



ORIGINAL ARTICLE

The Ancient Wisdom Grift: Mad Studies and Indigenous Methods applied to the problem of spiritual disinformation narratives

Tyson Yunkaporta

Abstract

This study is an investigation of a text that supported disinformation narratives before and during the Covid 19 pandemic, an analysis of both the writing and the context of propaganda and spiritual influence driving conspiracy theories about public health institutions and medical science. The author of the text in question, an Indigenous scholar and public intellectual, conducted this self-reflexive investigation as part of his ongoing psychological therapy. His bipolar and ADHD conditions, along with personal and intergenerational trauma, had placed him among millions of psychologically vulnerable online content consumers radicalized over the last decade through systematic disinformation campaigns. He utilized Indigenous Standpoint and Mad Studies Theory, with innovative Indigenous methods, to identify the tactics and processes of indoctrination and how they are promulgated in influencer discourses. He found pathways for addressing subjectivity issues in Indigenous and neurodivergent lived experience reporting that will be of interest to those in the field of Mad Studies, along with Indigenous insights into communicating with and about 'red-pilled' people, and suggested approaches for their care and healing. He also designed and applied a rigorous verification process for identifying coherent and consistent lived experiences of spirituality in a post-truth world, to separate cult induction trickery and pseudo-scientific delusions from authentic cultural traditions and spiritual meaning-making.

Keywords

Indigenous methodology, Mad knowledge, disinformation, radicalisation, public medicine, mental health

History

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Text and context

This paper is a critical analysis of a disinformation text and the contextual field around it – of online ecosystems of spiritual influencers, alternative health fraud, post-truth propaganda,

anti-democratic information operations, Indigenous knowledge, madness (collective and individual), and radicalisation. I was the author of the text in question, and as an Indigenous person living with bipolar affective disorder and ADHD, who had unwittingly been radicalised by online disinformation, I conducted the analysis reported in this paper as part of my mental health treatment and ongoing therapy. I drew on my customary cultural protocols and methods of inquiry, combined with Mad Studies and Indigenous Standpoint Theory, to re-establish a realistic relation with my ontology.

The text in question, a chapter from my best-selling book (Yunkaporta, 2019), nudged readers towards public health conspiracy theories prior to and during the Covid epidemic. The writing weaponised rhetorical fallacies to characterise modern medicine as impure, unnatural and reductive, as opposed to Indigenous medicine which was portrayed by contrast as pure, natural and holistic. Indigenous medicine was tantalisingly depicted as being powered by ancient, occluded spiritual forces that might be recovered by modern humans, who may yet awaken to this mystical reality if they abandon public health measures and reconnect with the land.

My writing resonated within health disinformation landscapes engineered online by a plethora of alternative health influencers, who often cultivate a mystique of quasi-religious, new-age scientism (regularly including references to Indigenous ‘ancient wisdom’) to sell products and secure subscribers to their online content (Beres, et al., 2023). My book sales, which were initially quite low, increased dramatically during Covid, as millions online were radicalised by spiritually-informed, conspiracy-driven content promoting contrarian views of public health, as well as increasingly fascistic and eugenics-inspired politics. This ‘red pilling’ content targeted vulnerable populations of people with mental health issues (Ecker et al., 2022).

My textual/contextual analysis utilised complex Indigenous relational frameworks of energetic exchanges and bio-cultural informatics to verify and falsify my spiritual claims and messaging. These tools were enhanced by the study of logical fallacies to identify departures from cohesive reasoning, instances of weaponised rhetorical devices and the text’s positioning in online ecosystems of conspирuality narratives (Halafoff et al., 2022). The wider purpose of this paper is to inform research and practice in combating disinformation and radicalisation, which I argue needs to address the power of spiritual narratives and the psychological care of the radicalised.

Conspирuality and Medical Disinformation

Propagation of conspiracy theories and conspiracy cults such as QAnon have escalated online since 2016 and even more so during the Covid pandemic, and there has been considerable uptake of conspiracy theories by new age spiritual communities in Australia and abroad in that period (Halafoff et al, 2022). This has emerged from, and fed back into, a global phenomenon of widespread and lethal medical disinformation (Beres, 2023).

