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"They have a story inside". Madness and healing on
Elcho Island, north-east Arnhem Land

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"They have a story inside."
Madness and healing on Elcho Island, north-east Arnhem Land

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ABSTRACT

This thesis is based on an ethnographic investigation of concepts related to mental health and madness among the Yolŋu peoples of north-east Arnhem Land, with a particular focus on Elcho Island and its main settlement, Galiwin'ku.

Over the past decade, there has been a proliferation of medically oriented research and mental health intervention programs in Indigenous health. Most of these refer to the principle that 'culture' must play a fundamental role in Indigenous health care. However, lack of in-depth investigations about Indigenous knowledge related to health indicates that this principle plays only a nominal role in the implementation of these programs and has not resulted in a rethinking of basic assumptions guiding mental health services.

The ethnographic research which informs this thesis started from the assumption that all societies around the world have developed ideas of 'madness' or 'abnormality', but that these are not necessarily understood in terms of 'health' or 'illness'. Accordingly, the fieldwork focused on Yolŋu concepts related to 'madness': what are the signs indicating mental or emotional problems? What causes madness? What are the responses of the 'normal' members of society? What kinds of issues are elicited by the encounter with Western psychiatry? What are the self-representations of the 'mad' person?

The ethnography demonstrated the existence of an articulated body of knowledge related to 'mental illness', although not one fashioned in medical terms. Understanding Yolŋu reflections about madness clearly involved embracing wider categories of life, person and relationships which their stories convey.

The aim of this thesis is not to provide material for cross-cultural comparison between a Western and an Indigenous medical system but to clarify the relationship between Yolŋu conceptualizations of the world, person and relationships and Yolŋu

representations of illness and healing. The work adds to understanding of some issues in the anthropological literature about healing and illness in Yolŋu society.

DECLARATION

This is to certify that

(i) the thesis comprises only my original work towards the PhD,

(ii) due acknowledgement has been made in the text to all other material used,

(iii) the thesis is less than 100,000 words in length, exclusive of tables, maps, bibliographies and appendices.

ACKNOWLEDGEMENTS

This thesis is dedicated to my Yolŋu relatives and friends, who always and bravely persist in their efforts to create a common ground of mutual understanding.

ETHICAL CLEARANCE

Ethical clearance for the research conducted for this thesis was granted by the Charles Darwin University Human Research Ethics Committee (Reference H06047).

WARNING

This thesis contains names of deceased persons.

ORTHOGRAPHY AND OTHER CONVENTIONS

All through the thesis, words in language other than English are in italics, exception made for 'Yolŋu' and names indicating groups of people and places and for transcriptions inserted into tables.

Often, Yolŋu mix English and Yolŋu languages in their talk. I used single inverted commas (e.g. 'mad') and double inverted commas (e.g. ''foundation'') to mark respectively my own translation of Yolŋu expressions and the one provided by Yolŋu themselves. English and Aboriginal English expressions used by Yolŋu are indicated with double inverted commas. Square brackets always indicate my own insertions.

Also, some transcriptions of recordings appear into double column tables, with the vernacular on one side and the English translation on the other side, while others are reported indented and without a table. At times, in fact, the use of Yolŋu words in a discourse was so sporadic that I chose to report only one version of the text, with the Yolŋu expressions inserted in between parenthesis.

The orthography used throughout the thesis is consistent with Christie (2004a). Yolŋu language is composed by six vowels and twenty-four consonants and phonemes. The following notes about pronunciation are adapted from Christie (2004b):

The vowels *a*, *i* and *u* are short, the vowels *ä*, *e* an *o* are long.
The consonants *d̲*, *n̲*, *l̲*, *r* are retroflexed (the tongue is curled back, the underneath part of the tongue facing the hard palate).
The consonant *dh*, *th*, *nh* are interdental (the tip of the tongue is between the teeth).
The consonant *dj* is pronounced as the 'g' in 'George'.
The consonant *tj* is pronounced as the 'ch' sound in 'chair'.
The consonant *'* indicates a glottal stop.
The consonant *ny* is pronounced as the 'ni' sound in 'onion'.
The consonant *ŋ* is pronounced as the 'ng' sound in 'sing'.

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CHAPTER 1: INTRODUCTION

This thesis explores concepts and practices related to madness and healing belonging to an Australian Indigenous population (Yolŋu) living in Galiwin'ku and in other settlements of Elcho Island (Arnhem Land), where mainstream mental health services have been introduced in the last decade. The research on which it is based sought to investigate the respective roles of 'pre-colonial' or 'traditional' healing techniques and psychiatric mental health care and discontinuities or continuities in the concepts of person which are suggested by their coexistence in the life experience of Yolŋu people. The research drew on a range of anthropological and other literatures on healing, personhood and embodiment, and their specific application to Yolŋu and other Aboriginal peoples in the Australian anthropological literature. Beginning with an interest in cross-cultural mental health care, it examined literatures pertaining to mental health and illness that discuss the causes of contemporary mental illness in post-colonial Aboriginal societies. This part of the investigation aimed to explore how Yolŋu saw their role in mental health care and healing and to what extent there is convergence or divergence between Yolŋu and medical accounts of illness and social problems generally.

Yolŋu thinking about healing necessarily brings to the fore a distinctive concept of the person. In this thesis the 'person' referred to is the person in its totality, the ''embodied self'' of Lock and Scheper-Hughes (1987:70): ''a sentient, mindful [and, I shall add, soulful] body'' which is the ''terrain where social truths and social contradictions are played out, as well as a locus of personal and social resistance, creativity, and struggle''. In addition to this, the person is here considered also as the place where relationships and relatedness are embodied and become part of the self.

I consider relatedness as a category more inclusive than 'sociality', because it comprehends not only the set of norms constituting the ethical system but, also, accompanying expectations about how people should 'feel' towards significant others, their country and the visible and invisible beings which are in it. This has implications for how causation is conceived: in a context in which the idea of 'person' is not

separable from that of 'relatedness', tracking the causes of the problem back to the individual corresponds to a non-explanation.

The person and relatedness are therefore key concepts in the understanding of 'healing' and are at the centre of this investigation. This is an exploration of how the person is seen as an agent in their own journey of madness and healing, which is different for each individual and is regarded as a personal experience and an inalienable personal property. Thus, madness and healing are talked about by Yolŋu in terms of stories, each of them different and reflecting the person's uniqueness.

Accounts of mental illness or 'madness' and healing in Aboriginal societies have emphasized spirit causation and the role of sorcery and sorcerers or "medicine men" (Elkin 1980, C. Berndt 1974, Reid 1983). The research sought to investigate how these phenomena might be understood against everyday understandings of mental illness in a contemporary community. In a similar vein, the broader anthropological literature has normally focused on the ''experts'' (i.e. the healers) as opposed to the ''popular sector'' (Kleinman 1980), emphasizing the ritualistic dimensions of healing over the personal experience and meanings of illness and suffering. The affective and relational aspects of healing were therefore a central focus of the ethnographic research and are analysed in detail as a way of complementing this perspective.

The capacity for feeling is the fundamental quality of personhood. Feelings invest the whole of the person, as they identify a perception which is not only strictly sensorial but also charged with sensitivity towards the other. This sensitivity consists in the capacity of feeling what the other is feeling, in a connection which reaches beyond words and the reality immediately visible. Restoring or refreshing those parts of the person which are concerned with feelings (identified, as a whole, with the ''inner being'') is the aim of all healing techniques.

The logic of madness and healing is informed by the notion of ''inside'', which as various authors have demonstrated is crucial to the Yolŋu system of knowledge (e.g. Morphy 1991). ''Inside'' can refer to the sacred, hidden, invisible or private aspects

of existence. The research project was based on work with insightful informants whose autobiographical narratives enabled an exploration of these themes. They showed that 'madness' is a journey of discovery of one's ''inner being'' and, at the same time, of aspects of life which are normally out of the field of perception. Also, the 'inside' exists in relation to an 'outside', with which it is in a relation of constant communication and exchange. In illness and above all in madness, the interaction between 'inside' and 'outside' corresponds to 'sharing' with others the experience of illness or otherwise engaging others in one's experience. Although this engagement can at times be masked as withdrawal and alienation, the non-verbal signs pointing to these very conditions are, in themselves, a form of communication, in that they offer clues to what is going on 'inside' the person.

This introductory chapter begins with some notes on language, followed by a description of the principal location of the research (Elcho Island) from the point of view of its geography and demography, housing, employment and services situation. The rationale for the research and the methodology employed are also explained and discussed in detail. The chapter is concluded by an overview of the general structure of the thesis.

1.1 Notes on some key terms

Yolŋu is the term nowadays preferred to indicate the Indigenous peoples of Northeast Arnhem Land. Since the first encounters with Europeans, who are called *Balanda*, the word *yolŋu* has extended its original meaning of 'person' to indicate specifically 'Indigenous person' or, in general, 'non-European'. The term *Balanda* derives from the Dutch 'Hollander' and entered the Yolŋu vocabulary through contacts with Indonesian populations. In Yolŋu cosmogony, *Balanda* can also refer to an ancestor (*waŋarr*) of overseas origins.

In everyday talk, these terms acquire different shades of meaning. Although 'Balanda' and 'Yolŋu' refer to one's ancestry and are originally morally neutral terms, in many instances conduct is used as a parameter to classify someone within one of the two categories. For example, a person of European origins might be said to be 'really a Yolŋu' if they demonstrate compassion for others, a distinctive sign of moral rectitude according to Yolŋu. Yolŋu would sometimes use the hybrid term Yolŋu-Balanda (lit. a Balanda person) to refer to someone who has lived for a considerable amount of time among Yolŋu, learning their language and social skills. A person of mixed European and Yolŋu descent is most probably seen as Yolŋu, even if they have inherited a fair complexion. However, an Indigenous person of mixed ancestry who 'misbehaves' might be 'accused' of being 'not really Yolŋu'.

The use of the collective term 'Yolŋu' to indicate the Indigenous peoples of Northeast Arnhem Land is justified by convenience, but doesn't reflect the extreme cultural and linguistic variety of the area. Galiwin'ku itself is inhabited by as much as sixteen different groups (*bäpurru*, see Appendix II). Although the term *bäpurru* has been usually rendered with 'clan' by anthropologists, it translates also with 'funeral' or 'funerary ceremonies', and evokes a whole range of meanings which are not adequately rendered by 'clan'. For this reason, following Keen (1994), I chose to utilize the generic term 'group' as a translation of *bäpurru* throughout the thesis.

Yolŋu speak a number of mutually intelligible and unintelligible languages. Widespread multilinguism due to familial, political and religious ties has always permitted cross-communication between groups. In the last three decades, Djambarrpuyŋu has emerged as the *lingua franca* for Northeast Arnhem Land and is becoming more and more the sole language spoken by younger generations in Galiwin'ku, an effect of centralization. Djambarrpuyŋu is also the language of the homonymous group of the *Dhuwa* moiety[1] into which I was 'adopted' and the one I have learnt to speak and write since the beginning of the research.

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[1] One of the two 'halves' in which Yolŋu world is divided, the other one being the *Yirritja* moiety, see also ch. 4.

1.2 Location of the research

This thesis is the outcome of ethnographic research that was carried out in a period comprised between November 2006 and October 2008 among the Yolŋu people from Elcho Island (Northeast Arnhem Land), where I resided for about 18 months subdivided in four stays of 3-5 months each. Part of the ethnographic material reported in this thesis also comes from the time I spent with Yolŋu in Darwin, where I used to live during the intervals away from the (main) periods of fieldwork. During that period I also made two trips to Italy; the first one in 2006 (for five weeks) to visit my family, and the second one in 2008 (for four months) in partial fulfillment of the requirements of a co-tutele program between the Charles Darwin University and the University of Venice.

The island of Galiwin'ku[2], renamed Elcho by Europeans, has been the principal location of my fieldwork. Its biggest settlement, founded in 1942 by the Methodist missionaries (see ch 2), is also called Galiwin'ku. For the sake of clarity, in this paper I will refer to the island as Elcho, reserving the name of Galiwin'ku for the township. Elcho is approximately 55 km long and 6 Km across at his widest point, and it is situated in Northeast Arnhem Land, at the southern end of the Wessel Island group, about 550 km Northeast of Darwin.

The Northern Territory has a population of 220,000 people (2% of the total Australian population), about 28% of which are Aboriginal, the highest rate of any territory or state. Elcho has a total population of approximately 2,200 people, including about 100 non-Aboriginal people. Of these, 1,700 live in Galiwin'ku, the second largest Aboriginal community in the Northern Territory (after Wadeye, 420 km southwest of Darwin). The other main Aboriginal centres in Northeast Arnhem Land are Ramingining, Yirrkala, Milingimbi, and Gapuwiyak, with populations of 1,000, 800, 680 and 670, respectively (Australian Bureau of Statistics 2008).

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[2] Galiwin'ku owes its name to a species of parrot fish (*win'ku*), which is abundantly found in the area.

Figure 1: Arnhem Land and Darwin areas[3]

Various authors have criticized misleading uses of the term 'community' for former missions or state reserves, on the basis that these villages rose from the aggregation of peoples coming from very different linguistic and cultural backgrounds through migration, accidents of history and administrative convenience of missionaries, welfare officials, pastoralists and others. The missions represented the first form of urbanization, even if on a small scale, for people who had always lived in a semi-nomadic way. People who came to live in these centers had to adapt to an externally imposed structure of government, sharply contrasting with the one existent before the arrival of the colonists (Gray 1977:115, Brady 1991, Read 1982, Keen 1994:18-19, Christie and Greatorex 2004). Nevertheless, the term 'community' reflects colonial, social and administrative agendas, and it is in this last sense that it will be used throughout this thesis.

All the communities in Arnhem Land are subject to some demographic fluctuation, due to people periodically moving to and from other Aboriginal towns and homelands

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[3] Source: http://maps.google.com/ Accessed 20th August 2010. Copyright Google.

or Darwin to visit relatives, participate in ceremonies or undergo specialized medical treatment (Coulehan 1995 offers a detailed analysis of the various reasons why Yolŋu move to Darwin). Elcho is connected by daily flights (except on Sundays) with Maningrida (in Western Arnhem Land), Nhulunbuy (in East Arnhem Land) and Darwin, and with many of the other communities of Arnhem Land by charter flights which can be booked seven days a week. The island is a short distance away from the mainland and can be reached via land during the dry season, given the existence of a barge service to complete the last part of the trip.

Once per week a barge coming from Darwin refurnishes the supermarket and the three take-away shops. Other services and organizations in the community include the local Council, a school (Shepherdson college, Preschool to Year 12), an art centre, a bank, the Bible Translation Centre, the Ngalkanbuy health clinic, the Martakal Homelands Resource Centre and the community managed organization *Yalu' Marŋgithinyaraw*.

Marthakal Homeland Resource Centre is the agency responsible to provide primary health care services and respond to many of the service delivery needs of twelve minor communities (or homelands, see ch. 2.3) situated both on Elcho and on the surrounding mainland. *Yalu' Marŋgithinyaraw* is an organization grown out of a collaborative research project involving residents of Galiwin'ku and the Co-operative Research Centre for Aboriginal and Tropical Health (CRCATH) in Darwin (Maypilama et al 2003). Its mission is to address the overlaps between health and education and to improve them by drawing on Yolŋu health and education systems.[4]

When I first started my research, most employed Yolŋu worked in one of these organizations and were employed by the Council through the Community Development Employment Program (CDEP), which converts individuals' social security entitlements into a salary in exchange for work done within the community. However, following changes made by the Australian government to the way CDEP is managed, it is possible that work for welfare will be abandoned.

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[4] Source: http://yalu.cdu.edu.au/history/exploring.html. Accessed 14 May 2008.

On Elcho there are fifteen homelands, minor settlements which started to be established in mission times (Christie and Greatorex 2004) by Yolŋu going back to live on those lands to which they had ancestral connections and responsibility of care. Many homelands were initiated also during the 1970s, and received government support under the self-determination policy (see ch. 2.2). Three of these homelands have been important locations for my fieldwork: I regularly visited Ban'thula, where at times I resided for weeks in a row, while I spent shorter periods at Dharrwar and Gäwa.

Figure 2: Elcho Island and main fieldwork locations

The majority of homelands are permanently inhabited while others are visited for hunting[5] trips whenever possible by small and closely related family groups. Many Yolŋu find that spending time in homelands is a relief from the intensity of

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[55] The expression ''hunting'' is used by Yolŋu not only for hunting wild fauna but also, generically, for any kind of foraging activities.

Galiwin'ku. Galiwin'ku, like the other centres of Arnhem Land (exception made for the mining town of Nhulunbuy) is a 'dry' community, that is, sale or consumption of alcohol is not allowed. However, alcohol is more effectively banned in homelands, while it is often smuggled into the main settlement.

Overcrowding is, like in other Aboriginal communities, a major issue (Australian Bureau of Statistics 2004). Yolŋu households in Galiwin'ku host approximately fifteen people each. Since almost all the houses in Galiwin'ku are owned by the Council, which is also the main employer under the CDEP program, each person has $40 automatically deducted from their CDEP salary to pay the rent. Recently, a forty year whole-of-township lease agreement was signed with the Australian Government in Galiwin'ku and other communities. In exchange for the 'head lease' to government, traditional owners will be paid a lease fee. The lease is proposed as a way to ensure that, in its role of landlord, ''the government takes responsibility for the maintenance of housing and other infrastructure for the duration of the lease. It provides the legal basis for implementing changes to tenancy management and security of land tenure [and] also encourages private investment.''[6]

1.3 The study rationale: the Aboriginal Mental Health Worker Program

When first reviewing the literature about Aboriginal mental health, I was intrigued by the apparent resemblance between the figure of the Aboriginal mental health worker and that of the cultural mediator who works in psychotherapeutic settings, with whom I had become familiar in 2005 through my training as a clinical psychologist in a ethnopsychiatric service for migrants (the organization ''Mamre'' in Turin, Italy).

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[6] Source: http://www.housing.nt.gov.au/remotehousing/leasing. Accessed 10 January 2010.

My research project was initially constructed as a follow up of the Aboriginal Mental Health Workers Program funded by the Top End Division of General Practice (TEDGP), which had created positions and provided certificate level training for Yolŋu Mental Health Workers in some communities of the Top End, in an effort to enhance the cultural responsiveness of the mental health service. From the perspective of the program designers and organisers, Indigenous personnel should work in partnership with non-Indigenous doctors and nurses, adopting the so-called 'two ways learning' approach (Robinson 2004), which fosters the sharing and exchange of knowledge between the Indigenous and the Western systems. The program is an example of the application of principles of 'Indigenous participation' and 'cultural appropriateness' which have informed health programs since the 1970s (see ch. 2).

During the first eight months of my candidature, I researched the available bibliography on the topics of Aboriginal history, welfare, health, healing and sorcery, and submitted a detailed account of the intended project to the Charles Darwin Ethics Committee. I also took the opportunity to attend the tutorial lessons on Gupapuyŋu language[7] held at the School of Australian Indigenous Knowledge Systems (SAIKS) at Charles Darwin University. At the end of this preparatory period, I was very eager to start my fieldwork.

In my first visit to Galiwin'ku, three weeks between October and November 2006, I brought with me a letter of support from the Aboriginal Mental Health Workers Program's manager. On my part, I had committed to present a feedback to the Top End Division of General Practice about my findings.

A few days after coming back from this 'pilot fieldwork' in Arnhem Land, I set off to spend one week on Bathurst Island (one of the Tiwi islands, a twenty minute flight from Darwin), another location of the AMHWs Program. Following this second trip, I decided to abandon my initial intention of a comparative study of the two communities, as I realized that it wouldn't have been possible to conduct 'in depth'

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[7] Gupapuyŋu bears strong resemblances with Djambarrpuyŋu, Northeast Arnhem Land *lingua franca*.

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ethnographic research both in Galiwin'ku and in the Tiwi Islands, due to their cultural and linguistic differences. Therefore, I decided to limit my research to Elcho.

At the time of the research, there were no non-Aboriginal staff with specific qualifications in mental health, psychiatric or psychological disciplines permanently based on Galiwin'ku Ŋalkanbuy Health Centre. Usually, psychiatric assessments were carried out by the nurses on shift, while subsequent visits took place at the patients' home or inside the clinic twice per week. However, every couple of months a psychiatrist flew to Galiwin'ku for a four day stay.

For about six months after my arrival, I was a frequent presence at the local clinic, where I conducted participant observation and had the opportunity to engage with the Yolŋu employed there, as well as interviewing some of the permanent and visiting *Balanda* staff. The doctor in charge of the mental health team during the first months of my stay was very interested in my research and willingly to discuss his work with me. He did his best to involve me in the team work and, once I stopped being an assiduous presence at the clinic, he kept me updated, within the limits of professional confidentiality, about some of the cases he was following.

In fact, notwithstanding the letter of reference from the TEDGP I had with me, my 'hanging around' at the Galiwin'ku hospital provoked some tension between myself and the health centre manager of the time. Partially in response to the uneasiness of this situation, I decided to spend less time at the clinic, where I returned in the course of the fieldwork only sporadically.

At the same time, I had come to realize that spending more time with Yolŋu at the camp or in one of the homelands was essential to pursue an emic account of wellness and illness. I therefore sought to focus on settings outside the clinical framework of the healthcare setting and away from the professional medical 'gaze', which appeared to be distant and removed from the flow of every day life in the community.

1.4 Adoption and 'being family'

Simultaneously with the arrangements taken with the Top End Division personnel, the preparation for my entry in the field involved less official, but fundamental, contacts with Yolŋu residents on Elcho.

The first contact with the field took place in the Darwin office of my associate supervisor John Greatorex. He telephoned Ba<u>n</u>'thula homeland and talked with Banthay, a man who would become one of my closest friends on the island. John, who had lived for more than two decades on the island and had ongoing excellent relationships with many Yolŋu, told him that a young woman was about to arrive in Elcho, and asked him to 'adopt her' (*gurru<u>t</u>u gurrupan*, lit. 'give her kinship'). Banthay didn't seem to be taken aback by the unusual request and asked about my *mälk* (subsection name[8]), then wondered if I was going to be his *gäthu* (MC) or, as it turned out to be, his *galay* (MBC). The adoption of *Balanda* by Indigenous people is naturally not recognized by the Australian law (despite my Yolŋu relatives' claims that I should be granted a 'family visa'), but is taken very seriously by Yolŋu, who will feel as responsible and accountable for an adopted relative as they would for biological one.

Adoption is also the primary access to the Yolŋu world. Even if it is not uncommon for Yolŋu to adopt outsiders who are coming to spend one or two years in the community, (as it is often the case for *Balanda* going to work in Aboriginal communities), this in most cases happens following an initial acquaintance and friendship or, at least, reciprocal appreciation. Until one has been adopted, one is said to be *wakinŋu*, 'wild', 'not belonging to anyone'. The term is used sometimes as an insult towards other Yolŋu (see ch. 6.1). Interestingly, Coulehan (1995: 133) reports that *wakinŋu* can be used to indicate that one is ''invisible'' (*bambay*, lit. blind). Out of respect, newly arrived *Balanda* are addressed generally with the 'default' kinship

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[8] All Gupapuyŋu students at SAIKS are given a *mälk* by their Yolŋu lecturers. *Mälk* is further discussed in ch. 4.

terms *wäwa* (B) and *yapa* (Z)*,* names which stress the potential to enter into the Yolŋu kinship networks.

Conscious of the fundamental importance of being 'with connections' (*gurruṯumirr*) in order to acquire visibility in the new environment, during the first days in Galiwin'ku I carried with me wherever I went a piece of paper with very little but fundamental information: the names of a few people to which I knew I was closely related (Bora, my *waku* [D] who was at the time the Aboriginal Mental Health Worker, her mother Ŋalpirra and Banthay) and of my adoptive group (Djambarrpuyŋu Ŋurruyurrtjurrwuy).

It was certainly advantageous to be able to claim kinship connections at my first arrival in Galiwin'ku. However, since no one had ever met me in person, I was also in the awkward position of having to introduce myself to those same people who had 'adopted' me. The uncomfortable feeling which comes from perceiving oneself as an intruder is a common experience for ethnographers, especially when they first arrive in the field and, perhaps, when their hosts live a sociality centred around close and intimate relationships (see for example Tamisari 2007; Hume & Mulcock 2004; Kan 2001).

For the first three weeks, I rented a unit from the clinic normally reserved for medical students. When I went back to Galiwin'ku in January of the following year, I house-sat for a month the house of Kieran Myers and Kylie Nam, a *Balanda* couple who worked as teachers at the local school and with whom I later developed a friendship. During that time, I strengthened the relationship with my adoptive family going to visit them at Middle Camp as often as possible and welcoming them at my temporary accommodation, a ten minute walk away. On these occasions, we would spend most of the time talking and sharing tea and food. A month later, I asked my *wäwa* (B) Keith Djiṉiyiṉi for hospitality and I then moved into his house, known as the Brown House, where I lived for most of the time that I spent in Galiwin'ku.

