



Indigenous articulations of social media and digital assemblages of care

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ARTICLE INFO

Keywords:

Indigenous
Digital geography
Social media
Assemblage
Care
Health

ABSTRACT

Studies show that, in times of need, Indigenous people across the continent now referred to as 'Australia' tend to rely more on the 'informal' connections of support, care and trust made with family, friends and community—connections which are increasingly mediated through digital technologies. Australian researchers have recently begun attending to the possibilities social media offers in sustaining networks of support 'outside' settler geographies of institutionalised health. This burgeoning digital health research, however, has tended to frame Indigenous people only as recipients of care; and it has mostly focused on the narrow remit of connecting Indigenous social media users with formal sources of health information and support. In this paper, we instead explore the already-existing 'informal' care practices of and between Indigenous social media users. We draw on recent developments in cultural and health geography, which have sought to understand care, health and wellbeing through Deleuze and Guattari's (1988) notion of 'assemblage', to chart the geographies of care that digital media makes possible. We show that Indigenous social media users are engaged in the production of distinct territorial arrangements of care. In identifying people in their networks who appear in need of help, they actively and creatively work to establish a suitable working arrangement to meet that need, which participants variously described through expressions of intimacy, networks, formality and atmosphere. These Indigenous articulations of digital media, we argue, are reterritorialising new spaces of care, safety and strength, against and outside the settler geographies that lead to widespread health disparities, and they challenge dominant narratives about Indigenous digital life.

1. Introduction

Over the last two decades, social media have become deeply embedded in the everyday worlds of Indigenous people.¹ Far from birthing the disembodied 'post-race' world originally imagined by many digital tech visionaries (Daniels, Gregory, & Cottom, 2016), social media has never been a 'neutral' space for Indigenous people. Online, Indigenous people are targeted with high levels of hate speech, direct racist abuse, and disproportionate rates of cyberbullying (Jakubowicz et al., 2017). Research documents how the internet has facilitated the extension of racist discourse, the settler 'logic of Indigenous elimination', and the coordination of white supremacist and anti-Indigenous hate groups (Matamoros-Fernández, 2017; Frazer & Carlson, 2017; Carlson, Jones, Harris, Quezada, & Frazer, 2017a, 2017b; Kennedy, 2018). Australian news media has reported police using anti-terrorism laws to disproportionately surveil Indigenous people through social media

(Fitzpatrick, 2016). And the geographically and demographically uneven rolling out of digital telecommunications—with Indigenous people generally left on the unenviable side of the 'digital divide'—has led to the intensification of existing inequalities in capital between Indigenous and settler populations, with wide ranging consequences in access to the benefits that digital connections can bring (Rennie, Crouch, Wright, & Thomas, 2013; Rennie, Yunkaporta, & Holcombe-James, 2018). In these and other ways, digital technology and social media specifically is entangled in the extension and reproduction of settler geographies.

But Indigenous scholars have demonstrated that social media and other digital communications technologies have also in many ways altered, challenged and transformed dominant geographies of settler colonialism (Farrell, 2017; Gómez Menjívar & Chacón, 2019). Social media platforms are sites of immense Indigenous creativity, imagination and agency—the production of ideas, practices, and relations that work against, below and outside settler power relations (Carlson & Dreher,

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¹ A note on terminology: There is no universally agreed upon terminology for referring to the many diverse groups who comprise the Aboriginal and Torres Strait Islander peoples across this continent now referred to as 'Australia'. In this paper, we primarily use the term 'Indigenous' to refer to all peoples and groups whose ancestors pre-date colonisation and who identify as such; 'Aboriginal and/or Torres Strait Islander' is also used where appropriate.

2018). With internet coverage now extending to most of even the remotest towns, the vast majority of Aboriginal and Torres Strait Islander people have a daily, active and enthusiastic online presence. Indigenous articulations of digital media are producing new spaces of care, safety and strength—what Wilson, Carlson, and Sciascia (2017) describe as the Indigenous reterritorialization of social media.

Research has documented how Facebook, Twitter and Instagram have provided platforms for Indigenous resistance, resurgence and revival across the world (Carlson & Berglund, 2021; Duarte, 2017; Fransén-Taylor & Narayan, 2018; Wagner & Fernández-Ardévol, 2020). Diasporic Indigenous families and communities—separated through settler policies of removal, containment and dispersal—have reconnected and maintained these connections online (Vaarzon-Morel, 2014). Indigenous expressive, cultural and linguistic practices have been sustained, renewed and shared through social media (Arias, 2019). And anti-colonial activist groups have drawn on the mobilising power of social media to protest deleterious government policy, such as the #SOSBlakAustralia movement, which saw large protests materialise in every major Australian city, calling for the government to reverse its decision to shut down hundreds of remote Aboriginal communities (Carlson & Frazer, 2020a; Latimore, Nolan, Simons, & Khan, 2017). In the face of continued settler erosion of Indigenous relationality—through policies of land enclosure, child removal, economic marginalisation—social media provides opportunities to produce the connections that work towards stronger, more powerful and autonomous Indigenous futures (Carlson & Frazer, 2021; Carlson, Frazer, & Farrelly, 2020; Gómez Menjívar & Chacón, 2019; Lupien, 2020).