Identitarian backlash against left wing activism, leveraging supernatural dread and spiritual warfare narratives, has given rise to quasi-religious scientism, anti-intellectualism and a series of moral panics associating medical science and public health with narratives of elite Satanism, white genocide, Jewish globalism, an evil LGBTQI+ agenda and deep-state child trafficking (Day and Carlson, 2023). A brief audit of my YouTube recommendations (not part of the research method, but interesting nonetheless) at the time of writing contained all of these algorithmically selected themes in the first 50 videos.

Medical disinformation can often rapidly escalate into large-scale infodemics, which are deliberately propagated in order to engineer political crises but invariably obstruct treatment and public health measures; this results in widespread physical and psychological harm, along with social problems caused by mistrust in scientific knowledge, and also fascistic political hostility resulting in amplification of violence against minorities (Borges de Nascimento, 2022).

However, dismissal of conspiracy theories out of hand invites claims of censorship and unscientific bias, so valid tools must be applied for verifying or falsifying any claims involving online radicalisation and disinformation. The problem with this is that testing and disproving each instance of disinformation in turn is impossible when content can be created in minutes but may take months to investigate and debunk (Badham, 2021), so it is important to establish methods for flagging which conspiracies are plausible and which are likely to be fake. These fall into the categories, respectively, of classic conspiricism and neo-conspiricism (Rosenblum and Muirhead, 2019).

Such a formula has been established by Grimes (2021), who found that institutional conspiracies are mathematically impossible to maintain as secrets over time, which is why genuine conspiracies are always under investigation by accredited journalists or government agents before any conspiracy theory can be propagated about them by bad actors. Therefore, it is possible to identify disinformation through the understanding that any conspiracy theory regarding a situation that has not been rigorously investigated is almost certain to be disinformation. This is classified for the purposes of this paper as disinformation rather than misinformation because it is not merely an error or political spin, but deliberately harmful and mendacious contrarianism.

Disinformation, or what is referred to in my culture as 'Wrong Story' (traditionally deployed in Indigenous communities as gossip and false witness), cannot be determined by fact checking alone. It can contain verifiable facts, but these are presented disingenuously and selected to establish a narrative encouraging people to harm themselves or harm members of an outsider group (Yunkaporta, 2023). So additional rubrics may be useful. Apart from Grimes' (2021) criterion, another way to identify Wrong Story is to employ strategies used in 'pre-bunking' or inoculation theory (Ecker et al, 2022), namely identifying persuasive techniques and strategic logical fallacies commonly used in disinformation, cult-induction and religious indoctrination (Beres et al, 2023).

Because logical fallacies are so prolifically deployed in conspiratoriality and disinformation generally, (as an effective way to gain broad acceptance of bad faith arguments), applying knowledge of fallacies can help in the identification and rejection of disinformation (Hruschka, 2023). Textual analysis that incorporates an investigation of logical fallacies has proven to be a reliable way to locate bad faith messaging designed to mislead, harm and radicalise content consumers (Musi and Reed, 2022). Kata's (2012) work on the rhetoric and tactics deployed by anti-vaxers online is also useful in identifying disinformation. Those indicators include: disingenuous rebranding (such as 'pro-safe vaccination'), skewing science, shifting hypotheses, censoring dissent, promoting fear and attacking critics. Identification of these elements can also help determine whether disinformation induction strategies are voluntary or involuntary propaganda on the part of the content creator.

Theoretical Standpoint

The methodology employed for this study is an unusual form of thematic analysis, grounded in both Mad Studies and Indigenous Standpoint Theory. Mad Studies, being derived from several theories including Indigenous Standpoint and Queer Theory, confers authority on the 'mad' person to describe their own lived experience (LeFrancois et al, 2013), and also reclaims the word 'mad' for the purposes of agentic self-identification and unsettling the neurotypical majority. It is a useful frame for investigating a text that I wrote four years before my diagnosis and treatment, during an altered mental state in which I was highly susceptible to the propaganda I had been consuming online. While I am examining this text from a position of relative stability now, I still experience spikes of mania and depression, but Mad Studies Theory allows me the space to leverage the insights and capabilities that these altered states afford me in this research, while also situating my lived experience in a wider sense of objectivity.

