's Commission on Social Determinants of Health (2007) note in an interim report that:

> We see empowerment operating along three interconnected dimensions: materials, psychosocial, and political. People need the basic material requisites for a decent life, they need to have control over their lives, and they need political voice and participation in decision making processes. Although individuals are at the heart of empowerment, achieving a better distribution of power requires collective social action – the empowerment of nations, institutions, and communities (World Health Organization, 2007, p. 15).

I draw on health promotion concepts, such as empowerment, to link the mainstream views with a discussion around what is health-promoting in the Anangu context. The health promotion concepts of empowerment, engagement, and community control emerged from the survey results. It was very clear that Anangu held strong views about the role of the Art Centre managers. The question of empowerment needed to be considered here by asking the question, who is being empowered; Anangu, manager or outside agency? And is it possible to have engagement and participation in sites where control and empowerment are constrained or emerging?

One way of understanding these dynamics is by reference to the empowerment continuum which can be used as a tool to assess pathways to local empowerment (Labonté & Laverack, 2008, pp. 54-55). However, utilising the empowerment continuum needs to be done with caution, and interrogation of the various points on the continuum is required. The value of the continuum is that it can be used as a tool in the first instance to illustrate the pathways for Anangu empowerment from the personal to the organisational to the collective (Labonté & Laverack, 2008, p. 48). Whilst it is a simplistic and linear organisation, its five points are worth noting.

Figure 8.1: The local empowerment continuum

Source: Laverack (2004, p. 48)

The concept of empowerment is articulated as providing "empowering ways to improve peoples' ability to control their health and the social and environmental conditions that shape it" (Labonté &

Laverack, 2008, p. 30). Empowerment strategies within health promotion locate power from within or, in other words, the sense of control and mastery in the individual experience. I would argue that power from within is illustrated by the Art Centre's capacity to provide an enabling environment that creates a space where the artist can experience health by engaging in arts practice. It was clear that one of the key points about the Art Centres is that they are relatively calm places within the midst of much disruption. This is clearly articulated by the artists in Chapter Seven in the survey responses where individuals talk about the way in which they engage in the Art Centre, the way in which it provides work for them, and access to cultural expression.

The empowerment continuum shows that health promotion is situated up, and down, and across, depending on the context; it is not a static process. Art Centres are situated in the middle of the continuum as a community organisation that both looks back towards small group and personal empowerment, but also has aspirations towards linkages with other organisations and with social and political action. However, the health promotion generated by the Art Centre is also constrained by where it is situated. For example, the traditional health promotion food activity, examined in Chapter Six, illustrated the health promotion capacity of small community organisations and their ability to partner and broker with larger organisations, such as Australian Red Cross, for resources. Similarly, the Ngintaka story illustrated the collective capacity of the artists to engage with the larger political and legal processes operating at a national level.

Leadership and participation are interconnected and are recognised as a key domain of empowerment (Laverack, 2001, cited in Labonté & Laverack, 2008, p. 31). Anangu leadership is articulated when Anangu can come together and decide their leaders within the Art Centre. The ability for Anangu artists to make decisions and choices is asserted through participation as members of the Art Centre at their annual general meetings. Anangu artists are members of these local and regional boards, and vote for key positions on the board to decide representation at a local level. Leadership and authority is closely linked in the Anangu domain. In Chapter Five, several examples were provided that illustrated ways in which they exercised leadership. This authority and leadership is also asserted over country and stories associated with land through the right and ability to paint country and stories associated with country.

If the continuum is seen as a process of moving up and down, and in and out, from the vantage point of the Art Centre, it might best be portrayed as outlined in Figure 8.2.

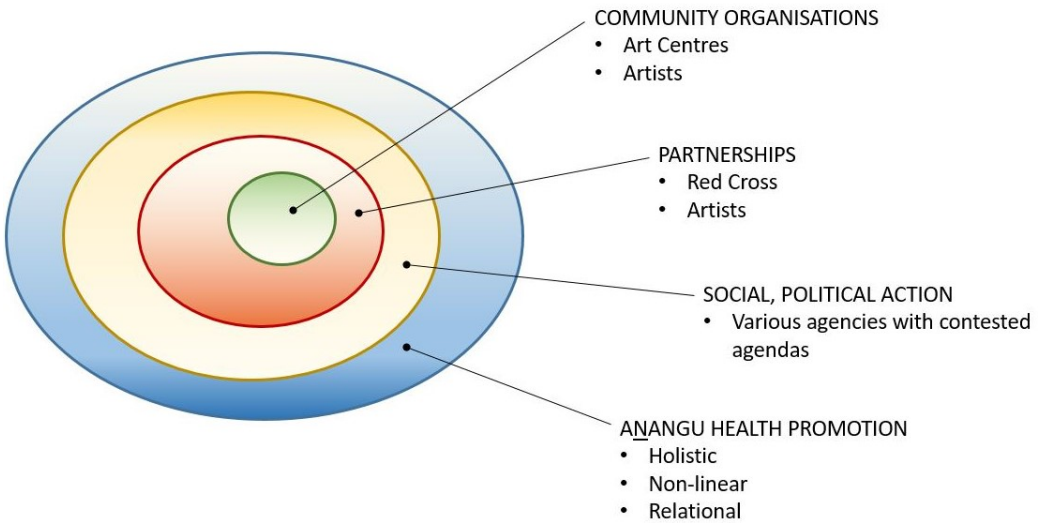


Figure 8.2: Anangu empowerment continuum

8.4 Linking Anangu Ideals with Mainstream Health Promotion

As outlined in Chapter Seven, Anangu conceptualise health promotion using six principles. These can be paired with mainstream principles of participation, engagement, agency, advocacy, and enabling, as demonstrated in Table 8.1.

Table 8.1: Concepts of health promotion in the Anangu Art Centre

Findings	Anangu concepts and ideals of health promotion in the Art Centre	Mainstream concepts of health promotion
1	All Art Centres are available for Anangu	Empowerment through participation and engagement
2	Art Centres allow men and women to work in appropriate cultural spaces together	Social inclusion
3	Art Centres allow transmission of culture	Collective agency through arts practice
4	Art Centres provide employment and supplementary income	Enabling environment accommodating Anangu work choices
5	Art Centres provide services to Anangu with disabilities	Mobilising resources, Advocating for services
6	Art Centres are an Anangu safe place/haven from the chaos of everyday life	Health enabling environment

8.4.1 Finding One: Community participation and engagement

The survey results show that Anangu artists go to the Art Centre because it is available to everybody. I have chosen to emphasise the health promotion principles of community participation and engagement to understand this finding more fully. The nature of Anangu participation is exercised at the community organisational level as well at the individual level. At the organisation level, participation is formal and this involves artists taking on the role of an office holder through the Art Centre boards that operate at the local and state levels. Anangu are both artists and decision makers. At the board level, Anangu artists make decisions on behalf of the organisation. Governance for health is articulated through the ideal of Indigenous community control. The concept of control can also be analysed and is asserted at the board level. The transfer of power takes place as Anangu artists become decisions makers at the local level, and in their organisation, as elucidated in Chapter Five when some of the artists challenged the manager over funding and resource allocations. The concept of 'power-with-in' (Stathawk cited in Labonté & Laverack, 2008, p. 28) is relevant here, as is Marmot's (2006) argument that power is key to better health and its unequal social distribution undermines many people's capabilities for leading healthy and valued lives. Power-with-in takes into account the strengths that people already have at the micro level and uses this as the basis for determining health. The Art Centre and the various boards provide opportunity for Anangu to exercise power demonstrating a strengths-based approach to health. Power relationships to health have been well articulated by Michael Marmot who provides evidence of the importance of a sense of control to one's health (Marmot, 2006).

The Art Centre, by nature, is a community-controlled organisation which plays a pivotal role in health promotion by offering its members the opportunity to move towards achieving health outcomes by painting country, culture, and kin, but also through arts participation. On a collective basis, Anangu are involved in decision making, planning, negotiation, and conflict resolution to make their Art Centre a healthy and happy environment and, in doing so, are active agents in co-creating health at the organisational level. The idea of co-creating health becomes collective action when Anangu are involved and take ownership of the decisions that affect their Art Centre and, therefore, their health. This type of collective action is not necessarily measured by numbers, but through relatedness and a strong moral obligation and consensus. In Anangu society, the concept of consensus is ordered through social relationships and it is bound through a moral obligation and imperative to uphold the law. The relative 'peace' of the Art Centres encourages this collective decision making. As Myers asserts:

> Social consensus cannot be generated by human decision-making. Rather, consensus is maintained by common adherence to a shared, external and autonomous code: The Dreaming. What they call "the Law" is not something made by humans. Not the creation of any person or group, the Law is outside human control and cannot be the vehicle of any private interests or selfish pursuits (Myers, 1986, p. 125).

