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Roaming

Therapeutic and Design Practices for Indigenous Healing

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There are significant disparities in mental health care between First Nations and non-Indigenous people in settler-colonial nations. This paper, authored by a crosscultural and interdisciplinary team, argues that settler-colonial legislation, the tools and technologies of architecture, and the clinical practice of psychiatry are all implicated. Taking inspiration from Tanganekald, Meintangk-Bunganditj legal scholar Irene Watson, who yearns for freedom to roam across *Country* and connect with the land of her ancestors, we propose tactics for ‘roaming’ from the conventions of architecture and psychiatry to decolonize our practices. These include *yarning*, walking *Country*, and representing these itinerant practices through wandering lines. The outcomes are processes for developing new therapeutic places and practices for mental health care.

Keywords: Indigenous, mental health, architectural design

Introduction

Guest host relations in most settler-colonial nations are unsettled terrains. Invasions and massacres, policies of social control and assimilation, and environmental degradation caused by land clearing and development, have together disrupted relations of care and reciprocity between people and their environments. The impact on the cultural continuity of First Nations Peoples¹ everywhere has been profound and is ongoing. Invariably their lives have been irrevocably and

detrimentally affected. Poverty, historical and enduring trauma, poor health and political marginalisation are the norm around the globe, despite 148 nations signing the United Nations Declaration of the Rights of Indigenous Peoples.² Australia, one of the only nations to have never had a single Treaty between invader and First Nations peoples,³ has a particularly parlous record. Indigenous legal scholar Irene Watson (Tanganekald, Meintangk-Bunganditj, South Australia) laments:

When thinking of Aboriginal community, who are we?...how much do I retain and ‘own’ of

my sovereign Aboriginal self, outside the body of my being? Am I free to roam across my country and to sing and to live with the land of my ancestors outside the body of my Aboriginal being/ community? Or will I live the life of the sovereign self only within the mind, body and spirit, and in isolation from country and community—left to the illusionary spaces of recognition within the settled colony?⁴

While progressive governments have made moving speeches and apparently sincere commitments to right past wrongs, there is little evidence of substantial real or lasting change, particularly in the area of mental health and psychosocial adversity. Yet, First Nations peoples have resisted assimilation and survived, through protest, solidarity and re-invention. Community leaders continue to demand governments, health care and other professional service providers to do better.

We, the authors of this paper, agree. Our collaboration dates back many years. Janet McGaw, an architectural academic with settler-coloniser forebears, and Alasdair Vance, a child and adolescent psychiatrist, with a hybrid identity shaped by both settler and Northern Wathaurung heritage from western Victoria, Australia, are married. They co-lead a research project, Indigenous

Cultural Practices for Health and Wellbeing, that is exploring the relationship between culture, health and place.⁵ Gunai Elder, Uncle Herb Patten, Traditional Custodian of the Gunaikurnai nation in south-east Victoria, is an Elder on the Governing Board for the project. He has also been a long-term mentor and adviser. They met over a decade ago through an earlier research project that explored Indigenous Placemaking in Melbourne,⁶ and continued their relationship over regular lunches. Auntie Bunta, Uncle Herb's wife and formidable Gunditjmarra Elder, activist and leader, who was born on the Framlingham mission in south-west Victoria, joined them. Sharing stories of staunch activism, proud resilience, hope and humour, these lunches always concluded with collective strategizing about how to best improve the health and wellbeing of the Aboriginal community. Although Auntie Bunta has passed into the Spirit world, her influence remains strong. Uncle Herb regularly reminds us that we are doing this work together because she was convinced of its importance. A number of the figures herein were produced by Saran, a former student with Korean-Japanese heritage who has lived in Australia since her early teens. Her independent Master of Architecture design thesis explored ideas developed by Uncle Herb, articulated in an earlier essay.⁷ Saran engaged closely with Janet, Alasdair, Uncle Herb, and a number of other First Nations health professionals throughout the brief development and design process.

We have asked, how might therapeutic clinical practices be re-imagined for healing First Nations peoples in Australia, given the failures of previous approaches? What architectural typologies would best support them? What creative practices could we enlist to develop them? Taking our cue from Watson, we argue they are a kind of 'roaming'; ways of finding freedoms for bodies, minds, spirits and pens to stray from the conventions of architecture and psychiatry. This essay explores

techniques we have trialled, including *yarning*⁸—a non-linear and dynamic process of communication shared by Aboriginal and Torres Strait Islander cultures across Australia; walking in *Country*⁹—a practice that describes a relational construct between people and place; and representations of spatial practices on *Country* with wandering lines so they can be remembered elsewhere. Moreover, there is an expectation that other-than-human-Spiritual entities will be part of the co-creative processes. Roaming is a way of inventing alternative ways of knowing, without appropriation, and without silencing minority voices through consensus.

Logics of Possession: Law, Architecture and Psychiatry

Settlers from Europe who colonised the 'new world' operated primarily under the logics of possession and dispossession – possession of land, possession of bodies, and dispossession of its First peoples of their culture, community and *Country*. Prior to settler-colonisation of Australia there were over 250 language groups and 750 clan groups with distinct dialects and cultural practices around Australia. Australia's invasion took place only 235 years ago, unsettling the longest continuing culture in the world.¹⁰ Deploying Foucauldian theories on sovereignty, socio-legal scholar Aileen Moreton-Robinson (Quandamooka, Stradbroke Island, Queensland) argues the "possessive logic of patriarchal white sovereignty works ideologically and ... discursively at the level of epistemology, to naturalise the nation as a white possession."¹¹ Law was its primary instrument of capture: The Doctrine of Discovery legitimatised settler-colonisation on the global stage;¹² the cadastral survey reorganised the land into gridded parcels; Land Acts enabled territory to be traded, fenced, and built upon.¹³ The Constitution and Aboriginal 'Protection' Acts defined Aboriginal people as lesser beings under the control of the State. These various laws enabled settler-colonisers to exclude First Nations peoples

from their Ancestral lands, restrict their movement to reserves and missions where traditional cultural practices were prohibited. They also demanded forced removal of children with mixed heritage, disrupting families and kinship networks.