For example, more than four decades of suicidal ideation have resulted in a habitual lack of self-care that I still retain today, conferring the advantage of being able to critically examine my own work without bias motivated by defensiveness or fear of losing status. My highs during this project have yielded sublime moments of both startling insight and ridiculous gibberish, followed by intense periods of depression that were ideally suited to the gloomy process of self-reflexive auditing in the analysis process. Further, since radicalising disinformation content often employs techniques of cult induction to trigger dissociative episodes more conducive to rapid indoctrination (Beres et al., 2023), my experience of altered mental states provides some emic insight into communities of vulnerable users exposed to this discursive exploitation.

However, I also apply this theory with caution, as 'user-led research' in Mad Studies (LeFrancois et al., 2013) sounds a little too close to the language of disinformation cult members 'doing their own research' and recreating conspiracy theories exponentially as user-generated content (Grimes, 2021). Therefore, I temper this theoretical perspective with an Indigenous one, to provide cultural and intellectual checks and balances against the

excesses of my own madness and the collective madness of the field I am engaging in this study.

Indigenous Standpoint Theory brings an additional layer of problematic subjectivity but also a mechanism of collective regulation, which limits the practitioner (who remains consistently accountable to the ontology they inhabit) to deployment of their worldview only as a basis for inquiry, rather than as grounds for asserting truth claims without evidence or consistency (Nakata, 2007). This mechanism demands cultural rigour, along with collaborative verification and falsification processes instilled by people of cultural authority in the researcher's community. I rely on Indigenous Standpoint Theory to offset the risks (both to validity and my own mental health) in assessing the words and mental state of my past self, and the relevance of this to the pathological online ecosystem of conspiratoriality and wellness discourses. As traditional Indigenous spiritual and philosophical principles are also used in this analysis as a vital aspect of Indigenous Standpoint Theory (Wilson, 2008), a brief explainer of Indigenous spirituality and its relevance to both process and content must be included here.

Australian Aboriginal spirituality is profoundly connected to land and identity, and is regarded in the community as an essential part of healing through meaning, although this claim is mainly supported in qualitative research that privileges Indigenous lived experience rather than empirical evidence (e.g. Smith et al., 2023). It is verifiable only through our collective (not individual) lived experience and ceremonial practice. Indigenous spirituality is not traditionally religious in nature, although it has absorbed elements of Abrahamic religions since colonisation (ibid). Rather, it is an ontology in which the informatics of energetic flows in the land are regarded as bio-cultural elements of ecosystems, totemically integrated with governance, social structure and epistemology, that form the basis for a rigorous process of inquiry that is both intellectual and ceremonial (Fletcher et al., 2022).

Ever-present creation entities and ancestors are revered as exuding sacred essences throughout a timeless pluriverse in which all things are interrelated, embedding a system of inalienable Aboriginal Law and Lore, informing a custodial role that involves maintaining networks of relations, the disruption of which causes disease, injury and death (Grieves, 2009). The violent occupation of Aboriginal land by a foreign power is considered to be the source of an ongoing epidemic of disease, mental illness and dysfunction, as a direct result of the ongoing dispossession from, and destruction of, Aboriginal land and Law (Westerman, 2003). This dire condition, alongside a cultural predisposition to spiritual narratives, makes Indigenous communities particularly vulnerable to online radicalisation through disinformation content (Day, et al., 2023).

Method

While Indigenous Methods (IM) are inflected with Mad Studies in this project partially to validate the utility of my altered states, they also serve to protect and separate the secular,

consensus reality crucial to research that may be validated and replicated by the collective – a standard demanded in both scientific and Indigenous knowledge disciplines. This assertion reflects a commitment to maintaining responsibility for managing my altered states (which include periods of radical and contrarian thought), rather than invoking my condition or even ethnicity as an ethical bypass mechanism, or a protocol for avoidance of critique (Foley, 2018). To control for subjectivity and attempt some degree of rigour in an analysis that is essentially relying on an n=1 sample to make sense of a global phenomenon, I apply accountability measures that are available to me through IM. A group of Indigenous academics and cultural adepts (Indigenous Knowledge Systems Lab, Deakin University) ensure the first layer of accountability through input into the methodology and a final group analysis of my findings.