It is well recognised that the ability to have control and mastery in one's life is a key consideration to the ability to be health-promoting. Health promotion in accordance with the Anangu principles adopts a view which sees participation as collective action. Community participation can be analysed at two levels; the individual level and at an organisational level. On the individual level, the act of painting becomes intertwined with co-creating health and through participation in the arts. Arts as practice is a not just an individual act, but is embedded in the social and moral obligation to up hold the law or *Tjurrkurpa*. It takes on and affirms culture through a collective nature where artists are involved in keeping country, kin, and culture strong. On an individual level, participation is quite specific; it is self-regulating and is based on social relationships embedded in Anangu kinship. As artists, Anangu may choose to go to the Art Centre. I have made reference to this point in Chapter Five where I say that Anangu artists come willingly and that being an artist is a life vocation. Practising culture, gaining new skills with the ability to travel interstate for exhibitions mark some of the top priorities set by artists in the Art Centre.

8.4.2 Finding Two: Social inclusion and gender equality

Social relationships and relatedness are linked to the second finding from the survey. This is aligned with the principle of social inclusion and is closely linked to a form of participation. The survey findings suggest that Art Centres allow men and women to work together in appropriate cultural spaces (see Arts and Health Survey 2015 in appendices). The Art Centres are gendered spaces where the spatial organisation accommodates gendered arrangements that are governed by cultural protocols. Localising participation in the Art Centre allows for both genders to become empowered and offers the opportunity to engage in art production within a health promotion framework. The Art Centre demonstrates gender equality through enhancing Anangu culture.

8.4.3 Finding Three: Art Centres allow for transmission of culture

The Art Centre is the vehicle for Anangu to practice culture. Given that the Anangu model of health is driven from the moral imperative to keep law and culture strong, Art Centres become places for practicing health. Health in the Anangu context is highly organised and ordered. It is also relational and negotiated; who can paint what, and how it is painted depends on your relationships to country and kin. This suggests that Anangu views of health are socially constructed. While Western views of health are also socially constructed, the Anangu view differs from the mainstream's social view of health. The social model of health is determined by indicators such as the determinants of health,

such as employment, gender, age, and socioeconomic status. These determinants are valuable, but the Anangu notion of health is, as Fred Myers explains, "outside of human decision making" (Myers, 1986, p. 125). In other words, Anangu health is intrinsically linked to the authority of the law through a moral obligation (Myers, 1986). Health is practiced by fulfilling one's social relationships in accordance with law rather than adhering to a superimposed healthcare system. If I was to look outside of the Art Centre's organised view and way of promoting health, there is limited opportunity to practice health in this way. Health is specific to the context and, therefore, reflects the cultural norms and social values of Anangu society. There is no question with regards to the role of the Art Centre in promoting health but, in doing so, it is highly organised.

The Art Centre's role or function in the transmission of culture takes on a health-promoting role that is specific to the cultural needs of the people. Anangu health is bound by a moral force to adhere to the law, through obligation and the responsibilities of kinship. Health is an internal force, stronger than a system of Western health care which is imposed and alien. Health within the Anangu context comes from within; it is not only a right, but an obligation to practise culture and to keep it strong. The Art Centre's role is to 'safe keep and safe guard' Anangu cultural knowledge to hold it and to grow it up for the next generation. The foundations of Anangu health are built on the generational transmissions of knowledge, as demonstrated in the survey. These are Anangu ideals and are practiced through painting, with the Art Centre being the main conduit to perform this important Anangu health function. In light of this, the challenge is to ensure that this generational transmission can occur through Art Centres adapting to the interests of younger Anangu.

8.4.4 Finding Four: Anangu health, work and life choices

The Art Centre's role in providing employment and income to Anangu artists provides an opportunity to explore the interplay between Anangu notions of health and work. Working in an empowering way improves people's ability to control their health and the social and environment conditions that shape it (Labonté & Laverack, 2008, p. 30). This is demonstrated when Anangu have the choice to engage in a form of work that accommodates their cultural values as well as their ability to engage in the mainstream economy; both are fused together and become the same entity. The Art Centre's capacity to promote health relies on its ability to provide Anangu the opportunity to make an income, to engage in meaningful employment, and structure everyday life. Art Centres have a comparative advantage in remote settings because they have the ability to deliver economic, social, cultural, and health outcomes. While Art Centres have been considered quasi health centres, the main function is not to deliver health, but to facilitate health that is socially and culturally responsive to Anangu needs and aspirations.

Income and employment are considered to be the basic determinants of health. In a remote context, the Art Centre and the role of meaningful or 'real' work are closely associated with being an artist and could be considered as part of a life project for Anangu. In this context, the Art Centre accommodates the values of Anangu life projects to enhance health and wellbeing through the arts. This links with Amartya Sen's concept of freedom as the ability to lead a life one has reason to value (1999, cited in Labonté & Laverack, 2008). In the survey, I found that Anangu placed considerable value and status on being an artist as a worker in the Art Centre. Being an artist was and is seen as part of who Anangu are; it is their identity. The survey showed that there is a relationship between the concepts of work and health, and that Anangu marry the two to improve and give meaning to everyday life. The Art Centre provides meaningful work that accommodates Anangu culture and values. The Art Centre also provides structure in everyday life.

8.4.5 Finding Five: Resource mobilisation

The literature on health promotion suggests that resource mobilisation is a health promotion action that leads to improved health outcomes for vulnerable populations (WHO, 2017). In the Anangu context, an example of resource allocation and improved health outcomes was examined in Chapter Five's account of the food security and nutrition program. Good nutrition, as demonstrated through the Art Centre's *Mai Wiru Atumananyi* project, describes the development of a health literacy and a nutrition program piloted within the Art Centre. The ability of the Art Centre to mobilise resources through an action research process had an effect on the Anangu artists and their perception of health promotion research. At a contextual level, the Art Centre became a site of health promotion focusing on food security with the support of external agencies. As an empowerment strategy, health promotion is also the ability to link with the outside world, and to develop relationships based on mutual interests and needs. Creating partnerships is an important step towards empowerment and can lead to improvements in health outcomes through pooling resources and collective action.

8.4.6 Finding Six: A health enabling environment – Art Centres are a safe haven, a refuge and buffer

The survey participants reported that Art Centres act as a buffer and provide the Anangu artists with a safe haven and refuge from the everyday stress, chaos, and crisis evident in remote community life. The Art Centre provides an environment that can sustain the conditions that allow for Anangu cultural values to be transmitted and, therefore, enhances health as a cultural act linked to Anangu art practice. The barriers to health promotion are a constant fixture in the environment, with chaos and challenges at all points along the way. This was evidenced in previous chapters where I characterise the nature of the research environment, especially in my methodology chapter which

highlighted the role of gatekeepers and methodological constraints including the conflict with Art Centre managers; the difficulties with recruiting Anangu for the project; the broader political climate impacting on my ability to hold meetings at various locations on the APY Lands; the distances travelled in order to conduct the research including the weather (hot and cold); and the 'humbug' associated with artists who make an income, but also must deal with family, or have a disability. These barriers also play a key role in determining how health promotion is articulated.

8.5 Beyond a Functionalist View of Health Promotion

In the previous sections, I have outlined and described the working notions of health promotion in the Anangu context, and suggested that it positions the Art Centres as health-promoting. However, this account is very narrow and fundamentally a functionalist view of health. As a final point to this chapter, I argue that the primary role of the Art Centre is to facilitate the participation in the arts by enabling artists to paint country, culture, and kin. Participation is a key driver of health promotion which enables Anangu to practice culture through painting the three pillars of cultural health: country, culture, and kin.

Holistic health promotion seeks to challenge powerlessness by shifting the lens towards an Anangu strength-based approach to privilege their cultural notions of wellbeing. I would argue that the Art Centre is an Anangu life project. In applying the term life project within a remote context, it offers me an opportunity to expand the notions of health and wellbeing from an Anangu perspective where health is not just an ideal; it is a lived experience. Anangu artists become empowered through painting their *Tjukurrpa*. Painting *Tjukurrpa* is connected to painting country, culture, and kin. Control, on the other hand, is asserted when an artist has a choice in the stories that are revealed through what they paint. The artists, to a certain extent, can reveal and disclose the stories which have been bestowed upon them, and for which they are custodians of the *Tjurkurrpa*. The idea of life projects brings us back to consider Sen's notion of the capabilities and the ability to "lead lives they have reason to value" (Sen, 1999, p. 285).