It is this second, more optimistic side of social media that has primarily interested health researchers. In the context of considerable discrepancies between Indigenous and settler health outcomes, recent scholarship has sought to identify the potential health opportunities digital technologies bring. The particular affordances of social media—its ubiquitousness, instantaneousness, customisability, and ‘constancy’ (Borzekowski, 2019)—mean users can access various forms of support whenever they need it, wherever they are, and more or less on their own terms (Blight, Jagiello, & Ruppel, 2015; Lupton & Maslen, 2019). This work has documented the health benefits social media provides specifically Aboriginal and Torres Strait Islander people. It has explored how these technologies can connect Indigenous help-seekers with sources of help (Carlson, Farrelly, Frazer, & Borthwick, 2015a, 2015b; Carlson & Frazer, 2020b), how they can be leveraged to share culturally-relevant public health information (Hefler, Kerrigan, Freeman, Boot, & Thomas, 2019; Hefler, Kerrigan, Henryks, Freeman, & Thomas, 2019; Kerrigan, Herdman, Thomas, & Hefler, 2019; McPhail-Bell et al., 2018), and how they might better integrate Indigenous understandings of health and wellbeing (Sweet, Geia, Dudgeon, & McCallum, 2015; Trees, 2015; Walker, Palermo, Klassen, & Walker, 2019).

However, there has been a tendency in this burgeoning digital health research to focus on Indigenous peoples as ‘recipients’ of care; and it has tended to focus on the narrow remit of connecting Indigenous social media users with formal sources of health information and support. As the broader mainstream research has demonstrated, people use social media not only to seek help, but also to also sustain their own more ‘informal’ arrangements of care, support and safety, outside the workings of the state and its settler health apparatuses (Byron, 2020).

In this paper, we explore these more informal care practices of Indigenous social media users. We draw on recent conceptual developments in cultural and health geography, which have sought to understand care, health and wellbeing through Deleuze and Guattari’s (1988) notion of ‘assemblage’, to chart some of the geographies of care that digital technology makes possible for Indigenous people on social media. Conducting interviews with Indigenous social media users from a range of settings, we asked: What arrangements of care are Indigenous people producing through social media?

In the next section, we outline some of the literature on the politics of

Indigenous health, arguing that Indigenous social media use must be understood in the context of settler geographies of Indigenous control and erasure. Next, we discuss recent developments in geography, which have sought to understand the ‘dimensionality’ of care through Deleuze and Guattari’s idea of assemblage. We then outline our research design, including the methods we deployed and our approach to data interpretation. The following four sections constitute our analysis. We show that Indigenous social media users are engaged in the production of a range of relatively distinct territorial arrangements of care; in identifying people in their networks who appear in need of help, they actively, creatively and capably work to establish a suitable working arrangement to meet that need, which participants variously articulated through expressions of intimacy, networks, formality and atmosphere. We close by arguing that this challenges several dominant narratives around Indigenous peoples, including the idea that Indigenous people are recipients rather than providers of care; that they are somehow anti-technology rather than competent and creative appropriators and articulators of digital technologies; and that social media spaces are primarily sites of danger, abuse and trauma for Indigenous people.

2. Literature review

2.1. Settler geographies of indigenous health

A central tenet of much Australian health research, practice and policy is the persisting fact that Indigenous people experience relatively poorer outcomes in health and wellbeing across a range of vital measures compared to their settler counterparts, including life expectancy, burden of disease and mental ill-health (Sherwood, 2013). Consequently, Aboriginal and Torres Strait Islander people have been the focus on an incredible body of health research and are targeted with myriad top-level health interventions—not least the National Agreement on Closing the Gap, which seeks “to overcome the inequality experienced by Aboriginal and Torres Strait Islander people, and achieve life outcomes equal to all Australians” (Australian Department of the Prime Minister and Cabinet, 2020).

This dominant ‘deficit’ framing of Indigenous health—what Unangax scholar Eve Tuck, 2009 calls “damage-centred research” (2009, p. 409)—has been challenged, however, by work that unpacks the broader political context in which Indigenous health is constructed. Critics argue it “obscures Indigenous perspectives and voices, while perpetuating settler narratives of Indigenous communities as damaged and in need of settler interventions” (Wood, Kamper, & Swanson, 2018, p. 138). In response, Indigenous academics have sought to frame Indigenous health outcomes in the context of both the institutional and discursive structures of settler colonialism (O’Sullivan, 2015; Paradies, 2016; Sherwood, 2013). Understanding settler colonialism as a particular geographical formation and distinct political project (Wolfe, 2006), this work points towards the many ways that the health and wellbeing of Indigenous peoples are politically determined.

Mainstream care institutions are a significant point of contact between Indigenous people and the settler state, and research documents the many failings of state and public health institutions in adequately meeting the needs, desires and values of Aboriginal and Torres Strait Islander people (Sherwood, 2013). Colonisation directly seeks to sever and destroy the networks of kin, care and support that give Indigenous communities their strength, in many cases leading to “increased difficulty in maintaining healthy, stable, and trusting relationships” (Goodman, Snyder, Wilson, & Whitford, 2019, p. 34). Taylor and Thompson (2011) argue that many Indigenous people harbour ‘historical mistrust’ of formal public health institutions, due to the sector’s long history of facilitating harm and violence against Indigenous peoples—such as though programs of eugenics, the removal of children from families, and the reproduction of narratives of racial biological and cultural inferiority. Settler health institutions also generally sustain unreflexively Eurocentric models of health, which are grounded in

individualist, biomedical understandings of human wellness, contrasting with Indigenous people's more holistic and relationally-grounded notions of health, which account for the larger social structures in which one is embedded (Herring, Spangaro, Lauw, & McNamara, 2013). Moreover, health institutions are often sites of explicit forms of racial discrimination. Wakaya health scholar Yin Paradies (2016), for instance, has documented the differential treatment of Indigenous in-patients, who are discharged earlier than their non-Indigenous counterparts for the same treatments, and who are provided with fewer pain medications for the same conditions. More broadly, research has demonstrated how Indigenous mobility—often forced through settler policy—makes it difficult to maintain the supportive social relations that sustain one's health and wellbeing (Goodman et al., 2019).