The Indigenous Standpoint elements of axiology, ontology, epistemology and methodology, or ways of valuing, being, knowing and doing (Wilson, 2008), are reframed as the basis for a process of inquiry into what is *right, real, true, and useful*. All claims are initially identified in the text and coded according to these four categories. ‘Right’ and ‘useful’ claims are regarded as overt messaging, rather than the powerful covert induction techniques that are deployed to alter a target audience’s ontology (Beres et al, 2023), so they are therefore deemphasised in analysis during the next pass.

Claims in the categories of ‘real’ and ‘true’ will therefore be examined more closely. These will be coded as potential instances of unwarranted and disingenuous influence, with the second pass determining which claims are manipulating reality and truth. These will be flagged by identifying logical fallacies that are commonly deployed as devices of cognitive bypass and trauma bonding, which are expected to presage or contain false claims that may otherwise be missed with the Indigenous methods of data collection.

All claims that seem plausibly constructed to undermine or confuse the ‘real’ and the ‘true’ are then assessed under the cultural heuristic of Right Story and Wrong Story (Yunkaporta, 2023). Right Story is collectively established by communities in relation over long periods of time, with the purposes and messaging transparent and serving the best interests of the communities that produce them. Wrong Story is generated unilaterally by individuals and interest groups with unearned authority and occluded purpose, and it is rapidly elaborated through numerous crowd-sourced iterations, intensified by coded exclusionary messaging, and protected with a thin layer of plausible deniability.

Red flag indicators of Wrong Story in the text were sorted into suspected instances of ‘shit coating’ and ‘sugar coating’ – facts presented to bifurcate perspectives through positive and negative framings, resulting in false dichotomies designed to inculcate extreme political polarisation. These flagged instances were then contextualised with Indigenous logics, through a bio-cultural process of navigating systems informatics (Fletcher et al, 2023), moving through an analysis of data points, data connections, data loops and data fields. These were coded using symbols: (=O=) points - each instance of disinformation; O=O

connections - correlations between each point and the conspiratorial/disinformation field; (OXO) loops - causative links that produce positive feedback effects in message spread; and =O=O= fields - identifying closed feedback loops within knowledge/information systems and open loops impacting offline systems in the living world.

The text is constructed as an excessively intimate exchange with the reader, a common cult-induction technique, but also a more benign convention of Indigenous communication. Therefore, the relational exchanges between reader and writer were also symbolically coded to identify relational bids overstepping the boundary between Indigenous norms of exchange and radical recruitment tactics. These were evaluated according to Indigenous symbiotic, non-zero-sum interactions: >< -take-give-; << -give-give-; >> -take-take-; <> -give-take-. In instances where these interactions were better described as zero-sum interactions (+, -, ++, or -+), they were coded as non-Indigenous, intrusive intimacy and potentially manipulative.

Findings

Us-two, we're worried about our little niece.

(Yunkaporta, 2019, p. 183)

The very first sentence of the text aims to create a trauma bond between the reader and the content creator. This is compounded by efforts in subsequent paragraphs to elicit a dissociative state through alternatively offering inappropriate relational connections (e.g., frequent use of the indigenized pronoun 'us-two') followed by harsh criticism of western culture and punishing language. This alternating between discursive styles of care and abuse supports a fallacious bifurcation, through the 'shit coating' and 'sugar coating', of modern and Indigenous sciences, alternating positive and negative frames to elicit moments of attraction and disgust to create an affinity for social imaginaries I want you to embrace.

That same glorious old lady was given another death sentence... but we treated that by rubbing armpit sweat on her face, belly and arms... Researchers have already found that the pheromones in male armpit sweat profoundly affect the vascular systems of females, and I'm sure this would have many applications beyond the development of pheromone sprays (the ones sold in condom-vending machines in airport bathrooms that are supposed to trick women into having sex against their better judgement). So far, however, most of the research funding has gone into finding sexual consent loopholes rather than treating vascular issues (p. 184).

Analysis of the relational structure of this radicalizing communication from a non-zero sum, interactive, Indigenous perspective confirms this finding. Instances where myself and the reader were both benefiting from the informational exchange (>>: take-take) were balanced

precisely with communication in which the writer's condition was enhanced and the reader's condition was depleted – a situation known in the writer's culture as 'wasting' (><: take-give). These instances had to be recoded as +/-, zero sum exchanges. By that reckoning, I was inducting the consumer (presumed to be non-Indigenous) into a co-dependent and radicalized collective by 'love bombing' (Beres, et al., 2023) followed by harsh demands or criticisms.