8.6 Conclusion

The right to practice culture is a fundamental principle of empowerment. The rights-based argument plays a major role in promoting arts and culture, and in advocating for collective rights at the organisational level (Labonté & Laverack, 2008). Health, as a collective right, is further enhanced as the Art Centre plays the role of protector, enabler, and safe keeper of Indigenous law and culture. The next chapter concludes the thesis by outlining how I have negotiated health promotion as an act of research, as a process, and as an outcome for Anangu. This chapter has looked at various value

sets of health promotion, and asserts that health promotion is a negotiated and contested space requiring one to balance relationships between the two different worlds. In the final chapter, I will challenge the mainstream notion of health promotion by bringing in new concepts of health promotion according to Anangu ideals and aspirations.

CHAPTER 9: ANANGU ART CENTRES ARE HEALTH-PROMOTING

This image has been removed due to copyright restrictions: Pantjiti Lionel (Australian, Nyanganyatjara)born c1930 east of Kanpi, Anangu Pitjantjatjara Yankunytjatjara Lands, South Australia. Waru, 2010 [synthetic polymer paint on linen]. Flinders University Art Museum Collection 4662. Retrieved from https://artsearch.flinders.edu.au/index.php/Detail/objects/4662.

> The APY Lands is a living and breathing landscape, b[r]ought alive through the works of Pantjiti Lionel's Waru (fire). Healthy Country and Healthy people is an intimate and interdependent relationship captured through Lionel's subject matter including the environment, landscape, climate and birds and reptiles. The country needs Anangu and Anangu need country. This relationship is crucial to Anangu health and wellbeing (Fieldnotes 2013).

9.1 Introduction

9.1.1 Anangu notions of health promotion *Pulkupa* (happiness/wellbeing) and *Kanyini* (to hold/holding or care) and *Malpara* way of working

This thesis has examined the health promotion benefits of Art Centres on the Anangu Pitjantjatjara and Yankunytjatjara (APY) Lands. The focus of the thesis has been to explore the role of the Indigenous Art Centres in promoting health. This has allowed the thesis to move beyond the social determinants of health to explore how organised art generates cultural health and wellbeing for Anangu artists. In this chapter, I expand on the conclusions from the previous chapter by bringing in the cultural concepts of *Kanyini* and *Pulkupa* to demonstrate how Anangu health promotion is understood in the Art Centre context. In honoring the arts practice of Anangu of the APY Lands, I present these ideas through a selection of artworks that give an insider's perspective of health promotion. This establishes an arts in health approach that demonstrates how Anangu arts practice co-creates health and wellbeing for artists. A deeper appreciation of arts as health is demonstrated

with the selection of diverse Anangu art works from painting, ceramics, *tjanpi*,[43] and prints. In exploring the health promotion themes through their artwork, I am able to demonstrate both the Anangu story as well as the academic approach to health promotion. In providing this exploration, new material is introduced. It is done so because it is new, and only emerged from the distilling of all the material, observations, reflections, and readings.

9.1.2 *Pulkupa* as health-promoting wellbeing, *kanyini* as a way of working in a health-promoting space

The chapter is divided into two sections. Firstly, I briefly revisit the concept of Aboriginal health and the deficit approach to the social determinants of health outlined in Chapter Seven, arguing that this positions Anangu as victims, and is counterproductive to health promotion. Secondly, I reiterate the Anangu capacity to hold seemingly contradictory ideas within their worldview. This is the idea of health promotion as a specific program, and health promotion as an approach to being in the world. In the second section, I develop Brown's (see Sweet, 2013) concept of the cultural determinants of health, drawing on the work of Nancy Munn (1970), Brian Mc Coy (2008) and Fred Myers (1986). This leads me to Munn's observations of the subjective relationship with kin, culture, and land, transformed into objects (in this case, objects of art), and Myers' and McCoy's explorations of *pulkupa* (happiness/wellbeing) and *kanyini* (to hold/holding or care), and *Malpara* ways or working together. In capturing the idea of *pulkupa* I draw on a case study from Iwantja to illustrate how wellbeing and happiness is portrayed and transformed into objects. I argue that *pulkupa* is Anangu health promotion. In exploring the concept of *kanyini*, I am able to capture the ideal role of Art Centre managers and link this to the principles of Indigenous self-determination and the notions of care, responsibility, and autonomy beyond the post-colonial. This is health promotion practice. Of course these ideas do not belong to these non-Indigenous authors. I merely draw on their work to explicate Anangu notions of health promotion and the practice of health promotion in the Art Centre space.

9.1.3 Eschewing a deficit approach to Indigenous health

My research approach is in line with calls from Arabena et al. (2014) that researchers commenting on Indigenous health must come from the standpoint of strength, and "not focus on our disadvantage", but "on what was possible in the process of self-determination and co-creating health and wellbeing" (Arabena et al., 2014, p. 317). I have responded to this call by focusing my research efforts on the cultural assets of remote Anangu communities of the APY Lands; their Art

[43] The term *tjanpi* is used to describe the evolution of the NPYWC Desert Weavers. In 1995, the NPWYC commenced a program in response to the women and their need to create meaningful and culturally appropriate employment. *Tjanpi* weaving and sculptures are part of a diverse field of Anangu art practice (see Mary Pan's sculpture, www.tjanpi.com.au).

Centres. By focusing on the strengths rather than the deficits of Anangu communities, I have established an evidence base that seeks to align with community aspirations and privileges Anangu cultural protocols as the basis for establishing local determinants of health. Fundamental to this perspective, is the view that an arts in health approach is the ability to practice culture, country, and kin. I argue that this is the foundation of Anangu health promotion within the Art Centre context.

9.2 Anangu Capacity to Construct Their Own Ideas on Health Promotion

In Chapter Six, I provided an example of a typical health promotion program based on healthy food. In Chapter Seven, I noted that Anangu were not only able to conceptualise health promotion in terms of the conventional Western model, but also to take up other models of health promotion more akin to their cultural interests. In this chapter, I eventually take the food program one step further to illustrate how it fits with Anangu cultural determinants of health.

9.2.1 A cultural determinants approach to health promotion

The Lowitja Institute's work on the cultural determinants of health provides a framework to position Anangu notions of health and wellbeing, such as the concepts of *kanyini* (see Chandler, 2014; Franks & Curr, 1992; Randall & Newbury, 2003) and *pulkupa* (Myers, 1986). These concepts enable a deepening of the pan-Indigenous definitions of health promotion as embracing a cultural determinant framework, to a model that more readily captures the Anangu definitions of health. In embracing Brown's work, I am arguing that each Indigenous group will develop the cultural determinants of health (CDH) in more depth, in line with their own traditions. The main argument presented by the Lowitja Institute is that culture should be seen as integral to health identity formation and, therefore, should be considered as a health resource (Chandler, 2014). This idea is an extension of Indigenous academic Ngaire Brown's framework for grasping the cultural determinants of health (Sweet, 2013). She asserted that this approach recognises that the drivers of ill-health rest outside of the health sector, noting that the:

> Cultural determinants originate from and promote a strength based perspective, acknowledging that stronger connections to culture and country build stronger individuals and collective identities, a sense of self-esteem, resilience, and improved outcomes across the other determinants of health including education, and economic stability and community safety (Brown cited in Chandler, 2014, p. 3).

Ngaire Brown's model shows that all of the aspects of Indigenous health and wellbeing are interrelated and, just like *kanyini*, it is a model of care. The Aboriginal notion of *kanyini*, which describes the principal and importance of caring for others, has been my reference point in naming a model of care. *Kanyini* is the obligation to nurture, protect, and care for other people, family, country, and the law, (Franks & Curr, 1992) and it provides a basis on which to connect the concept

of spirituality and social and emotional wellbeing. *Kanyini* envelops the four principles of Aboriginal life (Randall & Newbury, 2003), *Tjukurpa, Ngura, Waltja,* and *Kurunpa* (see also Poroch, 2012) as outlined in figure 9.1 below. They are the foundations of a holistic model of care, but are also central to Brown's model which she calls the cultural determinants of health. As can be seen, *Kanyini* is situated at the centre of care for others, continuity and governance of the law, care for land and country, family, and landscape.