By contextualising Indigenous health outcomes within a project of settler territorial control and expansion, then, this work reveals Indigenous (ill-)health as the result of a distinct political project and understands public health institutions as core apparatuses of the settler state in fulfilling this project. Te Rarawa and Ngāti Kahu scholar Dominic O'Sullivan (2015) consequently argues we should consider colonisation to be a key political determinate of health.

2.2. Indigenous relations of care on social media

It is perhaps unsurprising, then, that in seeking help in times of need, Indigenous peoples tend to rely more on the 'informal' connections of support, care and trust with family, friends, kin and community (Farrelly, 2008)—connections which are increasingly mediated through mobile digital communication technologies (Carlson et al., 2020). While early research focused on Indigenous people's unequal access to digital technologies—thereby extending deficit and damage-centred research framings—a significant body of literature has demonstrated the many liberatory, Indigenising and anti-colonial possibilities social media makes possible. Indigenous social media users engage in myriad forms of creative cultural production (Carlson & Dreher, 2018; Farrell, 2017; Frazer & Carlson, 2017), experiments in political activism (Ryan, Gilroy, & Gibson, 2020; Sweet, Pearson, & Dudgeon, 2013), and the development of new modes of communication and group-being (Vaarzon-Morel, 2014). The 'more-than-real' spaces that digital technologies sustain are, in this way, complexly entangled in both the extension and rejection of settler geographies (McLean, 2020).

More recently, Australian researchers have begun exploring these possibilities, looking at how diverse groups use social media to sustain networks of care, safety and support 'outside' settler geographies of institutionalised health (Byron, 2020). This work has shown that the 'natural networks' of social media (Hefler, Kerrigan, Henryks, Freeman, & Thomas, 2018) provide a range of benefits for users and their health outcomes. Exploring an Indigenous-led health promotion initiative, for instance, McPhail-Bell et al. (2018, p. 770) found social media "create a safe, inclusive and positive space for Indigenous people and communities to profile their healthy choices". Looking at the opportunities Facebook offers in effective health promotion relating to tobacco use among Indigenous users, Hefler et al. (2018, p. 2) argue that "Social media-based health promotion can be a powerful assets-based approach to enact an agenda of Indigenous self-determination and empowerment, aligned with Indigenous notions of health". And in their work on Twitter use by health professionals, Geia, Pearson and Sweet (2017, p. 281) found that a diverse array of Indigenous actors and institutions "are harnessing Twitter in diverse and innovative ways that are enhancing social and emotional wellbeing (SEWB) and self-determination". Summarising their review of social media health research with Aboriginal and Torres Strait Islander people, Walker et al. (2019, pp. 4-5) concluded that this small body of available work demonstrates that social media constitutes "a space for providing social support, sharing health-promoting messages, and increasing awareness and self-efficacy of Aboriginal people in governing their own health".

However, there remain many gaps in this emerging Indigenous

digital health research. By and large, this work still tends to lean on deficit framings of Indigenous health, wellbeing and care. On the one hand, it understands Indigenous peoples primarily as recipients of care. While this work has revealed valuable insights into how social media overlaps with and complements formal care services—particularly the health opportunities social media presents in distributing health promotion campaigns and connecting users with help sources—there is a need to understand the benefits of social media more broadly (Hefler et al., 2018; see also Byron, 2020). By focusing on these 'formal' arrangements of health, this work tends to stay within the highly individualised Western biomedical model of care; Indigenous health, instead, is about larger social structures, not just 'access' to formal help sources. There is opportunity, then, to pay close attention to these actual, already-existing connections of care and support that Indigenous social media users produce and sustain for themselves and one another—what Byron (2020, p. 1), in their work with young people, describes as the 'digital cultures of care' that "contours everyday digital and social media use". On the other hand, the broader digital literature highlights the need to avoid being overly optimistic of the benefits of informal support networks on social media, particularly around health (Isaacs, Pyett, Oakley-Browne, Gruis, & Waples-Crowe, 2010). There is a need to better understand both the benefits and challenges of these informal relations of care, as Indigenous people themselves experience and understand them (Goodman et al., 2019).

2.3. Thinking care through assemblage

Cultural and health geographers have long had an interest in understanding how these kinds of subjects, relations and politics of care are produced and sustained across space (Lawson, 2007; Smith, 1998). While earlier care research tended to draw on simple, linear models of 'care-giver' and 'care-receiver', more recently these geographers have sought to attend to care as *dimensional*, understanding care as emerging through a complex arrangement of subjects, spaces, materials, affects and ideas (Frazer, 2020a).

Deleuze and Guattari's (1988) idea of 'assemblage' has been particularly popular in this project. Broadly understood as a provisional working arrangement of things that are very different in kind, assemblages are directly implicated in the making and unmaking of territories of care. An assemblage, Deleuze and Guattari (1988) argue, always produces a 'ground' on which certain kinds of 'work' can be done: certain things can be thought, felt and effected. This ground is produced through the provisional commingling of what they call 'forms of content', which include the materialities, practices and movements of an assemblage; and 'forms of expression', which are the ideas, subjects and signs that mark the territorial limits of an assemblage. It is through the productive combination of these materials and expressions that particular geographical formations of care emerge.

Cultural and health geographers have drawn these poststructuralist framings to think through a broad range of formations of care. Dombroski, Mckinnon, and Healy (2016), for instance, chart how expressive discourses of 'healthy birthing' provisionally work in concert with the materials, practices and chemicals of maternity wards and midwifery to produce a 'birthing assemblage'. Likewise, Lancione (2014) shows how an ethos of 'caritas' works with the materialities of food, clothing and the church to stabilise an assemblage of Christian 'love for the poor' in the city of Turin, Italy. Duff (2014, xii) uses this conceptual framework to decentre the subject of care, positing health as a "pre-subjective, pre-individual field of forces, affects and percepts, of intensive and extensive singularities, out of which the assemblages which support or express human life are formed". And Frazer (2020a, 2020b) has drawn on Deleuze and Guattari's assemblage-adjacent ideas of 'refrain' and 'molecularity' to unpack how a geographically contingent form of care as 'friendship' emerged as a territorial force in the context of refugee resettlement.