Also equally balanced in this asymmetrical relation were the dozen instances in which the condition of both were depleted (<<: give-give) and when the writer was depleted while the reader benefited (<>: give-take). In the first instance, the reality in Indigenous terms was one of shared pathos contributing to the trauma bond (--), and in the second the reader was uplifted by the writer's affect of selfless generosity (-+), and these two relational flows were often deployed in tandem thereafter to further facilitate the reader's dissociative state. This made the reader vulnerable to direct reception of snippets of Indigenous spiritual Lore, enabling cognitive bypass through unverifiable metaphysical revelations.

The role of plants in Indigenous medicine is about much more than isolating compounds to be extracted for pharmaceutical use. You can glimpse the true knowledge systems of Indigenous medicine by looking with a less reductive lens at things like silky oak trees (p. 191).

The reader, potentially primed now for uncritical acceptance of ideas from an authority figure, may arguably have been less likely to attend to red flags in the disinformation narratives that followed. Such instances of Wrong Story were evident in subsequent passages aligned with the false narrative of Rousseau's idealized savage (living in a natural state of robust health), but were mostly present in instances of Right Story deployed in the wrong place. For example, bush medicine narratives about fish fat, complimentary substances, soapy leaf for arthritis, armpit sweat for internal bleeding, and so forth, were drawn from Aboriginal Lore and Right Story but were juxtaposed with cherry-picked narratives of venal motivations and ignorance of variables such as seasonal bio-availability in medical research. They also side-stepped the issue of Indigenous medicine being arguably unsuited to the treatment of diseases caused by industrial civilisation.

Three examples of relatives who died because of medical neglect were also used in this way, to support Wrong Story about the limitations of the scientific method in the discipline of medicine. The Right Story for these three examples would be more valid if grounded in research into structural racism in medicine (e.g. lower medical funding per capita in remote Aboriginal communities than in prosperous white suburbs, generalization of European models of care for all people, inadequate training and irregular rotations of staff in remote communities), rather than speculation on perceived limitations of modern medicine. This represented an indolent use of Indigenous Standpoint present throughout the text. There was an 'open loop' found in analysis of the relational informatics between the canon of decolonial theory and conspiracy theory, with the conspiratorial canon abiding in extractive relation with

Indigenous scholarship and traditional knowledge to selectively affirm the first principles of unsupported claims (Day et al., 2023).

While I was authentically grounded as a scholar in decolonial theory supporting a long lineage of sound critique, an emotive descent into the radicalizing narratives of alternative health and adjacent conspiracy theories about the medical industrial complex corrupted my foundations of decolonial inquiry and activism. The Indigenous knowledge was reframed through a post-modern orthodoxy that is highly resistant to education and correction at scale, aligning with Kata's (2010) analysis of anti-vax content online. Kata's (2012) work on radicalizing rhetoric shifting consumers to post-modern framings of health was helpful in determining that I was unwittingly deploying this technique, as it lacked some of the markers of deliberate disinformation, including a) attacking critics and b) inspiring fear.

My disinformation also lacked the intentionality and over-inflated proportionality of 'the new conspiricism' (Rosenblum and Muirhead, 2019), and retained some credible links to 'classic conspiricism' (e.g., research-informed reporting on governments conspiring to conduct genocides for land-theft and increased extraction, while corporates conspire to remove regulations and increase capital by nefarious means, with these two working together to achieve their goals). Alignment with, and reproduction of, radical alternative health discourses appeared to be mainly a result of naïve late-arrival to online discourse (I only got my first mobile phone in 2016) and the explosion of user-generated content of Web 2.0 (Kata, 2012) while being motivated by a contrarian, anti-colonial worldview. However, lack of intentionality is irrelevant to accountability in cultures that are not WEIRD - Western Educated Industrialised Rich Democratic (Henrich et al., 2010), so from an Indigenous standpoint, the critique still stands.