As it has turned out, I was able to gather most of the material for this thesis thanks to the daily proximity to my Yolŋu relatives, who offered me continuous support both from a material and intellectual point of view. I didn't own a vehicle nor had I any accommodation, but I was given lifts, a place to sleep, keep my things and work on my laptop. It also happened that many of my relatives have an independent interest in mental health issues and have shared their knowledge and the experiences accumulated through their life time with me.

On the other side, once my belonging to the Djambarrpuyŋu group was well established, I was much more likely to talk with certain people, but not with others, to go to certain places, but not to others. A couple to which my family was certainly closely related, but which wasn't part of the group of daily visitors to the Brown House, explicitly told me that, even if now that I was living with Yolŋu I was 'family, not adopted' (i.e., my adoption had became effective), they regretted that they didn't feel comfortable visiting me at my new home.

The places which I frequented more assiduously are those most strictly associated with my own group: the Djambarrpuyŋu Ŋurruyurrtjurrwuy at Middle Camp and his *wakupulu* (child-group, see ch. 4.2) the Warramiri at Narra<u>ni</u>.[9]

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[9] Area of 'Bottom Camp' named after the Yolŋu name for 'red bush apple'(*Syzygium suborbiculare*). The other Yolŋu names mentioned in the map and their meanings are: *Wolma*, the thunderhead cloud; *Gukudha*, named after the reef out to sea called Gukudha with which the road lines up; *Garmarrwa*, a species of tern's nesting place; *Laypa*, 'other side'. These names coexisted with the topographic classification of the various areas as 'Top Camp', 'Middle Camp', 'Beach Camp' and 'Bottom Camp'.

Figure 3: Galiwin'ku
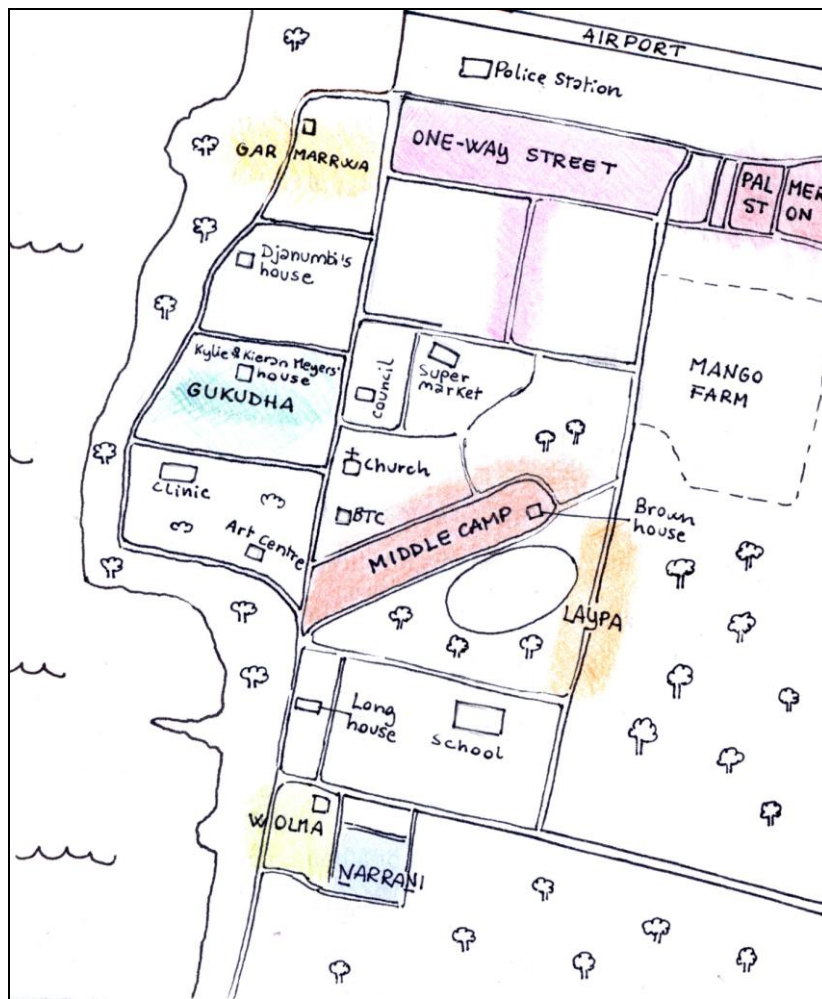
Adoption then had a double impact on the research. On the one hand, it made me very close to some people and very distant from some other people and, especially after I moved in to live with my adoptive family, a fact which defined my position in the social web within narrower boundaries. On the other hand, since I have been welcomed in a caring and warm environment very dense of relationships, it contributed to orient the focus of my research towards feelings and relatedness (cf. Kan 2001:27).

The story of how I and Djanumbi Gurruwiwi started to work together is helpful to understand how my belonging to a certain group influenced the methodology and the contents of the research. When Djanumbi first saw me at the school in Galiwin'ku, she thought I was a new teacher. Later she came to know that I was carrying out

research in mental health. This fact caught her attention because, prior to my arrival, she was one of the mental health workers employed in the Top End Division Health Workers Program and she guessed that her experience would have been valuable to me. At this point, she was wondering how to approach me: she asked around to know my position in the kinship system and found almost with relief that it was going to be easy, since we were closely related, my group being *yapa* (Z) to hers. When I was told this story by Djanumbi herself, I became more aware of kinship as an influence constantly shaping the direction that my research would have taken.

The relevance of my position in the kinship system for the research was explained by Djanumbi in these terms: 'This *lumbiḻumbi* tree is where you, as a *Dhuruli*[10] person, will sit under, and learn from people who belong to other lands, and then share that knowledge with everyone'[11]. She went on to explain that a non–*Dhuruli* person would sit under a different tree, in a different shadow, which would correspond to a different way of seeing the world and to a different knowledge tradition (cf. Garŋgulkpuy & Lawurrpa 2005). It is precisely 'sitting under the same tree', day after day, that configures who is 'really family' in a world where everyone is a relative.

Similar processes have been noticed in other parts of Australia. Myers (1986:109-110), with reference to the Pintupi, says that people considered as ''kin'' or ''family'' include ''those with whom one grows up, those with whom one is familiar because of growing up together, those who have fed and cared for one, and those with whom one camps frequently''. Dussart (2002:42) defines the 'residential group' as the fundamental social unit of the Warlpiri people, and demonstrates the fundamental importance of cohabitation, together with kinship, for its constitution.

Tamisari (2007) describes in ethnographic detail the importance of sitting by the fireplace ashes as a fact which denotes familial unity among Yolŋu. For the

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[10] Attribute of the Djambarrpuyŋu people.

[11] *Lumbiḻumbi dhuwal dharpa ŋunhi nhe yolŋu Dhuruli dhu nhina ga dhäwu märram bukmakŋur wäŋaŋur bala gurrupana balayi bukmaklil wäŋalil.*

anthropologist, the type of relatedness made possible by 'becoming family' consists not only in the acquisition of a social identity (represented for example by the fact that the one is addressed with a specific kinship term) but, also, in the process of reciprocal intimate acquaintance born by the daily frequentation which 'activates' adoption. Adoption represents only the possibility of becoming family, realized by sitting under the same shade, eating and sleeping by the same hearth, visiting together significant places. It's only through sharing this daily intimacy that one comes to be regarded, actually, as a relative.

The implication of considering the ''personal reality'' of the anthropological encounter (an expression which Tamisari [2007:155] draws from De Monticelli [1998, 2003]) is to recognise that what the anthropologist learns or fails to see in the fields depends on the specific relationship s/he cultivates with certain individuals.

Adoption informed the research not only during the phase of the data collection, but also in its engagement with the academic world. During the course of the research I presented a number of seminars at CDU and Ca' Foscari University of Venice on particular aspects of my research findings and on the methodology employed. The content of these seminars was previously drafted and agreed upon with my closer Yolŋu collaborators. Notwithstanding the fact that they participated as speakers only to one of these seminars, these were always perceived by Yolŋu as part of the cycle of sharing the results and the merits of what had been 'found'. For this reason, I was instructed to always acknowledge the help I had received from my Yolŋu relatives before each presentation. In turn, when Guymun, Yuŋgirrŋa, and Keith Djiniyini co-presented with me a seminar at Charles Darwin University, they made sure to 'exalt my merits' (*yäku yindikum*, lit. 'make the name big') in front of the audience.

By describing the adoption procedure and my 'moving in' with the Yolŋu family in detail, I wanted to draw attention to the fundamental importance of becoming and being a relative in relation to participate as an insider to daily social life. At the same time, I wanted to point to the central role played by the encounter with key Yolŋu

personalities, as the ethnographic part of this thesis and especially biographical narratives will demonstrate.

1.4.1 Use of personal names and pseudonyms in this thesis

Consistent with the intention to acknowledge the influence of specific individuals on this work, I chose to report people's personal names whenever I could be confident that this was also the desire of my interlocutors.

Readers should be aware that Yolŋu can have up to fifteen different names (see Tamisari 2002). The ones reported in this thesis are those which were most commonly used when my research came to an end. Appendix I contains a table identifying all the people mentioned in this thesis by personal name, group, kin relation to the researcher and to the researcher's adoptive group.

In all those cases in which, for various reasons, I couldn't be sure if it was appropriate to mention someone's name, I didn't mention any name at all or I used a pseudonym. To reduce the chances of using as pseudonyms names of people actually living in the community, I adopted Italian names.

1.5 Data collection and issues of translation and interpretation

Recordings of semi-structured interviews, narratives and discussions with Yolŋu are a main source of ethnographic details of this thesis.

At my arrival on Elcho, I knew a few sentences in Gupapuyŋu, the language I had studied for a few months in Darwin, and which closely resembles the Djambarrpuyŋu language I was expected to speak as a member of the Djambarrpuyŋu group. When I understood the delight that Yolŋu took in hearing accounts not only of great

happenings, but also of minimal accidents, I started to draw vignettes depicting my family, a trip I had made to one of the homelands or a walk along the shore. Each vignette was accompanied by a sentence in Djambarrpuyŋu that Wäŋgarr would help me to correct. This would happen only after I had consented to read it aloud in front of everybody, as my contribution to late evening conversation and entertainment around the fireplace. The most enthusiastic laughs were not due to the stories, I fear, but to my pronunciation, which at times must have sounded hilarious to a Yolŋu ear.

On many occasions Yolŋu induced me to visit someone with a story to contribute to the research, and elicited their narratives on my behalf, while I 'only' had to be there and push the digital recorder's button.

Most recordings have been then transcribed in the vernacular and translated into English while I was still on Elcho. The transcriptions were then double checked with the narrators, also an occasion to progress the dialogue on the themes under consideration or on others emerging from these. Some of the transcriptions have been reproduced in the body of the thesis, as a way to make the material accessible and available for further interpretation and elaboration, especially by those Yolŋu who are most engaged in the transmission of culture.

Some of the stories told by Elaine Guymun are accompanied by drawings, which she 'dictated' to me. I usually made a first sketch under her eyes or, at times, solicited one from her. I would ask to specify details I hadn't grasped and submit the draft to her scrutiny before it was completed. I saw my task as an effort to reproduce the 'visions' (as she used to call them) she was seeing in her 'head' as she was describing them to me with her eyes closed to keep concentration. One of these pictures is included in appendix III.

Transcriptions of recordings into original language and drawings are an attempt to deal with the issue of translation/interpretation at the core of every ethnographic work, and particular relevant to the present research. Together, these two methods respond to the need to combine precision with an understanding which transcends literalism.

Language proficiency by itself is not a guarantee that one can 'understand a culture': its relevance must be calibrated against discourses central to the contemporary debate about the anthropological discipline, in particular the positioning of the ethnographer in the field. I shall refer here to Unni Wikan's theory of resonance, as presented in her article 'Beyond Words: the Power of Resonance' (1992). Starting from the consideration that words are not boxes which contain meanings, but tools to be used to an effect, Wikan states that, when anthropologists deal with translation in the field, ''attending too closely to words for their [literal] meaning may sink one deep into quagmires'' (Wikan 1992:464, quotation marks removed from the original).

The key to overcome the hindrances of literalism is, according to Wikan, resonance, an attitude which resembles sympathy, empathy, appreciation (intended, following Schweder (1991:9), as understanding *plus* experience). Resonance is a fusion of cognition and feeling born by the

> […] painstaking engagement on a day-to-day basis in events and routines which are ''theirs'' so that we come to share as much as possible in them […] Sharing a world with others means learning to attend to it in the same way. Such a practice dispels any mystique of ''resonance'' as a field technique and epistemology. It is a down-to-earth concept, grounded in practical action (Wikan ibid:471).

Wikan turns the attention to the speaker's intention beyond (and not behind, or hidden in) what it is said. She dwells on an intentionality which transcends words, but still uses words as its medium of expression.

The drawings made with Guymun are, in my own view, a further step in the attempt to go beyond words and make up for what is lost with transcription. In the passage from vivid voice to taped characters on a page and, even more, in the successive (no matter how accurate) translation into English, the inflexions of the voice, the emphasis, the pauses and the effort to build a climax of intensity and expectation,

together with the atmosphere of the moment in which stories were told, are for the most part lost. It is probably for this reason that Guymun insisted for the drawings to be big and colorful: they have to catch the reader-watcher's attention, and recreate the tension lost. In other words, she wanted to ensure an emotional response to her stories, she wanted them to elicit resonance.

1.6 Overview of thesis structure

The thesis is structured in seven chapters. The second part of this first introductory chapter details the geographical and demographic setting of the research, discusses the rationale of the research and the methodology adopted.

The second chapter presents an overview of central events in the history of Indigenous policies in Australia, with the aim of highlighting the interrelatedness between Government or State fostered health initiatives and the ideological climate characterizing different historical periods.

The third chapter reviews theoretical approaches to the field of Indigenous health adopted by psychiatrists, sociologists and anthropologists and positions this research within the field of medical anthropology.

Chapters 4 to 7 present the findings of ethnographic research and deal with the problem of 'madness' or 'confusion' (two possible translations of the Yolŋu term *bawa'*) from various perspectives.

The first perspective belongs to what I have named 'sociologically oriented narratives' because they consider madness as a 'social' issue, placing it in relation to recent changes and challenges brought to the Yolŋu social system by the radical and ongoing increase in demographic density initiated by the establishment of the first missions in Arnhem Land. However, these narratives transcend the separation

between 'social' and 'individual' in that they highlight the role played by the structure of Yolŋu society in the development of a solid sense of self.

The connection between the person and what is 'outside' of the person is a central theme of chapter 5, which, departing from an exploration of Yolŋu concepts of wellbeing, ends by exploring ideas of personhood and relatedness that characterize a Yolŋu way of being in the world.

Chapter 6 deals with *bawa'* ('madness' or 'confusion') as an altered state of mind, exploring its phenomenology and causation. Most of the narratives presented in this chapter present the viewpoint of Yolŋu who are or have been themselves *bawa'mirr* (mad) according to their self-definition or in the consideration of their social peers. A central question of the chapter is the negotiation about the 'real' nature of *bawa'* and the role that *bawa'mirr* people play within their society.

The last of the ethnographic chapters presents healing as a specific set of practices and ideas and explores its connection to the Yolŋu system of knowledge and way of being discussed in the previous chapters. Chapter 8 reviews the findings of the ethnography and highlights their contribution to a conceptualization of Yolŋu ethnopsychology.

CHAPTER 2: HISTORICAL AND INSTITUTIONAL BACKGROUND

Conventionally, the history of Indigenous policies in Australia is subdivided in protectionism (1880-1950), assimilation (1950-1970) and self-determination (1970-). More recent events include the 'Northern Territory National Emergency Response' might have inaugurated a new era which is still to be named but is sometimes referred to as post-reconciliation (see for example Dodson 2008).

In this chapter, I present the main facts belonging to each period, with particular attention to Northeast Arnhem Land, in order to offer an historical review before outlining the context of current health policies and initiatives that are relevant to this thesis. Recent ethnographic studies of the Aboriginal health industry are cited to highlight continuities with past policies and tensions in current approaches to 'culture' in public health and community development.

2.1 Protectionism (1880-1950) and establishment of Northeast Arnhem Land missions

Ever since the middle of 15th century, Macassans from the island of Celebes had been landing every year on parts of the North coast of Australia to fish for *trepang* (*Holothuria scabra*) and had established commercial, ritual and affective ties with Yolŋu (Macknight 1976)[12]. Their visits stopped in 1907, when The Australian government banished Macassans from fishing in Australian waters (Bain 1982:14). This fact marked the beginning of a period of increasing European intervention in the life of Yolŋu.

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[12] Russell (2004) and MacIntosh (2006) have questioned the idealized representation of a relationship deprived of conflicts of any sort between Yolŋu and Macassans, a recurrent topic in the literature (see e.g. Trudgen 2000).

The Protectionist era owes its name to the fact that during that period Aborigines were under the tutelage of a Protector, appointed by the Federal Governments and employed in a Protection Board. The first Protection Board was created in Victoria in 1869; one of the last regions to have such an institution was the Northern Territory, where it was instituted by the 'Northern Territory Aboriginals Act 1910'. In all states and territories, the Protectors were the guardians of every Aboriginal child under the age of eighteen, even though they had a parent or a living relative. Supposedly intended to protect Aboriginal people from exploitation and abuse, these acts regulated all aspects of the life of Aboriginal people, included where they could go, who they could speak to, meet or marry. Half-cast children were to be taken away from their parents and families and placed in institutions as reserves, missions and orphanages. In these institutions, males were normally instructed in farm jobs, while females were trained to become maids in European households.

This ideology permeated health interventions and policies. During the 1930s, the Chief Medical Officer for the Northern Territory was automatically the Chief Protector of Aborigines. In 1933, the position was covered by Dr Cecil Cook. His proposal of sterilizing all the half-caste children who showed signs of mental deficiency (Cook 1933: 42-43), supported by documentation compiled by Dr. Kerr (1933), gives a measure of the degree to which Protectors considered themselves responsible for the Aboriginal population. The Director General of Health in Canberra, Cumpston, who examined the Protector's proposal, refused on the ground that there was not enough evidence that sterilization would have reduced the total number of mental defectives in the community, that it was discriminatory towards Indigenous children and, above all, that none of the Australian states had adopted legislation regarding sterilization. He suggested instead that institutional segregation with the training of the individual in some occupation productive for the community would have brought more gratifying results (Cumpston 1933: 45).

In Northeast Arnhem Land, the principles of protectionism culminated in the establishment of missions; this coincided with the practical need to exercise control over the Aboriginal population.

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The first mission was Milingimbi, established in 1926 under the superintendence of Theodor Thomas Webb, who was also made the chairman of the North Australia District by the Methodist Missionaries Society. Webb's writings were determinant in articulating the district's policy and in giving directives for mission work. He initiated language study and had interest in anthropological work, in which he was also encouraged by one of the most influential personalities in the history of Australian anthropology, Adolphus Elkin (Kadiba 2002: 513-514).

Galiwin'ku, the principal location of my fieldwork, was founded by the Methodist Church in 1942 under the leadership of Harold Shepherdson and was at that time known as Elcho Island Mission. Shepherdson had spent the previous fifteen years in the nearby island of Milingimbi, which, during World War II became the location of an Air Force base, a choice which resulted in the bombing of the island by the Japanese. These circumstances caused the Methodist Church to establish a new settlement in Galiwin'ku.

The institution of the Elcho Island mission was not motivated solely by these contingencies, but was part of a broader plan of expansion of the Methodist Church in Arnhem Land, a plan which received support from the Federal Government for ideological and practical reasons. On one hand, it was meant to isolate and protect as much as possible the Aborigines from the harmful effects of contact with Europeans. On the other hand, it was seen as a solution to the climate of hostility escalating between Europeans and Yolŋu.

The first contacts with Europeans were in fact marked by blood. Since the late nineteenth century, massacres had happened in the area at the hand of European cattle men trying to establish a pastoral industry in the area, within what have been called 'pastoral wars' (Trudgen 2000:187-188). Another series of incidents is refered to as the 'Caledon Bay crisis'. In 1932, members of a Japanese fishing boat crew abducted and raped a group of Yolŋu women in the Caledon Bay area of north east Arnhem Land. The fishermen then attacked Yolŋu men who came to rescue the women. In the

resulting fight, five of the boat's crew were killed. In a related incident on Woodah Island, two white men were killed. These facts created concern among the colonial authorities towards the menace allegedly represented by the Aborigines of the area. The hostility towards the Aborigines was exacerbated in 1933 by the murder of the policeman McColl in the north of Blue Mud Bay, where he was sent as member of a party investigating the killings. According to witnesses, McColl handcuffed and raped a Yolŋu woman, then fired his revolver at her husband, Takiara (or Dhaakiyarr), who responded to her cries for help (Egan 1996).

Anthropologist Donald Thomson, backed by representatives of the Anglican and the Methodist Churches, stood in front of the federal government against the pressure for a punitive expedition wanted by the police and offered to go in the area as a mediator. His recommendation that it was necessary to isolate and protect Yolŋu from outsiders reinforced the role of the missions as the main agents of colonial control in the area (Thomson 2004).

Missions, which represented the first form of urbanization for Yolŋu peoples, were also a reflection of the colonial authorities' concern with matters of public health. The Aboriginal population in the Northern Territory at 30 June 1939 was estimated to be 15,000, comprising 8,000 nomads, 3,000 in employ and 4,000 in supervised camps. In addition, there were 919 half castes (Kirkiand 1939b). The 'nomadic' life style of most Aborigines in the Northern Territory was seen as a threat to the efficiency of health bureaucrats in conducting their 'investigational work'. In July 1939, the Chief Quarantine Officer for the Northern Territory sent to the Director General of Health in Canberra a ''Report on Endemic and Epidemic Disease in the Northern Territory'', to which he attached a memorandum saying that:

> Thorough examination of these people is much more difficult than a similar survey of most over native races, in that there are not villages in which they can be collected and controlled. Much time will need to be spent in approaching each tribal group before commencing investigational work. (Kirkiand 1939b.)

2.2 Assimilation (1950-1970)

> The development of these people to a degree sufficient to enable them to become independent, self-supporting, and able to take a worthwhile place in the life and affairs of our Australian community, means at least the great modification, if not the complete reconstruction, of their social, industrial, and religious life. (Webb 1934: 33)

Notwithstanding the fact that Aborigines were not included in the national census, by the late 1930s it had become clear that their number was not in decline. The policy of protection was gradually substituted by one of assimilation.

The new ideology rested on the consideration that, although Aborigines were not extinguished, their world had been altered to such a degree that, for their own good and survival, they had to gradually acquire a way of life similar to that of the wider Australian community in all aspects of their life, beliefs included (Commonwealth and State Ministers 1961: 1).

The position of the aborigines was equaled to that of citizen ''under the age of 21 years, [not] able to do everything that other inhabitants of Australia may be able to do, and […] protected and assisted in ways in which the adult is not protected and assisted'' (ibid: 2).

The new program was only relatively innovative, having been endorsed by Methodist missionaries ever since the establishment of the first missions. Webb for example had stated that ''these people [the Yolŋu] cannot maintain their primitive culture in the midst of a culture such as our own.'' (1934:33) However, isolation in reserves was

necessary to prepare cautiously they enter in wider Australian society, of which they would have ideally assumed only the positive values and habits (ibid).

Thousands of Aborigines of mixed European and Indigenous ancestry continued to be taken away from their place of birth and their families to be segregated into centers where, under the authority of missionaries or other governmental agents, they would forget everything of their culture and learnt what they needed to be integrated in mainstream society, even if at its lowest social and economical levels. The systematic abduction of children, which had started almost seventy years earlier[13] in name of eugenics, was justified under the new ideology by its cultural integrating function.

Across Australia, many missions adopted the system of dormitories: children would go to school and learn manual jobs during the day and sleep locked into dormitories, in order to minimize contact with their families, language and customs.

In Northeast Arnhem Land, the Methodists followed a strategy of evangelization based on some degree of tolerance towards local customs. Although relative indulgence characterized the Methodists' view, Yolŋu recall incidents with single missionary authorities. A locally recounted anecdote relates how a missionary who interrupted the performance of a ceremony in Elcho was rewarded with a spear in the leg. Yolŋu also recall how '*Bäpa* (Father) Sheppy' (Donald Sheperdson) used walk around the camps at 10 p.m. telling people to stop playing the *yiḏaki* (the instrument known as didgeridoo throughout and outside Australia) and go to bed, because they had to work the next morning. In Milingimbi there used to be some missionaries telling children that they should speak English and not the ''language of the Devil'', i.e. their own language (Waymamba, Darwin 14 October 2007). Nevertheless, in this area of Australia the practice of dormitories was never applied and children continued to be raised by their families.

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[13] In 1871, when the Board for the Protection of Aborigines inaugurated the practice in Victoria (*Victoria Government Gazette* (15): 338, 24 Feb 1871).

A point should here be made that according to Yolŋu Christian theology, Yolŋu were Christians even before the missionaries arrived, i.e. they were already living according to what they repute to be the fundamental precepts of Christianity (Goṉḏarra 1986; Marika 1995:77). Declaredly Christian Yolŋu affirm with pride their contemporary freedom of freely reading and extrapolating their own meanings out of the Bible, as opposed to a time when the missionaries acted as gate-keepers.