Architecture's tools and technologies of representation were enlisted to support these laws. The survey plan and property title plan extinguished the ambiguities of place, overlaying regulating lines of ownership that afforded the strategic power to implement social change. Plans, sections and elevations, in turn, facilitated the construction of churches, courtrooms, schools, and prisons where incarceration and assimilation unfolded. Psychiatry was also used as a tool of the State. Asylums captured the 'mental defectives'¹⁴ and young women in danger of 'moral turpitude' – deviant behaviours that could include pregnancy outside of marriage. Enlivening relationships with Ancestral Spirits that were an aspect of Indigenous spiritual wellbeing were cast, as either 'possession' or madness.

Laws of possession overwrote what Watson calls "raw law."¹⁵ Raw law is a complex but clearly defined network of obligations and nurture that emanate outwards from self to family, clan, tribe, and *Country*. This relational system is more than human, including plants, animals, rocks, and Ancestral Spiritual entities. Relationships of care between people and *Country* are reciprocal: humans engage in environmental care practices that include walking and observation, regular cool, mosaic burning¹⁶, and careful harvesting and hunting. They also exercise Spiritual care through *Story*, song, dance and ceremony. Communities, meanwhile, are nurtured through *yarning*, a circular, meandering, revealing, authentic and reciprocal *Story*-telling. These practices, when rigorously upheld, ensure that *Country* remains abundant, providing for all its living entities, of which people are only one. While some communities in remote parts of

Australia have been able to maintain these care practices to an extent, none has been unaffected by settler-colonisation. As Watson elaborates:

The white way of knowing country is forged by ownership, possession and control. The Aboriginal way of knowing comes through spirituality, identity and traditions of historical connectedness. Which way holds power? Indigenous people are in occupation of many different spaces: that of extinguished and non-extinguished native title, curfews, mandatory sentencing, poverty, prisons, poor health—you know the statistics; they have been named so often before that we are becoming desensitised to their significance. What spaces are we left with? Where are we free to roam?”¹⁷

To be clear, the roaming Watson describes is not opportunistic nomadism. It is purposeful, focused and systematic. More like an expanded form of housekeeping, determined by a holistic understanding of the environmental needs of *Country* and cultural obligations to maintain the *Songlines*.¹⁸ Roaming in this way is an act of profound loyalty to people and particular place.

The consequence of the logic of possession on social, psychological and environmental adversity has been profound. In Australia, First Nations young people are more than 1.5 times as likely as non-Indigenous Australians to have separated parents who are younger, poorer, and stressed.¹⁹ Twenty-five percent fewer Indigenous Australians have completed secondary schooling than non-Indigenous people²⁰ and only 30% of First Nations people are in full time employment.²¹ Poverty is rife as a consequence. Aboriginal and Torres Strait Islander people are more than twice as likely as non-Indigenous Australians to have a household income of less than USD\$375 per week. Furthermore, the money needs

to stretch further, as families tend to be larger.²² While child removal practices under the Protection Acts have ostensibly ended, more than 10 times as many young Aboriginal and Torres Strait Islander people are in out-of-home care, and over 80% live permanently away from their parents until the age of 18 years. There are a range of familial reasons but there are also environmental issues including unstable housing and overcrowding at triple the rates of non-Indigenous Australians. The logic of possession continues to be evidenced in the criminal ‘justice’ system, with young Aboriginal and Torres Strait Islander people 16 times more likely to be under supervision orders and 18 times more likely to be in detention.

Social and environmental adversity, in turn, impacts mental health. Australia’s First Nations peoples’ youth mental health statistics are particularly dire: more than twice as many Indigenous than non-Indigenous young people report high or very high levels of psychological distress (33% vs 13%) and almost twice as many report a long term mental health condition (29% vs 16%). Twice as many are hospitalized for intentional self-harm (5% vs 2%) and four times as many die from intentional self-harm or suicide (29% vs 7%) (AIHW, 2018).

In our collaboration around re-thinking architecture for mental health care for young First Nations Australians, we have been interested in exploring whether Watson’s notion of ‘roaming’²³ might become a methodology for decolonising our disciplinary conventions. It has a long history as an act of resistance and cultural reclamation since colonisation. Denis Byrne cites oral histories in the colonial era of Aboriginal people roaming along linear reserves for future rail and roadway developments, as well as easements along waterways, to resist the spatial controls of the cadastral grid.²⁴ In the contemporary era some Indigenous communities have not only maintained their cultural obligations, but also invited settlers to walk *Country together*. *Paddy Roe’s development of*

*the Lurujarri Trail, a Goolarabooloo Songline through cultural adoption, is a notable example.*²⁵ In this instance ‘roaming together’ is an act that defies both notions of separatism between settler and First Nations Australia and assimilation into Western sovereignty. Inspired by these precedents we have wondered, can roaming conversation replace the strictures of the clinical interview or the client brief? Can clinical care transgress the bounds of the consulting suite? Can the interiorities of architecture for mental health care roam out amongst the dirt? Can the graphic conventions of straight-line drawings wander into itinerant lines? How might young people carry the lessons of *Country* with them after therapy is finished? We have developed three key methods to address these questions: yarning, walking *Country*, and itinerant drawing.