The text undeniably involved skewing the science (e.g., sun avoidance causes more deaths by vitamin d and serotonin deficiency than are caused by skin cancer), and the highly subjective viewpoint presented in the text was revealed in analysis to be limiting, vindictive and driven by a high degree of motivated reasoning. The informatics of this influencer-reader relation presented in analysis as closed loops of recycled narratives of complaint and circular logic (e.g., wrongful death is often motivated by malevolent and racist intent, and death *a* occurred while receiving standard treatment *b* rather than alternative treatment *c*, so *b* is genocidal and *c* is suppressed because *b* was present when *a* occurred, which therefore wouldn't have happened if treatment *c* wasn't deliberately excluded by conspiring bad actors).

Potentially, this logic may also more generally be acknowledged as a limitation of the tendency towards a reification of 'lived experience' in both Mad Studies and Indigenous Standpoint Theory, when applied indolently. This kind of intellectual bypass is apparent in the title and unifying premise of the text. It is a disingenuous attempt to give the appearance of balanced reporting and signal the presence of non-existent regulatory feedback loops in the informatics of the relational space created between the reader and writer. The title, 'Lemonade for Headaches' (Yunkaporta, 2019, p 182) refers to a cautionary tale about

relatives who believed that this carbonated beverage cures headaches, when this condition is more likely caused by withdrawal in addictive cycles of sucrose highs and lows, with the symptoms of the lows mitigated by ingestion of lemonade.

However, this disclaimer is immediately offset by an example of seemingly sounder logic about the homeopathic concept of ‘the law of similars’ (e.g., walnuts being beneficial to brain function and bananas to male reproductive health). This is an example of the logical fallacy of *Petitio Principii* (assumption of false premise), in which a bad idea is cognitively cloaked by a more acceptable, but still flawed concept. There are six other examples of this fallacy in the text. See the table below for other fallacies deployed throughout the text, including indicators of bifurcation by coercive frames of positive and negative reinforcement (shit-coating and sugar-coating) in service of the construction of a false binary between Indigenous and western scientific systems. The inclusion of bifurcation examples here is intended to illustrate how I systematically juxtaposed signals of attraction and revulsion to elicit an increasingly dissociative state in the reader.

Logical Fallacies Deployed in Medical Disinformation Text		
Fallacy	Bifurcation	Instances
Argomentum ab anecdote (argument from anecdote)	Positive	3
<i>Ignoratio Elenchi</i> (irrelevant conclusion)	Positive/Negative	3
<i>Argomentum ad Hominem</i> (personal attack)	Negative	8
<i>Argomentum ad Vericundiam</i> (argument from authority)	Positive	1
<i>Post Hoc Ergo Propter Hoc</i> (non-sequitur)	Positive/Negative	2
<i>Dicto Simpliciter</i> (ignoring the exception)	Positive/Negative	7
<i>Circulus in Probando</i> (circular reasoning)	Positive/Negative	2
<i>Argumentum ad Antiquitatem</i> (appeal to tradition)	Positive	6
<i>Argumentum ad Misericordiam</i> (appeal to pity)	Negative	5
<i>Argumentum ad Populum</i> (appeal to majority opinion)	Positive/Negative	3
<i>Argomentum ad naturam</i> (appeal to nature)	Positive	5
<i>Petitio Principii</i> (assumption of false premise)	Negative	6
Overall fallacious construction of false binary	Pos 15, Neg 19, Both 17	51

Conclusion

In the wider project of developing processes for mitigating extreme forms of medical disinformation, the findings of this project appear to affirm the utility of identifying plausible and implausible conspiracies (Grimes, 2021), pre-bunking through awareness of persuasive techniques (Ecker et al., 2022) and logical fallacies (Hruska et al., 2023), as well as promoting knowledge of religious indoctrination, cult-induction techniques and the vulnerability of neuro-divergent people and socio-economically marginalised groups to these powerful psycho-technologies (Beres, et al., 2023).

An emic orientation to consumer lived experience in this study has provided a novel lens on the topic, illuminating the inner processes of a neuro-atypical (and therefore vulnerable) person in the ongoing process of deradicalisation. The importance of maintaining a focus on relationships in both logic and life in this process is made apparent in the application of this standpoint to the analysis, as well as the Indigenous methods, which gave rise to additional insights that might have been missed in a standard thematic analysis.

While some of the Indigenous methods are most likely confusing and impenetrable to many people, they provided a number of useful understandings. These included the mechanics of creating trauma bonds and asymmetrical power dynamics between the content creator and consumer, and the informatics of open, closed, positive and regulatory feedback loops between them, between disciplines and within the internal logics of disinformation communities online. The corresponding energetic, relational dynamics confirmed a pattern of persuasive influence and radicalisation, leveraging recruitment tactics (e.g., facilitating a dissociative state in the reader to enhance acceptance of messaging and cognitive bypass regarding any red flags).