In fact, far from being the passive receiver of evangelization, Yolŋu in Elcho island engaged since the early years of the ''mission time'' in a deeply felt dialogue with Christianity. One of the most demonstrative acts in this sense is perhaps the public display, in 1957, of ceremonial regalia (*raŋga*) which had been until then accessible exclusively by initiated men, together with Christian symbols (R. Berndt 1962). The event, which Berndt (ibid) named ''The Adjustment Movement'', is to date made object of commentaries and differing interpretations not only on part of academics (e.g. McIntosh 2004, 2006) but also of Yolŋu. Some Yolŋu regard it with indignation (see Marika 1995:81), while others recall it as the illuminated gesture of outstanding leaders, although they were labeled as 'mad' (*bawa'mirr*) by those who didn't capture its real significance at the time (see narrative ''The two *ŋathi* (MF)'' by Djanumbi and Glenda in ch. 6.4).

If missions had served the purposes of isolation and segregation of the Aboriginal people during the protectionism era, their functioning was consistent also with the aims of the assimilation period: it was assumed that under the patronage of missionaries, Yolŋu peoples would learn those skills deemed necessary for them to function in the wider Australian society, posing the basis of their economic autonomy. Some of the activities which the missionaries encouraged in Elcho were gardening, production of bark paintings and carvings for sale, manufacture of clothes, the establishment of a fishing cooperative and of a sawmill. On an immediate level, these enterprises were meant to foster the economic self-sufficiency of the mission, which indeed survived with minimal funding on the part of the Government. As a long-term strategy, they were to transmit a Protestant work ethic, considered preparatory to the integration of the Aborigines into mainstream society (Dewar 1992).

The missionaries concentrated much of their efforts in teaching about health. In those early days, hygiene was the core of health education, so emphasized that Yolŋu at first thought that the English term 'health' was equivalent to 'having a bath' (Ŋalpirra, Ban'thula 6 November 2007). Among the priorities of the assimilation program was in fact the instillation of determinate behaviours in relation to personal care: the most urgent needs individuated by the 1961 Native Welfare Conference in matter of health were to ''educate aborigines and part-Aborigine in an understanding of the basic requirements of health - personal hygiene, preparation of meals, feeding of infants, and pre-natal and post-natal care'' (Commonwealth of Australia and State Ministers 1961:6). That the missionaries considered teachings about hygiene an integrant part of their task of evangelization, is confirmed by a former missionary's recall that, in 1979, as a consequence of the Holy Spirit descending on the township of Galiwin'ku, ''attitudes to work and hygiene changed dramatically, and many miracles occurred.'' (Blacket 1994:2, see also ch. 2.3).

Another aspect of Yolŋu life in which missionaries were active was the support given to monogamous marriages in which partners choose each others according to their own liking in place of polygyny and marriages based on the 'promise' system (Shapiro 1981). The loosening of the 'promise system' was further encouraged by the introduction of welfare payments to Aboriginal people which accompanied citizenship (Keen 1978:19). This is today regarded by middle aged and older Yolŋu as a cause of social confusion or 'madness' (see ch. 4).

2.3 Self-determination (1970-)

From the end of the 1960s, a new perspective began to shape Indigenous politics. Both urban Indigenous activists and Aboriginal peoples living on their ancestral estates played a fundamental role in the affirmation of social and civil rights, as well as in the legal acknowledgement of their land rights as first inhabitants of Australia. In 1967, following a national referendum, it was decided that Aborigines were to be

included in the national census. One of the main results of the referendum was that the Commonwealth became more involved into Indigenous affairs, for example providing special purpose grants for the Indigenous population of the various states. In 1972, Prime Minister Whitlam inaugurated the self-determination policy in relation to Aboriginal affairs. The federal government's Aboriginal Land Rights (Northern Territory) Act 1976 recognized the right of Aboriginal people to claim ownership of certain lands, by engaging in legal processes to demonstrate ownership under traditional laws and continuative occupation of those estates. The act was a response to Yolŋu claims to their land brought in the landmark case, 'Milirrpum v. Nabalco Pty. Ltd. and the Commonwealth of Australia' (Northern Territory Supreme Court 1971), which was won by the mining company Nabalco.

On 3 June 1992 another landmark decision for the recognition of Aboriginal land rights was taken at the conclusion of the Mabo case, which concerned the Meriam people of the Murray Islands (in the eastern part of the Torres Strait Islands between Australia and Papua New Guinea), led by Eddie Koiki Mabo. The High Court ruled that native title to land is recognised by the common law of Australia, overturning the principle of *terra nullius,* i.e. the legal fiction that Australia was an empty land when discovered by Europeans at the end of 18th century (Buchan & Heath 2006).

With the beginning of the self-determination era the management of the former missions, renamed 'communities', was transferred from the missionaries to local elected councils. The executive members of these councils are members of those groups designated as 'traditional owners' of the land where the former missions were established. The underpinning idea was that communities would have gradually reached self-management. According to Keen (1994), the new system was revealed to be problematic in various respects. On the one hand, most Yolŋu did not and do not feel represented by the council priorities and resent the power imbalance brought by its hierarchic and vertical model of leadership. The institution of council partially displaced the previous model, described as a gerontocracy based on consultation and negotiation across and within the various groups (Keen 1994). On the other hand, the

functioning of the new administrative structures made necessary the expertise of European bureaucrats, increasing Yolŋu dependency on outsiders.

At the same time, as part of the self-determination policy, the Government supported Indigenous peoples' return to the lands they used to occupy before colonial contact, by founding the establishment of small settlements called 'homelands'. This gave start to the so called 'homeland movement', which saw many Aboriginal people leaving the communities to go back and live on their traditional estates[14]. Ban'thula, Dharrwar and Gäwa homelands, where part of the research was carried out, were founded respectively in 1979, 1982 and 1986.

While 'law and order' and governability are frequently discussed as problems at Galiwin'ku, such problems are virtually absent in homelands (also called outstations), where residents are the landowners or caretakers for the land, or are closely related to them, normally on the basis of kinship ties.

In general terms, the objective of the self-determination policy was the Aboriginalization of all those aspects of Aboriginal life for which Europeans had so far taken responsibility. In Arnhem Land the transition has been successful at least in one area: Christianity. In all the communities, ministers officiating religious services and directing church activities are Yolŋu. Yolŋu from Galiwin'ku, which had already a history of 'theological negotiation' with the missionaries (Morphy 2005), gave a start in 1979 to an evangelical movement which spread across Arnhem Land and beyond. Every year in March a revival festival is organized in Galiwin'ku to celebrate that time, remembered as the arrival of the Holy Spirit in the town. Healing by hand-imposition during praying gatherings was one of the central features of the movement and is still widely practiced. Indeed many Yolŋu, recalling that time, strongly emphasize that the local clinic was empty of patients, because nobody would get sick or wounded, while those who were already sick were healed by the Holy Spirit (see Gondarra 1986).

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[14] However, homelands have existed ever since mission times and were initially established without financial support from government agencies (Christie and Greatorex 2004: 56-57).

Other, more recent events seem to have put an end to the self-determination policy. In October 2006, the Northern Territory Government announced the reform of local government areas, which passed to be under the control of Shires, to which the singles councils are accountable.

In June 2007, Prime Minister John Howard and the Minister for Families, Community Services and Indigenous Affairs Mal Brough announced the 'Northern Territory National Emergency Response Act' (Department of Families, Housing, Community Services and Indigenous Affairs 2008), also known as the 'Intervention'. The Intervention came following a report on child sexual abuse commissioned by the Northern Territory government, the 'Little Children are Sacred Report' (Wild & Anderson 2007). The measures of the NTER included the suspension of the Northern Territory Anti-Discrimination Act 1996 and of some sections of the Australian Racial Discrimination Act 1975.

Immediately following the announcement, police and militaries were sent to 40 Aboriginal communities, together with doctors, professionals and public servants. Initially doctors were to perform compulsory health checks on all children of the community but following protests, the health checks became voluntary.

As part of the Intervention, Indigenous people from the Northern Territory are now subjected to compulsory income management of their welfare payments, half of which can not be accessed as cash or used for purchase of restricted items, such as alcohol or tobacco. Northern Territory stores are equipped with the technology necessary to process the income management cards assigned those Indigenous people who are subjected to the scheme (AIHW 2009).

The 2007 Intervention represented a turning point, if not an outright departure from the self-determination discourse: it is likely that in the near future new rethorics will underpin solutions for the 'Aboriginal problem', bearing implications for health policies.

2.4 Health policies from the 1970s: community-based health programs and ideological continuities

One of the consequences of the self-determination policy was the emergence of a new approach to Indigenous health, based on programs designed to fulfill health care needs of the Aboriginal population avoiding the patronizing attitude that had characterized the relationship between Government and Aborigines until then.

Anthropologists such as Tess Lea and Emma Kowal have turned their attention to a relatively new subject of study: middle-class, 'left-wing', well-intentioned public servants working in Indigenous health programs and the ''cultural mystery'' behind the apparent banality of social service bureaucracy (Lea 2008:10). According to these commentators, health programs are based on a ''postcolonial logic'' (Kowal 2006b) which can be summarized as follows:

> Aboriginal people used to be healthy before contact with European society, but colonization, racism, discrimination and poor living conditions in the communities had their health and longevity drop to the level of third world countries. Western culture brought diseases and social disruption, which can be partially remedied by the reaffirmation of Indigenous culture and tradition. However, it is evident that living conditions of Aborigines have been irremediably changed and that their ancient and valuable culture doesn't provide them with the means to make front to the challenges of the modern world. While giving continuous encouragement to 'keep culture strong', it is therefore necessary to provide health education. Aboriginal people must be involved as much as possible in health programs which are, at the same

time, community development projects, starting from the planning phase.

The Territory Health Services Aboriginal Mental Health Policy Project, for example, attested the need to "identify mental health problems and needs as perceived by community residents, health workers, [...] cultural healers" (Adams 1996). Similar ideas also form part of the rationale for the Top End Division of General Practice Aboriginal Mental Health Worker Program (discussed in ch. 1.1 and in ch. 3.2.1).

Aboriginal involvement has a moral rationale, in that it guarantees public servants that they are not imposing their own will, that they are not enacting neocolonialist discourses of betterment and that eventual changes have actually been wanted by Aborigines themselves (Kowal 2006a). According to Kowal's and Lea's accounts, it appears in fact that gaining the full support of those who have to be helped is one of the most desired outcomes of the helpers. Long before self-determination, in a memorial lecture which can be taken as a sort of manifest of the Methodist missionaries, Rev. T. T. Webb (1934:33-34) expressed similar concerns when he said:

> We must' enable the aborigine to understand in what ways the new is superior to the old. He must be enabled to see what advantage will accrue from his acceptance of the new. […] In this work one of the greatest obstacles is found in the aborigine's own want of ambition and desire. One of our most difficult tasks is to provide that stimulus or incentive which will set him reaching out after those things by which his life, in all its aspects, will be enriched.

Together with community participation, another important concept of health programs is cultural appropriateness or sensitiveness. Since the end of the 1970s, anthropologists started to work side by side with health policy developers by providing the information about Indigenous beliefs and practices to which health programs had to accommodate. In the debate about Aboriginal health, various authors have expressed the opinion that is necessary to revaluate Aboriginal perspectives of

health and healing (e.g. Brady 1996, Reid 1983). As regards specifically mental health, Robinson (1996:119) states that "traditional forms including ritual, both in orthodox traditions and in newer syntheses, still secure important processes of restitutional, integrative and, in certain senses, therapeutic action for which the medical system cannot generate equivalents." Hunters and Garvey (1998:5) write that "ironically, what is 'new' in Aboriginal mental health promotion is characterized by the reaffirmation of that which is 'old'.

On the practical level of program implementation, anthropologists' recommendations in support of culturally based practices have been accommodated as a need for cultural appropriateness. The rationale behind this strategy is the idea that imported knowledge must build on existing beliefs in order to be accepted and assimilated (Brady 2000). This form of social marketing appears hardly innovative when compared with the Methodist program (Webb 1934:33):

> Before any modification of aboriginal culture is attempted, before the introduction of any new regulations or sanctions, there should be a real understanding of the aborigines' social, economic and spiritual life. […] We must know how their social and tribal organization operates, and what its various obligations are, before we can determine its worth. We must know what real need it is in the soul of these people […] before we are in a position to indicate ways in which that need may be met in a more ennobling and more satisfying manner. It is at this point that anthropological science can render invaluable service to these people, and we, as missionaries, ought gladly to accept all the aid which this science can afford us.

At an operational level, cultural appropriateness has largely been limited to the arbitrary selection of Indigenous elements which would ideally increase accessibility to the services. It can be argued that it has in fact led to the exclusion of others elements or ideas which, if utilized, would challenge the system in its functioning and/or in its epistemological assumptions. In other words, attempts to incorporate

cultural knowledge in health work is limited to those practices which are considered acceptable because they represent a 'sanitized alterity' (Kowal 2006b), which doesn't disturb standard clinical work and may bring a wider clientele to the health services.

2.5 Conclusions

This chapter has focused on the historical, political and ideological background of Indigenous policies in colonial Australia, in particular in the Northern Territory. This background is reflected in health policies that constitute, from the point of view of medical anthropology, the ''external factors'' (Kleinman 1980:45) affecting a health care system.

Since missions were firstly established in the first half of the 20th century, initiating a process of urbanization in Galiwin'ku and in other communities of Arnhem Land, Indigenous peoples have been faced with a series of dramatic historical changes.
These changes are interpreted by Yolŋu on an every day basis not only in practice but also in narratives and discourses which create meanings through the elaboration of ''values and beliefs'', Kleinman's (ibid) ''internal factors''.

The situation of Aboriginal health care in Northeast Arnhem Land undoubtedly has much in common with post-colonial settings elsewhere; in that new Indigenous understandings that synthesize Christian and other post-traditional conceptions with a heritage of traditional conceptions interact with evolving constructs, interventions and practices within post-colonial health care systems that are a steadily growing influence on community life. In the following chapter, a range sources in the literature will be examined in order to develop concepts for understanding these complex interactions within the Yolŋu domain.

CHAPTER 3: LITERATURE REVIEW

Cross-cultural settings and, in particular, colonial situations have provided the material for theoretical elaborations of the link between culture and illness on part of psychiatrists, sociologists and anthropologists. The question of how much do concepts of illness and wellness borrow from broader cultural themes has been differently answered within these various disciplines. This has also posed a challenge for health prevention and promotion programs funded by the state.

This chapter begins by overviewing cross-cultural psychiatric studies and sociological approaches to Aboriginal mental illness (section 3.1), to then discuss a number of health care initiatives linked to the debates surrounding culture and illness in Aboriginal Australia (section 3.2).

Section 3.3 reviews anthropological approaches to the classic themes of Law, land tenure and kinship in Indigenous Australia, with special attention to those authors who have dealt with issues of change and adaptation in the colonial world and have posited at the centre of their analysis the person as a creative agent and promoter of change.

Section 3.4 looks at the application of this frame change in the area of medical anthropology, considering in particular those theoretical orientations which are of relevance to the present thesis: the meaning centred approach to illness, the embodiment paradigm and the focus on the person and the performative aspects of illness.

The last and concluding section begins by reviewing the work of anthropologists and ethnographers of Indigenous Australia who have recorded and investigated local medical practices, with particular attention to Arnhem Land. In many cases, the approach adopted has been descriptive rather than analytical. A parallel review of concepts of wellness, illness and personhood extracted from the general anthropological literature on Indigenous Australia aims to highlight some of the

connections between local medical practices and the underlying knowledge system and world view. This perspective informs the approach taken to the interpretation of the ethnographic material in this thesis.

3.1 Explaining mental illness in the colonial context: cross-cultural psychiatry and socio-cultural studies

Cross-cultural comparative studies in psychiatric anthropology started at the beginning of the twentieth century (Marsella 1993: 108) and mainly focused on the discovery and documentation of disorders specific to determinate groups, referred to as 'culture bound syndromes'. These tend to be seen as superficial variations of mental disorders common to all humanity due to environmental and historical differences across populations. Consistently with these assumptions, in the clinical context diagnosis tends to be privileged over cultural and personal meaning (Kirmayer 1994). For example, in such accounts, 'hearing voices' is significant as a symptom of 'schizophrenia', while the content of the voices is irrelevant (Yen & Wilbraham 2003:551; Cox 2009).

In Indigenous Australia, the cross-cultural psychiatric approach was represented pre-eminently by Cawte (1964, 1978) and Eastwell (1976, 1982). They both conducted psychiatric surveys among various groups of Aborigines during trips to northeast Arnhem Land and to other northern areas of Australia which lasted between two weeks and two months.

Cawte was able to 'discover' a number of cultural-bound syndromes. An example is a particular kind of neurosis found in Arnhem Land and on Mornington Island, where it takes the specific name of '*malgri*', resulting from trespassing on someone else's land in Arnhem Land (Cawte 1964; Hippler & Cawte 1978). Cawte also identified the fear of sorcery as cultural-specific psychopathology, expressed in a number of culture-bound syndromes: ''psychological fear states'', ''fear of sorcery'', ''hysterical trance

fear states'', ''prolonged mutism'', ''hypochondriacal state'' and ''amok'' (Bianchi, Cawte & Kilo 1973: 313; Cawte 1974). Similarly, Eastwell (1976, 1982:233-234) saw in the fear of sorcery a psychotic symptom produced by ''projective thinking'' and a culturally specific manifestation of schizophrenia[15].

Besides research among 'traditionally oriented' Aborigines, other studies were conducted in places where European culture and 'modernity' had had a stronger impact. These studies borrowed some elements of what can be termed a 'cultural disintegration' hypothesis (see below) and interpreted psychiatric morbidity as a sign of the Aboriginal culture's unsuccessful adaptation to the new order, a view which in Australia dated back to the end of the 19th century (Murray 2007). It is within this interpretative frame that Cawte (1965) could discover a range of 'transitional illnesses' in the form of syndromes expressing opposition to white authorities, among Aboriginal people employed in a Central Australia cattle station. At times Cawte pointed out the difficulty of distinguishing between behaviors that appeared to be 'abnormal' as a consequence of the cultural distance between observed and observer, 'transitional' syndromes which were a consequence of ongoing but still incomplete acculturation and, finally, ''abnormalities intrinsic to Aboriginal psychology'' (McMahon 2007:25). In some cases, this task was apparently less problematic, as in the case of the Kaiadilt people from Queenlsand, about whom Cawte (1973: 317) says: ''there is evidence that even before their sudden advent to a Westernised existence they were a miserable, paranoid group beset by bodily preoccupations''.

From the second half of 1970s, Cawte shifted his attention to the practice of cross-cultural psychiatry, sustaining the need for health services to adapt to the priorities of Aborigines, who had also to take a leading role and perform clinical tasks such as psychiatric assessment and crisis management. In 1976 he founded ''The Aboriginal Health Worker Journal'', later renamed ''The Aboriginal and Torres Strait Islanders Health Workers Journal''. Nevertheless, until the first half of the 1970s, the kind of research and clinical work conducted by Cawte could be described with Tobie

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[15] See Eastwell (1982) for an overview of studies of Australian Indigenous cultural-bound syndromes.

Nathan's (2001:71-72) words as a psychiatry which tries to be 'culturally illuminated', but is, first of all, a psychiatry aiming to consecrate ''a bond between anthropology and conquest''. Although undoubtedly animated by polemical impetus, Nathan's statement reflects at least a partial truth. It would be difficult in fact to deny that Eastwell and Cawte were advocating principles of assimilation where they consider economic development a prerequisite of mental health and maintain that ''the projective thinking [i.e. fear of sorcery] may be successfully repressed [...] when Aborigines become concerned with economic enterprise and community advancement'' (Cawte 1972, quoted in Eastwell 1976:94). Thus MacMahon (2007:33-34), who offers an extensive analysis of Cawte's ethno-psychiatry in relation to assimilation, comes to the conclusion that:

> In such analyses, we see how easily a culturally informed psychiatry flips over into a psychiatric diagnosis of culture. The normal 'Kalumburu personality,' profiled by the pattern of its disorders, seemed intrinsically lacking in a capacity for delayed gratification and an intropunitive conscience, essential ingredients for the development of a modern capitalist *ethos*.

The approach of socio-cultural studies of psychopathology to colonization and accelerated cultural change reflects a different and somehow opposite ideological position with respect to cross-cultural psychiatry, partially to avoid the 'blaming the victim' attitude that can result from a disease-centred approach (cf. Brady 1992:1-2). Socio-cultural studies approach mental illness not as a product of the population under study itself, of its genetic constitution or mere way of being, but as a response to colonial factors which have corrupted an initially functional entity (e.g. Kirmayer et al. 2003).

Socio-cultural studies are historically linked to the emergence of psychiatric epidemiology (Marsella 1993:117-18): looking at incidence rates, geographical and demographic distribution of mental disorders in a population, epidemiological research has identified sociocultural characteristics which describe risk factors for the

manifestation of mental illness. The epidemiological data have in turn been interpreted according to a number of views of postcolonial Aboriginal societies. Among the various approaches derived from sociocultural theory (see Marsella 1993: 117-123), three are particularly relevant to the development of strategies for Indigenous health in Australia: the 'cultural disintegration' hypothesis, the 'social class' hypothesis and the systematic study of the impact of colonialism, racism and imperialism on mental health. These approaches have been embraced, often in combination, to explain the relatively high rates of hospitalization for mental health disorders and suicide among Indigenous people in comparison with the rest of the Australian population (Australian Institute of Health and Welfare 2001; National Advisory Council for Youth Suicide Prevention 2000).

The 'cultural disintegration' hypothesis proposes a causal link between the cultural disintegration/discontinuity brought by accelerated social changes and mental illness. The consequences of colonization, such as dispossession, secularization, urbanization, institutionalization and forced separation of children from families have been linked to high rates of depression, alcoholism and suicide among various Aboriginal populations (Kirmayer, Brass & Tait 2000). In Australia, these same factors have been said to have compromised the capacity of Indigenous culture to act as an adaptive resource for the individual (Swan 1988).

The 'social class hypothesis' associates lower social status with higher incidence of mental disease. Ernest Hunter (1995: 575) for example states that low social class and accompanying poverty, rather than race, is at the base of Indigenous people's vulnerability to mental disease. However, Hunter's (e.g. 1993, 1999, 2001, 2002) analysis of homicide and suicide patterns in the Indigenous population is also consistent with the 'cultural disintegration' hypothesis, since it takes into account the influence of colonialism and ongoing forms of paternalism in determining social and economic status. Hunter (1993:87) also found a strong correlation between, on one side, the increase in suicide and homicide rates among young unemployed Aboriginal men since the 1970s and, on the other side, the fact that in 1967, together with their inclusion in the national census, Aboriginal people gained access to welfare payments

and "drinking rights". Heavy drinking, with the resulting violence, were responses to the ''perceived powerlessness'' and the ''denial of masculinity'' which came with the loss of men's traditional roles in the colonial society (Hunter ibid: 192, 197-8). Hunter (ibid: 186) also found that the population more vulnerable to violence and self harm was represented by the offspring of those parents who where the first to benefit of drinking rights. Hunter's approach also aims to highlight the connection between changes at the broader social-legal context and individual psychologies: the first provoked alcohol abuse, which affected social and familial relationships and, therefore, in a developmental perspective, the integration of the individual selves and identities of the younger members in the community.

Kirmayer et al. (2000) have focused on the repercussions of cultural discontinuity on collective identities in First Nation peoples around the world. The authors depict a trajectory that goes from dispossession, economical marginalization, institutionalized violence, pervasive bureaucratic control and cultural loss, to widespread sense of powerlessness and demoralization at a community and individual level, with consequent spread of violence directed to the self and others. The concept of 'socio-centric' or 'eco-centric identity', generally considered typical of Aboriginal cultures by cross-cultural psychology, is used to explain the damage inflicted on the self by the appropriation of land and by the abandonment of traditional patterns of socialization and subsistence. Since Aboriginal individual identities are founded on their relatedness to land and other people, any attack on these connections are equivalent to a direct assault on the person (Kirmayer et al. ibid:612). Responses to this state of affairs should focus not only on pathologies, but also on the social conditions which created them. They should include: a renaissance of traditional healing practices, myth and story telling across communities as a means to ''regenerate Aboriginal identity''; community control of health care systems, both to enhance the effectiveness of services and the sense of pride and self-efficacy necessary to mental health; political actions such as the restoration of Aboriginal rights, the settlement of land claims and the redistribution of power through forms of self-government (ibid: 614).

Sociocultural studies have highlighted the disrupting impact of social changes brought by colonialism on Indigenous societies and on individuals' resilience to stress: cultural discontinuity jeopardizes societies' capacity to maintain and reproduce themselves, because change occurs too quickly for the process of adaptation to take place. These studies are normally carried out with a sympathetic attitude towards Aboriginal populations. However, various authors have also noticed their intrinsic tendency to ''step from explaining psychopathology in cultural terms, to describing culture in psychopathological terms'' (Biernoff 1984:150). The idea that a changing society is a ''sick society'' (Halliday 1949, quoted in McMahon 2007) risks spreading a victimizing view of colonized societies (Brady 1992:2). When mourning, conflict, violence and mental illness are defined merely as results of the colonial history of oppression and dispossession, they are diminished in their relevance as contemporary complexes of practices, embedded with intentionality and related to broader cultural themes.