Yarning: Roaming Conversations

Yarning has been a critically important process for developing the research project within which this essay is nested.²⁶ It is also a process in which we authors engaged to collaboratively develop the essay itself. A *yarn* begins with participants locating themselves in relation to place, and to one another—who they are, who their families are, where their Ancestral lands are located—to establish their right to share the stories they are about to tell. *Yarns* circle around, concealing profound cultural *Stories*, within the prosaic and humorous. They are dialogues, not monologues, so all participants are equally enriched by the experience. Lawrence Bamblett distinguishes *yarning* from the “straight line stories” of Western culture.²⁷ Quoting Gamilaroi teacher Laurie Crawford, Bamblett explains, “us blackfellas don’t tell stories in a straight line, we go all the way around it.”²⁸ Although language was suppressed on the missions in the colonial era, and contemporary Aboriginal culture is varied as a result of colonization, contemporary *yarning* discourse retains many of its traditional characteristics. Knowledge is always situated within a network



Figure 1. Royal Park, Parkville looking toward Melbourne's central business district. The parkland was a pre-colonial Kulin nations' meeting ground. Photograph: Cafuego, 2014.

of relationships – human, *Ancestral*, geographic, and *Totemic* – and often within the context in which it takes place.²⁹ It has consequently been widely adopted as a research method when working with Aboriginal and Torres Strait Islander communities.³⁰

As we prepare for this paper, Uncle Herb positions our project in the lineage of the Victorian Aboriginal Health Service (VAHS) in Fitzroy, an inner-city suburb of Melbourne through another *yarn*. Alasdair had volunteered there when he was a medical student in the 1980s. But Uncle Herb tells us Auntie Bunta had been one its initiators in the late 1960s, working with Auntie Edna Brown in a house they rented to provide support to the 'Parkies'—a group of Aboriginal men who lived in public parks. The civil rights and 'black power' movement was emerging around Fitzroy at the same time.

When the government-run Venereal Disease clinic in Gertrude Street was vacated, they moved in and expanded to provide support to the growing number of Aboriginal people reluctant to access mainstream medical services. The *Koori Kollij*³¹ followed, a novel training facility for Koori Health workers. Uncle Herb and Auntie Bunta moved to Greensborough to run the Harold Blair Hostel, a place where students who arrived from all around Australia to study at the *Kollij* were housed. They offered the students a culturally safe context of 'sharing and caring'. Uncle Herb recalls the shock of young people from remote communities in the Northern Territory arriving who could not tolerate rich Western diets. He had to find a source of Kangaroo for them to cook on open fires they made in the back yard. Uncle Herb transported students to the *Kollij* and back each day. Academic and activist Gary Foley (Gumbaynggirr, coastal New South Wales) asserts that VAHS turned the usual hospital hierarchies on their head.³² Inspired

by the Chinese Barefoot Doctors, Koori Health Workers trained at the *Kollij* were considered the 'professionals' while the mostly white doctors nurses and dentists were mere 'technicians'.³³ Koori Health Workers were trained in specific paramedical skills but were also important mediators between the community and the medicos, educating the latter in Aboriginal ways of being and doing so that they treated people appropriately. They knew the importance of *yarning*; the value of the cup of tea; that waiting rooms were a place for community to gather, not just a place to wait to see a doctor. Trust grew within the community and management care improved.

These early health services were housed in an architecture of 'making-do'. Constrained by poverty and often kept out of the rental market through racism, the community made use of whatever buildings were available to them. They were a kind of fissure in the urban fabric where they could operate without interference. In this early period of the civil rights movement buildings

were rarely purpose built. Interiors, however, were another matter. At each of the premises, community artists, supported by the Aboriginal Advancements League, led processes to make murals as part of an assertion of Aboriginal culture and self-determination.³⁴ Architecture was rarely ideal but Aboriginal people are adept at working with what is available. A key part of the process has been adapting identity to maximise the likelihood of government funds or philanthropic support to flow. Uncle Herb explains that at one point the government offered money to the Aboriginal community for mental health care. After scoffing amongst themselves that they weren't 'mental', strategic individuals realised that if they agreed that they were mentally unwell, financial assistance would flow. Architectural academic Carroll Go-Sam (Dyirbal gumbilbara bama, North Queensland) describes it a process of "fabricating blackness"; tactically adopting an identity for optimum advantage.³⁵

It was not until 1993 that a purpose built architecturally designed building was constructed. A spare, modernist steel frame and infill design from award winning architect Peter Elliott. Its Aboriginal cultural identity is revealed to the street only through an Aboriginal flag. The interior, however, is a testament to its community heart, displaying a floor design developed collaboratively by VAHS clients and employees, led by Yorta Yorta artists Lyn Briggs and Lyn Thorpe. As Briggs explained: "we didn't just want to do it ourselves, we wanted participation from community members ... It's really important in our culture to actually have a shared sort of practice ... we always, always use art... creating things in different ways."³⁶ The award-winning design roams around the floor, alluding to the figure of the rainbow serpent, an important Creator Spirit, and the rivers of the region, and includes representations of important *Totems* and medicinal plants. The early community health services may have

lacked architectural sophistication, but they were places of community safety and sustenance. Uncle Herb observes that satellite Aboriginal health centers have proliferated over recent years, 'like the tentacles of an octopus' around the city and state. Money has filtered through from government agencies, but institutionalizing forces have emerged as a result. Sharing and caring, he says, have been lost to disembodied automatic phone services. Relationships of care and reciprocity, which were always more important than aesthetics for architecture to work as a healing place, are harder to find.