These dimensional conceptualisations of care reveal it as not a thing

'in itself', but a particular kind of relation *between* things that are productive of delimited territories: bodies that are human and non-human, living and inert, material and immaterial, emotional and ideological. Assemblages of care, then, work by carving out a provisional space in which particular ways of understanding, doing and feeling care are made more or less possible (Frazer, 2020b). This work shows that care always involves some specific arrangement of things—some sense of what words, practices, materials and emotions might be called for. Assemblages lay out a more or less clear plan of who requires care, who is responsible for providing it, and what this care should look like. In this way, these arrangements are always deeply context-dependent; and care only gains specificity in relation to an actual, properly historical state of things (Raghuram, 2016).

3. Materials and methods

This paper emerges from a national research project funded by an Australian Research Council Discovery Indigenous grant [IN160100049] that explored the giving and receiving of help between and among Indigenous social media users. The project was led by Carlson an Aboriginal sociologist and Professor of Indigenous Studies; with Frazer a settler scholar with a background in cultural geography, conducting fieldwork and data analysis; and Farrelly a settler scholar with a background in Aboriginal help-seeking and suicide studies, working on interpretation and writing-up. The aim of the research was to better understand the lived experiences of Aboriginal and Torres Strait Islander people using social media as they produced, accessed and sustained networks of care, trust and support in times of need.

This project was inspired by a desire to understand how, in a context of ongoing settler-colonial marginalisation and widespread distrust of settler health services, Indigenous people might be sustaining other networks of care through the less 'formal' connections social media make possible. Moving beyond reductive framings of Indigenous 'differences' and 'deficits', and rather than seeing social media as another potential avenue for formal health 'access' or 'promotion', we sought to take a more grounded approach—aiming to understand already-existing digital arrangements of care, health and support. As Vicary and Westerman (2004, p.4) argue in the context of mental health service delivery, "there needs to be acknowledgement of the existing frameworks of healing within Aboriginal communities". Thus, rather than focusing on deficit, disadvantage, loss and trauma, this project sought to attend to how Indigenous people are already producing better lives, communities and futures. To this end, this paper aims to bring Indigenous health, care practices and social media use into conversation with the recent developments in the geographies of care literature outlined above by asking: What forms, relations and arrangements of care are made possible for Indigenous people through social media?

While digital research is increasingly dominated by 'big data' empiricism, we took a 'small data' approach to this question, seeking to produce rich qualitative materials that capture the everyday meanings, values and practices of being connected to others through social media. We conducted in-depth semi-structured interviews with 52 Aboriginal and/or Torres Strait Islander social media users across five communities, including the Illawarra, Dubbo and Brewarrina (New South Wales), Darwin (Northern Territory), and Cairns (Queensland). Participants were 19 to 65 years of age, with a relatively even balance of people identifying as women or men and five identifying as LGBTIQ+. Interviews sought to unpack the diverse ways that participants used social media to seek help and extend it to others for a wide range of issues, including health, relationships, parenting, work and education.

While there are have been crucial debates in geography about how, exactly, to bring assemblage thinking to geographical analysis (Anderson, Kearnes, McFarlane, & Swanton, 2012; Buchanan, 2017; Ringrose & Renold, 2014; Saldanha, 2017), in making sense of these accounts, we followed Deleuze and Guattari's own empirical method of "finding the machine" (Deleuze, 1995, p. 22). To paraphrase Buchanan (2015), the

key question in assemblage analysis is always: For any given thing or situation, what kind of assemblage would be required to produce it? To this end, Deleuze and Guattari (1988) explain that we must pay attention to both what is *said* and what is *done*: both the corporeal 'forms of content,' such as the material objects, bodies, technologies and performances of digital sociality; and incorporeal 'forms of expression,' including discourses, emotions, relations and symbols (see also Coleman & Ringrose, 2013). In practice, this involved an iterative process of data immersion (using coding software NVIVO), in which we sought to remain attuned to the various subjects, relations, ideas, affects and technologies that participants described as being involved in achieving care online.

This was complemented with Indigenous research approaches developed by Indigenous scholars including Rigney (1997), Nakata (2007) and Tuhivai Smith (2013). We found a natural sympathy between assemblage thinking, with its focus on relationality and distributed agencies, and Indigenous methodologies, which prioritise Indigenous knowledges, standpoints and ontologies, and allow themes to emerge from the stories and experiences of the participants as opposed to being pre-determined by the researchers. Both approaches emphasise the contingency, complexity and relationality of socio-material structures, such as the forms of care that arise on social media.

For the remainder of the paper, we outline four relatively distinct digital assemblages of care that participants described in interviews. As we show, these assemblages were variously described in terms of intimacy, networks, formality and atmosphere. We demonstrate that participants actively create, mobilise and sustain specific digital assemblages of care in response to the needs they perceive. These assemblages, we argue, are working solutions to concrete problems that arise in both their and their loved ones' everyday lives. While others have pointed towards the less 'intentional' forms of care that social media makes possible (Byron, 2020) – mundane acts of 'liking', for instance, that are experienced as affirming—in this paper we focus on those more intentional, conscious acts of care.