On the one hand, socio-cultural studies have offered a rationale for the state's interventions through public health and other initiatives devoted to community development. On the other hand, these same interventions have been put under scrutiny for promoting a trend to medicalization, in effect reacting to social problems as symptoms of social disease and using health programs as band-aids to fix them at times with unforeseen harmful consequences (Hunter 2002; Robinson 1996:116).

The ideological assumptions underlying public health interventions and the criticism to which they have been subjected in relation to postcolonial discourses were discussed in ch. 2.4. The following section describes in some detail the practical contents of these same initiatives, born from ideas of prevention, promotion, wellbeing, holism, spirituality and 'two ways medicine' which have become pervasive in the current debates on Aboriginal mental health. Particular attention will be given to the figure of the Aboriginal Mental Health Worker, who often stands at the centre of these issues and debates.

3.2 Health initiatives in the contemporary panorama

Central to contemporary debates on mental health care is the need to shift from acute crisis and chronic care to prevention and health promotion. While the first are carried out for the most part in institutional settings, the second tend to be 'delivered' directly in the communities. In the context of mental health promotion and prevention, 'wellbeing' is a concept often preferred to 'mental health', because considered more apt to convey the idea of an 'holistic' or 'ecological' view of health, in line with the World Health Organization's (1998: 52-53) definition of health as a state of physical, mental, social and spiritual wellbeing. Guidelines and recommendations for mental health at the international level (Khayat 1998) and in Australia (Swan & Raphael 1995) generally stress that 'culture' and 'spirituality' must play an important role in health care delivery to Indigenous people, but lack an operational definition of 'spirituality'. As a matter of fact, in the absence of an understanding of Indigenous mental illness etiologies and of systematic attempts to integrate Indigenous views in psychiatric practice, this principle remains a simple declaration of intent.

Nevertheless, 'spirituality' is an area which is receiving increasing attention in relation to Indigenous health. To overcome the difficulties posed to this task by the extreme variety of meanings indicated with 'spirituality', the World Health Organization (2002) has developed a package for the ''assessment of spiritual beliefs''. Concurrently, some initiatives have been developed with the aim of finding a practical application of the principle in various parts of Indigenous Australia. An example is the Family Wellbeing Program (McEwan et al. 2009), carried out to respond to alarming rates of suicides among the youth population of a community established through the forced re-location of various Aboriginal groups during the assimilation period. The authors of the Program's report stress that efforts to integrate 'spirituality' into mental health practice have been supported by a number of studies which have established a correlation between religious/spiritual beliefs, resilience to life stressors and sense of mastery and control of one's destiny (ibid:5). Max Charlesworth's (ibid:iii) foreword to the report of the program is worth quoting at

length, as it expresses the ideology behind the incorporation of spirituality into mental health practice:

> In speaking of the spirituality of Indigenous Australian peoples the authors of this report are not appealing to Western values but are reminding Indigenous peoples of values that have always been part of their own 'Dreamings'. Attempts to help Indigenous Australians to cope with the cataclysmic shock caused by the dispossession of their lands and the brutal dissolution of their family and kinship structures have mostly ignored the spiritual resources that have been developed by Indigenous peoples over more than 50,000 years. One hopes that the approach of the authors of this ground-breaking report will be seen as offering a more hopeful way forward in coping with the ruinous consequences of the white invasion of *terra Australis*.

Charlesworth's foreword hints to a fundamental separateness between Western and Australian Indigenous spirituality, which is identified with the Dreaming. However, it offers no explanation about what are the values of the Dreaming. The authors of the report themselves state that defining what is Indigenous spirituality is a key problem facing health and wellbeing services (see also Tse et al. 2005). Also, it is doubtful if 'Western values' can be totally alien to Indigenous spirituality, given the influence of Christian beliefs on Aboriginal populations (McEwan et al. 2009:11-12,16,20). This 'contamination of beliefs', represented also by Australian Indigenous people involvement with the New Age 'movement' (Muir 2004), presents challenges which are common to other Indigenous contexts around the world, particularly in North America (Kirmayer et al. 2000: 612,614; Connor & Samuel 2001).

Recent exceptions to the lack of in-depth analysis of Indigenous concepts related to contemporary debate on Indigenous health can be found in the ethnography-based work of Phillips (2003) and Heil (2009). Phillips (ibid: 132) found that the word 'spirituality' itself was problematic, because what it is usually named 'spirituality' by academics and policy makers was variously referred to by his Indigenous informants

as 'culture', 'land' or 'story places'. Indigenous people's position on the matter referred to a religious sentiment grounded in the concreteness of everyday life practices and in significant places. Significantly, one of Phillips's collaborators replied to the researcher's inquiry about the meaning of spirituality in these terms: ''I understand the spirit, but not the ality'' (Phillips ibid: 133).

Daniela Heil (2009) investigated the meaning of well-being, or being well, for the Aboriginal residents of Murrin Bridge (NSW). The author draws a clear distinction between health and wellbeing: the first is identified with a healthy body, while the second corresponds to the ability to maintain vital the ''social self'' through constant presence on the social scene and by responding to demands for money and goods on part of others. Health and wellbeing are not only independent, but can at times be antagonistic, as for example when someone is evacuated for medical treatment and thus isolated and limited in their ability to look after the social self. Wellbeing is a path of both relatedness and personal autonomy, intended not as independence but as the ability to autonomously look after significant others (ibid: 99,102). Heil concludes that government agencies (and often anthropologists) have erroneously considered health and wellbeing as synonymous and that health services, aimed to improve a state of individual and physical health, have failed to recognize that Aboriginal people's priorities reside instead in wellbeing, intended as a social condition.

3.2.1 Types of mental health initiatives

Hunter (1998:8) identifies three principal types of mental health initiatives emerging from the shift of focus on wellbeing since the middle 1990s: socio-cultural, addressing issues of Indigenous identity and opportunity; developmental, focused on providing optimal opportunities (particularly but not exclusively) at the beginning of life; and targeted, aimed to address a specific issue. In practice, the scopes of these programs often overlap.

Socio-cultural initiatives

While all of these initiatives deal at some level with the link between culture and healing, 'sociocultural initiatives' aiming to restore self esteem and cultural pride are those which more explicitly enact the idea that culture, variously declined as sense of community, spirituality or ceremonies, is a resource to be drawn upon for health.

Sport events and festivals celebrating various aspects of culture are examples of such programs. References to 'boredom' abound in the literature, where it recurs as the explanation given by researchers and by community members themselves for petrol sniffing and consumption of kava, marijuana and alcohol in remote communities (Nurcombe et al. 1970; Collins 1976 in Brady 1984:76; Brady 1992:29,70; Trudgen 2000:240; Harris & Robinson 2004:43). The need to overcome 'boredom' among the youth population has led in many communities to the institution of the figure of the Recreational Officer, whose task is organizing football matches and other recreational activities, as a way to divert youth from substance abuse and anti-social behaviours. Trudgen (2000:240) has criticized these initiatives on the grounds that they undermine parents' and care-taker figures' authority over children. In his view, boredom is a fictitious and simplistic explanation, which covers deeper issues faced by youth in communities, who 'learnt' to offer 'boredom' as an answer in response to the researcher's expectations. Brady (1992) expresses similar objections and, further, suggests that the problem with petrol sniffing is that it is a relatively new practice, for which Aboriginal societies haven't yet developed a system of social containment. For this reason, caretakers react to sniffers simply by being indulgent and 'feeling sorry' for them, following the moral imperative of being compassionate towards people who are sick or have problems (Brady 1992).

'Healthy Life Festivals' are held annually in Aboriginal communities across Australia, targeting the whole of the community as recipients of activities which range from health screens, education about the damages of cigarettes and teaching about traditional medicine, to evening dancing shows and local bands' concerts. Music is in fact regarded all across Australia as one of the most effective ways to spread health messages to Indigenous communities (Dunbar-Hall 1996, Tamisari 2010). These and

likely festivals are described as a celebration of culture, considered as a preventive and even curative agent (Brady 1995a).

Developmental initiatives

Developmental initiatives focus on the family as the primary locus where children's potential for physical and mental wellbeing is determined. The 'Strong Women, Strong Babies, Strong Culture' program has been implemented in various communities of the Northern Territory and has been described as the 'bright rose' of culturally appropriate programs for its achievements in increasing the average weight of infants at birth (Kowal 2006a). The program provides young mothers with the expertise of nurses and Aboriginal Health Workers, who conduct regular health checks and informative sessions about all the phases of gestation, delivery, breast-feeding, weaning and the first months of the newborn's life. The presence of older women in the role of health workers is essential to attract a number of clients sufficient to ensure the success of the program (Fejo & Rae 1996). These women retain also the know-how for the so-called 'smoking ceremony' and other traditional practices which have been incorporated in the program. A similar example is offered by the Alukura birthing centre[16], part of the Central Australian Aboriginal Congress, which is based on 'grandmother's law', although widely relying also on non-Indigenous doctors and midwives.

Another example of developmental initiative is the Let's Start Program (Robinson 2005; Robinson & Tyler 2008) carried out in the Tiwi Islands. The first push to its implementation came from a series of suicides among the youth population at the end of the 1990s. The program aims to improve children's social-emotional learning and their relatives' parenting skills, using cognitive-behavioural techniques within a group-therapy focus (Robinson 2005).

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[16] The centre website can be accessed at this address: http://www.caac.org.au/alukura.html.

Targeted initiatives

A recent example of targeted initiative carried out in remote communities is the Australian Integrated Mental Health Initiative in the Northern Territory (Nagel 2006), which aims to shift the focus of intervention from acute crisis to prevention. The Mental Health Integrated Initiative focuses on the elaboration of prevention strategies and care plan packages for doctors, nurses and health workers, all categories who have reported low levels of confidence in their capacity for psychiatric assessment and little formal training in mental health (ibid:2). Until recently, professionals in remote communities had to rely almost exclusively on a Standard Treatment Manual (CARPA 2006, first published in 1992) for guidelines in their practice. The manual presents diagnostic criteria modeled on the Diagnostic and Statistical Manual of Mental Disorders (APA 2000) and is centered on the management of psychiatric emergencies, a fact likely to foster general practitioners' focus on acute care (Nagel ibid:4). One of the outcomes of the initiative has been the publication of a booklet (Nagel & Thompson 2006) to be used as an assessment tool by remote service providers, above all Aboriginal health workers. The booklet highlights the importance of ''family'', ''cultural activities'' (e.g. hunting, ceremonies) and ''spiritual belief'', side by side with psychotropic medicaments, as resources for the prevention of mental disorder relapses.

Most of the programs described in this section rely on the expertise of Aboriginal health workers for their implementation. As a matter of fact, the training and support of Aboriginal people as health workers is seen in itself as an intervention aimed to improve service delivery, as well as community participation and empowerment.

For example, the Top End Division of General Practice Aboriginal Mental Health Workers Program (see ch. 1) created positions for Aboriginal Mental Health Workers in the Northern Territory, responding in this way to the National Mental Health Plan 2003-2006 recommendation of supporting community-based mental health care services by increasing the number of Aboriginal and Torres Strait Islander mental health workers (Harris & Robinson 2007:1,23).

Evaluation of the first years of the Program (Harris & Robinson 2007) highlighted some of the problems faced by Aboriginal mental health workers. The lack of a definition of the health workers' role and of their responsibilities inside the clinic and in the community, as well as inadequate mentoring by general practitioners, challenged the success of the program in many communities and put it to an end in some. In many cases, the health workers tended to be relegated to the performance of ancillary and routine tasks, such as monitoring client compliance with medication (Harris & Robinson ibid:2). The authors of the report also found that attempts to train workers in mental health assessment exposed them to standard assessment checklists and 'instruments' which were hardly integrated in their practice. No training was offered in psychotherapy or counseling, areas where there might be potential for local beliefs, moral concepts and relationships to be brought into the field of health care practice.

Judy Djanumbi, one of the main voices in this thesis, used to work as a mental health worker under the program. It is important to note here that some of the commentaries offered by her and other Yolŋu on clinical mental health care appears to reflect the types of mental health care that they have been exposed to: one focused on medication and on standardized assessment questions, which for Yolŋu virtually eliminate the potential for genuine dialogue with clients and for understanding the clients' background relationships.

3.2.2 Aboriginal health workers and the debate about 'two ways medicine'[17]

Since the early 70s, when discourses about the need to integrate 'culture' into clinical practice started to become popular, they have been accompanied by consideration of the possible or actual obstacles undermining the realization of the 'two ways

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[17] The term comes from education initiatives started in Yirrkala by Mandawuy Yunupingu (1993, see also Tamisari & Milmilany 2003).

medicine' ideal. In this debate, 'culture' was represented by the figure of the 'medicine men' and, more recently, of the Aboriginal health worker.

C. Berndt (1974) sees the recognition of the power of indigenous doctors by Euro-Australians as a lost opportunity, since they are doomed to disappear together with their "traditional culture". Her perception is echoed by Cawte's (2001:57) statement that, although it is possible to observe that "an intensification of ritual activities arises to meet an unprecedented need […] this resurgence of tradition will not endure, however, as the old ways die out and the news one surge in.''

Elsewhere Cawte (1974) suggests that, for the aims of integration of Aborigines into mainstream society, the 'medicine man' should indeed be replaced by 'modern' medical practitioners. C. Berndt's (1974) crediting of value to native doctors is done with some reserve: in her view, their lack of medical knowledge and the obvious defects of techniques such as the removal of objects from the patient (extraction) have favored "the process of deliberately undermining of belief in their powers by white authorities" (Berndt 1974:280).

Scarce recognition and integration of the health workers' role and capacity for initiative have been highlighted elsewhere in the literature. Brideson (2004:2) for example, has drawn attention on the fact that Aboriginal mental health workers are often performing menial tasks under the direction of the prestigious professions, who provide treatment and care once the health workers have acted as 'liaison officers' between the potential clients and the health centre[18]. As a result, Aboriginal mental health workers experience heavy emotional distress in their working environment. The solution consists in an enhancement of the professionalization of the health workers' role, through training programs such as *The Djirruwang Aboriginal and Torres Strait Islander Mental Health Program* (Brideson & Kanowsky 2004). The program aims to equip its students with all the necessary skills, attitudes, knowledge

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[18] An identical pattern is reproduced in bicultural education, see Tamisari and Milmilany (2003).

and values for them to function effectively within the mental health industry, "whilst maintaining a deep sense of cultural integrity" (ibid: 2).

The inequality in the distribution of power in institutions such as hospitals and health centres has been seen as an obstacle to the integration of Western and Aboriginal models of psychical cure. Tonkinson (1989:240) for example, referring to his experience in a Western Desert community in the 70s, states that there are some risks in training healers as health workers, because ''this may undermine the role of Aboriginal healers, since it places them in an unfamiliar situation, where others are in charge''.

According to some researchers, health workers face a challenge for recognition also outside the clinic walls, in their own community. For Trudgen (2000:75) and Nathan and Japanangka (1983:148-149) the main problem in the use of Aboriginal health workers is the fact that they have been chosen by Euro-Australians as those having the authority for managing health interventions, without considering whether or not they are supported in this role by their communities. These authors denounce in particular the inappropriateness of employing young women as health workers, because they, for cultural reasons, are unlikely to be acknowledged in their role by the other community members (ibid). Besides, female health workers cannot usually treat elder men, nor biological and classificatory brothers and sons-in-law, because these constitute avoidance relations in most Australian Indigenous cultures. As a consequence, in Aboriginal communities the health clinic is generally seen as a women's area, a fact that makes men reluctant to refer to it for cure (Saethre 2007:103).

For Nathan and Japanangka (1983), who based their argument on the perspective of the Aboriginal controlled Central Australian Aboriginal Congress, the problem of the health workers is part of the encompassing debate about 'two ways medicine'. The authors (ibid:198) take a radical position on the possibility of blending the two models, advocating with conviction for their separation, since ''theoretically and practically 'two-way medicine' is a misnomer.'' Nathan and Japananka's argument is for totally Aboriginal-controlled health services, which integrates selected elements of

Western medical system and medicine which are chosen to be accepted. This process, named Aboriginalisation, was propelled by the ideology of the self-determination (see ch. 2), which aimed to delegate control of all Aboriginal communities and institutions, including the church and education, to Aboriginal people themselves. In the case of health care, the model has hardly been realized in practice, with Western medicine remaining the basis of authority for all core health services and little meaningful integration of Aboriginal knowledge. At least in some cases, Aboriginalisation has been prevented by European bureaucrats' unquestioned assumptions about Aboriginal people's willingness to take direct responsibility for communal institutions, which are to function as representative bodies for the collectivity (Myers 1986:276-280).

Language barrier is often invoked as a main obstacle to effective health care delivery. Consequently, translation is a routinary task which health workers are required to perform. However, when it comes to understanding technical medical terminology, language proficiency by itself, without proper training about the Western bio-medical model, is not enough to guarantee effective communication (Trudgen 2000).

Difficulties in communication involve cultural differences other than language. Aboriginal mental health workers often acutely experienced the tension of conflicting expectations – the need to meet medical requirements, versus the wish to respond to people in ways that are valued in local everyday life and relationships (on issues implied by the use of interpreters in cross-cultural medical encounters, see also Clark 1983, Davidson 2001). For example, avoidance relationships existing in Indigenous societies among certain pairs of biological and classificatory kin (e.g. brother and sister, son-in-law and mother-in-law) do not allow Aboriginal workers to perform medical examinations on certain relatives. Although many remote area health centres have separate men's and women's sections, this remains a matter which strains their relationship with the clinic non-Indigenous professionals, especially in remote areas, where there is usually a shortage of staff.

Aboriginal health workers are key figures in the delivery of health care in communities within the local clinics or with their involvement in community-based

interventions. With their very existence, they represent the possibility of integrating 'culture' in Western health practice. However, rather than in the creation of a third space, most of what has been done in the context of mental health care has aimed at increasing accessibility of Western services by the Aboriginal clientele and at improving compliance with medical treatment, a matter of great concern for professionals working in every area of health (Humphery & Weeramanthri 2001). It is therefore questionable whether socio-cultural models have achieved any real integration of Aboriginal medical systems of practice at the level of knowledge and expertise, or whether it is just a question of Aboriginal people over time moving slowly into fields of nursing and community health work. Aboriginal health workers' 'cultural' contribution seems to remain largely based on local knowledge of family relationships, practices and beliefs, rather there on any monopoly of a distinctive body of Aboriginal knowledge about cause, cure or care.

3.3 Anthropological approaches to Australian Indigenous societies

Reviewing Australian anthropological studies of Aboriginal society, it is possible to notice a gradual shifting of focus from abstract concepts such as 'function' and 'institution' towards a study of social relations, expressed through ''giving, taking, sharing, loving, bewitching, fighting, initiating'' (Stanner 1963:vii). This general trend towards an operationally oriented anthropology anticipated by Stanner (ibid) has been confirmed a few years later by Ortner's (1984) analysis of anthropology's progressive dismissal of structure and social organization in favor of process and experience. This brings agency and the closely related notions of person, self and emotions at the centre of attention, as well as legitimizing attention directed towards individuals. As Cohen (1994:6) points out:

> […] Western social science proceeds from the top downwards, from
> society to the individual, deriving individuals from the social structures

to which they belong: class, nationality, state, ethnic group, tribe, kinship group, gender, religion, caste, generation and so on. We have concentrated on these collective structures and categories and by and large have taken the individual for granted.

Attention is not drawn to the individual to privilege individual over society but to pursue ''a sensitive understanding of social relations and of society as composed of, and constituted by, subjective individuals in interaction'' (Cohen & Rapport 1995:12).

Early ethnographies (Spencer & Gillen 2003; Warner 1969; Elkin 1973; Berndt & Berndt 1988) of Australian Indigenous peoples were concerned with descriptions of clan structures, kinship, ceremonies, technology and foraging habits, as a way to document as much in detail as possible a culture which was supposed to be on the edge of extinction in face of its encounter with the European colonization (cf. Povinelli 1993:76-77). In these studies, the Law tended to assimilate with the Dreaming. 'Dreaming' is the name which, after Spencer and Gillen (2003), is normally used to indicate the complex of 'stories' and ceremonies which recounted, sung or re-enacted the deeds of the Ancestors, who created and named countries and peoples. Religious aspects of the Dreaming were privileged over the political and legal ones, which are nevertheless also part of the ancestral doctrines.

Stanner's (1963) article ''Continuity and Change'' (originally published in 1958), was one of the first voices raised against the cultural disintegration hypothesis derived from a vision of Aboriginal society as rigid and conservative, inevitably a victim of externally imposed changes. A few decades later, as it will be shown, his view would gain currency among anthropologists, while the idea of cultural disintegration has been largely set aside.

Starting from the 70s, anthropologists' attention to Aboriginal relationship with the land has been motivated by the willingness to support Aboriginal land claims under the 'Northern Territory Aboriginal Land Rights' (1976). Anthropological accounts (cf. Williams 1986) concentrated on the description of systems of land-tenure and

inheritance: it was necessary in fact to give an idea of the endurance of the system in order to voice for it before the Euro-Australian public.

More recently, anthropologists like Povinelli (1993) and Merlan (1998), have tried to come to terms with the juxtaposition of continuity and change in the system of land ownership and tenure. In doing so, they 'put on the table' the ethnographical evidence that significant places and ancestral connections, rather than being founded in rigid doctrines, 'appear' or are created over time as a consequence of changing situations and relationships. Povinelli's and Merlan's ethnographies demonstrate Aboriginal peoples' attempts to reproduce and maintain their social systems alive in the colonial world, not only in the context of negotiating the re-distribution of *loci* of power between pre-colonial authority structures and the colonial state in the legal arena (Williams 1986) but also from 'within' country, through a labor accompanied by a mythopoietic interpretation and 'appropriation' of the landscape (Povinelli 1993). Povinelli's (1993) analysis, which focuses on what people actually do when they are in the country, has also the merit of contributing to overcome the ''dematerializing conceptualization of Aborigine's relationship to country'' (Redmond 2005:6)

In some recent studies (Tamisari 1998, 200; Redmond 2001; Magowan 2003), the affective and subjective dimensions of Aboriginal relationship with country, mediated by the sentient body, have become more central. In these analyses, Aboriginal cosmologies are seen as constantly re-enacted and re-molded in the present through the ''essential plasticity and mobility of imagination'', which comes to construct the ''identity and transmutation of the human subject'' (Redmond 2001:136). Analysis of the perceptual and experiential bonds between land and people in the context of song and dance performance by Munn (1970; 1973; 1996; quoted in Tamisari 1998) have signed the overcoming of the 'static portrayal' of the relationship between land and people as separated entities, object and subject (Tamisari 1998:250). Rose (1992:220-224) describes the unity of 'man' and 'cosmos' for the Yarralin people (in the Northern Territory) as 'wholeness', a 'self-contained' and 'self-regulated' system which has no centre and no hierarchy and in which every part stands for the whole. Rose (1992: 224) states:

I am saying that wholeness is a fundamental quality – so fundamental that it characterizes the separate parts of the system [the cosmos itself], including human society and human individuals. To be a person, in the end, is to be simply that – neither singularly male nor female, but wholly human. We are dealing with a most basic assertion that everything is, at the same time, a singularity, a multiplicity, and a whole.

Surely, Rose had present Stanner's (1979:25) discussion of the concept of person among Indigenous Australians:

In our modern understanding, we tend to see 'mind' and 'body', 'body' and 'spirit', 'spirit' and 'personality', 'personality' and 'names' as in some sense separate, even opposed, entities though we manage to connect them up in some fashion into the unity or oneness of 'person' or 'individual'. The black fellow does not seem to think this way. The distinctiveness we give to 'mind', 'spirit' and 'body', and our contrast of 'body' versus 'spirit' are not there and the whole notion of 'the person' is enlarged. To a blackfellow, a man's name, spirit and shadow are 'him'[…] The separable elements I have mentioned are all present in the metaphysical heart of the idea of 'person'.

At a moral level, says Stanner (1979:40 in Rose 1992: 224) 'wholeness' consist not in absence of egotism, lack of vitality, cross-purposes, conflict, malice, enmity, bad faith and violence, all of which abound, but in the effort and intention directed towards preserving balance between separation and unity.

That relationships and relatedness is a central concern for Australian Indigenous societies is efficaciously summarized by Stanner's (1963:46) intuition that Aboriginal creation stories are more concerned with cosmogony, i.e. the beginning of moral systems, than with cosmology, the discourse about origins as such.

Consistently, studies of kinship, initially analysed as the frame structuring systems of land tenure and inheritance, have gradually shifted their attention to the affective and emotional dimensions of kinship and at their implementation within the politics of everyday interaction (Myers 1986).