These *yarns* remind us there is a longer history of Aboriginal led health infrastructure that are important precedents to draw on. VAHS was not a standalone medical clinic, rather it was a community network that included places to learn, live, share a meal or a cup of tea, have a *yarn* and a laugh, Community came first. Better health followed. The stories stand in stark contrast with the messaging in Western health research. As can be seen by the background we provided at the beginning of this paper, it is dominated by "deficit discourses."³⁷ Sociologist Maggie Walter (Palawa, Tasmania) has argued that scientific papers are littered with dire statistics, presented as if neutral and objective: "In a seemingly unbroken circle, dominant social norms, values and racial understandings determine statistical construction and interpretations, which then shape perceptions of data needs and purpose, which then determine statistical construction and interpretation, and so on."³⁸ When lack is emphasised, it is easy to overlook the innovation, drive, and know-how within the Aboriginal community to address their own health needs.

Over the past decade, *yarning* has been adopted in more culturally-informed Indigenous-led research to enable more intricate and multi-layered relational meanings to emerge.³⁹ The benefit of *yarning* is that it is a particular, dynamic and relational process of knowledge

exchange through *Story* that is culturally safe.⁴⁰ Consequently, intimacies and sensitive issues can be broached through two way knowledge sharing so all involved are enriched by the experience. Conducted according to accepted and understood Cultural protocols, *yarning* provides rich and multiplicitous information about Indigenous perspectives.⁴¹ Less often has it been used in clinical settings.⁴² Consequently most extremely unwell young Indigenous people who fail to respond to treatment in community care end up in hospitals where clinical encounters are mediated by non-Indigenous mental health staff through the standardised clinical interview in sterile interior spaces. *Yarning* had such a strong history in these early Aboriginal community-controlled health services. We wondered, could *yarning on Country* be a method to roam in the therapeutic encounter itself?

Walking Country: Spatial Roaming

Under the guidance of Elders, a 'cultural therapy' program was conceived within the wider Indigenous Cultural Practices for Health research project. Practitioners eschew locked wards, windowless offices and rat-maze hospital corridors in exchange for roaming open *Country*. *Yarning* and roaming together in the park outside the hospital is a dissident move; disloyal to occupational health and safety concerns by Western mental health providers but with strong allegiance to Aboriginal ways of knowing, doing and being healthy. A growing body of research is recognising the value for Indigenous peoples around the world reclaiming their cultural practices of connecting to Ancestral lands.⁴³ These have in turn influenced Aboriginal health policies, which are finally recognising the critical importance of culture and place for health and wellbeing. Cultural therapy involves the young person, their guardian and the Aboriginal therapist encountering *Country* together for around eight hours over six to eight sessions. Their reflections are recorded before



Figure 2. Author Alasdair Vance and young participant during cultural therapy. Photograph: Janet McGaw, 2023.



Figure 3. Author Alasdair Vance and young participant during cultural therapy. Photograph: Janet McGaw, 2023.

the sessions begin, immediately after the last session is complete, and again three months later.⁴⁴

Fortunately for our project, there is a large parkland outside of the walls of the hospital which is coincidentally (or not) a pre-colonial intertribal meeting ground of the Kulin Nation.⁴⁵ (Figure 1). While it will only occasionally be the Ancestral *Country* of our participants, it welcomes the cultural therapist, the young person, and their family to engage in a journey of discovery. The form of the encounter is similar for each of the young people but the revelations and content are unique. The cultural therapist, young person and their carer(s) are all equally part of the meaning-making process. Expectant of a revelation they engage attentively with all senses and the *yarn* about what is revealed (Figure 2). One young person will be drawn to the tree where sugar ants live; another will see *Waa* the

crow every time he comes; another delights in making a soft bed of leaves under a tree for a rest (Figure 3). How do these creatures move? What does this teach us about things like emotional regulation? How do we manage grief about grandparents who have passed? Everyone checks in with each other about what each is thinking and feeling. The Western hierarchical construct of clinician-patient does not exist. Each opinion matters equally. Cultural therapy is seeking to address Watson's questions about how to retain and 'own' one's sovereign Aboriginal self.

These sessions give young people the agency to forge a relationship with *Country* and a guided opportunity to discover it can be part of their familial network. *Country* is not an object experienced as a static view out of a hospital window but a subjective ecosystemic entity with which to develop a relationship. *Country* always

leads. The group is attentive to which way the wind blows, where the sun is in the sky, if there is rain or clouds, where insects and birds congregate, how ants move, what plants are in seed and flower. They discover *Country* is an extensive environment—physical and spiritual—that takes in the earth, skies and waterways and Creator Spirits. Young people who have failed to engage at all in Western mental health treatment regimens are voting with their feet. Around 20 young people are either currently engaged in or have completed the Elder-governed cultural therapy program. One has withdrawn early because they felt better and had started attending school again. While some of these young people had up to seven Western diagnoses and warnings of dangerous behaviour noted on their hospital files, not one of them has showed aggression or attempted to abscond while in the park. Cultural

therapy is giving young people tactics for finding ways to roam in Country when they are far from Ancestral lands, and to discover community amongst other-than-human entities in outdoor places if their human communities are fractured.