4. Findings: digital assemblages of care

Many of the people we spoke to described the barriers they had encountered in accessing formal help sources in times of need. One described "the intimidation of meeting" formal mental health services, explaining that it was "very face-to-face coming into the room" (D2, Darwin). They also noted the social stigmatisation of being associated with mental health services. "And yeah, you don't want anyone to see you, like, walk into the building," they said, "especially if you don't want your family to know." Another described their cultural concerns in accessing online counselling services. "They weren't local, so I was worried that they were lacking just general knowledge of how I would have grown up in an Aboriginal community and family," they said (D1, Darwin). "And then my relationships as well, you know, being Aboriginal and being in a relationship with a non-Aboriginal person". They were worried "there would be lack of understanding there, so I kinda [...] just went back to [Facebook] messenger with friends." Another explained their negative experience of accessing medical help for a family member:

I've actually had one of my cousins try to commit suicide in front of me [...] We took him to the hospital trying to seek help for him at the hospital. And they just said, 'No, he's just pretending.' I said, 'No, he's not.' I said, 'He was freaking hanging on the tree in front of me.' I said, 'How is that pretending?' [...] They sent him out of hospital, and then a couple nights after that, he tried to do it again. (B1, remotely located NSW town).

These and other participants described vividly the failure of formal care services to adequately respond to their and their loved ones' needs. The refusal of care, the lack of cultural understanding, the fears of

stigmatisation, the feelings of intimidation—these factors led to an overall absence of trust in many formal care services, as described in the critical health literature above. For these participants, the formal care assemblages of health, which many others take for granted, often did not work for them.

Instead, the ‘always-on’ connections made possible through social media were very often the first port of call in times of need. The people we spoke to engaged in a wide variety of care practices online. The decisions they made around whether to give help or not, and what kinds of help and support were appropriate, were complex and depended on a variety of factors, such as the kind of care that was required, the extent and limits of their own knowledges and resources, and their relations of attachment, obligation and feeling. In the following section, we follow some of the alternative geographies of “digital care, friendship, and peer support” (Byron, 2020, p. 16) participants described, attending particularly the spatial, affective and subjective arrangements they sustained. Such alternative geographies exist as what human geographers Stephen Graham and Nigel Thrift describe as “the processes of maintenance and repair that keep modern societies going” (2007, p. 1).

4.1. Intimate assemblages of care

When asked if they had ever used social media to offer support to people in their networks, almost all participants described supporting friends and family through difficult times. Much of this could be categorised as ‘emotional support’, which broadly includes “expressions of care, concern or encouragement that are intended to alleviate the emotional distress of others,” as Buehler, 2017 explains (2017, p. 3). Very often in our interviews, participants described this digital support through distinctly spatial expressions of relational proximity and affective intimacy:

They say ‘I don’t need no one,’ and stuff like that. They actually do [...] I just tell them that *I’m there for them*, and stuff like that. [...] Because they just want someone to be there for them. (B2, remotely located NSW town).

And as well as kind of just providing personal support and you know, *just like being there* to talk with people. (D2, Darwin).

Several participants described an awareness of social media sustaining a caring proximity that was not otherwise possible across geographical distance:

I’ve got friends on there that I’ve seen needing help, and I’m just like, *‘I’m always here to talk’*. It’s online, it’s probably better face-to-face, but sometimes it can’t happen that way. (W1, Illawarra).

Some might be cries for help but people are actually saying they’re going to kill themselves or hang themselves. I’ll get on there and I’ll say, ‘No, don’t. *I am only a phone call away*. Don’t even go there.’ (C3, Cairns).

One participant who lives in a relatively remote regional town explained how social media allowed them to provide support in times of grief across distance:

My niece, my sister and my brother-in-law lost their little cousin last year, and my niece is on Facebook so I made some contact with her. She was very upset. She was the last to speak to him on Facebook, and then he went and committed suicide. So me and my sister tried to talk to her, settle her down through Facebook because I couldn’t get to her. Yeah, ‘cause she’s way up in [remote town]. (DU2, Dubbo).

These expressions of proximity—carried through phrases like ‘I’m there’, ‘I’m here’, ‘I’m only [this far] away’—constitute a distinct spatial imaginary, in which one is relationally and temporally close, even if not

physically proximate. This is a digital, affective and intimate proximity that is expressed as a working arrangement of care.

As Pain and Staehli (2014, cited in Cockayne, Leszczynski, & Zook, 2017) argue, intimacy is always comprised of an arrangement of spatial relations; and recent literature has sought to better understand how these ‘mobile’ forms of intimacy and proximity (Hjorth & Lim, 2012) are achieved through digital media, including sexual intimacies (Cockayne et al., 2017), ‘stranger intimacies’ (Koch & Miles, 2020) and the affective experience of ASMR videos (Smith & Snider, 2019). The ‘digital’ works through producing new geographies of affective proximities, that can be experienced as intimate even at a distance: “the digital intensifies the experiential fidelity of intimate encounters by folding the remote into the spatially immediate, such that non- proximate intimate relations with human subjects as well as non-human objects may feel more proximate,” Cockayne, Leszczynski and Zook argue (2017, p. 1115).

These digital interactions allowed participants to extend not only emotional support but also compassion and empathy to others—another form of relational proximity, sustained through the acknowledgement of shared experience and feeling. This arrangement of intimate care was not necessarily about producing a sense of ‘spatial’ proximity, in the absence of physical closeness, but instead often involved articulating a sense of emotional affinity and sympathy: *we are ‘close’*, they explain, *because we feel the same things*.

When I’ve seen something that I’ve been through, and when you really read these things that people have written and you’re thinking: *‘I know how that feels, I know how desperate you can feel’*. (W4, Wollongong).

With my weight loss, and I’m a survivor of [domestic violence], and when a friend of mine might say something like: ‘Oh sis, I’m having a bit of a rough patch,’ I know, like I can respond: *‘Yeah, I’ve been there’*. Or I’ll say: ‘Sweet post, I can totally relate to that. *I get it’*. (DU12, Dubbo).

These expressions of empathy produce a spatial imaginary of affective proximity in which one person ‘knows’ the place another is: ‘I’ve been there’, ‘I know how that feels’, ‘I get it’.