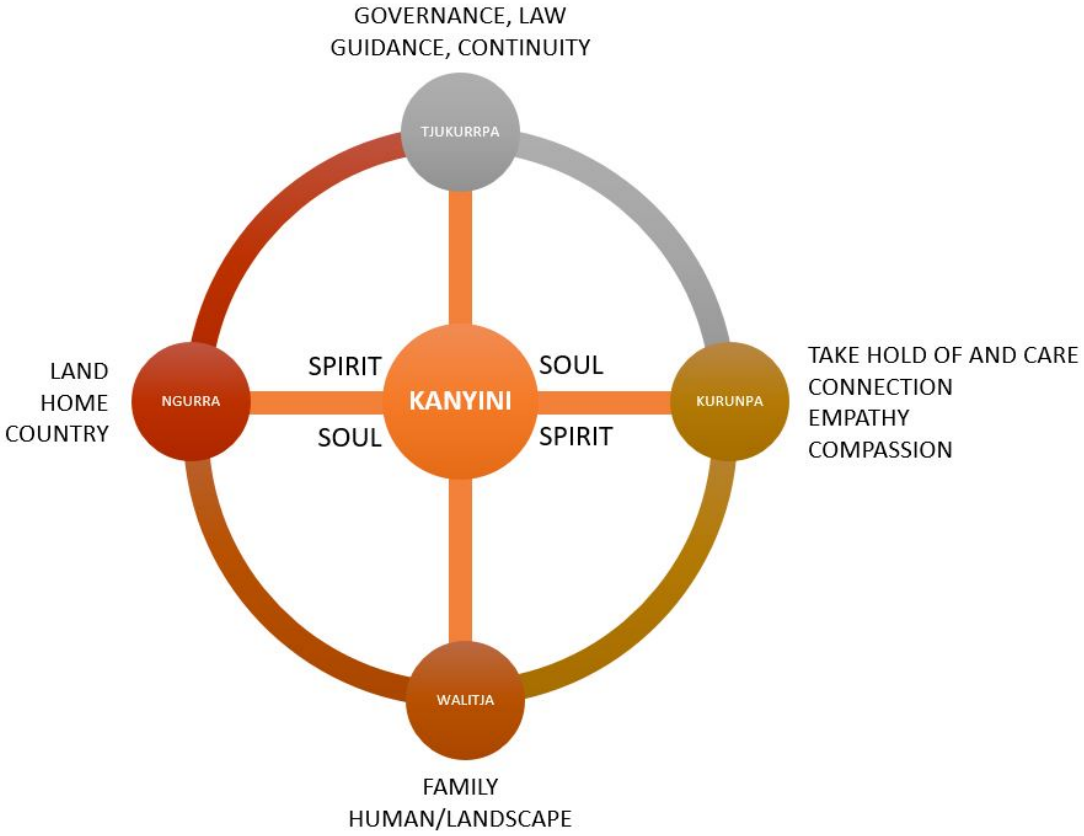


Figure 9.1: Cultural determinants of health and model of care (adapted from Brown, 2012)

9.2.2 A whole-of-life charter

Anangu artists paint, sing and dance country. The arts connect Anangu to each other and provide a space where they can stay connected to the past, but at the same time be in the present (James, 2015). Every story Anangu paint is intricately enmeshed with every aspect of Anangu life; family, country, law, and landscape. Each artist has a story, and these are told daily in the Art Centre. In the Art Centre, the Anangu stories and their telling are the foundation for life and its cycles (seasonal and life-death-life). The stories are known as *Tjurkurrpa* or *Wapar*. *Tjurrkurpa* is Anangu law and is the backbone and heart of family life and knowledge, and is the source of art. Stories, however, can be as much about recent history and everyday relationships, family, food gathering, plants and animals, or remarkable events. They can also be about the realm of the sacred and spiritual power of ancestral creation knowledge (James, 2015).

In Brown's (2013) health model, she presents these concepts of *Tjukurrpa*, *Ngurra*, *Waltja*, *Kurunpa* and *Kanyini* as the cultural determinants of health. Together, these concepts provide the foundation of a social model of health. This model of care represents a whole-of-life charter for Anangu health, and shows the interconnectedness of holistic health as practiced through the arts. For Indigenous peoples, this is not just about physical wellbeing, but about the totality and interconnectedness of body, mind, and spirit (John Reid, 1982). Health is more about community and all that this term conveys.

The cultural determinants of health are not only a model of care (N. Brown, 2014), they are a form of Anangu health promotion practice. The cultural determinant model articulated by Brown illustrates that holistic health is interrelated and is cyclical. The Anangu concepts of *kanyini* and *pulkupa* are interrelated but, more importantly, they are an expression of Anangu cultural health arts practice. In the sections below, I illustrate these two concepts and link them to Anangu happiness and wellbeing (the creation of health promotion), and to the role of Art Centres in health promotion (operationalising health promotion practice).

9.3 Pulkupa Pots: Happiness and Wellbeing as Health Practice

Photograph 9.1: Pulkupa Pot (Image reproduced from the Pulkupa Pots Catalogue 2014)

9.3.1 Deconstructing Munn's Subject to Object Transformation

The Anangu state of health and wellbeing is expressed through the concept of *pulkupa* or happiness. One of the clearest ways to grasp how Anangu engage creatively in the production of artistic objects in the Art Centre and, in turn, produce wellbeing and happiness, is through Munn's description of

how the Walbiri and Pitjantjatjara move seamlessly from the mythical world to the production of concrete objects. She outlines this in *The Transformation of Subjects into Objects in Walbiri and Pitjantjatjara Myth* (Munn, 1970). According to Munn, there are three types of transformations: metamorphosis; imprinting (mark making); and externalisation (1970, p. 142). Munn defines transformation as "when an ancestor, or sentient [mythical] being – takes on or produces a material form" (1970, p. 141), for example, when an ancestral being is said to become a rock hole, mountain, or a natural feature. In short, there is a metamorphosis. Imprinting occurs when the ancestor leaves a mark in the landscape. In the English equivalent this can also mean mark, name or song. For example, in Chapter Five, I recalled an example of singing in the art centre, noting how this helped connect the artists with the creative and ancestral power. In the example of the production of pottery, a transformation takes place from the subjective kin, culture, and country, into objects - pots.

Munn notes that the Pitjantjantjara and Walbiri construct intimate ties to land or, more accurately, to key ancestral sites in the land. Such ties may be of various kinds, legitimated by inheritance, birth, or conception. All these ties are forged and reinforced through ritual means, such as ceremonies, but also in the making of objects and the leaving of personal marks or signatures. People identify with the land because "a person's own body [comes to] be identified with [an] ancestors body through the mediation of the object world of ancestral transformations" (Munn, 1970, p. 147). Munn states that Pitjantjantjara beliefs condense three key elements into one. These are: (1) the notion of person; (2) the object form (both sacra and the country); and (3) procreative power (1970, p. 149).[44]

9.3.2 Exchanging *Kurunpa* (spirit)

Wallace (1977, cited in Berndt, 1977, p. 74) examined objects of ritual importance, focusing on the red ochre and objects in his study of ritual life for the Pitjantjatjara (Bindjandjadjara). When referring to these objects, he says that "it is important to understand that they are said to contain within them the complete *kurunpa* of the spirit ancestor, including the teaching of the 'law'; there can be no ritual without them, as essential 'truth' is contained within them" (Wallace, 1977) . For example, he writes:

[44] I am aware of Margaret Bain's (1980) critique of Munn's explication of these transformations. However, my own observations lead me to believe that through the practice of pottery, Iwantja artists show that there is an interaction and exchange which takes place in order for the 'procreative power' to be transmitted through time and space and held in the pots.

> The placing of hands on the object is believed to give one's own kurunpa to the spirit ancestor, and, in return, the person receives the kurunpa of that ancestor. Both human and mythic beings are strengthened; and the refurbishing of the site itself and the holding of ritual strengthens the spirit ancestor's kurunpa still more. Further, the sacred object is the spirit ancestor: he or she is just as much alive today as in the beginning – they are joined eternally through the concept of tjurkurpa (the Dreaming): And if these rituals are neglected, all mankind (that is, Aboriginal mankind) will suffer, and may even die out (Wallace, 1977, pp. 129-130).

These rituals are not neglected, but are created within the Art Centre through the production of artwork. Any notions of health promotion must acknowledge the relationship that exists between Anangu artists and their spiritual connection with their country and spirit ancestors expressed in this idea of transformation. The transformation and exchange that takes place from subject to object is demonstrated when the potters work with their hands, as moulding the earth and clay are essentially exchanging their own spirit through the labouring process, with and for the procreative power of the *tjurkurpa*. In return "…both the sacred object and *kurunpa* [is] exchanged and strengthened" (Wallace, 1977, p. 84). When Anangu practice as artists, they engage in a ritual process that maintains their links with the *tjurkurpa*. Their health is reinforced and practiced through the ritual of making art as a sacred act. Elizabeth Povenelli (1993) and others (Cowlishaw, 1999; Merlan, 1998) describe a corporeal relationship where the exchange of sweat and human toil is essential in mediating the people, the country, and the dreaming. Sweat or human toil is necessary in order for there to be a real transformation. In a contemporary context, this takes place in the Art Centre with the labouring required to produce the *pulkupa* pots. A corporeal relationship with the land is experienced in the Art Centre through the labouring of the *pulkupa* pots.