Myers (1986:109) calls 'relatedness' the moral order based on a ''sense of belonging together or shared identity'', which for the Pintupi of Central Australia forms the basis for social interaction. Relatedness is articulated in demonstrations of sympathy, generosity, openness to claims by others and willingness to negotiate (Myers 1986:20). Attention directed towards the social and physical world is a prerequisite for the enactment of relatedness. In fact, those who are insane or drunk and, therefore, alienated from others, are named *ramarama*, which literally translates with ''deaf'' or ''oblivious'' (ibid:108). Myers (ibid) explains: ''Such an individual does not hear or take note of relatives, possibly injuring close kin or failing to recognize them''.

Among the Pintupi, relatedness responds to a ''logic of expansiveness'' which ''comes to dominate the ability of any group to define itself as a bounded entity''. In order to maintain autonomy, individuals must from time to time recur to differentiation (for example by fighting), which stands in direct opposition to relatedness and is based on egotism, self-assertion or private willfulness (ibid:160-163).

As Myers (ibid:294) notices, relatedness is by no means exclusive to Pintupi sociality, although it is differently characterized among other Indigenous groups.

Among Yolŋu, relatedness does not stand in opposition to difference. To affirm difference, separateness and the existence of (ideally) unquestionable territorial, political and ceremonial boundaries is not equivalent to negating relatedness. People frequently state that groups are ''same but different'' (Tamisari 1998:260, Keen 1998:37-168, 2004), i.e. they have points of convergence as well as of diversity, sameness and difference being equally valued. This Yolŋu say points to the right to

self-assertion and, at the same time, to the imperative of being compassionate and receptive towards other people's desires and needs. Autonomy results from the blending of these two tendencies. The value placed on individuality, personality and difference, which Tamisari (1998, 2004, 2005) has discussed using ceremonial dance as an analytical device, contradicts anthropology's description of Australian Indigenous societies as regulated by collectivism and conformity. The accentuation of individual differences and encouragement of personal willfulness (see ch. 6.4) balances the relative rigidity of the structure represented by the ''superindividual unity of clans'' which, according to Myers (1986:297), imposes itself on the individual's freedom among Yolŋu.

Similarly to what happened in the field of land tenure, studies of religion and Christianity in Australian Indigenous societies have also moved from the description of ceremonial repertoires to the analysis of processes of adaptation and transformation (Swain & Rose 1988) and to the way individuals live their beliefs. The initial push in this sense came from the fact that, when the presence of missionaries and the influence of their teachings became ubiquitous, ethnographers were forced to look at the meeting between ancestral and Christian doctrines. This has resulted in the dismantling of the view of ancestral doctrines as fundamentally doctrinaire and conservative: for example, Bos (1988:435) and Magowan (2001) have both maintained that the open-endedness of their symbols makes them extremely open to interpretation.

In general, anthropologists increasingly maintain that transformations in the field of religion, far from being homeostatic movements of response to external disturbances, are consistent with a 'tradition of innovation' proper of Australian Indigenous knowledge systems (Austin-Broos 2001:190; Merlan 1998). Magowan (2001:276) highlights the sensual and 'individualistic' dimension of Aboriginal Christianity, sustaining that the synthesis of these diverse religious traditions are not experienced as established syncretic cultural forms, in which new beliefs or ritual expressions come to substitute the pre-existing ones, but as internal states of variable duration, in which Christian and ancestral beliefs simultaneously elicit sensorial and imaginative

resonances. The emphasis placed on a perceptivity which included both the senses and feelings as the place where meaning is constructed is evident in Magowan's approach, reminiscent of the 'embodiment' paradigm.

The same fluidity which characterizes the interpretation and incorporation of Christian beliefs has been firstly noticed by Stanner (1963:85) in relation to ancestral doctrines. The retaining of a body of secret ceremonial knowledge on part of the male elders has been generally seen by researchers of Australian Indigenous societies as the basis of their authority over women and younger members of the community. However, the very existence of a patrimony of knowledge separated from every day life was questioned by Stanner (1967), who pointed out the overlapping between sacred and profane as an underlying and systematic characteristic of Aboriginal religions.

Among Yolŋu, this continuity is expressed in terms of an inside/outside duality (Morphy 1991) which pervades every aspect of life. Everything, from natural elements to people, from stories to names (on names, see Tamisari 2002), has an outside and an inside, the first one corresponding to the immediately visible and public; the second one to the secret, private and intimate. Inside knowledge or, as Yolŋu say, the ''inside story'' is where meaning is found:

> Inside knowledge is something which provides an explanation. Inside knowledge is concerned with the more general, the more true, with the underlying properties of things, with the generation of surface events. (Morphy 1991:78-84.)

The nature of this pair of opposites is relative: the inside of something will always be the outside of something else (Morphy 1991:78-79), what used to be secret can in a different context and time be public, and vice-versa (ibid:76).

Like money and other goods, knowledge has also high social mobility: it is exchanged, given, retained, absorbed, released or hidden to vehicle status and

relations; therefore, it can be regarded as an ''objectification of relationships'' (Myers 2005:46-47).

What distinguishes knowledge from other exchanged goods, making it the most treasured 'possession', is that it can reveal and activate previously silent connections with groups, lands and songs, widening one's network and thus increasing the individual's or the group's status (Dussart 2000). Knowledge is a lively matter, subject to the personal inspiration and ''brilliant improvisation'' of individuals (Stanner 1963:85). Such subjects are very different from the actors ''realizing a script written by a social *deus ex machina*'', a metaphor used by Cohen and Rapport (1995:3-4) to describe how anthropologists have black-boxed individual agency as a consequence of an overly deterministic view of society and its conventions.

Dussart (2000) has demonstrated how knowledge, including secret knowledge, is continuously exchanged across groups configured by age, gender, ancestral belonging and residence. An important role in this process is played by dreams and visions (see also Magowan 2001). These authors' ethnographies remind us that, although personal meanings can expand into processes of interpretation and negotiation on part of the group, the fundamental influence of the original see-er's or dreamer's identity and personality must not be forgotten.

3.4 The anthropology of health: from disease to person

The anthropology of health is concerned with the values, practices, interpersonal exchanges and social roles surrounding health and the experience of illness in general, including 'mental illness'. Therefore, it has some common interests with cultural psychiatry. Nevertheless, differently from cross-cultural psychiatry, the anthropology of health doesn't generally assume that Western categories of disease are universal

but, instead, that they are culturally constructed. Western concepts of mental illness, which ''locate the cause of disorder in individual minds, personalities and neuroanatomies'' (Marsella & White 1982:5) are also culturally specific.

Rethinking causation

Arthur Kleinman, anthropologist and psychiatrist, is one of the protagonists of what has been called ''the meaning centred approach'' (Lock 2001:480). At the core of his work, is the idea that illness is a cultural construct and that this cultural construction consists in the attachment of meaning to symptoms, a fundamental clinical activity of all health care systems (1980:71). The health care system itself is a symbolic system, imbued with particular meanings and social relationships. Although Kleinman (ibid:45) recognizes that therapeutic systems are determined not only by internal factors (beliefs and values), but also by external ones (political, economic, social, historical and environmental situations), his analysis declaredly focuses on the first set of factors. Kleinman refers to medical anthropology's customary distinction between disease and illness, intended as the two aspects of sickness: the first one is a physical dysfunction; the second is the cultural and personal elaboration of the physical dysfunction. Psychological disorders represent a case on their own: here the distinction between disease (the symptoms) and illness has to be abandoned, because the psychological, social and cultural reaction to the symptoms constitute the ''stuff of the disease itself'' (ibid: 78).

Kleinman (1980) has conceived disease and illness as distinct explanatory models, i.e. as notions about etiology, symptom manifestation, sickness course and treatment alternatives. Explanatory models are distinguished from general beliefs about health and sickness, from which they nevertheless drawn, in that they are 'manufactured' *ad hoc* to respond to a particular illness episode. It is precisely because of their application to single cases and individual stories that explanatory models can convey personally idiosyncratic meanings, although these necessarily draw from broader cultural themes present in the social milieu. Anthropologists who reduce the significance of illness to what they express in term of cultural meanings, oblivious of

the fact that illness also always retains idiosyncratic personal and interpersonal meanings, would incur in the same kind of mistake of ethno-psychiatrists who elaborate on Indigenous concepts forcing them into psychiatric categories (Kleinman & Kleinman 1991:279). The task of the medical anthropologist is to move back and forward between the socio-historical perspective and the subject's own lived experience, to explore the cultural but also the personal meanings of illnesses (Kleinman & Kleinman 1991). This implies approaching patients as individuals, rather than simply as representative of a certain society, while considering their experience, which is most likely to revolve around suffering and emotional turbulence, as a legitimate part of the anthropological analysis (Kleinman & Kleinman 1991, Kleinman 1988).

In the clinical setting, the simultaneous attention devolved to the body and to the social and emotional situation, or, in other words, to the person, has been identified by Cassel (1979) as a shift of focus from the disease to the 'story', from the symptoms and its causes to life historical factors.

Around the world, people not adhering to the principles of biomedicine have been reported likely to offer different explanations for the same disease, combined in one discourse or in successive times, without perception of inconsistency (Kleinman 1980:107, Reid 1983:151). If this seems contradictory to a Western ear, it is because it's at odds with what for Cassel (ibid:729) is one of the foundational philosophical principles of modern medicine: the idea of the ''specific etiology''. Cassel argues that 'finding the cause' is often the primary concern of physicians because this is the way they are taught to think, but that it doesn't reflect a property of natural systems (ibid:739). Too often, this approach leads to a compartmentalization between diagnosis, cure and care. When diagnosis becomes an end in itself, it becomes irrelevant whether or not it will contribute to an intervention which will benefit the patient (Cassel ibid:739). On the other hand, having a picture of the broader situation in which the patient lives offers various possibilities to 'enter' the story from any side (not necessarily 'the cause') and modify its final outcome. Cassel (ibid:737) suggests that an approach based on 'the story', intended as the retelling of the events which

take place in the body as well as those which happen to the person, can bring back together the person and the body, which are treated as separate entities in the disease-based model.

The doctrine of specific etiology doesn't take into account the complex interactions between the client's life story, practical needs, emotional state and relationships with others in juxtaposition to social isolation, all of which fundamentally shape outcomes of potentially disabling disease. The weight of interpersonal relationships and above all of bonds and attachments on physiological and emotional state has been given recognition in the scientific arena by Engel (1977), a psychiatrist and psychoanalyst. Observations on mother-child attachment in hospital settings led Engel to view the human organism ''as a psychobiological entity that is constantly open to influencing and being influenced by its environment and the people in it'' (Taylor 2002:455). The value of Engel's perspective, largely informed by psychoanalysis and its interest for the introjections and projection of childhood relationships which form the personality, has been to emphasize that it is not social relationships as such which can influence and regulate mental and bodily processes, but rather specific relationships with significant others.

Based on studies which demonstrate that the non-specific elements of healing practices (from psychiatry to a range of non-Western techniques) account for most therapeutic effects, Kleinman (1972:112-116) designed a cross-cultural comparative grid of healing systems to find out what healing systems have in common. He found out that, among other elements, trust, warmth, empathy and various other components of support were ubiquitous in all therapeutic systems, suggesting that they could conspicuously account for beneficial effects of treatments (Kleinman ibid:118).

Another possibly universal element of therapeutic systems is the expectation of the patient's responsibility to get well. This is particularly relevant in mental illness, where patients don't always respond in the expected way to treatment. Often, in fact, they fail to fulfill the more or less explicitly expressed demand to try and get better following provision of cure or care, a responsibility of patients in Parsons' (1951)

model of ''the sick role''. Barrett (1996) has explored this issue in his double role of psychiatrist and anthropologist within a mental health service in New South Wales. He observed that when patients' didn't collaborate with treatment, they were likely to be more or less openly criticized for not demonstrating the will to 'get well' or 'normal again' and for manipulating the attention they received and the use of the psychiatric ward's facilities to pursue their own ends. Also, since in the common sense view madness entails sufferance and loss of control, those patients who showed autonomous volition or even enjoyment of their illness were perceived as faking their madness (Barrett 1996: 279-280, 290).

The embodiment paradigm and emotions

Psychosomatics, intended not as a causal relation between psyche and soma but as the interface between somatic and psychic aspects of illnesses (Engel 1967) is a focus of the anthropology of health. Emotions, or the sentient body, is the place where this interface can be observed. Non-Western 'ethnopsychologies' seem to be more aware of this interconnection:

> In non-Western societies emotions are integrated more closely with both interpersonal relationships and somatic processes. The interdependency of affective and somatic processes is evident in the fact that emotional experience is located in particular areas of the body. (Marsella & White 1982: 20-21.)

Since concepts of the person and of the world are seen by the anthropology of health as closely integrated with the ''folk knowledge of mental disorder'' (Marsella & White 1982:31), the study of illness conversely assumes heuristic value in understanding how personhood and cosmology are thought and experienced within a society (Connor 1982).

Starting from the 1980s, the theory of embodiment gained currency among medical anthropologists due above all to Lock and Scheper-Hughes, whose widely quoted

paper ''The Mindful Body'' (1987) defined the first and most important object of medical anthropology as the body and its perception (ibid:44). The body ceases to be a passive participant of mental activity to become a ''true agent of culture''. From the point of view of embodiment theory, the body is involved in the process of knowing the world and acting on it at least as much as the mind is.

This approach, which the authors name ''critical interpretative'', can only be realized by coming to terms with (and somehow overcoming) the ''Cartesian epistemological legacy'' (Scheper-Hughes & Lock 1987:137, Gordon 1988). Scheper-Hughes and Lock (1987:8-13) make the point that all concepts of body, included the Cartesian body-mind dualism, are a cultural construction motivated, among other factors, by historical and political contingencies and not a given 'natural' fact. This is reflected in the high variability across societies of ''the constituent parts of the body - mind, matter, psyche, soul, self, etc.- and [of] their relations to each other, and [of] the ways in which the body is received and experienced in health and sickness'' (1987:7, see also Howes 2005). Complementing this view, Wierzbicka (1989) has also sought to demonstrate that the concept of mind is far from universal. Departing from the observation that the English word 'mind' doesn't exist in many languages, included some other Western idioms, such as French or German, she points out the pervading tendency of English authors from all fields (narrative, philosophy, anthropology) to 'confound' soul with mind. Although Descartes himself spoke of *âme* (soul), not of 'mind', he is usually considered the theorist of the mind-body, rather than of the soul-body duality (Wierzbicka 1989:47; see for example Scheper-Hughes and Lock 1987:9). Bettelheim (1983:70, quoted in Wierzbicka 1989:47) attributes a similar bias to the interpretation of Freud's work, because of the systematic translation of the German word *Seele* (soul) with 'intellect' or 'mind'.

The criticism of the isolation of mind and body by proponents of the embodiment paradigm has been accompanied by an interest in affect, emotions and feelings, which until the 1980s were considered to belong to the private and intimate, a sphere traditionally alien to cultural anthropology. Michelle Rosaldo (1984:141), among others, has argued that feelings are not indeed any more private than thoughts and

beliefs, they are in fact ''interpretations always culturally informed, in which […] the body, self and identity are immediately involved''. Seeing emotions as social and cultural events, rather than merely biological or psychological ones, makes them accessible to anthropological analysis (Lutz & Abu-Lughod 1990).

For example, anger and compassion rise from the person's evaluation of the situation in relation to the self (Myers 1988), as well as from the intention to modify it. Open and dramatic expressions of emotions can be read as a ''controlled loss of control'' (Robinson 1995) directed to a witnessing public (Sansom 1980). By dramatizing, one calls for attention and emotional response from the audience and tries to gain the support necessary to legitimate one's claims or actions.

Unity of thinking and feeling

The authors within the embodiment paradigm remark that the autonomy of the individual in relation to the social and cultural context is one of the leading concepts of biomedicine. Gordon (1988) has put this belief under ethnographic scrutiny to pursue the study of the influences of beliefs, worldviews, historical and political circumstances on all medical systems. However, their critique of diseases and bodies as autonomous, biological and a-historical givens, does not flow into a discussion of relatedness (in terms of Myers'approach or in other terms) and of its influence on a culture's way to deal with illness and health care. The obstacle to the pursuit of such an analysis appears to reside in the fact that their primary aim is to demonstrate the socio-historical production of the body within each culture, leaving out of the debate the person, in its wholeness, as an agent enmeshed in a world of relationships. Nevertheless, further analysis of the social components of emotions poses the basis for a development in this sense. Wikan's (1991) work on the non-separateness of thinking and feeling is an example of the development of the embodiment paradigm towards an idea of 'embodied relatedness'.

Based on her ethnographic research in Bali, Wikan (1991) comes to conceptualize the process of knowing as a coalescence of cognition and affection and coins the term

''feel-think'', a literal translation of a Balinese term normally rendered just as ''think'' (*mekeneh*). 'Thinking', without 'feeling', is regarded by Balinese as a shallow and lower kind of knowledge, one which excludes intuition and morality (Wikan ibid: 299). Wikan argues that the concept of a merely mental knowledge is an obstacle not only to the comprehension of Balinese epistemology, but to broader anthropologic understanding. This comes as a necessary consequence of the realization that culture doesn't just shape what we think, but also how we feel (Rosaldo 1984:141). In a later paper, Wikan (1992) elaborates on the notion of ''think-feel'', arriving to conceptualize it not only as an object of analysis, but also as a methodological tool, that she refers to as ''resonance'' (see ch. 1). Resonance became central to Wikan's theorization following her observations of healing sessions conducted by Balinese healers, which drove her to conclude that the emotional or 'visceral' dimension of the relation between patient and healer is a fundamental one in societies where bodily experiences direct action, with certain implications for the status of the expert:

> If feeling-thinking is the crucial process of gaining knowledge about oneself and the world, then awareness is increased because it is embodied. […] This has implications for how experts are considered: […] in societies where the body is the medium (source) of authoritative experience experts lose out […] unless they, too, can compel experience, as healers, ancestors, possessing spirits, bodily felt-thought'' (1991: 286,289).

The approach to healing individuated by Wikan, an embodied modality of knowing and relating to the patient, is consistent with the view of illness as a process which is simultaneously biological, cognitive, social and emotional. Wikan's interpretation of Balinese healing practices offers a valuable insight that I want to pursue in relation to Yolŋu healing practices. In particular, the centrality of the body and its senses is fundamental to understanding the principles on which Yolŋu healing techniques operate (see ch. 7).

3.5 Ethnographic approaches to illness and healing

Ethnographic approaches to Aboriginal medicine have typically revolved around sorcery, healers and magic (e.g. Warner 1969). Initially, sorcery has attracted anthropologists' attention for its role in shaping etiologies, at times in a socio-evolutionistic frame (Foster 1976). More recently, it has been considered from a wider perspective, as a key to understanding patterns of relatedness and interaction within a society (Kapferer 1997, 2002). This development has been partially embraced by Australian anthropologists such as Reid (1983), Saethre (2007), Schwarz (2010), Magowan (2001) and, above all, Keen (2006).

The primacy given by anthropologists to sorcery within the study of illness has a parallel in the centrality of which healers are invested in the field of healing. Natural remedies have received far less attention, due to their less exotic nature (Reid 1989), while 'family care' (Kleinman's 1980 'popular sector') is mentioned in the literature above all in relation to Christianity, as a protective force against sorcery (Magowan 2003, Schwarz 2010).

In the following section I review the literature on the topics of sorcery and healing, with particular attention to those authors who have worked in Indigenous Australia. Building on the richness of ethnographic data available on the topics of sorcery and healing, I characterize my own approach as one which poses feelings at the centre, a device to explore notions of personhood and relatedness.

3.5.1 Sorcery as a logic system and as a creative force

Modern medicine's concern with the cause of a disease (see 3.4) is reflected, within the field of anthropology, in the interpretation of sorcery primarily as an etiological

system. Foster (1976:775), for example, states that causation is the most fundamental issue for researchers of medical systems. This perspective has been promoted in particular by the intellectualist paradigm, which together with the functionalist paradigms identifies one of main theoretical approaches to sorcery in anthropological studies (Reid 1983).

The intellectualist current was initiated by Evans-Pritchard (1937), who was the first to consider sorcery episodes observed in the field as forming a complex and consistent set of practices and ideas. His position has been followed by many studies concerned with Indigenous etiology, although authors have often re-inscribed Indigenous notions into categories and discourses belonging to Western social sciences, such as social evolutionism.[19] An example is Foster's (1976) distinction between personalistic and naturalistic medical systems. The first one attribute all kinds of misfortune to the intervention of an agent, who might be a deity, an ancestor, a spirit, or a human being (the sorcerer); the second one is articulated specifically around disease, which is attributed to natural phenomena, such as cold or heat, or to the disequilibrium of bodily humors. A society's reference to the personalistic or naturalistic model predicts for Foster (ibid:776) its proximity respectively to ''the dawn of culture'' or to the ''great tradition of ancient classic civilizations''.

The functionalist current dismisses the study of sorcery concepts and practices which are fundamental in the intellectualistic approach, to focus instead on patterns of accusation, seeing sorcery principally as an expression of social conflict (Marwick 1970). Sorcery is not thought to be actually performed, but is rather seen as a meta-discourse about socio-political relations. Stewart and Strathern (1992) for example have proposed a model which explains the changing patterns of sorcery as a consequence of colonialism, taking Papua New Guinea and Australia as case studies. The authors develop their argumentation on the relationship between altered political

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[19] Evans-Pritchard himself has been criticized for having performed only in part the task of communicating Indigenous ideas in a non-judgmental way, as demonstrated by his subdivision between ''scientific'', ''common-sense'' and ''mystic'' ideas, sorcery and witchcraft being included in the third category (Bonte & Idard 1991:757).

boundaries and sorcery departing from a particular type of sorcery, "assault sorcery", characterized by the fact that the soul is taken away and, more importantly for their argument, that the sorcerer is an outsider. This type of sorcery is likely to flourish where people moved to the villages or communities created by colonialists, becoming neighbours with traditionally hostile groups (1997:3,6). In addition, colonial authorities typically pursue a politic of pacification, which is likely to promote the use of sorcery by discouraging open conflicts (ibid:2). Although Stewart and Strathern's approach to sorcery takes into account historical and political factors, their model remains disease centred, being focused on ''physiological events conceptualized in cultural terms'' (ibid:4).

A third position belongs to those authors who directly or indirectly have criticized both the functionalist and the intellectualist paradigms and have seen sorcery as the manifestation of a 'force' immanent in every aspect of social life. This approach possibly originated from Mauss's (1902-3) conception of magic as a ''total social fact'' which informs every aspect of life: ideas (e.g., the notion of the human being as divided into different 'soul' components, or of invisible forces animating the cosmos), praxis (e.g., divination techniques), emotions (those arose from the crisis of illness and death) and, beside these, experiences (e.g. the experience of illness and healing).

Bruce Kapferer (1997, 2002), from a phenomenological perspective, affirms that if sorcery is to make a contribution to the progression of anthropology, it must be seen not only as a device to make sense of the world or the result of social breakdown but, primarily, as a manifestation of human consciousness and intentionality. Such intentionality is not intended by Kapferer as aiming to a specific end, if not the human projection in the world and the creation of psychological and social realities, which are at the very base of the human way of being-in-the-world (ibid:5). From this point of view, sorcery can enlighten the general processes of human consciousness (Kapferer 1997).

Moving the attention away from sorcery as preeminently related to etiology and interpersonal conflict allows other themes to emerge. An analysis of sorcery within a

particular society can in fact shed light on the specific way the person is understood and social relationships are constructed. Barker (2003) for example has analyzed changing patterns of morality in relation to sorcery and Christianity in Papua New Guinea. He has argued that these changes accompany a progression towards more individualized concept of morality: while formerly this was a matter of maintaining good social relationships (as a way to avoid retaliation through sorcery), it is now a question of individual profession of faith to the Christian God (who acts as a powerful protection from sorcery).

In general, sorcery is nurtured by the idea that human being are permeable and subjected to intrusion by others, embroiled in a web of relations embodied and reflected in their own ''organic individuality'' (Kapferer 1997:1). In societies where the person is conceived as a psychophysical unity, sorcery achieves control over individual volition mainly through the manipulation of the body. An example is given by Telle (2002:96), who describes how in Lombok witches take away those body parts which are the seat of genuine emotions and of intentionality (in a kapfererian sense), the inner content of people's embodied being. That idea that sorcery, as a technique of intrusion into the human's body, corresponds to an ''overcoming and possession of particular persons and their projects by the activities of others'' (Kapferer 1997:2) finds its place in this thesis above all in relation to issues of control, which are central to madness.

References to 'madness' as a Yolŋu concept are indeed very scant in the literature, where they are mentioned only briefly. In his monumental ethnography ''A Black Civilization'', for example, Warner incidentally (1969:198) reports that ''the Murngin[20] believe that deafness, dumbness, and insanity are due to possession of the afflicted one by a *mokoi* [spirit of the dead[21]]'' (cf. Reid 1983:52). However, the role

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[20] Warner used the term 'Murngin' to refer to those populations which nowadays are usually regrouped under the collective name of Yolŋu.

[21] Spelt *mokuy* throughout this thesis.

played by sorcery in the etiological system in general has been object of detailed analysis.