Indigenous health services, “healing centers”⁴⁶ and “holding places”⁴⁷ will of course always need interior space too. We wondered, could roaming in *Country* provide clues for understanding site differently for the purposes of developing an architectural design? Walking has been explored as a dissident spatial practice in art and architecture since the 1950s: Water Benjamin’s explorations of flânerie, Situationists concept of *derive*, Stalker’s walks around the grey terrains of Rome, Michel de Certeau’s tactics, and Jane Rendell’s ‘critical spatial practices,’ amongst others. Each of these theorists and practitioners were disloyal to formal and material traditions of Western art and architecture that had valued durability and “firmness, commodity and delight”. Some explored the material and socio-sensory realm through walking, others, like Debord, used walking to exploring an environment’s unconscious effect on emotion.⁴⁸ None of these is quite the same as traditional Aboriginal and Torres Strait Islander practice of walking *Country*, which is simultaneously practical, relational, cultural and spiritual.

Occasionally non-Indigenous architects, landscape architects and artists have been invited into such a process. Architect Greg Burgess and landscape architects, Taylor and Cullity’s engagement process with the Mutitjulu Community and the Australian Nature Conservation Agency for the design of the cultural center at Uluru-Kata Tjuta, is one early project of note. So too is landscape architect and academic, Jim Sinatra’s relationship with the Goolarabooloo people, which forged a multi-decade walking *Country* on the Lurrujarri Trail as a pedagogy for RMIT university students. More recently, Yalinguth, a collaboration between

Wurundjeri-Woiwurrung cultural heritage Aboriginal Corporation and a number of creatives – digital design, architecture, landscape architecture and community arts production – invites participants into the stories of the civil rights movement in Fitzroy via a geo-emplaced smartphone app.⁴⁹ None are explicitly practices focused on the development of healing places, but they are invitations to walk *Country* alongside Aboriginal people in a journey toward understanding and collaboration. Burgess, Taylor and Cullity set up an on-site studio in the Mutitjulu community in the Western Desert, where they stayed for a month, joining the community hunting, camping, setting up campfires, with the community while learning the ways of the community and aspects of *Tjukurpa* that are appropriate for the uninitiated to hear. The Goolarabooloo invite guests to similarly walk and camp with them as they maintain the Lurrujarri *Songline*. While these two communities are maintaining traditional practices of walking on *Country*, Yalinguth is an example of an invitation to discover the situated histories of activism and cultural reclamation. Each eschews separatism. None is modelling an inverse assimilation. Rather ‘roaming side by side’ is a practice of forging transversal relations across cultural difference.

Our collaboration has led to a vision by Uncle Herb for a new typology for health that might mediate health care in tertiary hospitals that returned to the holistic practices of the early years of Aboriginal health services, which Saran explored in her architecture design thesis in 2022.⁵⁰ Like the Goolarabooloo, Mutitjulu and Fitzroy communities, the Aboriginal authors of this paper invited Saran to walk *Country* side by side with them to discover, through a reciprocal relationship with people and place how best to intervene with architecture. An important part of the process was developing methods that did not appropriate cultural practices that were not her own, but equally did not perpetuate colonising practices

implicit in architectural production. Spatial designer Danièle Hromek (Budawang/Yuin, New South Wales) and lawyer Terri Janke’s (Wuthathi/Meriam, Far North Queensland/Torres Strait) advise non-Indigenous architects working with communities that they should recognise participants “as creators and not merely informants” and ensure that relationships are lasting and benefits are reciprocal.⁵¹ Saran worked with research partners and with the Aboriginal mental health workers at the service where the project is based extensively, first listening to their *yarns*, then walking *Country* with them (Figure 4). Could she be disloyal to her own disciplinary practices to find new ways of representing site as well? At the end of semester her project was returned to community. The Victorian Aboriginal Community Controlled Health Organisation (VACCHO) have used the process to assist with their own work developing two Healing Centers for the state.

Itinerant Lines: Roaming Drawings

A challenge in any design process is representation. How might this walking and *yarning* be signified? What kind of rendering can capture an ontological experience like this? We have grappled with the question of how to represent encounters with site for the purposes of design as well as roaming in *Country* as part of cultural therapy. These methods needed to escape the abstracting process of drawing and writing that are typical in architecture and psychiatry. As philosopher Michel de Certeau says, writing renders invisible “the fragile ways in which the body makes itself heard” and “the multiple voices” inaudible, while the blank page exorcises the ambiguities of the world.⁵² The abstract written account of diagnosis and treatment plans in clinical treatment in reports and letters between specialists and referring practitioners silence the voices of participants and convey nothing of the context in which these treatments take place. There are clear parallels with the drawing



Figure 4. Uncle Herb's preferred site for the Holding Place: Travancore campus, Royal Children's Hospital. Photograph: Saran Kim, 2022.

practices that architects typically use to abstract a site into a representation on paper. The site plan has strong links to the intrinsically colonising practice of map making. Cartography was developed in Europe during the period of exploration and colonisation to give explorers a means for capturing and communicating distant places to those who had never seen them. Architectural drawing done in the enclosure of the studio is the same kind of enterprise; a way of holding in mind that which is distant.