9.3.3 The power of *pulkupa* pots

In 2013, a visiting ceramist from Melbourne joined the Art Centre in experimenting with clay pottery. The ceramist was highly skilled in pottery and was also a friend of the Art Centre manager. The women at Indulkana involved in the Pulkupa exhibition were respected painters and craftspeople who have worked at Iwantja Arts for many years. They are senior traditional women and their work has been exhibited both interstate and internationally. Each artist's work presents a unique story, and this is articulated as a mark or the tracks of Creation Beings connecting points in the landscape illustrated on the pots. The stories become the boundaries that unite Anangu to place. In the case of the Indulkana potters, their exhibited *pulkupa* pots can be viewed as a representation of a collection of interrelated stories of experiences and knowledge. Their art is a visual language: "…the result of a culmination of considered imagery and mark that reflects an acute understanding of history and place" (Iwantja Arts, 2014, p. 1) that reflects their happiness and wellbeing. At the time, I wrote in my fieldnotes:

> Today there were five women in the art centre representing two generations of artists. Normally, they would be working the canvas, but today they are all trying the new medium of ceramics. Yesterday, the women worked with the prints and today they will transfer the images to the pots. This is an exciting moment, as the women have chosen their colours.
>
> The Pulkupa Pots have come Alive! Their marks are bold. A clear statement of strength and vitality. Combining Green and gold; celebrating, strengthening and renewing a connection to country. There is pure pleasure found in the shape and colour of the pots. The image of the pots evoke[s] a sense of femininity - the shape of a woman (Fieldnotes, 2014).

Photograph 9.2: Image of the a pulkupa pot taken for the catalogue, 2013

9.3.4 Clay as the new canvas

The creative process from subjective image to object is well captured in the *pulkupa* works. Firstly, the artists draw on their own stories of history and place and then transform their designs from the prints onto the ceramic vessels. The emergence of clay as a medium for art practice has been described by Stephen Bowers, drawing on the Ernabella experience, when he wrote:

> Symbols and stories, patterns and colours still abound, but the artists have pushed well beyond the brush; the earth moves freely, manipulated in their hands as they gouge, cut and carve into the raw surface of the clay… (cited in Ernabella Arts Incorporated, 2006, p. 1)

Iwantja artists and their ingenuity is evident in their uptake of new mediums of expression. As John Carty notes, ‘Painting [is] not an end point here, but a process in constant dialogue with other mediums” (Acker & Carty, 2012, p. 25), and we might also say in dialogue with country. The recent

development and the uptake of ceramics at the Art Centre is an example of blurred boundaries between media taking place, as subjects of the *Tjukurpa* become objects. Unlike their kin from Ernabella who have a long tradition of ceramics and batik, the potters from Indulkana are novices. Munn's (1970) analysis here is particularly significant to the second mode of transformation, which she regards as the most complex type. She translates it from Walbiri into English as 'mark', but it can also mean 'name' or 'song'. The Pitjantjantjara and Anangu make a similar connection between a mark and a name, perhaps much as we do with a signature.

The marks represent a symbolic language which have been painted for millennia on the rock and Anangu bodies of the Western Desert (James, 2009, p. 13). Speaking of the Kaltjiti artists, James (2009) notes that "the marks made by artist are marks that signify all of these senses of the land. The language of marks is now transferred to paper, fabric and canvas, and diversity of new mediums and colour" (James, 2009, p. 13). For the budding potters of Iwantja, their ceramic vessels represent the new canvas where they leave their mark. The ceramic pots connect the past with the present. This process of art's practice can be understood as a contemporary ritual (Morton, 1989, p. 102), where mark-making onto the ceramic vessels takes place and reinforces the connection of Anangu to country and Law through time.

Anangu arts practice as health promotion does not conform to conventional ideals and models of health as the *pulkupa* experience shows. The *pulkupa* pots are the result of exploratory painting and uniquely handcrafted vessels where two generations of women, each in their own way, develop their personal styles. This reflects an intergenerational exchange whereby the women use a mix of traditional and personal patterns with inspiration from other art forms, while the younger generation of women realise their own potential for creativity in this new medium through a mixture of patterns with colour and traditional story telling.

According to Munn (1970), the transmission of the 'the Law', an Aboriginal English term for The Dreaming and *Tjukurpa*, takes place in myth and rite; it is not simply a meaning content which is conveyed, "but [is] also a particular form or model of experiencing the world in which symbols of collectivity are constantly recharged with intimations of the self" (Munn, 1970, pp. 157-158). In her summary, Munn concludes that ancestral objectification in the landscape acts as a kind of lingua franca which "'translate[s]' all the generations into a common currency" (Munn, 1970, p. 157). The land and the sacra are always there, basically unchanging through the generations which 'hold' and 'look after' them. Anangu creative practice holds and keeps the women together, sharing through artistic exchange and making it part of the sacra. Traditional stories and cultural learning used by the women reflect creation and their memory of stories, and tell of the community's interaction with

the local environment and each other. Life revolves around the sources of the country, and the ceramic vessels connecting the women to the procreative power, heightening their sense of identity. The power and strength of objects in turn create health and happiness in a way that transcend the conventional notions of health promotion. The *pulkupa* pots are happiness and wellbeing transformed from sacra subjects to sacra objects (pots). Importantly, the *pulkupa* pots highlight the need to reflect on health, not just as an ideal but as a lived experience and an exchange where artists are a collectively involved in co-creating health through the power of the *pulkupa* pots.

9.4 *Kanyini* as Holding: Anangu Models for the Management of Art Centres

Health promotion occurs within the Art Centre. Indeed, I would argue that the Art Centre's main role is to enable Anangu artists to paint country, culture and kin, the cultural determinants of health, thus producing health promotion. However, Art Centres are complex entities with a myriad of expectations often in contradiction to one another and, in my experience, with little understanding between Anangu and Art Centre managers on this role. One of these expectations is that as Aboriginal organisations they aim to enhance Indigenous self-determination and empowerment. The policy objective of self-determination assumes that Aboriginal people are expected to run their own organisations (community control and self-determination). This may well be what non-Indigenous commentators understand by empowerment within the health promotion framework. However, this policy aim is challenged in the Art Centre context. Although Anangu are expected to take up positions as Art Centre Board members, they are not expected to manage the day-to-day operations of the centre. They see this as the Art Centre manager's job or role. When individual demands are relentless, and humbug is constant, Anangu say, "We're just the workers – the whitefella is the boss. Ask him!" (Folds, 2001, p. 148). However, they will privately make sure the 'boss' knows that he is really working for them and this is evident with their demands. Another example taken from Folds, which is similar to the situation with Anangu, is that they will also berate the manager if decisions are made without consulting them, the responsibility for consultation being considered more important because, "He is not working for himself/herself. He is working for us!" (Folds, 2001, p. 148). The following extract from my field notes illustrates the complexities of these interpersonal relationships.

> Today was the AGM for the Board. There was an intriguing exchange between Mr [Y] and the Art centre manager from [X]. Mr [Y] challenged the art centre manager about the money for the art centre. Conversations about the money story holds everybody in silence, while the newly elected Chair, starts to translate each budget line. Still Mr [M] publicly pressures and questions the art centre manager, backing her into a corner. This art centre manager[‘s] face is growing red with frustrated. Is it ok for Anangu to question the manager’s integrity with regards to the finances? The money conversation continues for another hour. Then things are smoothed over with the announcement that the Christmas bonuses will be given with the last payment before Christmas. There is a silent relief. (Fieldnotes, December 2014).

9.4.1 The complexity of the Art Centre manager role

As the excerpt from my fieldnotes above shows, Art Centre managers are simultaneously held accountable to the funding agencies they represent, and from whom they obtain the money needed to keep the centre running, and, in a far more immediate sense, to Anangu, who are not accountable to those agencies and have a completely different worldview from them. The managers as the ‘bosses’ are vulnerable to accusations of corruption from within the Art Centres they are managing for the community they are located in, to government, and the wider society. This generates enormous stress and tension for the manager at the interface, within the communities, between them and the outside bureaucracies that impact on how the centres are run, and to the wider questions of empowerment and self-determination. In Chapter Seven, I noted that Anangu see Art Centres as a place for employment which is understood as a regular job with routine, responsibility, and wages. This idea is held along with the idea of it being a place for *pulkupa*.