Narratives both ontologically plausible and implausible, when examined through a lens of Aboriginal Lore and protocol, appeared as Right Story and Wrong Story, with the second often masquerading as the first through the assumption of false premises. Positive and negative framings of these narratives were alternated strategically to install a false bifurcation of worldviews, establishing a sense of belonging to a virtuous in-group and denunciation of a degenerate out-group, in order to motivate the reader to act upon the disinformation.

Analysis of the field indicated that decolonial scholarship and traditional Indigenous knowledge are often coopted in service of disinformation and conspiracy narratives, appropriated for the promulgation of nativist, Christian/white nationalist, anti-trans, anti-semitic, anti-intellectual, scientist and ultra-conservative libertarian messaging (Day et al., 2023). Reflection on the positioning of my book in this post-truth political landscape illuminated the path of my own induction into this sphere of influence as a nascent disinformation operative. This prompted the realisation that Indigenous 'thought-leaders' are

vulnerable to audience capture and subsequent collusion with contrarian content creators advancing anti-social and harmful political agendas. This vulnerability arises from the expectation that Indigenous experts will be able to speak and write publicly as polymaths across all disciplines (known in my community as ‘black Siri syndrome’). This exposure, when combined with the pathologies that come with colonial occupation and intergenerational trauma, provide fertile ground for radicalisation.

The alternative health influencer ecosystem, which has surprisingly aligned new age culture with misogynistic, racist, autocratic and fascist movements during the Covid19 pandemic (Beres et al., 2023, Halafoff et al. 2022), has created a demand for Native ‘ancient wisdom’ grifters. This niche was unintentionally occupied by the researcher, who published audio, video, and print texts such as the one analysed in this paper, unwittingly supporting toxic and dangerous medical and social disinformation both prior to and during the pandemic. As part of his de-radicalisation process, this paper and other texts (e.g., Yunkaporta, 2023, 2022) were created as part of my therapy and cultural accountability protocols, and hopefully to assist other researchers in finding optimal processes for reversing the infodemic of alternative health and conspiracy cults that continue to collaborate in propagating psychologically and physically harmful narratives globally (Badham, 2021). This is a politically fraught process for non-Indigenous people engaging with Indigenous content in the field, so it is hoped that this study has provided some rigorous precedents for safe and respectful dialogue and critique of spirituality and ‘ancient wisdom’ leveraged in service of medical disinformation.

Collaborative Cultural Analysis – *Wanjau*

*The loop is not closed; it closes when we return to reflect on ourselves, mad or not, to look into our own fallacies, our own lack of understanding, to know what we did know is not what we do know. And maybe this is why we are fucked a lot of the time because we fix it as permanent truth... The capacity for accountability is the powerful part of this insight (Jack Manning Bancroft, *wanjau*, November, 2023).*

The circle of traditional knowledge keepers and Aboriginal scholars regulating my work extended the analysis through a cultural process of *wanjau*, or collective sense-making. This began with an audit of my assumptions about relationships that may have been coloured in the analysis by zero-sum associations of mutualism, commensalism, parasitic and predatory relations. Some of the coding (<<,>>,<>,><) required adjusting as a result, although the findings remained valid, only in need of extension to enhance the relational context and highlight our ethical duty to care for the vulnerable.

The *wanjau* circle reframed the dynamics revealed in the analysis in more expansive biocultural terms, as representing relational surplus, plateau, decline and deficit. The energetic exchanges in these symbiotic relations were identified as being indirect, as reader and writer were either contributing to or drawing upon the relational space in between

them, where collective resources are held in a wider field of affiliation. The data was recoded to focus beyond direct energetic exchanges (<>) to the relational space in between (<...>). This allowed the creation of cyclic, algorithm-like sequences to confirm and deepen findings on the coercive dynamics between influencer and audience (<OXO>), and between theoretical fields of conspiratoriality and science (<=O=O=>).