Saran's first drawings of the site proposed for the Holding Place were a mixture of the analytical and the critical, informed by usual architectural conventions and these revisionist practices from landscape architecture: site plans with a thorough inventory of the diverse plant species (Figure 5); and a critical map revealing hidden histories of geology, hydrology and building (Figure 6). But as she entered more deeply into the *yarns* with Uncle Herb and walked on site with the Aboriginal cultural therapists in the team, she found the notational conventions that render

curvilinear space flat, and thin black lines that exaggerate property boundaries while diminishing the blurs of leaves in the wind and bird flight overhead, to be inadequate. Saran wondered what other itinerant lines might enable her to experience the site more holistically? She abandoned her hard computer drawings in favour of tools that were smudgy. On site it included bark rubbings in charcoal of the many otherwise indistinguishable eucalypts, and hand drawings in soft pencil back in the studio (Figure 7). She started looking more closely too and visiting at different times of the day. She became attentive to darker hues in the grass where moisture pooled beneath the surface and the direction of cutting winds and the sound of traffic. Black and white photography, which emphasised tone rather than hue, helped her see the light differently (Figure 8a). One evening she captured a halo around the moon (Figure 8b). Saran writes:

I saw a halo around the moon, immediately reminding me of the Moon Man story from the book *Astronomy: Sky Country* by Karlie Noon and Krystal De Napoli⁵³. It indicated that rain was coming soon, and it became true the following day. Through recognising patterns

and linking them to stories I have learnt through conversations and research, I felt a sense of delight and the power of narrative; I would never forget the story and its meaning after having experienced it myself.⁵⁴

The renderings captured aspects of *Country* that were otherwise invisible or fleeting, enabling Saran to hold *Country* in mind when she was developing her design in the interiorities of the studio.

We had similarly wondered how the young people who participated in Elder governed cultural therapy might also carry *Country* with them when cultural therapy concluded. In discussion with the Elders Board and Advisory Group we began thinking of traditional cultural practices that could be reimagined for healing. What could capture the itinerant journeys taken through the park, the insights learned from *Country* and the *yarns* shared? Instead of the Western health protocol which favours a written exchange between treating doctors, the team developed contemporary "message sticks"⁵⁵ (Figure 9) for the young person as a personal record of their cultural therapy. Message sticks were a traditional method of communication between Australian Aboriginal tribal groups.⁵⁶