It clearly mattered how these discursive expressions of caring intimacy—in temporal immediacy or affect—were delivered. Social media provides many different ways in which one can interact with others, some more formal, some much less so, some indirect and ‘public’, some direct and much more ‘private’. In this context, participants described specific, intentional care strategies they engaged in to produce and sustain a sense of proximity and intimacy in care. Generally, intimacy was produced through what were often described as more ‘private’ forms of connection—direct message, text message, phone call—rather than more ‘public’ forms, such as comments. One participant explained that when she sees something online that makes her concerned for another’s safety:

I’ll try and contact that person. Make sure they’re alright. Like *privately* message them. (C1, Cairns)

Another participant explained that if they thought someone was at risk of harm:

I would say something, but I wouldn’t do it in the public domain, you know. If it was a private message, something like that, like if it’s Facebook, I wouldn’t be doing it so that everyone else could see. (BBF3, South Coast NSW).

Another explained:

Sometimes it’s better just to keep it between the person. Depending on which friend I’m talking to, they don’t like it when other people

know their stuff. They just want to trust you, so they just want it to be between you. (D3, Darwin).

For these participants, social media sustains what we're describing as intimate assemblages of care. In identifying a person in need of support, these participants seek to produce a distinct relational proximity through social media. In emotionally supporting people in their networks, these participants were seeking to produce a particular form of care, as it arises through a particular arrangement of people, technologies and ideas—articulated through discourses of temporal immediacy and affective closeness, and expressed through 'private' modes of connection. "They just want to trust you," the participant above explains, "they just want it to be between you".

4.2. Networked assemblages of care

Participants articulated a distinct set of limits, which delimited the intimate assemblages of care. A sense of proximity, or intimacy, was not always 'appropriate'. It is also apparent that the 'online' and 'offline' are not clearly demarcated spaces but are in some sense contiguous – complexly entwined and entangled. Participants described recognising when someone needed care beyond an expression of affective closeness and understanding, and they often sought to include others to help. This was often relatively innocuous, such as simply 'tagging' someone they thought would be better suited to respond:

If I see somebody looking for recommendations, if I know, I will comment. If not, I'll tag somebody else. Put somebody else's name there that would be able to help that person. You know, bring them into the conversation sort of. (C3, Cairns)

Other times, however, responses to more serious care needs were coordinated 'backstage', in private, without the person's knowledge. Participants generally described three main prompts for this kind of backstage care networking. First, interventions of this more serious kind were seen to be the prerogative of people who were more 'closely related' to the person in need. As one person explained:

If they're close, you could ask them what's going on. Or you'd probably send a message to one of their families saying: 'Look, we've seen this on Facebook today and you should go and have a talk to them.' (B7, remotely located NSW town).

Another explained what they'd do if they thought that someone was at risk of self-harm:

Like comment to them, comment privately, or even contact someone that's in their family. Just to say, 'Hey, have a little talk to them, see if they might actually need some help in some way.' (BBF4, South Coast NSW).

Second, when confronted with online expressions that caused them to fear for another's physical safety, some participants felt the situation lay beyond their capacity to care:

Well, I'd try help them the best way I could. But I would try and get other people involved. So, I guess I'm not 100% confident that I'd be able to help them the best, but you'd obviously try to get other people that could help them. (BBF2, South Coast NSW).

Finally, in these more urgent, more serious situations, many participants explained that a purely 'digital' form of care often wasn't deemed adequate. The relations of care produced through social media were not enough to help the person in need; instead they required bringing others into the fold, contacting them 'directly', or physically attending to them:

I had one friend, actually. She was posting up some real scary stuff. I messaged her to see if she was alright, but then I went and messaged

her cousin who I'm friends with on Facebook and just like, 'Is everything going all right and can you get anyone to call her?' I didn't have her number. (W3, Illawarra).

There have been some phone calls straight away. Like, 'Hey, have you seen [name's] post?' They go around and check. It's when I see something. I have to check on my cousin. It could be life and death. I gotta check on the kids as well. Not just a call. (C4, Cairns).

A couple of weeks ago, a lady, she's family, so I'm friends with her on Facebook. And she wrote, and I thought it was an attention-seeking thing, but she wrote, because she had a warrant out for her arrest or something, and she wanted to top herself off, she doesn't know what to do. So I messaged one of my cousins in Darwin and just let them know what was going on. And they went around and she was alright. (AF3, Adelaide).

Each of these participants are acutely aware of the differential care-giving affordances of the various media available to them. When a situation appeared to breach some threshold of seriousness, an intimate assemblage of care—which produces a sense of temporal immediacy and affective closeness—was understood as inadequate. Instead, these participants actively worked to produce a more efficacious working arrangement of care—bringing into the fold the relations, resources and physicality the situation called for to ensure their loved ones were safe. These networked assemblages involved a distinct array of elements—relational, technological, material—that worked to produce the form of care they believed the situation demanded.

4.3. Formal assemblages of care

While in this project we were primarily interested in how Aboriginal and Torres Strait Islander people were sustaining more informal arrangements of care, many participants described using social media to refer friends and family to formal health services. These referrals were generally made when participants could identify when someone was in distress and required care above and beyond what they felt personally capable of providing. They involved using their informal relations to connect with more formal arrangements of care.

One participant explained that if they perceived someone needed help for substance issues, they would "just message them", and "give them someone's number, you know, that works with the drug and alcohol counsellors" (B1, remotely located NSW town). Another similarly explained that they would help by "finding support services in their area, and I'll private mail them, that sort of thing" (C8, Cairns). Another described seeing someone on Facebook who was in distress, so they "gave them the contact details for the counsellor at the AMS [Aboriginal Medical Service] and just let them know they were not alone and I checked in on them through the next few days" (IF3, Illawarra).