These new calculations suggested that in the dynamic systems of the information economy, alternative health content creators and followers may be giving communicatively to the relational space and receiving a sense of belonging in return. Medicine on the other hand is largely a one-way communicative exchange, in which information is held in silos to inform interventions in which consumers have little autonomy, and their data is extracted to further add to medical knowledge, which is hoarded by intellectual elites as capital. This was affirmed in additional literature review (e.g. Klein, 2023) resulting in the conclusion that more collaborative and mutually agentic exchange of information, along with a commitment to the data sovereignty of patients, might mitigate the exponential momentum and self-reinforcing feedback loops of disinformation collectives. Potentially, the elitist exclusivity of access to medical knowledge may have been a major contributing factor to the rise of disinformation during the pandemic (ibid).

However, it must also be noted that an unprecedented increase in open information during the pandemic between labs, and between researchers and the public, with the exception of IPRs preventing access by developing and non-western-aligned nations (Rushkoff, 2023), accompanied the global spike in disinformation. This relation is framed within the deep-time insights of the Indigenous panel as a correlative, not causative relation to disinformation. Over time, as medical research exchange, translation and communication becomes normalised and proves trustworthy, the see-sawing towards disinformation may stabilise and come into balance. Further, the infodemic can be seen through a deep-time predictive lens as creating evolutionary pressure towards additional layers of intellectual and ethical rigour, and transparency in medical knowledge production. The *wanjau* circle likened this to the increase of disruptive parasitic activity in a biological system in response to an imbalance, which over time may decrease the asymmetrical proliferation of another species and return the system to homeostasis or a 'new normal'.

The *wanjau* circle also prioritised the need to care for vulnerable people who have been radicalised. From an Aboriginal point of view, the 'red-pilling' of radicalised consumers resulted in community separation which, although voluntary, resembled the same kind of displacement experienced in involuntary Indigenous diaspora. Separation, physically or ideologically through assimilation/induction into another culture, from family, identity and nation, elicits anxious and depressive states in Indigenous people, along with cognitive disorientation and dissociative fugue states (Westerman, 2003). It might be posited that radicalised non-Indigenous consumers, having alienated themselves from family and community through persistent conspiratorial and contrarian diatribes, as well as suddenly losing their previous identity to an inimical relation with their institutions and nation

(Rushkoff, 2023) may experience similar psychological damage to that sustained by many Aboriginal people, and are therefore in need of care rather than further marginalisation.

An Aboriginal treatment protocol for this condition involves acquiring skills of acculturation (Cuellar, 2000) which involves retaining the first culture while finding ways to inhabit and thrive in a second culture, thus avoiding the unhealthy consequences of inhabiting a transitional culture of marginalisation that causes psychological and adjustment disorders (Westerman, 2003). Radical conspиритuality cultures therefore partially resemble the cultures of marginalisation that many Indigenous people experience on the fringes of both their own society and the occupying culture, resulting in a self-reinforcing feedback loop of 'violence turned inwards' (Dudgeon, 2000). Thus, they may benefit from a relational response characterised by 'calling in' rather than 'calling out' (Fletcher, et al. 2022).

The first culture of non-Indigenous people radicalised through medical disinformation would be their national and spiritual identity prior to encountering conspиритuality content online. The transitional, marginalised culture is the online community that shares and reinforces their current skewed perception of persecution by shadowy globalist entities and entitled minorities. The second culture in which they might be acculturated could be considered a new normal, a post-pandemic world of complex problems that require investigation, nuanced analysis and translation. This Indigenous acculturation protocol, alongside improvements in accessibility and transparency of institutional medical and scientific knowledge, may represent a path forward for reversing the catastrophic effects of disinformation on the efficacy of public health over the last decade.

Literature review affirmed the opinion of the *wanjau* circle that strategies for intervention cannot be based on appeals to evidence-based reasoning (Rosenblum and Muirhead, 2019), as this does not work for those vulnerable to medical disinformation and CAM (complimentary and alternative medicine) narratives, who are likely to have a preference for spiritual sources of knowledge, intuitive rather than analytical cognition, and the personality trait of openness to experience (Browne et al., 2015). The circle strongly recommended that an acculturative therapeutic approach to public health for CAM communities radicalised by medical disinformation would need to produce powerful narratives (Right Story) and compelling cautionary tales that appeal to the spiritual, intuitive and experiential psychosocial profiles of these communities.

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