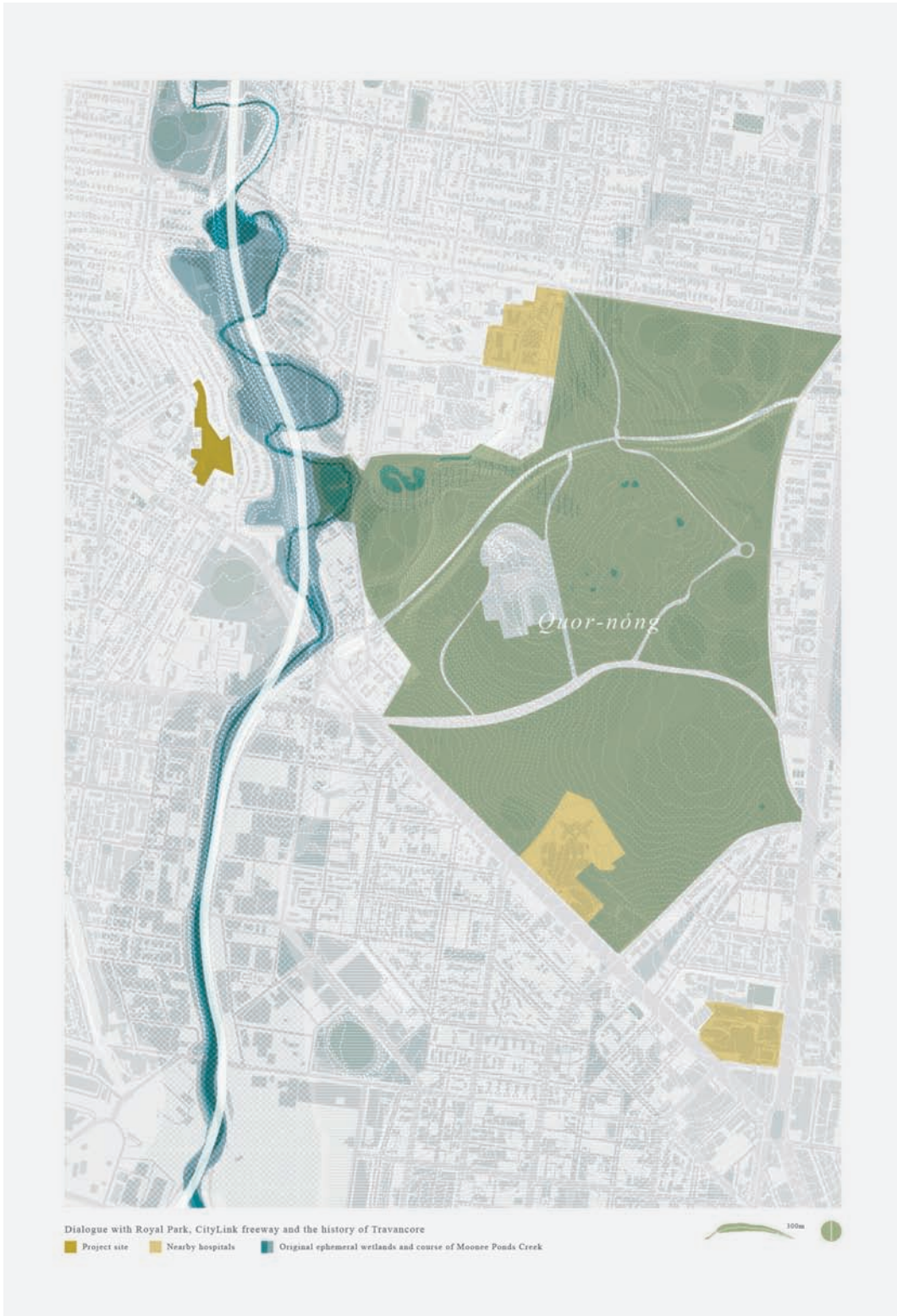
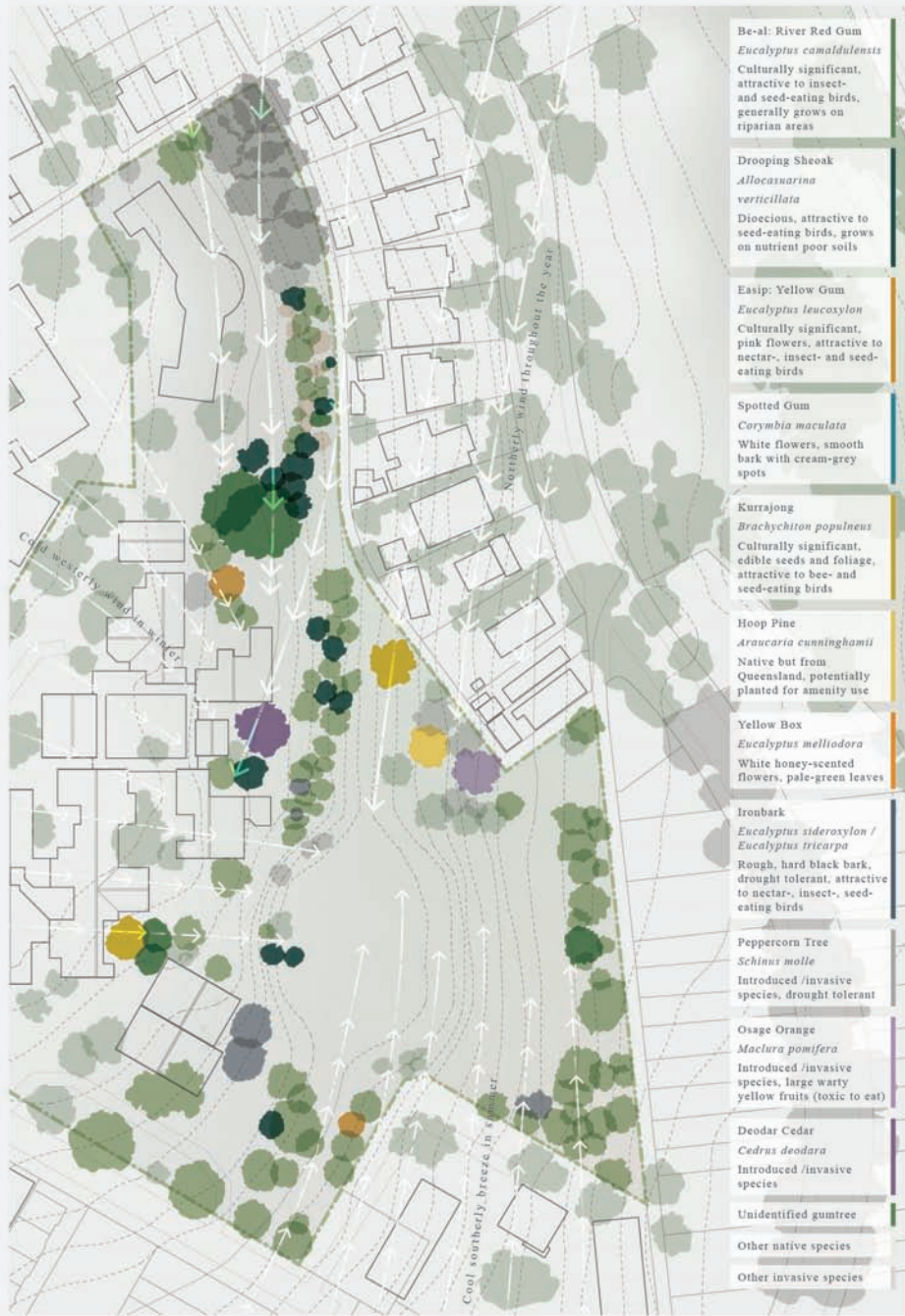


Figure 5. Inventory of the plant species at Travancore campus, Royal Children's Hospital. Image: Saran Kim, 2022.



Site Contexts

Strong northerly winds throughout the year - cool southerly winds in summer - cold westerly winds in winter



Figure 6. Critical Map of site.
Image: Saran Kim, 2022.

Sacred sandalwood (*Cherry Ballart*), prepared according to cultural protocols from the *Country* from which it comes, is inscribed with lines and symbols that recall important themes, memories and feelings that the cultural therapy sessions evoked.

The concept mirrors the south-east Australian possum skin cloak making practice.⁵⁷ Cultural reclamation of this important cultural practice by Maar artists, Vicki Couzens, Debra Couzens, Yorta Yorta artist Treahna Hamm and Yorta Yorta,

Mutti Mutti and Boonwurrung artist Lee Daroch began around 20 years ago when they were invited to a printmaking workshop as part of the Roving Curator Program for the Melbourne Museum. Two pre-colonial cloaks were brought out from an underground storage room, as inspiration for their printmaking.⁵⁸ They found the experience profoundly spiritual and healing. As Vicki Couzens said:

It was like a loop to your Ancestors and you could almost hear them whispering...we were not only connecting with each other, but also with our people from the past who had made the cloaks just as we

were doing...The possum skin cloaks (kooramook) have strengthened our spirits, our hearts and identity.⁵⁹

The coats were patchworks made from the fur of a small marsupial. Importantly, personal place-stories were marked with burnt lines on the hide so the wearer, figuratively, carried their place on their back. Their work has sparked an expansive reclamation process of this lost craft practice. It revealed the importance of finding links to traditional cultural practices for social identity.