It is the Art Centre manager as the outsider who is expected to take responsibility for many decisions in order that Anangu do not sacrifice their shared identity, nor their familial relationships (Folds, 2001, p. 149). If a decision is required that must disadvantage some people, for instance, which artists go for art exhibitions, then the Art Centre manager is encouraged to make the decision and wear the shame (which is the consequence of the decision), while Anangu reserve the right to criticise the decision and express sympathy with those who have been disadvantaged and/or left behind. It is the role of the Art Centre manager to act in the interest of the artists, to publicly announce the decisions reached privately, and also to be accountable for them in the face of outrage from those who have missed out. For Anangu, “empowerment often lies in their ability to get the manager to make decisions and, therefore to be accountable to them” (Folds, 2001, p. 150). As the outsider, the Art Centre managers are also at the mercy of angry relatives who may miss out as the result of that decision made.

The Art Centre manager’s role must also include confronting funding agencies and “talk strong”, while Anangu reserve the right to decide whether or not he or she really “talked up for them” or, conversely, “only talked for themselves” (Folds, 2001, p. 150). Therefore, it is reasonable to suggest

that self-determination and concepts of empowerment need to be considered within the wider domain of managing relationships within the cultural landscape of the Art Centre. For Anangu, empowerment often lies in their ability to get the manager to make decisions and, therefore, to be accountable to them. The same logic applies in regard to notions of health and wellbeing, and ought to be considered in terms of relatedness and social harmony (Folds, 2001, p. 136). Understanding this relationship between Art Centre managers and Anangu artists requires understanding of their concepts of how relationships of responsibility for and autonomy are played out. This is best grasped through the concept of *Kanyini*. For Anangu, self-determination and empowerment need to be understood through the lens of social relationships and social harmony.

9.4.2 *Kanyini*: To 'hold' and look after

Non-Indigenous scholars have often referred to Indigenous and non-Indigenous relationships in Australia using postcolonial terms such as 'donors and receivers' (Rowse, 1998); 'patrons and riders' (P. Willis, 2003); 'master and subjects' or 'patrons and clients' (Folds, 2001). These binary relationships or 'dichotomous identities' (Dalley & Martin, 2015) position Aboriginal people as subordinate or dysfunctional recipients of services. In Chapter Two, I outlined the relationships and traditions Anangu established with the outsider. Scholars have called it the 'contemporary interface' (Folds, 2001, p. 41), or the 'intercultural' or 'cross cultural, describing the interactions of relationships in postcolonial terms (Dalley & Martin, 2015, p. 2). This ability to negotiate relationships at the interface is an ongoing process and, historically, such relationships have been described in relation to the State. Francesca Merlan (1998) has described the interface as an 'intercultural' space that determines how Aboriginal peoples' subjectivity and agency is defined.

The strength of health promotion practice is to move beyond the constraints of historical binary divides to grasp what Anangu mean when they talk about working together. This can be found in the concept of *Kanyini* or 'holding' which provides the Anangu understanding of health from the point of view of social relationships, relatedness (Myers, 1986), and as a term that is more fitting to the dynamic and constant chaos that often dictates Anangu day-to-day post-colonial life within the Art Centre. Further, the concept of 'holding' goes beyond the health promotion ideal of respectful and healthy relationships within the centre, allowing us to understand that health is not just a lived experience but a 'prescribed ideal' embedded in the moral and social economy of Anangu life.

Grasping the meaning of *kanyini* 'holding' is complex. Myers (1986) draws on the metaphor of 'holding' (*kanyininpa*), alluding to the Pintubi's powerful experience and linguistic expression that describes a small child held in one's arm against the breast (*kanyirnu yamunkga*) adding that, "The image of security, protection, and nourishment is immediate" (Myers, 1986, p. 212). Further, as this

example illustrates, holding/*kanyini*, is understood as care through the generations. A well-known creation story, illustrates the holding relationships through the example of an old man death adder who provided food for two young carpet snakes.

> …the character of a death adder is said to "look after" two young carpet snakes: "The old man 'held' those two (yinalupulanya kanyinma)." He provided them with food and instruction (Myers, 1986, p. 212).

Similarly, the story of the controversial *Ngintaka* (perentie lizard) talks about the need for the transmission of knowledge from generation to generations. The creation story of the *Ngintaka* is similar to that seen in the story of the death adder in that is it provides instruction and a moral compass for those who have come from behind. Here, Anangu teach through stories and the paintings of the story to 'hold' the next generation by transmitting the knowledge in an appropriate context.

A second concept emerging from the metaphor of the child at the breast is nourishment or food. Folds (cited in McCoy, 2008, p. 24), makes the connection with *kanyininpa* and the ability to hold within the regime of the provision of food and nourishment, given that, traditionally, there was a high priority placed on food supplies in the desert (McCoy, 2008, p. 24), with the land being a strong provider of food and water sources throughout the life course of desert people. Essentially, the idea of *Kanyinipa* is seen in the light of security and nourishment through food.

9.4.3 Art Centres and art managers: *Kanyini*

The role of the Art Centre manager is to create a space for *kanyini*. This can occur on a number of levels. Firstly, the strength of health promotion within the Art Centre setting challenges the 'insider' and 'outsider' dichotomies by shifting the notion of power over to locate power-from-within, giving Anangu and Art Centre managers the ability to negotiate respectful relationships that are based on centring and privileging Anangu cultural logic and ways of being. The concept of *kanyini*, "to have and to hold" (Myers, 1986, p. 556), is imperative to the desert moral order, and is also a moral and economic imperative for the survival and sustainability of the Art Centre and the artists. It is useful here for understanding how they wish to work. It not just a lived experience, but an Anangu health promotion ideal. At the practical level, this can be demonstrated through examples of intergenerational transmission, nurturance through food, and the provision of transmission of culture. I ask the question, 'can the Art Centre manager do both roles?'

The Art Centres and managers are what Acker and Carty refer to as the 'broker of relationships':

> Art centres broker the relationship between maker and market, community and individual, commerce and culture. The daily transactions of an art centre mediate between different world views, and often conflicting regimes of value, and remain one of the few successes in an otherwise starkly on-sided history between Aboriginal and non-Aboriginal Australia in the desert (Acker & Carty, 2012, p. 1).

Whilst referred to as 'intercultural mediators' (Whittle, 2013), I suggest that the manager conceptualises the relationship (as broker), but the Anangu understanding is of holding. These concepts are not the same. However, it is my observation that managers who try to strive for both often do so by paying a personal cost which usually results in burn-out and fatigue (Whittle, 2013).

9.4.4 *Kanyininpa*: To have and to hold Artists for the next generation

The Art Centre's main role is to 'hold' the next generation of artists by offering a safe environment which buffers Anangu from the chaos and conflict in community life. Nurturing in the form of 'growing up the knowledge' is a responsibility or obligation of all Anangu. The transmission of knowledge from one generation to the next, takes place when the senior artists 'look after' and 'grow up' the younger artists through revealing stories and paintings associated with country and culture. The social world is represented as a succession of generations, each holding or looking after (*Kanyininpa*) the ones that follow or come from behind. This is the role of the Art Centre; it nurtures what needs to be nurtured in a "looking after model of social relations" (Myers, 1986, p. 216). This is well articulated by Acker:

> Art centres are as variable as the people employed to staff them, but what separates them from the private dealer model is their commitment to the community as a whole, rather than an individual artist who can make them a profit. When a successful artist passes on, the art centre is still there in the community for family, still there as a cultural and economic opportunity (Acker & Carty, 2012, p. 41).

The Art Centre as a site of health promotion dictates health and wellbeing on the terms determined by the Anangu artists who maintain their cultural and social imperatives. How the transmission of cultural knowledge takes place is just as important as the outcome. In this case, it is Anangu health and wellbeing. The process of co-creating health is embodied in the 'doing', where painting and singing country is a lived experience through ritual, ceremony, dance, and song. In the survey outlined in Chapter Seven, Anangu noted that Art Centres were safe places/peaceful places free, for the most part, of humbug. While this is useful for everyday stress levels, it is also part of environment required for *kanyini*.