Janice Reid's book ''Sorcery and Healing Spirits'' (1983) has affirmed itself as the work of reference for those interested in the role played by sorcery within Yolŋu medical system. Reid, who conducted ethnographic research in Yirrkala in mid 1970s, locates herself within the intellectualist paradigm and considers sorcery as part of a logical structure, comparable to a Western scientific theory (1983: xx). This structure links sorcery, sickness and social events and takes the name of ''sociomedical theory'' (ibid:xxiv). Reid divides causes invoked by Yolŋu in three categories: social/spiritual causes, such as sorcery, spiritual intervention and breach of cultural norms; natural causes, like heredity, suicide, emotional states or neglect; emergent causes, as, for example, alcohol. Boundaries between the three categories are loose, because sorcery is often indicated by her informants as the 'real' cause behind natural and emergent causes. In any case, this tripartite model is overridden by Reid's conclusion that, although sorcery can constitute the immediate cause of sickness and death, the ultimate cause resides always in a disturbance in social relationships (ibid: 147).[22] This is echoed by Yolŋu themselves when they affirm that chronic diseases are due to the breakdown of social connections (Schwarz 2010: 75).

Reid's (1983) conception of the sociomedical theory was intended to explain why Yolŋu persistently resorted to explanations based on supernatural intervention, in case of serious illness and death, notwithstanding their increasing recourse to the remedies offered by Western medicine. To solve this apparent contradiction, Reid integrates her intellectualist perspective with a functionalist hypothesis: sorcery based explanations haven't lost their vitality in face of the changes brought by modernity because they function as a device to maintain social order and cultural continuity.

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[22] Reid's model builds on medical anthropology's customary distinction of three different levels of causality within personalistic models (see 3.5.1): the immediate or instrumental cause (the physical medium or practice used to make someone sick), the efficient cause (the person or being who made someone sick), and the ultimate cause (the reason why someone was made sick) (see for example Foster 1976:778).

In fact in Reid' experience sorcery is typically a retaliation for breaching ritual rules, performed within intergroup feuds and blamed on someone who is not a close relative (ibid: 8). By projecting the causes of misfortune outside of the group and, at the same time, reinforcing conformity to norms, sorcery works as a mechanism to preserve intra-group solidarity (1983:88; see also Biernoff 1984:148-9). Also, the threat of sorcery instills respect for Yolŋu laws, a function once performed by punishments such as spearing which became forbidden under the Australian law (Reid 1983:37, 154; Gondarra 1993).

Reid was writing at a time when the ramifications of the opening of the bauxite mine less than one kilometer away from Yirrkala and the establishment of the mining town of Nhulunbuy were becoming evident in the increase of alcohol consumption and alcohol-fueled violence, diseases and deaths. In this rapidly changing world, belief in sorcery, a characteristically non-Western ideas, stood for resistance towards the changes which threatened Yolŋu sense of cultural continuity and identity:

> The sociomedical theory [i.e. sorcery] has a certain tactical value *vis-à-vis* whites which is becoming evident as Yolŋu assume greater control of community affairs. […] In the medical arena especially, it provides an idiom in which Yolŋu can assert their own authority when whites attempt to control their affairs. […] Today the theory is becoming one of the markers of cultural identity [instrumental to] mark the boundary between themselves and others which is one facet of the struggle for respect and independence (Reid 1983:117-8).

While Reid's affirmation that sorcery, or the sociomedical theory, represents a way to safeguard cultural identity might continue to be valid, sorcery patterns appear to have changed with respect to the time when Reid conducted her research. Accusations are nowadays common also among members of closely related groups and sorcery has passed from being an 'instrument of the Law' in the hands of elders to become a threat to social harmony, performed in uncontrolled manner by young people (Gondarra 1993, Maypilama & al. 2003:13, Schwarz 2010).

The role of sorcery within Yolŋu society also appears to have changed under the influence of Christianity. While sorcery retains an ambiguous status (at times a legitimate instrument of authority, at times, increasingly, an arbitrary criminal act), it comes more and more to be seen as an expression of the Evil, the sorcerer becoming the symmetric counterpart of the Good, personified by God or Jesus (Schwarz 2007: 74-75, Barker 2003: 286). As Barker (2003) found for the Maisin of Papua New Guinea, it is especially in the sphere of sickness that Christianity has become relevant for Yolŋu. God, Jesus and those who embody their spirit are in fact invested with the ability to perform miraculous healing and to safeguard from sorcery attacks (Magowan 2003).

Sorcery has been negatively associated not only with moral values, but also with effective health-seeking behaviour: some commentators have deplored the persistence of sorcery beliefs on the basis that they are detrimental to health, because they obscure the ''real'' causes of illness and diseases, discouraging the sick from searching the help of Western medicine (Gondarra 1993; Shahid and Thompson 2009:111).

Erick Saethre (2007), an anthropologist who has worked among the Warlpiri people in a remote central Australia community, explores the role actually played by ideas of causality in patient's therapeutic choices, demonstrating that such ideas are only one of the factors affecting the therapeutic course and not necessarily a determining one (see also Mobbs 1991:292). He found that although Warlpiri people tended to classify sicknesses according to whether or not they had a supernatural cause, the chosen course of treatment wasn't necessarily consistent with this diagnosis, while they drew on Indigenous or Western resources according to their availability and accessibility, largely determined by people's social network and life circumstances.

Ian Keen's (2006) theoretical approach to sorcery in Yolŋu society goes beyond the area of illness and medicine and offers a model to understand Yolŋu notions of personhood and relatedness. Keen locates his argument in the context of Indigenous ethno-sociologies which consider the person as a composite of different parts and ''a

microcosm of relations'' (ibid:216). Examples can be found in the work of anthropologists like McKim Marriot (1969), Ronald Inden (1977) and Marylin Strathern (1978; 1998), who have elaborated the concepts of 'partible person' and 'dividual' through their studies of South Asian and Melanesian peoples.

Keen (2006) suggests that sorcery is a moral-political order parallel to the ancestral doctrines (i.e. the whole knowledge about the creator ancestors): in the same way that the ancestors remain connected to their 'traces' (e.g. their acts and creations), the person extends beyond their physical boundaries through 'traces' distributed in space. This extension is made possible by the composite nature of the person, whose parts, animated by the same living substance of the whole, can reach and affect others through space. For Keen (2006:521), ''sorcery embeds everyone in network of relations that transcend day-to-day proximity and which exist within a matrix of moral-political relations'' (the ancestral law). At the centre of these relations is the imaginative and practical creativity of sorcery, which is ultimately born by a powerful desire to reach and affect others: Keen (2006:521) significantly remarks that the sorcerer has a ''strong sternum (*gumurr-ḏal*) which implies the possession of a strong will''.

3.5.2 Healing and the figure of the *marrŋgitj*

Healers play a relatively marginal part in this thesis's ethnography, where they are a part of the discourse about illness and healing, rather than its centre. However, in this section I review the abundant and detailed accounts about *marrŋgitj* available in the literature in order to isolate frequently occurring elements, which can contribute to an understanding not only of the inner logic of healing in general but, also, of the way Yolŋu relate to each others and to the world.

The Yolŋu word *marrŋgitj* (plural or singular depending on the context) is very likely related to *marŋgi*, which means 'to know' when used as a verb and 'knowledge' when

used as a noun.[23] The word is also used to express ability to do something, (e.g. I can speak English, *Ŋarra marŋgi Englishku*), a usual practice or habit (e.g. I usually wear skirts, *Ŋarra marŋgi getku*; he smokes, *Marŋgi ŋayi ŋarraliw*), or familiarity with a place (e.g. I've been in Darwin, *Ŋarra marŋgi Darwin wäŋaw*). As it can be inferred by these examples, the type of knowledge referred by *marŋgi* is one that comes from direct experience (cf. Keen 1994:2), from doing something or from having been somewhere and, above all, through a continuous exchange with the environment, which is known and lets itself be known through the human body and its senses (Povinelli 1993, Tamisari 1999). This primacy of the senses and of perception is reflected in the fact that *marrŋgitj* gain their knowledge thanks to initiatory experiences through which they get sick and their body is cut, reconstructed and, finally, inhabited by 'spirit-beings' which had lived in the environment until they decided to move into the *marrŋgitj*'s body. These creatures are themselves called *marrŋgitj* and the name "*marrngitmirr*'" (lit. 'the one with *marrngit*'), recorded by Thomson (1961:97) for the Yolŋu healer, refers to this reciprocal accompaniment of the healer and his/her helpers. However, nowadays the healer tends to be called simply *marrŋgitj*.

In general, the figure of the healer has represented a puzzle for anthropologists, who have oscillated between sociologically and 'clinically' oriented interpretations of the role and work of the *marrŋgitj*. Sociological explanations have been offered for example by Elkin (1980), Warner (1969) and Reid (1983). A common concern of authors who have come in contact with *marrŋgitj* has been to search for difference and similarities between this figure and the sorcerer (*galka'*). Authors have generally reached the conclusion that, although the two figures are distinct, their separation is not sharply marked and the role of the healer always bears some degree of ambiguity. Because of their familiarity with sorcery and its techniques, healers are often at risk of being accused of practicing sorcery (Thomson 1961:98; Berndt 1974:271; Berndt & Berndt 1988:305; Reid 1983:85, Trudgen 2000).

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[23] Although the rhotics in *marŋgi* and *marrŋgitj* are distinct (*rr* v. *r*), the etymological connection between them appears to be likely especially when considering the verb *marrpuy*, a rarely used synonym of *marŋgi*.

Elkin, who refers in general to Australian Aboriginal healers as 'medicine men', attributes them an important role in the maintaining of social order, in that they can provide a cause for an illness or death, which will otherwise be disturbing the psychological and social life of the community to the point of impeding it from readjusting itself to events and functioning properly going about its business (Elkin 1980:316). Warner sees in the *marrŋgitj* a source of authority which helps to direct and organize the group at times of crisis, for example when the community is confronted with sickness or death, re-establishing the social equilibrium of both the group and his patients (Warner 1969: 221- 222). Reid suggests that the *marrŋgitj* performs a role which is essential to the cultural survival and the internal solidarity of the group (ibid: 78). The very existence of the *marrŋgitj* in fact, independently from his efficacy, nourishes and perpetuates the holistic logic which also underlines sorcery: disease and death are the result of an imbalance in the structure of relationships which human beings entertain among themselves and with the environment (ibid: xxv).

Authors who have addressed the problem of the efficacy of the *marrŋgitj*'s treatment have invariably ascribed it to suggestion and deemed it to be exclusively psychological nature. Thus Elkin, in his renowned monograph on Australian Indigenous healers ''Aboriginal Men of High Degree'' (1980), says that patients may obtain benefit from the healer because they are put in a condition of receptivity and suggestibility by the doctor's actions, objects and attitude, 'realizing the idea' constructed around them, i.e. that they have been healed (ibid: 40). Catherine Berndt (1974:280) states that Australian "native doctors'" are no more to be labeled as "charlatans", because science has acknowledged the role of emotional factors in producing and exacerbating functional illness. She considers them to be amateur psychiatrists or psychotherapists with an important role in the community, notwithstanding the ''handicap of their exclusion of realistic explanations of disease in favor of magical ones'' (ibid).

Cawte (2001:45) offers the description of an extraction of sorcery object (in this case, blood), with the intention of demonstrating how *marrŋgitj* exploit the suggestive

influence he exercises on his patients, in a sort of well intentioned cheating. He reports having been shown by a healer, who has completed an extraction of blood by sucking, the little stone he had used to cut his tongue while performing the operation. The author points out that the healer, far from cheating, did 'the trick' in good faith, since he exploited the suggestive effects of this operation for the patient's recovery.[24] Interpretations based on intentional, even if benign, ''cheating'', however, fall short when explaining of instances in which a sick *marrŋgitj* seeks the help of another *marrŋgitj* (see for example Warner 1937:203). It is implausible that healer would submit themselves to treatments that they know to be a mystification.

Anthropologists have often also given detailed descriptions of the *marrŋgitj*, including his initiation, powers and techniques. Elkin (1980), Warner (1969) and Reid (1978) for example have all offered extended accounts of the trials which constitute the *marrŋgitj*' s initiation, which the last two authors recorded as part of the autobiographical accounts of respectively four and two *marrŋgitj* (Reid 1978; Warner 1969:202-206).

Accounts of the initiation of *marrŋgitj* emphasize the exceptionality of the experience, which are the most varied, but always include contact with non-human creatures, the spirit-beings which can enter the body of the healer and have the power to change shape, from one natural element into an animal or a human like physiognomy. They are found accidentally, for example during a hunting mission, by the future *marrŋgitj*, cause him a serious physical discomfort and challenge him to 'fix' himself. Once he has thus demonstrated his value, these same creatures will become his constant companions and help him to divine the causes of diseases and practice healing.

These creatures are sometimes called *djamarrku̱li* (children, Warner 1969:205), perhaps because they must be able to become very small to inhabit the body. These

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[24] The holding of objects such as little stones or bone splinters in the mouth or hands by the healer has been recorded repetitively in many different cultures. This objects, has been argued, act as receptor for the malevolent spirit or energy that is inside the patient (Harner 1990:30).

creatures alert the *marrŋgitj* when someone needs his help and can pass from the *marrŋgitj* into their patients' bodies. The *djamarrkuḻi* are the ones actually performing the operation on the patient and, in Berndt's (1981:232,237) view, they represent a ''second self'' for the ''native doctor'', who identifies himself with them. This seems to be confirmed by the common usage of one name, *marrŋgitj*, to refer to both the healer and his small helpers.

The common characteristic of the varied powers that the *marrŋgitj* has gained through initiation is that they derive from an exaltation of ordinary perceptiveness. This aspect has been caught by Elkin, who remarks that ''medicine men'' have "supernatural powers, usually supersensory" (1980:37).

The phenomenon that has attracted much ethnographic attention is X-ray vision (Berndt 1988:155, Elkin 1980:37). Elkin dedicates a separate paragraph of his monograph to the "strong eye" possessed by "clever men" and defines it as "the power of looking in and through a sick person's body" (1980: 40-43). Reid (1983:61) reports of one *marrŋgitj* from Yirrkala having different stones, each of which with a special power: divining a murder, curing internal sores, healing superficial sores, restoring 'bad blood' and, finally, an 'X-ray stone' which enables the *marrŋgitj* to see inside the patient's body.

In general, the whole figure of the *marrŋgitj* is pervaded by the ability to access the 'inside'. This has also consequences for how Western doctors are seen. Reporting a discussion among some Yolŋu about the different types of doctors, Morphy (1991:82) says that the general practitioner was in the end identified as an ''outside doctor'', less capable of treating serious problems than the surgeon, the ''inside doctor'' who possesses specialist knowledge because he knows 'the inside story' and operates inside the body.

3.5.3 The 'magic' of healing: ancestral powers or feelings?

In this section, I further develop the account of Yolŋu healing techniques to explain how relationships and the values that inform them are even more fundamental to healing than its ritualistic aspect. In fact, as Magowan (2001:280) has remarked, the work of the Yolŋu healer has also much to do with ''internal states of feeling''. It is necessary therefore to bring forward, beside the ritual, the interpersonal dimension of healing. Feelings of connection and sympathy for others and care are a fundamental aspect of Yolŋu ethnopsychology, cosmogony and morality.

In discussions about Yolŋu Law and ceremonial knowledge, the 'inside' has been characterized as the most sacred dimension of existence (Morphy 1991). The Yolŋu concept of *märr* (often translated as 'power' or 'ancestral energy') has received much attention from authors concerned with understanding the depth of Yolŋu ceremonial and religious sphere, but its role in relation to healing hasn't been closely examined, although the literature is peppered with generic observations about its relevance for health and wellbeing. Morphy (1991:102) for example says that *märr*, even if potentially harmful to those who break laws related to sacred objects, is generally a beneficial power necessary for the health of people and of the environment and cannot be used for sorcery. Keen gives an example of the healing properties of *märr* when he says that ancestral songs, due to their power, are reputed capable of curing (2006:519). *Märr* itself, in fact, comes from the creator ancestors (*waŋarr*) (Keen 1978).

The personal, intersubjective and affective dimensions of *märr* haven't received systematic attention, a gap that can be partially filled by underscoring the affinity between *märr* and the germane *ŋayaŋu* (seat of emotions, feelings). *Ŋayaŋu* and *märr* are often used as synonyms by Yolŋu speakers and have been considered, to a certain extent, as equivalent (see Tamisari 2000:281). However, while *ŋayaŋu* has been given little or no attention by anthropologists, they have talked at length about *märr*.

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The word *märr* doesn't appear at all in Warner (1969), who uses instead the term *däl*[25] (lit. hard) to refer to the same 'spiritual power' that for later authors is indicated by *märr*. *Däl* is for Warner (ibid: 218-9) a source of ritual power which can either cure or kill and which surrounds sacred rituals and objects belonging "to the general category of the 'inside' or sacred". Warner (ibid: 494) considers *däl* to be identical to *mana*, a concept derived from Codrington's (1891) ethnography of Polynesian populations, where he describes it as an ''impersonal power or essence''.

In an article dedicated to *märr*, Thomson (1975) criticises the use of term *däl* to describe this "spiritual power" on part of Warner, but his interpretation of *märr*[26] coincides in part with Warners' interpretation of *däl*. The article is in fact replete with references to 'ritual danger' and 'power'. However, other parts of Thomson's work move the theorization about *märr* beyond Warner's point. For Thomson (1949:80-81), *märr* is a force animating not only ritual life but, also, economic activities: traded objects are valuable because they have acquired *märr* through their travelling from distant countries, or because they have been made by a particularly significant person. Thus, objects have *märr* because they carry a relationship with countries and people which gives them a ''personality'' (Thomson 1949:80-81). Thomson's (1949:41) also offers another definition of *märr* which brings this concept closer to indicate 'feelings': "[*märr* is] the solidarity [...] of a group, members of which are bound together by the sharing of a special bound" (cf. Morphy 1991:102-103). In the article dedicated to *märr*, Thomson (1975:4) transcribes the words of an informant which, again, highlights a more 'personal' aspect of *märr*. He reports in fact to have asked an informant: "What is *märr*?" and to have received this answer: "*Märr*, like him", which Thomson interprets as "a feeling of affection or solidarity associated with the sacred object".

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[25] Spelled *dal* by Warner.

[26] Spelled *marr* by Thomson.

Thomson's hints regarding *märr* as personal feelings and affection suggest a close relation between *märr* and *ŋayaŋu*. It is not surprising that this affinity has been retrieved by recent authors (Rudder 1990; Tamisari 1998, 2000; Magowan 2003) with an interest in the personal and affective side of Yolŋu life.

Magowan (2003:297) talks about *märr* as an "internal state" of "spiritual power or strength", differentiating it clearly from Warner's 'impersonal' *mana*. In the same article (ibid:304) she quotes a story told by Djanggirrawuy to Rudder (1990), in which she emphasizes Rudder's interpretation of *märr* as "a man's deepest desires and feelings, likened to a string" (cf. Thomson 1975:8). The assimilation of *märr* to desires (*djäl*, also 'will') is interesting in that it highlights the personal nature of *märr* and its 'illocutive' strength, confirmed by Tamisari's (2000:281) observation that *märr*:

> [...] refers to people's innermost feelings of love, care and compassion for country and relatives, as well as to concealed desires which are not expressed but are felt and met, silent wishes, which, I was told, 'make things happen'.

Feelings felt by people engaged in hunting or travelling across country (Povinelli 1993:164), dancing (Tamisari 2000) and healing (Magowan 2001:280) have been described as the key of access to a state in which the presence of the ancestors and of other spirit-beings is strongly felt and becomes part of the reality directly experienced by those engaged in the situation, even when their participation consist, apparently, simply in 'being there'. Indeed, Tamisari's (ibid) insightful observation that feelings are the 'ingredient' that make rituals effective, i.e. able to affect and to 'make things happen', can be extended in general to all aspects of Yolŋu life. The quality of this 'being there' and of this affection have been described by Tamisari (2000) in the context of *virtuoso* ceremonial dancing in relation to the use of the expression *wamärrkanhe*, with the literal meaning of 'my *märr* is with you' and the idiomatic meaning of 'cheeky', 'overflowing'. *Wamärrkanhe* is a compliment, or curse, used when the dancer and their audience, deeply touched by the dance, find themselves

suddenly 'naked' in front of each other. The expression identifies a type of 'seeing inside' which, as the ethnographic part of this thesis will show, is not different from that of the *marrŋgitj*.

Even those authors who have acknowledged this double nature of *märr* as ancestral energy nourishing religious life and personal feelings or desires, haven't elaborated on how these two aspects participate in each other. A possible way to overcome this separation is to consider that feelings of care and affection among people originate not only from personal and arbitrary dispositions but, also, from knowledge of shared ancestral connections.

This correspondence is evident for example in Magowan's (2003:299) observation that ''the very foundation of ancestral law [is] the rule of *djägamirr* - caring for or looking after one another''. This highlights the existence of a connection between the personal intimate sphere of individual feelings and the religious-ethical-juridical context. As Tamisari (Tamisari & Bradley 2005; Tamisari 2007) has remarked, for Yolŋu the Law is not only to be observed, but also to be ''held in the heart'' and ''looked after''. Williams (1986:29), explaining the Yolŋu word *maḏayin*, usually translated as 'secret-sacred' and associated with the most esoteric aspect of the Law, says that *märr* not only conveys sacredness, but also reverence inspired by the inner beauty and ''great affection''.

As Tamisari (2007:144) has demonstrated, this affection is not only to be understood as feelings of love and care, but also in its more literal meaning as something which can affect (from Latin *afficere*) others and, in turn, be affected by them, an aspect of *märr* of direct relevance to Yolŋu healing. *Märr* can be manipulated because it is an energy, or power, that can pass from one place (being it an object, a ground, a person or any other entity considered 'alive') to the other:

> This power [*märr*] can pass from the sacred objects to people during ceremonies, for example by rubbing the sacred objects or spearing a sand-sculpture (Dunlop 1989; Morphy 1977:139). The blood, the sacred

objects, the painted design, or even the dust from the dance-ground transmits power, and can 'bite' (Thomson 1949:42; Keen 1978:347).[Keen 2006:518].

Images and actions of spearing and biting suggest that the power is not found in the surface of things but in the deepest layers. For Yolŋu, healing consists in renewing the connection between the person, others and the environment. The specific way in which this is achieved will be the object of the two final chapters of this thesis.

CHAPTER 4: ORDER AND DISORDER IN CONTEXT OF CHANGE

> I act according to the Law, while you mad people, you don't see the Law; or maybe you see it, but you don't recognize and understand it. (*Balanya ŋarra li ga ŋayatham rom, ga nhuma bawa'mirr mala, bäyŋu nhuma ga nhäma rom; nhäma nhuma ga, yurr bäyŋu dharaŋan.*) (Loud speaker announcement.)

> I was brought up in the *guŋga'yunamirr rom* (the law of helping each other) and one of the problems now is that we are losing that *rom*, how we used to come together and help that person with a problem at home (Glenda, ' Galiwin'ku - N̲arran̲i, recording 9 February 2008)

This chapter addresses changing patterns of sorcery, marriage and social conduct as expressions and causes of social confusion and disorder. At the same time, it explains the strains put by these changes on the ethical and moral system and how this can ultimately affect the wellbeing of individuals.

Narratives were collected during the fieldwork that imply and explain concepts of illness, madness and wellbeing. These narratives can be divided into two types: on the one hand, those which approach madness as an individual experience, on the other hand, those which talk about madness from a 'sociological' point of view. These last ones often present orthodox statements by mature people in a leadership position and talk about madness as deviation from the norms on which social order is founded. Although the biographical and the sociological perspectives at times converge in a single narrative, the latter one is the one most frequently represented in this chapter.

Yolŋu views about the current situation of the community can be thus summarized: the breaking-down of the *rom* (Law) evident in the misuse of sorcery (*galka' djäma*), ''wrong-way marriages'' and lack of *raypirri'mirr* (correct behaviour, at times translated with 'discipline' and 'education', see ch. 5) have provoked and are provoking an increase of *bawa'* (confusion/madness). *Bawa'* can be here understood

both as 'social confusion' and as 'madness'.

It is important to understand some of the assumptions and ideas underlying key terms in the different expressions of this kind of narrative. *Rom* is a very complex term, which needs to be contextualized according to the diverse scenarios in which the term is used. In its most generic meaning can be rendered with 'Law', or 'culture', intended as 'tradition', i.e. the teaching from the ancestors. *Rom* can also refer to specific norms or ceremonies (e.g. the *Ŋärra' rom*, a men's ceremony); to the proper way of performing a mundane operation (such as hunting and cutting the turtle); to personal habits, as in the expression: ''this is his *rom* (*balanya nhanŋu rom*)'', i.e. ''this is how he usually behaves''.

In the context of this chapter, *rom* is used above all to refer to the ethics of interpersonal and personal conduct. Sorcery (*galka' djäma*), 'marriage' rules and the Yolŋu system of discipline and education (*raypirri'*) are discussed in this chapter as central themes around which contemporary Yolŋu discourses about social order and social change are organized.