Elders on our Governing Board have been important leaders in reclamation processes of a range of creative cultural practices. Aunty Esther Kirby OAM (who passed in 2022) championed painting, emu-egg carving and possum skin cloak making; Uncle Herb is a renowned gumleaf player and is currently developing a tertiary education program in gumleaf playing; Yoorrook Justice (Truth Telling) Commissioner Sue-Anne Hunter has led a revival of dance; and Aunty Rochelle Patten is a painter. She has also been a staunch advocate for getting young people back into relationship with *Country*. They have encouraged us to find ways to bring creative and embodied cultural practices into mental healthcare too.⁶⁰ Like possum skin cloaks, the message sticks are particular for each young participant. The themes are discussed in the second last session, agreed by the young person, their carer, the cultural therapist and the Aboriginal research assistant, before they are burned onto the wood. The therapist hands on the message stick at the final session as a tangible record of their encounters with *Country*. These sticks with their sinuous lines are an invitation to roam. They empower young people to find health in old ways of being in *Country*.

Conclusion: Struggling With Difference

Settler-colonialism has operated under a logic of possession, dislocating First Nations Australians from

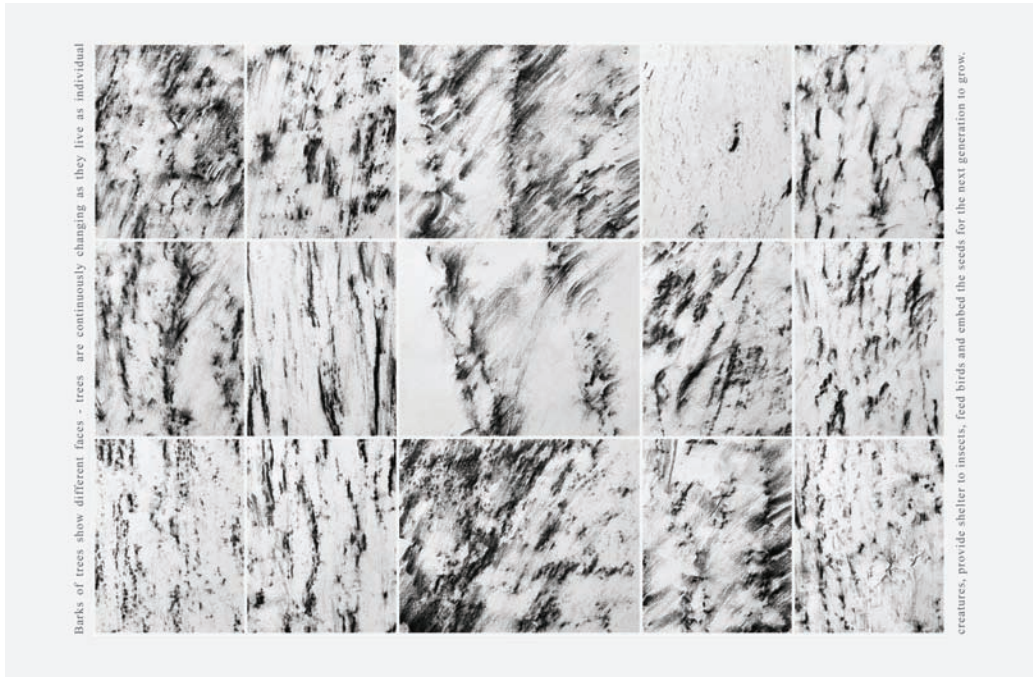


Figure 7. Charcoal bark rubbings.
Image: Saran Kim, 2022.



Figure 8a (left). Sky Country above site, during the day.
Photograph: Saran Kim, 2022. Figure 8b (right): Halo moon
above site, during the evening. Photograph: Saran Kim, 2022.



Figure 9. Message stick; a tangible record of themes uncovered during cultural therapy. Photograph: Jo Winther, 2022.

Country, culture and community. The impact on mental health has been profound. Despite a decade long strategy by Western health bureaucrats to ‘close the gap’ in disadvantage between Aboriginal and Torres Strait Islander people and non-Indigenous Australians, stark disparities remain. Drawing on our different cultural and disciplinary perspectives, and motivated by Watson’s lament for the lost places for Aboriginal people to roam freely, we have been re-imagining methods for clinical practice and

design representation to develop novel architectural typologies to support them. We have explored three methods that stray from the conventions of our disciplines to find freedom for bodies, minds, spirits and pens: yarning, roaming on *Country* and itinerant lines. Governed by Elders, informed by traditional cultural practices, and led by Indigenous health practitioners within cross-cultural teams, these practices have become methods for forging transversal relations across difference. Roaming is a way of coming to know and represent lively, numinous, aspects of place often overlooked within Western epistemologies and practices.

Notes

- 1 We use a range of terms when describing the First Peoples of Australia including the collective terms First Nations, Indigenous, and Aboriginal and Torres Strait Islander, as there is no agreement within the community about which is preferred. We generally adopt the tribal affiliations, when speaking about individuals, where this is known. Occasionally we use the term Aboriginal, if the individual or groups to whom we refer use this term to self-describe.
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