This holding also extends to the provision of food. In Chapter Six I outlined the story of a conventional health promotion program aimed at providing food for the artists. This was the lunch program. In that chapter, my analysis highlighted the conflicting self-determination agendas. I now

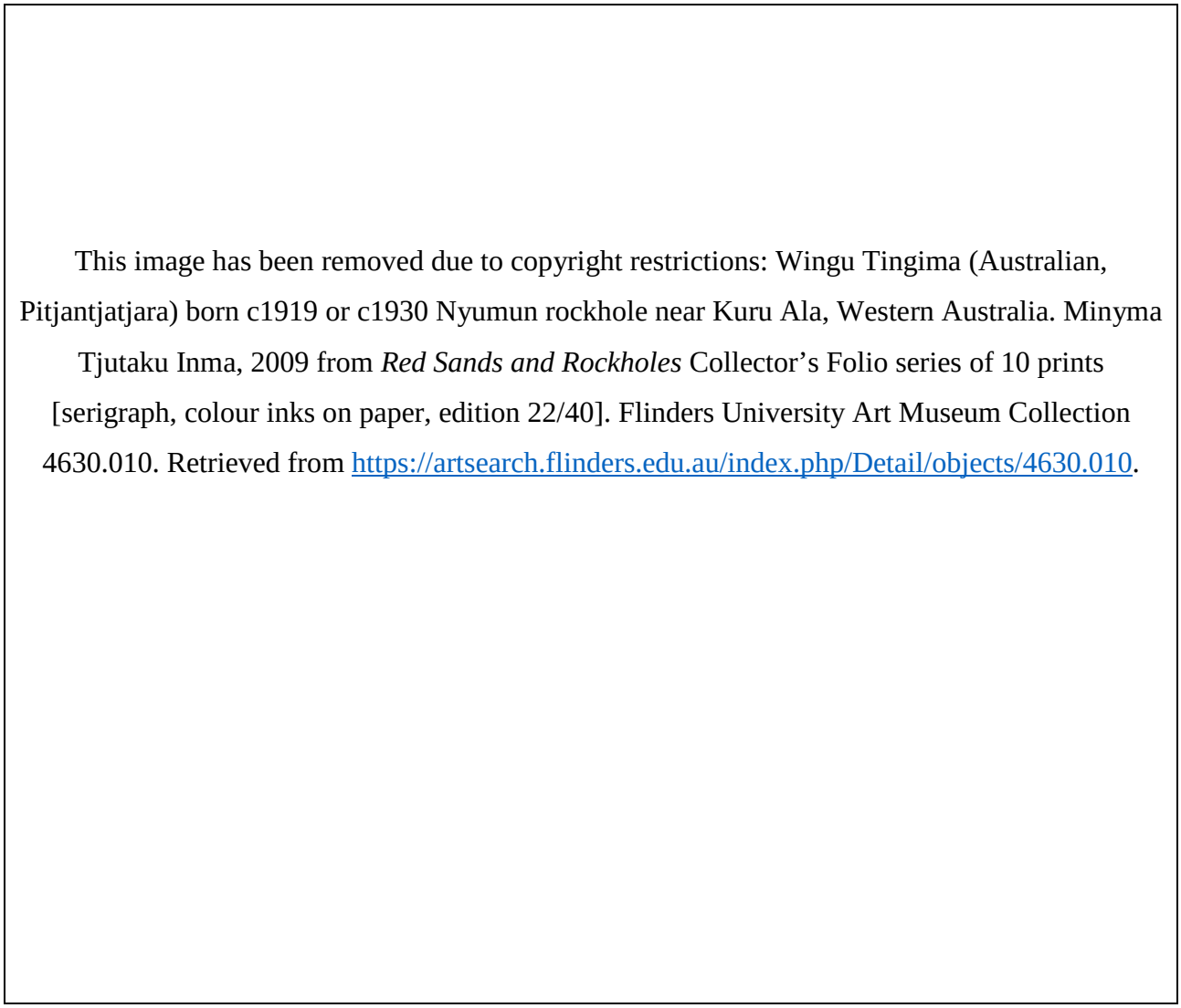
link it to *kanyini*. Providing food through a lunch program can be seen as a duplication of services by the Art Centre manager, or those wishing to instigate healthy eating programs. However, for Anangu, the lunch program is viewed as a manifestation of the Art centre manager's capacity to hold, nurture, and look after them. In other words, managers can be looked upon as intercultural mediators (Whittle, 2013), moving in and out, straddling both the Anangu and Western worlds. Therefore, it is just as important the that the concept of *kanyini* is applied in the Art Centre managers' context as, like Anangu, they too need to be 'looked after' or 'held' in a model of care/*kanyini*. In the next section, I do ask whether or not the Art Centre managers can achieve both ideals of *kanyini*/holding.

Finally, as I noted in Chapter Seven, Anangu see one of the roles of Art centres as that of the transmission of culture. McCoy (2008) captures this idea in his accounts and conversations with the Puntu of the Kutungka region of Western Australia. The Puntu share a colonial and mission experience similar to that of Anangu. In McCoy's (2008) account, he says that the most commonly used name for health with the Puntu is *palya* (good). To grow up in desert life is to grow up within a particular cultural context: being healthy describes an embodied quality of living that includes the relationships a person shares with *waltja* (family), *ngurra* (land), and *tjukurrpa* (dreaming). Similarly, reflecting on my time with the Anangu artists of the APY Lands, I note parallels. Just like the Puntu, Anangu show great interest in life outside of the Art centre. This was evident in the survey where the results suggest that Anangu take great pride in travelling interstate or overseas to showcase their culture through the arts. It is the manager who opens up new experiences such as trips away for exhibitions and, in doing so, creates a holding relationship in a model of care with Anangu artists. McCoy says that even though Puntu may be 'grown', they continue to be in a holding relationship that acknowledges the one that has done the 'holding' and the one that is 'held' (McCoy, 2008, p. 24).

The ability of the Art Centre to be health-promoting relies on a number of factors including the relationships with Anangu. As noted above, managers need to be able to take account of Anangu health promotion values and the tensions as they attempt to balance and hold various expectations including Anangu cultural values and that of the outside bureaucratic processes. As noted in Chapter Seven, Anangu recognise the mismatch between their expectations and that of their managers. What they seek is the capacity of managers to hold or work together for the greater good of artists and the sustainability of the Art Centre as an Anangu model of health. Co-creating health in this context can only take place if there is mediation or a mediator to connect the artists with the procreative power. The Art Centre is the contemporary setting and a safe haven that mediates the authority of the *Tjukurpa* in the transformation of subject into object.

9.5 Working Together – *Malpara* Way as Methodology

The findings in the survey as outlined in Chapter Seven alerted me to the health promotion goal of equitable partnerships, and this is articulated as working together, or *Malpara way*. When Anangu say they want to work together, it is important to understand how this might be achieved in the Anangu Art centre. There are clear roles with regards to responsibility and obligation, and I refer back to the methodology chapter where Anangu are working together side-by-side with me. In Chapter Four, I outlined the principles of the *Malpara system as methodology* and the obligation to work 'proper way' or '*Malpara* way' is highlighted below using Wingu Tigima's *Minyma Tjutjaku (Inma* (Women Dancing) painting.



In this final vignette I demonstrate the dangers of not working *Malpara* way.

> ***November 2013***
>
> *The first Kaltjiti workshop provided invaluable insights into how Anangu perceived my research and what their expectations were regarding the outcomes. However, the workshop did not get off to a great start. A major mistake on my behalf was not having my Malpa present with me during the workshop. Whilst the artists are very accommodating to newcomers, it is considered good practice to have your Malpa translate and to facilitate a two-way conversation. I was able to overcome this challenge by utilising another Malpa from the Art centre, but I told myself I would need to prioritise the additional support and make it part of my standard research practice in future. During the consultations and workshops, I made it a priority to utilise a local Malpa from the Art Centre. This also was an extension of acknowledging Anangu 'ways of doing' business and respecting the autonomy of local decision-making processes and practice.*

9.6 Concluding Remarks

In drawing my findings to a close, it is important to reflect on the health promotion ideas presented in earlier chapters. Firstly, in Chapter Two, the notion of health promotion 'at the cross roads' (Crouch & Fagan, 2014) allowed me to reconsider my position in light of current paradigm shifts in the new public health movement. One of the shifts evident is the need to reconsider the calls for a new paradigm in health promotion (Crouch & Fagan, 2014). My research position on this debate advocated to empower local processes and practice that already exist and that are embedded in the rhythms or the ebb and flow of everyday community life. The sense of control (Marmot, 2005) that drives our understandings of empowerment and self-determination needs to be contextualised and grounded in the environments that people live and work in. These local environments are the key to finding existing fields of practice that focus on depth rather than breadth, and shift the narrative from deficit to strengths. The challenge is to be more inclusive and understanding of Indigenous or Anangu culture as practiced through the arts, as it plays a critical role in moving the current health promotion discourse beyond a pan-Indigenous notion of health promotion to one that takes account of local understandings of key health promotion terms. As such, culture is seen as a health asset and resource that helps define how the local determinants of health are articulated. I am also suggesting that what constitutes health promotion is determined by the local context.

I have responded to the call for a strength-based approach (Arabena et al., 2014) by focusing my research efforts on the cultural assets of remote Anangu communities of the APY Lands and their Art Centres. In the Art Centre, the local Anangu pathway of empowerment is not a straightforward story – empowerment needs to be negotiated and understood from a cultural perspective. This was

demonstrated when I outlined the conflicts and tensions in health promotion evident in Chapters Five and Six. In both chapters, various players jostled for power and for their agenda at local, regional, and national levels.