4.1 Sorcery (*galka' djäma*)

In anthropological and in Yolŋu accounts, sorcery is seen both as a direct and indirect force for cohesion. Anthropological literature has emphasized the role of sorcery in dealing with the breach of laws, seeing it as an instrument for maintaining social order in the hands of the elders, who would use it to punish those who breach the law. Yolŋu say that children are taught to fear *galka'* (the sorcerer) so that 'they grow up taking care of each other' (*walal dhu djägamirr walalaŋguwuy walal*). This doesn't imply that for Yolŋu, both children and adults, *galka'* is not a real threat. Especially in the ex-missions, *galka'* is perceived as a constant menace, an unpredictable event that could strike people while walking in the street, when they are at the supermarket or playing cards outdoors. Whilst nowadays sorcery partially retains its value as an

instrument of social cohesion, changing patterns in its usage are fuelling a different and opposite view. As a consequence of its indiscriminate use by young people acting at random, in fact, sorcery is increasingly seen by Yolŋu as a significant source of social disruption within society and as an expression of social stress and breakdown.

In the view of many Yolŋu, gossip and indiscriminate use of sorcery create a situation of constant threat, which causes people to 'go mad' because of fear of becoming victims of *galka'* or of being accused (*birrkayun'*) of being a *galka'*. The gossip (*djarrma*) and the back-talk (*gupa waŋa*) which animate many night conversations around the fireplace often involve accusations of sorcery and are as much condemned as sorcery itself. During a meeting at the clinic, gossip was mentioned among the main factors affecting the health of the community by Yolŋu health workers: ''Gossip hits a person's life and vitality (*djarrma ga walŋa wutthun*)''.

The most common technique used by sorcerers is the magical introduction of *girri'* inside a person's body. *Girri'* indicates in general objects and personal belonging, but in this context the term refers specifically to the instruments used by *galka'* to magically hit his victims from distance, causing physical or mental infirmity. If not removed in time, *girri'* will cause a person to die or to go mad (see also ch. 6).

People in Galiwin'ku are constantly conscious of the risk of being hit by *girri'* and avoid walking around or lingering in unfamiliar areas of the town, especially at night. Whenever possible, they always use a car to move around the community, even for very short distances. Anecdotal evidence shows that many younger and older people spend much of their lives indoors, fearful of venturing outside and becoming the victim of a *galka'* (sorcerer). Sometimes, when their withdrawal from other people becomes serious, they might be seen as having a mental problem. Sorcery can therefore act both as direct and indirect cause of *bawa'*.

The following anecdote shows how sorcery, *bawa'* and political tensions within the community become evident in rumors and gossip and are lived as a 'social experience'.

A nocturnal council

One evening in September 2008, I was sitting outside house 1 at Camp A with one of my *yapa* and some of our *gäthu* (brother's children), when someone started talking about *girri'* (sorcery objects). At first *yapa* said: ''I am sick and tired of these stories!'', but as further details were added, she was the first to take great interest in the story, which appeared to have more substance with respect to the usual rumors. Even before I could fully understand what was going on, she stood up announcing: ''Let's go over to house 2 and listen to the story! You will see *yuwalk*, real life story about *girri'*''.

She, one of our male *gäthu* and I approached house 2, a few meters away in the same camp. Some people were sitting just outside the house around a small fire and we asked them the full story about *girri'* which was circulating around the camp. They pointed in the direction of the house next door; only at that point did we notice a circle of people standing in the dark, about twenty meters away from us.

Voices were low, the lights of the surrounding houses had been switched off, creating an atmosphere of suspense and mystery. I could hardly distinguish faces, but as we joined the group *yapa* said: ''It's all our *gäthu* and *wäwa* and *gutharra* and *galay* here''. I estimated that about fifty people were there, most of them men in their 20s and 30s. Everybody was looking towards one point in the circle where one of the leaders of the X group was sitting, listening attentively to his words. The 'old man' (as Yolŋu respectfully call elder people) was warning his audience, above all the young men, against the risks of drinking kava (a drink derived from the plant *Piper methysticum* and imported from Fiji) and smoking marijuana with people from Camp B[27]: ''You must drink only here, among us''.

The facts behind this spontaneous and informal 'war council' were these: a woman belonging to the X group, married to a man from a

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[27] Names of places and people in this anecdote have been omitted for reasons of confidentiality.

community situated in West Arnhem Land and currently living with him at Camp B, had been told by her husband that some Yolŋu from Galiwin'ku had purchased a big quantity of *girri'* in his community, a place well known as a home of many *galka*[28]. Those people belonged to Camp B and had allegedly bought the *girri'* with the intention of harming people from Camp A. That same woman was then sent by her husband to Camp A to inform her family, most of who resided in that area of the township, about these happenings.

Yapa, *gäthu* and I stayed there for a few minutes, the time necessary to understand what was going on. Then we went back to house 2 and to house 1, to share the story with those who had remained there. When *yapa* told what we had heard, someone predicted that within a short time lot of people from Camp A 'will go mad' (*bawa'yurr*). Others discussed the precautions to be taken, some of which were contradictory, such as not smoking cigarettes offered by people not residing in Camp A, keeping outdoor lights switched off at night, putting extra outdoor lights for improved safety and wearing only dark clothes so as not to be easily spotted in the dark[29]. At the same time, recent and less recent stories about people going *bawa'mirr* because of *girri'* were recounted in the light of the new developments.

At a certain point there was a pause in the talk and someone said: ''Ehy! The place has become very quiet!''. Indeed it was: there were no children laughing and screaming, no people calling out to each other loudly, no sounds of TVs or stereos. A second person answered: ''This means something is going to happen'', while a third added: ''The place is having a feeling about it (*Wäŋay ga dhäkay ŋäma*)''. A few minutes later, all the usual noises could be heard again and people could be seen walking around as it normally occurred in the evenings. Someone

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[28] However, this is a statement Yolŋu often made about any big settlements in Arnhem Land, included Galiwin'ku.

[29] About a month later, this state of alert was still much felt and some Christian Yolŋu were saying to wear white clothes for protection.

declared with a mixture of relief and affection: ''*Ya-ah*[30]... the place has gone back to normal (*Ya-ah...normalthina wäŋa*)''.

The next morning around 10 am the following announcement was made at the loudspeaker: ''Good morning Galiwin'ku. Here is * speaking. Good. Good and bad. I am going to talk about those people that during the day are sharing food and money and act friendly (*ḻundukunamin*) towards us, but in the night *gurruṯu* (relatives, family) disappear from their heads (*winya'yun muḻkurŋur*) and they came to Camp A to 'harm the lives' (*walŋa wutthun*) of those same people towards whom they act as friends during the day. We know you hide where the *gaḏayka* and the *mäna* trees are and we are afraid of you. But God sees you...'' The talk was repeated, with little variation, for three times by a man in his 40s and a fourth one by a second speaker, also a man in his 40s, who took his place at the microphone and substantially confirmed all that had already been said.

Although the word *galka'* (sorcerer) was never pronounced, the denunciation of sorcery implicit in the announcement was clear to anyone familiar with recent events. Sharing food and sitting around the same hearth is, within Yolŋu society, a marker of intimacy. In a world where everyone is related to everyone else (through ancestral and ceremonial ties and through everyday reciprocal duties), 'on-the-ground' distance or proximity in relationships are assessed through conviviality. For example, helping me to draw a map which linked our household to the rest of Galiwin'ku, my siblings classified camps and the various houses within the camps according to the fact that ''we go there, ask for money, but we don't sit with them, therefore we don't really know them, we don't know how their life really is. But these other houses, we go and eat with them, or they come and sit here with us and we give them food…''. The events recounted reveal a subverted state of affairs, in which 'sharing food' cannot be taken anymore as a sure sign of trustworthiness. This demonstrates how sorcery

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[30] *Ya-ah* is an expression of deep affection which people often use when they look at small babies. In this case, it expresses affection for the place and the people living in it.

affects daily social conduct by challenging established indicators of closeness and distance.

The episode can also be interpreted under a different and complementary perspective. The old man's warning not to 'hang out' with people belonging to other camps echoes a frequent complaint direct by older people towards young people having ''too many friends'' in groups not closely related to theirs. Beyond the concern for safety against sorcery, this might express the need to maintain boundaries between the various groups inhabiting the relatively overcrowded community of Galiwin'ku. The conflict enacted in this 'war council', as well as other episodes of conflict expressed in terms of the dichotomy we/they, (e.g., fights involving residents belong to different groups, or arguments about the allocation of ceremonial responsibilities), might be seen as a way to reproduce and reinforce social differentiation and group identity.

4.2 "Wrong-way marriages", individual and group identity

Changes are also seen to be occurring at the 'structural' level of social relationships, in the system of bestowal and arranged marriage on which the kinship system (*gurruṯu*) is based and through which it is perpetuated. The aim of this section is not to detail changes which have occurred in the kinship model but, rather, to focus on the transformations which have occurred at the level of practices.

Märranhamirr (lit. taking each other), is the Yolŋu word to indicate marital unions. Although the term 'marriage' is normally used by Yolŋu when speaking English, there is no specific ceremony which sanctions the beginning of married life. ''Right-way marriages'' are aligned generations earlier through alliances among the various groups and *milmarra* (bestowal) is still considered the ideal way in which unions should happen. In the course of the years, the promised husband makes presents to the family of his bestowed spouse. Yolŋu recounted cases in which the union didn't finally eventuate, sometimes because the husband died before the girl was old enough

to leave her family, but, because of those presents, an ongoing relationship of exchange and reciprocal affection still exists among the families involved.

Apart from alliances, unions are made taking into account people's position in the *gurruṯu* (kinship), in the *mälk* ('sub-section' or 'skin-name') and in the moiety systems.

According to kinship (*gurruṯu*) rules, a man should ideally marry his close or distant *galay* (MBD, MMBDD, etc.), while a woman should marry her *dhuway* (FZS, MFZDS, etc.).

A system of classification connected to moiety and *gurruṯu* is the *mälk*, rendered in English with 'skin names' and referred to by anthropologists as 'subsections system'. The *mälk* comprises sixteen names: four feminine and four masculine for each of the two moieties, *Dhuwa* and *Yirritja*. A person's *mälk* is determined by their mother's mälk. Even if there are ideal intermarrying couples between the *Dhuwa* and the *Yirritja* subsections, on Elcho they are secondary to those established on the basis of kinship (*gurruṯu*), a system with which *mälk* overlaps but only partially coincides. In Galiwin'ku *mälk* is mainly used to determine the nature of the relationship between people who are not consanguineous and as a default way of addressing people in those occasions in which it wouldn't be appropriate to use a person's name.

Such occasions include for example the recent death of someone bearing the same or a similar name, or the proximity of someone who is in a relationship of avoidance with the person to be referred to. Avoidance or, as they are called in colloquial English, 'poison relationships', are for example those between a woman and her son-in-law and between siblings of opposite sex. These pairs have to respect (*rum'rumdhun*) each other in a special way, which include avoiding physical proximity and eye contact, passing things and talking directly to each other, while making an effort to be extremely modest in talk and posture when in proximity of each other.

The degree to which two people most avoid each other depends on the specific relationship, some being more 'dangerous' (*maḏakarritj*) than others. Within the above mentioned pairs men will generally refer to a woman's with her *mälk*, her English name or a nickname, avoiding use of her Yolŋu name. The brother-sister avoidance relationship takes the name of *mirriri*, which expresses the feelings of a man towards her sister. Out of respect, a man will call his sister *miḏiku* (rubbish) to indicate that he would feel disgusted if he found himself too close to her. Others have to be careful not to discuss a woman's sentimental or health issues when her *wäwa* (B) is at a hearing distance, in order not to provoke his deep indignation and outbursts of rage.[31]

> One day, Djämirri and I were sitting outside, when we heard a man shouting loudly in a very upset tone of voice in front of a house nearby. In the flow of his talk, I could distinguish only the words *mirriri gurrupan* (give *mirriri*). A group of women who were in that house scattered as he walked away furiously, taking the opportunity to escape his rage. He kept on yelling something about the fact that he wanted to move to another house. I enquired if the man was drunk, but Djämirri explained me the facts: early that same day his sister's husband had found out that his wife had left to go to Ramingining without telling him and, full of rage, had smashed all the windows of the house where he was staying. Some women were commenting on the episode, without realizing that the brother of that same woman was at hearing distance. Djämirri concluded: ''This is what *mirriri* does to a man. Now you know (*Lingun nhe marŋgi*).''

'Moieties' is the name given by anthropologist to the two 'halves' composing the Yolŋu world, *Dhuwa* and *Yirritja*. People, places, animal, plants and virtually everything which exists is either *Dhuwa* or *Yirritja*. People can only marry someone

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[31] Similar rules are found in other parts of Australia, see Hiatt (1966) and McKnight (2005).

belonging to the opposite moiety to their own. A person will always belong to the same moiety of their father and to the opposite moiety of their mother.

Not only individuals, but also their respective groups maintain a kin relation among them.[32] A woman's children (*waku*) and her ideal partner (*dhuway*, FZS) belong to her *wakupulu*, i.e. to the group which stands in the relationship of 'child' to her own. For example, the Warramiri Dholtjipuy constitutes the *wakupulu* of the Djambarrpuyŋu Ŋurruyurrtjurrwuy people. This relationship is called *yothu-yindi* (child-mother, lit. child-big), or *yalu'* (nest, woman's womb). The mother must care for the child. At the same time, the *wakupulu* has special responsibilities towards its *ŋändipulu* and acts as a 'custodian' (*djuŋgaya*) for its *ŋändipulu,* defending its interests in matters of political and religious significance. *Yothu-yindi* and *yalu'* express harmony and balance between *Dhuwa* and *Yirritja*. Maintaining this balance is a central concern of Yolŋu life (see Yunupiŋu 1994).

The quotation, "I act according to the Law…." at the beginning of the chapter reports the words of a man who wanted to make public his discontent with the arrangements for a funerary ceremony. In his opinion, tasks and responsibilities had not been allocated properly, that is, not in accordance with the reciprocal duties of care existing between his own and the deceased's groups, which stood reciprocally in the position of *yothu-yindi* (child-mother).

Moiety, *bäpurru* (group affiliation) and *mälk* (sub-section) not only constitute the basis for arranged[33] marriages but are also a guide for interpersonal relationships. These considerations are preliminary to understanding why ''marrying wrong-way'' is an aspect of the abandonment of the *rom* that people in their 40s or older often emphasize as a sign that 'people are going mad':

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[32] The list of names at p. reports each person's group and its relationship to the Djambarrpuyŋu group.

[33] See Shapiro (1981) *Miwuyt Marriage*, where he discusses marriage at Galiwin`ku.

Breaking the rom

Nhakun dhiyaŋu bala dharrwa ga bawa'yun Yolŋu bili yuṯa miyalk ga yuṯa dirramu wrong way walal ga märit.Yaka, nhawi, maŋutji'yan ŋunhi nhuŋu yaka right dirramu. Yaka nhuŋu ŋayi dhunupa dirramu. Nhe dhu ga nhäman dirramuny ŋunhi bili yan nhunŋu right, nhawi, skin ga dhuway'mirriŋu nhakun wawunmirri yan. Baydhi nhe dhu worruŋu marrit. Baydhi nhe dhu worruŋu ŋunhi dirramu nhunŋu promised, dirramuny marrit. Ŋuli nhe dhu wiripuny dirramuny nhawiku miyalkku djaw'yun dirramuny nhe dhu yindilil marilil gärrin [...]	Like, right now many Yolŋu go mad because young women and young men they are marrying wrong-way. That boyfriend of yours, he is not the right man for you. He is not your straight man. You saw that man already who was the right one for you, his skin (i.e. subsection) was right and he is your dhuway, you should accept it quietly. Never mind if you are going to marry an old man. It's not important that he is old, because he is your promised husband, the one you should marry. If you take away another woman's man you are going to enter big troubles [...]
Nhawi gam'... bili... baman'dja ŋunhi gan marrit nhakun dirramu gan marrit nhanŋu yan promis wifenha. Bäyŋu ŋayi lovekurr märram, bäyŋu. Maŋutji yan ŋayiyi ŋunhi dirramu ga myialk gan bäyŋu. Ŋunhi gana promis wife ga nhina---a ga marritja ŋayi dhu dirramuy. Balanya wiripuny mala gandarr walal ŋunhi bakmaram ŋunhi rom yuṯa miyalk ga dirramu bala marit walal ga nhawi, nhä ŋunhi yäku, unmarried, ya'palinya walal gan. Ŋunhi bäyŋu nhanŋu, nhawi… maŋutji'yaŋal. Yow.	You know… time ago man always used to marry only their promised wife. He wouldn't marry through love, no way. A man and a woman wouldn't have a love affair before getting to live together as husband and wife. The promised wife would live by herself until it was time for her to marry. But some people they break the *rom* and they live together… what's that name… unmarried. Time ago people wouldn't have you know… boyfriends or girlfriends. *Yow.*

Wiripu ga manaŋin wiripuw miyalkku wo ḏirramuw. Ŋayi ga dirramu maŋanin wiripuw dirramuw miyalk. Wiripu ŋayi ga oldmangu maŋamin myialk, worru'wurruŋuw nhawiyu ḏirramuy märan walal gan, maŋanin. Yow.	Some others are stealing somebody else's woman or man. Men steal another man's woman. Another steals the woman of an old men, men are stealing the women from the elders. *Yow.*
Bäyŋu bili nhä? Bala walal ŋunhi bukmakthu ḏirramuy ga miyalk, bukmak walalal ŋunhi nhawi ŋayaŋu-wangany'thinan. Ga ŋunhi walal ga näwimirriya guŋga'yunamirrya rom ga raypirri'mirrnydja bakmaraŋala, bukmakthu yolŋuy. Bukamak wäŋa, Galiwin'ku, Milingimbi, Yirrkala, bawalamirr. Bäyŋu ga dhyaŋu bala baki yolŋuy ŋunhi romnha, eh? Ga dhyaŋu bala napurr ga nhawi mel-gänaŋu.	Why is that? Because all the men and women, they think and feel as one. And they, all Yolŋu, have broken the *rom* of helping each other and the *rom* of *raypirri'* ('correct behaviour'). All the places: Galiwin'ku, Milinginmbi, Yirrkala, everywhere. Yolŋu are not using that *rom* right now, eh? Right now, you know, each of us sees things individually.

(Bepuka, Galiwin'ku, recording 15 April 2007.) |

''Wrong-way marriages'' are reportedly becoming common on Elcho, while unions between people belonging to the same moiety are still adamantly opposed. One of the reasons quoted by Yolŋu is that in the current household arrangements in the communities, women's' daughters and their brothers' sons, who are ideal partners, ''grow up together like siblings, playing together and fighting on everything: when they grow up they don't feel like marrying''. Conformity to bestowal (*marrimal*) seems to become more and more an ideal standard which is rarely put into practice. However, this doesn't happen without raising worries and concerns, above all among mature and older people.

In various occasions one of my *yapa* (Z) told me: ''Our family is not scattered around, because we have been marrying within the family'' (i.e. unions have happened between people belonging to the appropriate groups). However, she is concerned that this situation could change in the very next future. One day, she told me that she had been 'crying inside' (*ŋäthi djinawa*) because she was worried about the future of her family. She saw it compromised by the fact that, in her words, ''all our female *gäthu* (BD) are married to other[34] people and our *waku* (wC) have to go to other *bäpurru* (families) [to find a wife] because they have no women.'' She concluded saying that, even if she was 'crying inside', she didn't want to force or make any kind of pressure on her gäthu (BD) because ''they have to realize it by themselves''.

Clearly, there are limits to the pressure that can be exercised on young people to marry ''right way''. As a matter of fact, they are supposed to make such a choice 'spontaneously', following the interiorization of teachings incorporated in ceremonies which have been partially abandoned (see below, ch. 4.3).

In many cases, however, people's attitude towards ''wrong-way marriages'' appears to be quite flexible and pragmatic when it comes to single situations. After the birth of a child of a ''wrong-way marriage'', there is a meeting of the families concerned, to decide where the child must live. Its position within the kinship will follow either the ''mother-side'' or the ''father-side'', depending on whether the mother or the father will be used as points of reference. Although the child is usually recognized by the father and knows who the father is, the role of *pater* might be given to somebody else (Tamisari, pers. comm. June 2007).

In one particular case, because a couple was seen as living in harmony and showed good parenting skills, the fact that they have ''married wrong-way'' seemed to be looked at with indulgence, as the following episode suggests:

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[34] I.e. people who don't belong to the right group.

One evening, a young couple with a baby came to Gomburr house (next to the Brown House) to ask for some sugar. Djämirri and I were sitting on the sand outside, watching in that same direction. She explained me: ''Those two are *dhumungur* (FZDDC) and *ŋathiwalkur* (MMMBS) (avoidance relationship between persons of opposite moiety). They have adopted that child because the mother wasn't looking properly after him. Now that child is healthy and he's growing up very quickly''.

Given such (relative) flexibility and tolerance, why, then, are ''wrong-way'' unions blamed for the increase of *bawa'* (confusion, madness)?

A plausible reason is that the confusion potentially deriving from ''wrong-way marriages'' can affect people at a personal level: knowing and recognizing (*dharaŋanmirr*) one's connections to people and places is fundamental to knowing and recognizing ''who you are''. One night, Ruthy Marrwurpul, a Gälpu woman, talked at length to me about the connections of her group with others, naming a big number of people and specifying their group, ancestral country and relationship with herself, me and other people from Galiwin'ku. She introduced her talk stating:

> I know where I am, if you don't know where you are, you are nowhere. This is why you always see me around this area of Middle Camp, because here is where my *märipulu* (mother's mother group) is, my *yalu'* (nest, mother's womb), my foundation. The *yalu'*, you pass through it and this is where you identify yourself. I fit in here. Otherwise I wouldn't be here, I will be somewhere else.

In the end, she concluded:

> I didn't know as a little girl who I was, I learnt as I was growing up. Now I know where I am and this is why nobody can knock me down. I know who I am more than anybody else knows, inside, I know who I am inside, my *walŋa* (life).

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The importance of ''marrying right-way'' resides in the need to maintain a protective and nurturing nest (*yalu'*), where the individual can develop their self confidence and grow to know 'who they are' and what place they are to occupy in the world. The system can also be thought as a spider web, in which each link and strand is important, or a scaffold where all the bits fit together. If a piece is not there where it should be, then there is a gap in the structure which can't be filled. This web of relationships is also highly flexible and can be navigated and negotiated differently according to contexts and circumstances. For example, the relationship between my *mukul rumaru* (MMBD) Djanumbi and I is one of 'avoidance'; the distance required can be 'shortened' thanks to the fact that our respective groups, the Djambarrpuyŋu and the Gälpu , are 'sisters' (*yapapulu*).

Another explanation of the importance of ''right-way marriages'' is that following bestowal rules guarantees the perpetuation of the distinct *rom*, culture and language belonging to each group:

> See, this is how we live, we Djambarrpuyŋu from Ŋurruyurrtjurr. These houses [she names some of the houses at Middle Camp where Djambarrpuyŋu Ŋurruyurrtjurrwuy people live] are connected by the same *rom*. *Yow*. We have this structure: if I marry a *Yirritja* [i.e. the opposite moiety to her own, *Dhuwa*], I don't become a Bukulatjpi [name of a particular *Yirritja* group] because my *dhuway* (MBS) is Bukulatjpi. I am still Ms Dhamarrandji. But my children will be Bukulatjpi. This is how we kept our *rom* through the generations.

It is also reasonable to state that ''wrong-way marriages'' are opposed because they complicate and open to question individuals' relations with the various groups, as well as the boundaries and rights associated to their estates. *Marrimal* (the promise system) also ensures that old people are looked after from generation to generation. When children marry out of the system, they will be drawn to look after people belonging to a different group.

When people marry right-way, then, the system is balanced and harmonious, old people will be looked after and ceremonies will have appropriate 'custodians' (*djuŋgaya*). By ''marrying the wrong way'', there is a likelihood of dispute and dislocation between families about land, ceremonial responsibilities and leadership.

Moiety (*Dhuwa* and *Yirritja*), group (*bäpurru*) and generational boundaries determine leadership within groups and regulate inter-group responsibilities and rights to be consulted about the use of certain ceremonies, paintings, songs or places. Exception made for certain circumstances (e.g. the *wakupulu* or 'child-group' taking care of a matter concerning their *ŋä<u>n</u>dipulu* or 'mother-group'), but no group should intervene or otherwise interfere in other groups' business. When intra-group leadership is unclear, then there's a higher risk for people belonging to other groups to 'cross over' established boundaries (cf. Keen 1994).

The image below was drawn following an initial sketch by Gutha about 'correct leadership'. Half of the circle is composed by the *Dhuwa* moiety groups (*bäpurru*), the other half by the *Yirritja* groups of Elcho. By drawing a line between the two moieties, Gutha wanted to state that *Dhuwa* can't step without permission into *Yirritja* area and vice versa. Each group is represented by an old man and woman sitting under an isolated tree, indicating the autonomous leadership of each *bäpurru*. The diagram illustrates graphically the Yolŋu principle of being together (sitting in a circle), but separate (each in their own shade), close but distant, 'same but different' (cf. Tamisari 1998:262). Gutha made photocopies of it with the intention of visiting one by one the various groups to ask them to tell, once and for all, ''who the real leaders are'', so that she could write down their names and make some clarity on the matter. She explained that it was necessary to take such a resolution ''because today young people act as if they were the leaders, but they don't have the rights and experience''.