This movement towards formal referrals necessitated that the person responding was capable of recognising the limits of their ability to help:

If in [online] conversations, publicly, and people start saying that they're having troubles, I'll say 'Hey look'. I'll just say 'No, I'm not a clinician, but I do recommend you call these numbers'. (D4, Darwin).

When I see people use certain words, you know, 'die', 'kill myself', those sorts of words. So, I add on the comments, you know, 'Just go straight to your clinic'. That's the first protocol for them. (D6, Darwin).

Calls and referrals to formal health services were often made in emergency situations. One participant described a situation in which they were withdrawing from drugs:

A friend of mine did actually call an ambulance for me, because I was just talking rubbish [on social media]. Completely incoherent rambling and ‘nobody loves me’, and that sort of message. So, she was quite concerned about my stability, and called an ambulance for me. (D5, Darwin).

Another participant described responding to a series of vague Facebook posts from a friend which deeply concerned them:

Yeah, I actually rang up the police once and said, ‘I think my friend is going to take her life and I can’t get there’. And they saved her. Because when I read it, it was just like, ‘It’s like a suicidal letter isn’t it?’ Telling everybody that she loves them, and I’m thinking ‘What’s going on here?’ And I was like, ‘Oh my God, no’. (W5, Illawarra).

Another described a time that they saw:

one young man was writing some, well, it seemed quite suicidal thoughts on that. So, it ended up a bunch of us actually rallying together to make sure that police were sent around and went to that person’s place, and it was all okay. (IF10, Melbourne).

These participants were again actively assessing a situation and seeking to respond with the most adequate arrangement of care. They perceived when someone needed a particular form of care, and they understood when they were not capable of providing it. And again, they worked to produce an adequate arrangement by forming connections between the person in need and the relevant care sources—providing friends and family with referrals to counsellors for drug use and mental health or calling police and ambulances to directly intervene when someone’s safety was at risk. These assemblages moved beyond the informal connections sustained through social media, and formed outside connections with more formal arrangements of care.

4.4. Atmospheric assemblages of care

Finally, several participants explained how they actively sought to offer emotional-affective support more generally and indirectly, by making social media spaces more positive, hopeful and encouraging for friends and family. Research has clearly demonstrated that negative affect can be highly ‘contagious’ online (Kramer, Guillory, & Hancock, 2014); and social media are often platforms of great pain specifically for Indigenous people (Carlson et al., 2017a, 2017b). Facebook, Instagram and Twitter feeds are often loaded with stories of violence against Indigenous people, of expressions of anti-Indigenous racism, discourses of Indigenous ‘deficit’, and reminders of past traumas. Generally articulating themselves as, in some sense, community representatives or otherwise respected figures within their communities, these people described how they actively worked to only share and engage in what Rieger and Klimmt (2019) call ‘eudaimonic’ (i.e. meaningful, joyful and inspiring) content. They described their intentional efforts to avoid political debates, contentious topics, and community drama, and instead share vocational, educational and cultural opportunities; to offer words and images of encouragement, spiritual guidance and faith to friends, family and kin; and to engage in overt expressions of joy, care and hope—sustaining what we describe here as atmospheres of care.

Cultural and health geographers have been interested in ‘atmospheres’ as a way of understanding the slippery, relational in-betweenness of bodily sense, capacity and emotion. Building on Deleuze and Guattari’s (1988) work on affect, Anderson, 2009 describes atmosphere as “a kind of indeterminate affective ‘excess’ through which intensive space–times can be created” (2009, p. 80). In his work on health recovery, Duff (2016, p. 62) draws on this framing to understand health within “an ontology of the interstitial; an interval, space or disjuncture between matter and non-matter, between subject and object, nature and culture”. Through this coming together of forces, he writes, “a particular set of properties or qualities emerges in subjective

awareness as properly atmospheric in tone” (2016, p. 63). These atmospheres do not *determine* any individual body’s affects, but instead *prime* them to act in particular ways through enabling or containing its capacity to affect and be affected.

The production of particular ‘atmospheres’ of care seemed to be a distinct goal for some people we spoke to. One older participant explained that they intentionally shared a positive message each morning, often accompanied by an image, encouraging their friends and family to “stay deadly”—a slang term commonly used among Aboriginal people, meaning ‘excellent’. They said they wanted their friends “to wake up and see something positive on Facebook before they get down to see the meanness of the world” (W6, Illawarra). Another described shaping their whole online presence around hopefulness and optimism, explaining that they run Facebook “as a positive tool” (C8, Cairns). They said: “It’s generally to encourage people. I would say probably that’s 80% of how I utilise Facebook”. They described sharing inspiring quotes, prayers and positive stories about “Indigenous excellence”.

While social media are often spaces of negativity and pain for Indigenous people, one participant explained they could also sustain more positive ‘atmospheres’ of support. “There’s also the opportunity just to send out positive affirmations,” they said, “to make people feel good about their day”:

Like there’ve been times when I’ve seen something from someone else when I’m a bit depressed or upset that’ll make me smile. [...] So it’s not always about direct intervention, it’s just about creating a positive atmosphere, and knowing that you’re there, and that you’re supportive. (SM1, Sydney, emphasis added).

One participant aimed to produce these positive atmospheres by sharing stories about new things they have done or learnt:

I try and be positive on Facebook. So, if I hear something or have participated in something and I feel like it—you know, I’m very community-minded and I feel like it should be shared—I’ll put up a post about that on Facebook. (D1, Darwin).

They explained, for instance, how they would share moments when they were engaging in healthy lifestyle practices, with the aim of encouraging others to join them:

I like to go jogging in the mornings at sunrise, so I sometimes put that up. Just a nice picture of the sunrise. Just for the morning. I know it sounds silly. And that, because I do that also things like that because I try to encourage other, mostly Aboriginal people to come along and join me in those sorts of things. Because that, you know, the health benefits of it. Really, we need that in our Aboriginal communities. Because, you know, there’s a lot of health issues in Aboriginal communities. (D1, Darwin).