The health promotion concept of empowerment must also be understood within the boundaries of Anangu artistic expression. Empowerment should not be based on external expectations about taking control, but grown from within and respond to the desired outcomes based on practical and artistic expressions and artists' endeavours. The shift to locally driven health promotion solutions needs to be seen from the Anangu artist perspective; what works for them, what they are comfortable with, and what they can produce by working to their own rhythms and cultural and artistic goals. At the level of the collective, the role the Art Centre plays is vital to harnessing what Munn (1970) calls the 'procreative power' whereby the transformation of subject to object can take place, connecting the artists with the energy and power which is essential to Anangu arts practice.

Chapters One to Three establish the premise that Indigenous institutions such as Art Centres play a key role in promoting health in remote communities. This was the first level of health promotion. Secondly, I argued that if conversations about health are taken out of the traditional medical or health settings, and moved into an Anangu community controlled space such as the Art Centre, this has the potential to shift the health narrative from a deficit discourse to one of strength. The ability for Anangu to practice arts is a 'tricky business' (Acker & Carty, 2012) determined by social, cultural, economic, and political factors impacting on centre and community life. This has a ripple effect in health too. The interplay of these factors often defines health promotion which must take into account the current challenges and conflicts that are evident in any health promotion relationship. This research considers the basis of relationships and interaction being negotiated within, and outside of, the Art Centre context. My research suggests that Art Centres of the APY Lands are health-promoting, but in a culturally specific way.

However, whilst the Art Centre may provide a model of social and cultural health extending beyond its core commercial capacity, Acker and Carty remind us that "Art centres are not perfect" (Acker & Carty, 2012, p. 41). In my research, I examined health promotion within the realm of social relationships and conclude that health promotion is relational, context specific, and must be negotiated. Central to the negotiation of relationships is the notion of power and conflict within an imperfect world. This thesis demonstrates that they are not perfect. For example, the ethnographic evidence produced in Chapters Five and Six presents a clear picture of the competing interests and conflicts within the Art Centre. In Chapter Five, I examine everyday life within the Art Centre; who comes and goes, the conversations and the competing interests that conflict with the everyday

business of Art Centre. I examined health promotion through the lens of power relationships that exist in the centre and questioned who has the control in the Art Centre. My main objective was to identify where Anangu agency was located and how it was articulated. The results are ambivalent but, as I note above, Anangu can hold contradictory ideas about an entity. What is important is to remember that empowerment and agency is constructed through an analysis of social relationships evident in the Art Centre.

In Chapter Seven, I positioned health promotion against the backdrop of competing regimes of values (Austin-Broos, 2009) and a clashing of cultures which often creates chaos and crisis (see Chapters Five and Six) in Anangu community life. The Anangu discourse of health promotion is based on the findings presented in the survey (see Chapter Seven) which show that Anangu ideals of health are different. I suggest that if health promotion is considered through the cultural lens of artists, health is promoted in a way that goes beyond the conventional notions of health behaviour to include Anangu arts practice. The cultural concepts of *kanyini* and *pulkupa* provide an Anangu conceptual framework for health promotion; *pulkupa* as healthy wellbeing, and *kanyini* as a respectful and responsible working relationship. Central to this idea is the notion of the cultural determinants of health that take us beyond conventional social determinants of health and advocate for Anangu health promotion as discourse and practice.

9.6.1 Health promotion is different in the Anangu Art Centre

Health Promotion must be understood within the current circumstances facing remote Art Centre. This is well articulated by Acker and Carty who says that “desert art, like all good art expresses the history and circumstances in which it occurs. The circumstances for remote desert communities are stark, indeed, evincing may of the most confronting failures in the relationship between Aboriginal and on-Aboriginal Australia” (Acker & Carty, 2012, p. 37). On the post-colonial frontier, where the old ways meet the new, the contemporary interface is often described as a ‘clash of world views’ (Acker & Carty, 2012, p. 37) or as ‘a clash in imaginaries’ (Austin-Broos, 2009, p. 4). Yet, in the midst of worlds colliding, the Art Centre is a clear expression of empowerment against the backdrop of chaos and despair. This is because Anangu men and women respond to their circumstances and engage in creative ways that insist that current discourse of failure and deficit shifts to accommodate “different orders of value and ways of being in the world” (Austin-Broos, 2009, p. 7). Here, the Art Centre plays a critical role in our understanding of how Anangu “juggle competing orders” (Austin-Broos, 2009, p. 7) that raise questions about our own assumptions regarding remote Indigenous people’s health and wellbeing. One point worth mentioning from Acker and Carty is that “The assumptions that delineate the lives of many Australian –education, employment, and status are valued differently in the deep desert” (Acker & Carty, 2012, p. 37).

Reframing Anangu health through the lens of art is one way to understand how Indigenous people bring contemporary forms of practice into their everyday understanding of health. The thesis does not suggest that this is the only way, but positions Anangu cultural concepts of culture, country, and kin front and centre in the health promotion discourse. Indeed, I argue that this is not a panacea for improving Anangu health but repositions the cultural determinants, first and foremost, in an attempt to bring forward a strengths-based approach to Anangu health. Similarly, I argue that most Anangu artists have a medical condition that may prevent them from participating in the cultural life of Anangu society, but the Art Centre is one place where they can fulfil obligations including important social and cultural obligations of Anangu society.

Revisiting Tynan's concepts of medical systems in conflict in Chapter Three serves to remind us that the biomedical model, and its associated interventions alone, cannot cure ill health but needs to work together with Anangu understandings of health. It is the ability to have both sets of traditional and Western ideals, fusing together in a complementary and mutually respectful way that will provide holistic care and comfort in times of chaos and crisis. In contemporary community life, the Art Centre is one place that mediates and brokers both worlds for Anangu in a remote context.

This thesis strongly argues that in the face of ill health, distress, and uncertainty, Anangu look towards the familiarity of everyday institutions to provide safety, security, and stability. The evidence shows that Art Centres are both positive and negative depending on where you are positioned. This thesis has put forward the local Anangu understandings of what it is to 'live well'. It shows that despite one's health and medical circumstances, health can still be experienced when engaged in Anangu arts practice.

This image has been removed due to copyright restrictions: Mary Katatjuku Pan (Australian, Pitjantjatjara) born c1944 Australia. Tjulpu (bird) 2013 [dry grass with raffia, acrylic wool, acrylic and emu feathers]. Flinders University Art Museum Collection 4820. Retrieved from https://artsearch.flinders.edu.au/index.php/Detail/objects/4820.

The photograph above is a flock of birds titled ‘Paarpakani’ (Take flight), exhibited in 2011 by the women from the *tjanpi* desert weavers of Amata. I have chosen Mary Pan’s *tjanpi* piece as symbolic of the mainstream health promotion approach being taken to new heights as represented through the *tjanpi* bird. It suggests that health promotion and the Art Centre in the Anangu context includes:

1) Mainstream notions of health promotion;
2) Anangu concepts of *Pulkupa* central to Anangu health and wellbeing;
3) Anangu understanding of Kanyini as the centre’s main health function of providing Anangu with a place to practice arts as a practice of health promotion; and
4) The three pillars to Anangu health (Culture, Country and Kin) as the Cultural determinants of health.

The purpose of building an Anangu evidence base is to show that culture and the practice of arts can contribute more widely towards Indigenous notions of health and wellbeing. In this instance, the cultural determinants of health are the ability to practice culture, country, and kin. The positive cultural determinants of health are the ability to become empowered through the process of creating health in this manner, but it is also the ability to contribute to one’s health holistically. Since the development of the Art Centre model, Anangu men and women, including their families, gather at the Art Centre for many reasons. These reasons go beyond the primary role of producing art and painting or, for that matter, supplementing income, although these are conflicting ideals. The health role of the Art Centre is to facilitate the participation in arts by enabling artists to paint culture, country, and kin. Participation is a key driver of health promotion which enables Anangu to practice culture through painting the three pillars of cultural health – country, culture, and kin. Health promotion is not just an Anangu ideal, but it is a lived experience captured through the art practice of artists of the APY Lands. As Indigenous art curator, Hetti Perkins (2010), in her series *Art and Soul*, so clearly says, “culture is good community medicine, and community-owned and operated art centres are the best way of dispensing it” (Perkins, 2010).

This image has been removed due to copyright restrictions: Nyankulya Walyampari Watson (Australian, Pitjantjatjara) born c1938 Mount Aloysius, Palkarli rockhole, near Inurantja, Western Australia. Ngayuku ngura, 2009 from *Red Sands and Rockholes* Collector's Folio series of 10 prints [serigraph, colour inks on paper, edition 22/40]. Flinders University Art Museum Collection 4630.001. Retrieved from https://artsearch.flinders.edu.au/index.php/Detail/objects/4630.001.

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APPENDICES