Another explained that to counter the consistent negative, deficit-framed stories about Indigenous people, he instead decided to share stories of Indigenous success:

But I guess my angle is to share Indigenous news about Indigenous excellence, rather than sort of the depressing stuff all the time [...] I think even among the sort of the most vile racists, they have an understanding of how shit the history of Australia is in terms of white and Indigenous relationships and history. My aim is to not sort of preach about that, because I think most people understand it, but to show that Indigenous people can excel in this space, that there are opportunities there and... there are Indigenous people taking these opportunities and succeeding. (D5, Darwin).

These social media users recognised the landscape of social media was often marked with pain, anger and trauma; the general affective atmosphere of social media was often categorically negative for

Indigenous people. To counter this, they instead worked to circulate affects of positivity, hope, joy and ‘excellence’—an indirect, informal and more ‘atmospheric’ assemblage of care, in which they opened “intensive space–times” that enabled a bodily capacity to carry on.

5. Closing: caring through/for digital relations

In the context of disparate health outcomes and distrust of settler care institutions, social media produces possibilities for Indigenous people to sustain supportive relations with family, friends and extended networks regardless of physical proximity. It is in the close-knit nature of Indigenous kinship and community relationships that social media technology gains its significance in extending care. A focus on relationality, kinship, and community is characteristic of many Indigenous cultures, nurturing within individuals a sense of duty and responsibility towards ensuring the safety and wellbeing of others. This is evident in the stories above; participants conveyed both their eagerness to and adeptness in extending care to others through social media. This care requires a significant capacity to attune to the needs of others, which determined what relations and forms of care were most appropriate.

Participants described in detail both their sensitivity to the needs of others and their attempts to produce the arrangement of care that was most suitable. When a close friend or family member expressed distress, sadness or depression, they sought to produce a relational proximity through expressions of affective intimacy, sustained through private forms of digital connection. Alternatively, when they felt they didn’t have the appropriate social relation to the person in need, or the need was greater than they were able to meet, participants often sought more collective, networked arrangements of care with other friends, family and physical proximities. Here we see networks of differently-positioned subjects drawing on existing relations to friends, family and kin, and together working to determine how to best produce the care, safety and security that was needed. When it seemed that someone’s physical safety was at risk, participants recognised the limits of digital arrangements of care, and sought to intervene by making connections with formal health services. Finally, several participants described their efforts to produce more enlivening atmospheres of care online. They actively rejected dominant narratives of Indigenous ‘deficit’, deflected everyday forms of online negativity and interpersonal conflict, and instead sought to circulate affects of Indigenous excellence, joy, hope and care, seeking to expand others’ capacity to act.

In each case, these participants actively engaged in the production of distinct territorial assemblages of care; assemblages that emerged as distinct working solutions to concrete problems in Indigenous life. By emplacing particular geographies of care in this way, it is clear, as Raghuram has argued, that “the goals of care are [...] tinged with particular teleologies, aspirations and aims, depending on who exactly inhabits the field of care” (2016, p. 519). These social media users are actively producing highly diverse and nuanced formations, relations and territories of care, assembled through provisional relations between different subjects, technologies and affects.

These stories of Indigenous articulations (Gómez Menjívar & Chacón, 2019) and reterritorializations (Wilson, Carlson and Sciascia, 2017) of digital media counter a number of pervasive narratives about Indigenous peoples. First, while scholarship and news media has tended to focus on the more ‘glamorous’ and violent forms of online sociality—anti-Indigenous racism, abuse, bullying and so on—we have traced a different side to Indigenous digital life: the much more mundane, yet no less significant relations of care that are sustained online. Social media is not only a site of danger and violence for Indigenous people, but are deeply entangled in the production of healthy, life-sustaining spaces of care, safety and security. These mundane yet significant relations of care – processes of maintenance and repair that perpetuate our societies’ function (Graham & Thrift, 2007) – hold a particular importance in the context of the COVID-19 pandemic.

Second, in academic, political and popular discourse, Indigenous

peoples are almost invariably framed as passive ‘receivers’ of care, particularly from the welfare state, rather than deeply committed and capable providers of care. The people we spoke to described much of their social media presence as centred on sustaining relations of care with others, looking out for those in need, providing emotional support when it seemed to be needed, coordinating more formal, physical interventions when the situation demanded it. Far from the deficit framings dominant in research, these Indigenous social media users are actively assembling wildly different forms of digital care as they seem necessary.

Finally, there remains a racist discourse that Indigeneity is, in some sense, incompatible with technology; Arias describes a widespread “compulsion to perceive Indigenous peoples as located outside of technology’s purview” (2019, p. x). This romanticising, essentialising narrative relegates Indigenous people to a static prehistoric past, in which Indigenous cultures exist in harmony with nature and without technology. This is clearly far from actual fact; Indigenous peoples have, of course, always produced and used technologies, appropriating new forms of communicative technologies for their own ends. Just as the first political activists on the internet were Indigenous Zapatistas in Mexico (Russell, 2005), today Indigenous people continue to imagine and produce new forms of care-full sociality through new media. This is significant in the context of settler colonialism, which sustains itself through containing and making invisible Indigenous life. Far from remaining ‘outside the purview’ of technology, Indigenous people use and recreate technologies to produce the lives, relations and futures they desire, often beyond the limits of settler colonialism.

Declaration of interests

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Acknowledgements

The authors would like to acknowledge the contribution of the participants who gave their time and stories for this project. We would also like to acknowledge the ¹Australian Research Council for funding the project, through the Discovery Indigenous program IN160100049.

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