Figure 4: Gotha's scheme of correct leadership

The following episode demonstrates the importance of kinship affiliation in determining responsibilities for mediation in interpersonal conflict, as well as for illness:

All his words and actions, we feel them

One morning in October 2008, a meeting was held in the shade of the trees of the Brown House. Various representatives of the Djambarrpuyŋu (both Ŋurruyurrtjurrwuy and Guṉḏapuy), Gälpu and Marraŋu groups (*bäpurru*) sat together to solve a dispute between a young couple formed by a Gälpu man from the Gälpu group and a woman from the Marraŋu group. A Djambarrpuyŋu elder was the principal speaker and acted as a mediator in the meeting. Djambarrpuyŋu was the *märipulu* (MM group) for the woman's group and the *yapapulu* (Z group) for the man's group. The meeting was

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called because the woman had brought to public knowledge the subject of an argument she was having with her husband. The man, in the privacy of their home, had repeatedly accused her *märi* (i.e., the Djambarrpuyŋu mob) of performing sorcery on him, causing him continuous headaches and back pain, until one day she had enough and reported the accusations to her *märipulu*. The Djambarrpuyŋu man who acted as a mediator didn't take sides for her *gutharra* (wDC) and didn't react to the accusations of sorcery made to his own group, but reformulated the problem as one which concerned the couple's ability to get along. He came to the conclusion that husband and wife should try to live in peace and resolve arguments between themselves. While people were still speaking, the woman's husband suddenly stood up and, as though sulking or angry, left the meeting and walked away without a word. The spokesman for the Djambarrpuyŋu group tried to minimize the importance of the fact, commenting that he probably had to go and get some food because he was hungry. However, the gesture did not go unnoticed and was commented upon in the smaller groups which formed immediately after the meeting was declared over and the audience had dispersed. A group of older women from the Djambarrpuyŋu group said that the man's disrespectful behaviour was aggravated by the man's social standing as a *dhalkaramirri*, a person who can 'call out' sacred names in ceremonial songs[35]. They expressed their hurt saying: ''What he did wasn't good: all his words and actions, we feel them in ourselves (*limurr ga dhäkay-ŋäma nhaltjan ŋayi ga waŋa, actions nhanŋu*).''

This episode shows how individuals engage significant others, in this case through the accusation of sorcery, as a witnessing audience when trying to resolve illness and interpersonal conflict. The man's illness complaints are interpreted as a manifestation of something 'wrong' at the level of relationships. The intervention of the mediators

[35] *Dhalkaramirri* and *gumburmirr* are the names that such a person takes when belonging respectively to the *Yirritja* and to the *Dhuwa* moiety.

was a foreseeable consequence of the man's accusations. By blaming others for his illness, he not only offered a reason for the large meeting to happen, but implicitly acknowledged his and his wife's interdependence on others. Possibly, the support offered to the couple wouldn't have been available to a couple married ''wrong way'', because it would have been difficult to determine were they stood in the kin web and which group had the responsibility and right to intervene.

4.3 *Raypirri'*, the correct behaviour

The episode above recounted highlights the nature of the guiding and disciplining role played by elders towards younger people. The mediator's intervention was characterized by a non-imperative style, founded on his unquestioned right to speak and put the final word on the matter, a right which is in turn justified by his position within the kinship web. Although most of the people in the crowd were silent, with their mere presence they participated by exerting pressure on the two disputants not only to act, but also to feel in an appropriate way. The final remarks of the women evidence the emphatic participation of the audience and the (disappointed) expectation of an equally emphatic attitude on part of the young man. Emotional and affective engagement plays a fundamental role in Yolŋu styles of social interaction.

Lapulung (Milingimbi, 19 May 2010) explained that participating in a ceremony such as the *wukundi* without being there also with feelings and or unaware of its meaning, would provoke a person to fall sick. For example, in the case of the *Dhuwa* ceremony *munbu wukundi*, such a lack of awareness and engagement would mean to develop boils.

Raypirri' is a particular aspect of the *rom* which can be translated as 'correct behaviour'. In its verbal form, *raypirri'yun*, it means 'to discipline'. However, people can have 'good behaviour' (*raypirri'*) without having being disciplined (*raypirri'yun*). Yolŋu look at it also as education, although of a different kind than that imparted at

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school.

Ga ŋunhi wäŋaŋur nhakun wäŋaŋur ŋuli napurr dhu gäna nhumalany teaching, ŋä<u>nd</u>iyi ga bäpay, ga märiyi ga mokulyu. Yurr wäŋaŋur. Ga ŋunhal schoolŋur napurr dhu teaching ga ŋunhi wiripu, bukmaknha nhumalany. Dhuwanydja wäŋaŋur ga family yan napurr dhu teaching, marŋgikum, <u>l</u>akaraŋ dhunupan dhäwu, ya'balanya?	We teach *raypirri'* at home, home by home, us mothers and fathers, grandparents and aunties. But at home. And there at school we teach you different things, to all of you. We give you knowledge about this only at home, we tell you how things really are, you know? (Bepuka, Galiwin'ku, recording 15 April 2007.)

Raypirri' is 'given' (*gurrupan*) or 'shown' (*milkum*) by older people and 'taken' (*märram*) by the younger generations. It refers to children's correct behaviour both in everyday life and for what concerns ritual, in which case is called *yindi* (big) *raypirri'*:

Ga bulu limurruŋ raypirri' ga dhiyal nhawiŋur wäŋaŋur, gäna'kana limurruŋ raypirri'. Nhaltjan limurru liga marŋgikum djamarrkuliny limurruŋguwuy limurr ga nhaltjan limurru ŋuli bukmaknha miyalkurruwurruy marŋgikum limurru miyalkurruwurruy, ga walalaŋ balanya bili dirramuwurruŋ ga walal dhu dirramurruwuy marŋgikum walalaŋguwuy djamarrkuliny ŋunha wäŋaŋur nhä walal liga milkum walalaŋ ga nhä limurr ŋuli ga milkum miyalkurruwuruy ŋunhal wäŋaŋur	Also, *raypirri'* is in the family, a private matter of each group. We teach our own children and we women teach especially to the young women, while the men teach to their own male children there at home (*wäŋaŋur*). The men will show certain things to the men at home and we will show certain things to the young girls at home, while others will be shown in a separate place.

limurruŋgiyingal ga barkuwatjnha nhäkun limurr ŋuli marŋgikum.	
Yurr, nhakun limurr ŋuli ga bukmakthuny nhäma yolŋuy bukmakthu limurr ŋuli ga nhäma yolŋuy raypirri' märrma' limurruŋ. Nhumalaŋguny yindiny... dirramunydja raypirri'w lakaranhaminyaraw ŋunha dharrpalŋur romŋur marrma'ŋur mak lurrkuŋur ga napurruŋguny waŋgany'ŋur yan, märrmaŋ napurruŋguny ŋunhal wäŋaŋur, wäŋaŋur napurruŋgiyingal nhakun... nhakun yothu-yindiw ŋunhal wäŋanur napurru.	All of us Yolŋu, we see two kind of *raypirri'*. One is big, the *raypirri'* for the men, which is told in the secret *rom* [in this case, ceremony], maybe in two or three of them. We women have one or two there at home, at home is like… the place where *yothu-yindi* [lit. child-mother, i.e. where the *ŋändipulu* (mother- group) and the *wakupulu* (child-group) live together] is. (Bepuka, Galiwin'ku, recording 15 April 2007.)

Although *raypirri'* is found in specific ceremonies, it is mostly interlaced in everyday life and assimilated by observing and listening to one's close family adult members. An aspect of *raypirri'* often highlighted is in fact that it is something which happens at home/on country (*wäŋaŋura*, from *wäŋa*=home/country + *ŋura*=at). One meaning of this expression is 'sitting with the right people', meaning spending time with one's close family members: ''I know the *rom* and I know it because I grew up staying with my family: *bäpa*, *ŋändi*, *mukul* and *märi'mu*'' (Yuŋgirrŋa, Galiwin'ku 4 March 2007).

Prohibition of stealing, talking rudely or laughing at other people are all part of teaching imparted by *raypirri'*. Together with respect for interpersonal boundaries and the integrity for others, *raypirri'* reinforces all those behaviors which express respect and care for others. This expresses another aspect of the balance between dependency and autonomy which constitute the basis of relatedness.

[...] ga waŋa ŋapurr dhu ga ŋunhi bitjan miyalknha wirrkulnha: ''Bäyŋu nhe dhu ŋayatham goŋdhu yolku nhe dhu bathi djawarr'yun. Ŋunhi napurr dhu djäkalil rulandhun nhe dhu yaka goŋ djawarr'yun, goŋ ŋirriyun nhe dhu ŋunhi nhawi bathi, yolku babalamirriw gurruṯumirriw ga ŋukalaŋaw gurruṯumirriw. [...] Yaka waŋi, yaka djarrma gäŋu, yaka yolŋuny marilil galkurr. Yaka nhe dhu, yaka nhe dhu ŋuli yolŋuy nhe dhu dhäwu ḻakaram nhe yaka dhu djarrma gäma. Yaka nhe dhu marilil yolŋuny galkan. ''	[...] and we will tell to that young girl: ''You won't put your hand on somebody elses' bag. Whenever we leave it aside, your hand won't grab it, you won't put your hand in it, whoever has left that bag, no matter if they are your family or someone you are not related to. [...] Don't talk to bring gossip, don't put another person into troubles. If somebody tells you a story about someone, you won't make gossip. You won't make other people start fights.'' (Bepuka, Galiwin'ku, recording 7 December 2007.)

4.4 Moral dimensions of the *rom*

Raypirri' also identifies a particular style of teaching, in which people are encouraged to find their own way towards the meaning of stories and events. For example, at the conclusion of the ceremonies and stories associated with adulthood, it was said to the young women: ''This was told because of its meaning, which you will understand by yourself (*Yan dhuwannydja ga mayali'kurr lakaram ga nhumapin dhu marrtji dharaŋandja*).'' (Bepuka, Galiwin'ku, recording 7 December 2007.)

This is valid for the transmission of knowledge in general. The 'inside story' (*djinaga dhäwu*) is left to the individual to discover (*maḻŋ'maram*) at their own pace, while direct questioning about the meaning of a story is discouraged and will be rarely satisfied.

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One night in August 2007, I was in Gäwa homeland (on the north point of Elcho), talking around the fire with Gutha about what does 'sacred' mean. I already knew the terms *dhuyu* and *maḏayin* and their usual translations, respectively 'sacred' and 'secret-sacred', but I wanted to explore more deeply the meaning of 'sacred' itself. Gutha told me: ''*Ḏandja* means: If you dig looking and looking for something you won't find anything, just water. When I was growing I learnt by listening to the old people (*ŋaḻapaḻmirr*), not by asking questions. If I want to find out about what is sacred, I look at my own *walŋa* (life, vital essence within oneself), not at my *waŋarr* (creator Ancestors). Go back from where you started. You have to know the physical level very well before you can understand the spiritual.''

The things that are *ḏandja* are secret and sacred, they are hidden, inside and not visible. We may find these deep and hidden 'mysteries' by looking, but we will have little hope to understand them until we, as Gutha says, know much about ourselves and the workings of the world (John Greatorex, pers. comm. 19 August 2010).

Banthay, describing with admiration the leadership style of a Warramiri elder now deceased, said: ''Many people would go to him to ask questions about any sort of matters, because he knew about everything. But he would just give them a little bit of knowledge, only a tiny bit when they went and ask him: But why is that sacred to us? (*Nhaku ŋunhi dhuyu limurruŋ?*)''.

One day *bäpa* Maratja told me the story about Burralku, the *Dhuwa* place of after-life. The story, in short, tells that *Dhuwa* Yolŋu, when they die, reach the place where Burralku is and there are asked to show their teeth. If these look too bright, clean and straight, all in their place, they are not let in. When he finished the story, Maratja concluded: ''What's the meaning of this story? I don't know. I think it might mean you have to be experienced in life to access that place, if your teeth are

too white and perfect, it means you haven't made enough experiences. But you can find your own meaning. I give you permission to find out about this story.''

People are also encouraged to discover by themselves the meaning of a story related to their own group and ancestry and to establish a personal relationship with it through their direct commitment and experience. This process of interiorization is made evident when people say: "We have that *rom*: we hold it in our heart (*ŋunhi rom limurruŋ ga ŋorra ŋayaŋuŋur*)''. *Ḏayaŋu*, here translated with 'heart' is better rendered as 'seat of feelings' or 'feelings'. *Ḏayaŋu* bears some similarities with *märr*, a concept related to the 'inside' and the intimate. In other words, people must not only know the *rom*, but also feel it. Yolŋu refer to the most sacred aspects of the *rom* as *maḏayin*. Exploring the concept of *maḏayin* is useful to gain insight in the affective-moral dimension of *rom*.

One day, I was sitting in the bedroom with my *ŋänḏi* Yandalawuy, keeping her company while she was minding her three months old grandchild, who was asleep in her arms. While we were chatting, I asked *ŋänḏi*: ''How do you say 'sacred' in Yolŋu language?''. She answered: ''*Maḏayin*.'' and then added, looking kindly at her *gutharra*: ''Like this baby here, I can say he is *maḏayin*''.

In October 2007, two researchers from James Cook University came to Galiwin'ku to investigate local attitudes towards smoking and asked some of my Yolŋu relatives to help them. I happened to pass in front of the Bible Translation centre where the group was gathered to talk and I was invited to sit with them. Soon the conversation touched on the association between tobacco and the annual visits of the Macassans, who were the first to introduce tobacco in Arnhem Land. The arrival of the Macassans' ships and the trading of tobacco are at the origin of some ceremonial dances and songs. Because of these association, Gapany explained, even people who are not smokers, like herself, will

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become nostalgic (*warwu'yun*) when they hear the sound of the *bilma* (clapsticks) playing those songs, because they will remember about their old people. Some names for tobacco, she added, are used also as personal names for people. But they can't be used as thoughtlessly as *ŋarali'* (common word for "cigarette" or tobacco), because – she said mimicking the rocking of a baby close to the chest – ''they are sacred to us (*madayin*)''.

These episodes demonstrate that *madayin* doesn't refer exclusively to secret-sacred knowledge, but also to feelings of belonging and deep affection for something which is precious because cherished, close to one's heart. Under this aspect, *madayin* becomes a relativistic concept: it's because of the relationship that a person has with a certain object, that this becomes sacred. Different groups (*bäpurru*) will feel differently about lands, ceremonies, songs, designs, natural features, all of which can be sacred for some, but not for others. The *rom* is not only sacred, but, held in their *ŋayaŋu*, guides a person's feelings.

What *raypirri'* is intended to achieve is an internal persuasion, a 'naturalization' of the *rom*. This explains why those who don't follow the *rom* or are *raypirri'miriw* (without *raypirri'*), are perceived to be 'mad' or at least potentially exposed to madness.

Ga limurr yan dhu ga ŋunhi ŋunhiliyi dhu ga nhawi barrarrira walalaŋ mulukurr madakarritj'mirra yolŋu. Ga walal dhu ga bitjana bili limurruny warku'yuna yan, warku'yuna. Ga bäyŋu walalaŋ ga raypirri' ŋorra. [...] Madakarritj ga mulkurrdja nhanŋu ga empty nhanŋu mulkurrdja ga bäyŋu ŋayi ga nhäma yolŋuny ga ŋayi ga gurrutu nhäman	And we are afraid of those people whose head is full of anger. They will just speak in an offensive way to us. Because they don't have *raypirri'*. [...] That type of person has an empty and dangerous head and he can't see properly other people and how he is related to them. [...] There are many people here, young men and young women, whose head is full of

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manymakkum.[...] Dhuwal yuṯa yolŋu ga yuṯa ḏirramu ga yuṯa miyalk liya bawa'mirr mala nhina.	confusion. (Bepuka, Galiwin'ku, recording 7 April 2007.)

4.5 Conclusions

This chapter has sought to illustrate Yolŋu views on the impact of changes happening in contemporary Galiwin'ku and their effect on social conduct and morality. Although Yolŋu reflections are historically situated and rely on the comparison with a time when things were different, their intent is not so much to present a Yolŋu historiography as to nourish and substantiate continuity with a specifically Yolŋu way of being in the world.

Sorcery-talk and gossip are seen as a sign of social disruption, especially when accusations concern closely related members of the community, an occurrence which, according to anecdotal evidence, seems nowadays to be more common than in the past. At the same time, however, it is possible that sorcery accusations directed towards other groups are used to reinforce social differentiation, which is threatened in the relatively high-social density population conditions of Galiwin'ku.

The need to reinforce demarcations among groups, a way to preserve their identity, partially explains concerns about the breaching of bestowal rules. Although ''right-way marriages'' have always been, to some extent, a matter of negotiation and approximation to an ideal, the degree to which they occurr in the contemporary situation seems to be stretching the limits of the system's elasticity. ''Wrong-way marriages'' represent a potential source of tension in inter-group relations and can ultimately provoke uncertainty regarding each other reciprocal relations within the kinship network, affecting both group and personal identity. Boundaries not only

exclude what is 'on the other side', but define an internal space which contain and nourishes individual sense of belonging and identity.

The generational subversion made evident by changing patterns of sorcery and marriage is perceived as undermining elders' authority and leadership and, as a consequence, the transmission of knowledge. Adherence to the law (*rom*) and to the teaching of the elders relies on a system of education that puts great emphasis on the internalization of the *rom*, which becomes in itself a part of group and individual identity. Yolŋu express this process as the capacity of feeling and cherishing the law, holding (*ŋayatham*) the law in their feelings (*ŋayaŋuŋur*).

In the narratives reported in this chapter, the Law (*rom*) does not refer only to rules, norms, or ceremonies, but also to a way of being which implies a certain way of behaving and, importanly, of thinking and feeling. The aspect of the law that Yolŋu are more concerned about losing is also the one which they see impacting more severely on social and individual wellbeing: the kind of relatedness expressed by 'the law of helping each other' (*guŋga'yunamirr rom*). The moral dimension of the *rom* is expressed by a certain kind of sensitivity towards other people and the environment which exalts reciprocal ties and connections and, at the same time, differences and idiosyncrasies. When Yolŋu talk about 'breaking down of the *rom*' in the context of the confusion brought by recent social changes, they are pointing to the fading of this peculiar aspect of relatedness.

CHAPTER 5: WELLNESS AND RELATEDNESS

> When the missionaries first began to talk about health, we asked ourselves what that word 'health' meant. At the beginning we thought it just meant hygiene, to have a bath. Then we understood it was also something more than that. We never had a word for health because we were living in it. We weren't told we were healthy. We couldn't see it, in the same way our old people didn't realize they were naked until missionaries came. Health for Yolŋu was in all the aspects of life. (From a conversation with Ŋalpirra, Glenda, Banthay, Gulunguma and others in Ba<u>n</u>'thula.)

Health care, as a domain separated from other aspects of life, a sub-system working in parallel with other sub-systems, such as Religion or Education, didn't exist before Europeans arrived in Arnhem Land (Brady 1995b:189-190). Nevertheless, Yolŋu clearly have complex ideas of wellness and of what it means to live healthy. These ideas carry with them a certain concept of the person. Such ideas point to a peculiarly Yolŋu way of being in the world, which is the object of reflections against changes in patterns of residency which have followed demographic centralization in missions and former missions.

5.1 Living with family in the country

The following story was told by Elaine Guymun with the intent to explain 'healthy life' from a Yolŋu point of view. Guymun also instructed me to make a painting following her detailed description of the 'vision' she could see in her mind while telling the story (see Appendix III). The story can be considered an orthodox statement about how Yolŋu used to live in the past and should live nowadays. A model of leadership is also set: the elders are seen making the decisions and taking

care of their family, because they know their country and can read its signs.

The hidden spring

Dhuwandja dhäwu ŋarra dhu <u>l</u>akaram ŋurru<u>n</u>aŋgal walal ga nhinan ŋäthil baman'. Bili miyalk dharrwamirr ga nhinan ŋunhiyi yolŋu, <u>d</u>irramuwurr märranhamin walal gan miyalk walalaŋguwuy, 10...8...12, bitjarr gan nhinan miyalk ŋayathaŋal ŋäthildja baman'tja. Yolŋu bäpurru. Ŋunhi walal gan mala-bunhaminan ŋunhiliyin wäŋaŋur.	I'm going to tell a story about the ancestors who lived long ago. At that time Yolŋu men use to live with many women, they used to marry 10...8...12 women. This was long ago. Yolŋu people. The different groups used to raise their families in that country.
Yow. Nhinana---an bala ŋayi bitjarra walal waŋanhamin: "Wanha limurruŋ gapuny? Dhuwal limurr ga nhina wäŋaŋurdja ranhdhakŋura. Wanha limurr dhu ma<u>l</u>ŋ'maramany gapuny limurruŋguwuy?"	*Yow.* Some Yolŋu were sitting and talking among them: "Where is our water? Here where we are is a dry area. Where will we find water for us to drink?"
Ga ŋayi dhu dhärra yolŋu, yindi, miyalk ga <u>d</u>irramu, bala ma<u>nd</u>a dhu bitjana: "Way! Wawuny nhuma ga dhuwal nhinan? Ŋarrapi ga guyaŋa ŋunhi gapu-maŋutji? Ŋunha ga dhärra <u>d</u>iltjiŋur, dharpay ga maŋutji <u>l</u>akaram, yindiy warraw'yu. Marwat ga ya<u>l</u>wu'yun mirithirr ga ŋäkirri ŋayi ga gapu-maŋutjiny. Ŋunhiliyi ŋunhi gapuny ŋanapurr gan <u>l</u>ukan ŋäthildja" - bitjarra ma<u>nd</u>a.	And two people, a woman and a man, stood up in all of their height and talked like this: "Eh! Are you all sitting here oblivious of it? Is it just me who remembers that spring? The one over there in the bush, where a tree with a big shade signals the water hole. The leaves are dropping down convering the spring. Time ago we always used to drink that water" – that's how the two spoke.

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Ga raŋan ma<u>nd</u>a dharpuŋal ga garrwi'yurr ma<u>nd</u>a ŋurru, raŋannha dap'maraŋal ma<u>nd</u>a, ga dhiyal bala dapthurr ŋurru ga dhiyal bala, bala dhaniyamirr marrtjinan gapulila.	They pierced the paperbark[36] [on the tree with a sharp stick], tied it into a U shape, then started at this end, then here at this end, then off they went to collect water with the water container.
Marrtjina----an, <u>l</u>arruŋal ma<u>nd</u>a ŋuruki wäŋaw. Nyumu-----uku<u>n</u>iny dhukarr marrtji ŋorran baman'ŋuwuy, ŋäthiliŋu bilin.	The two of them started walking and walking, looking for that place. They walked along a very narrow path, which had been always there from long time ago.
Bala ŋayi nhäŋala ŋuruŋiyi: "Dhuwala ŋunhi dharpany? Dhiyaŋ ga ŋunhi ma<u>n</u>utji <u>l</u>akaram gapunhany? Bitjan. Djäma ŋunhi dharpany? Ma<u>n</u>utji <u>l</u>akaram ga? Dhuwanna ŋunhi dharpany? Ŋunhi ga ma<u>n</u>utji <u>l</u>akaram?	Then the first one of them to see it exclaimed: "Is this that tree? Is this one telling were the water is? Is this tree helping us? Is that tree telling us the spot? Is this one here the tree? The one which tells the spot?
Ma', rewalyurra dhuwali man'tjarrnha marwatnha." Ŋayi ga ŋunhi gapuny nyirr'yurr ga man'tjarr ga law'law'maŋal ŋayi gapuy.	Ok, take away those leaves [which are keeping the water from flowing]." And so the water came bubbling up to the surface and flowed taking away the leaves.
Nyirr'yurra ŋayi gan ŋunhi, bitjarrnydja: "Wa----ay, gapu darrtjalkna dhuwandja muka?" - bitjarrminan ma<u>nd</u>a - "Dhuwanna limurruŋ ŋunhi, ŋäthiliŋu gapu rarranhdharrwili, dhuwanna. Dhiyala limurr ga nhinan dhu, gapumirriŋur wäŋaŋur, marr limurr dhu	The water could breath again and he said: "Wow, this water is so clean, isn't it? This is our water, ever since the old times it's been our water for the dry season. Right here is where we are going to live, at this place where there is water, we are going to move close to the water and

[36] *Malaleuca cajuputi*.

galkiŋur nhina ga luka gapu." Ŋunhi muka mala maypa yolŋu ga nhina ŋäthil baman'pirr, balanyamirri. Dhuwandja ŋunhi miyapunu walal gan lukan dhawar'maraŋal, ganguri maypal guya dhawar'maraŋal walal gan, ŋathu dingu. Ŋunhiliyin lukanan walal gan." Lukanan walal gan ŋunhiliyin, ŋathay mala wakinŋuny.	drink it. Over there are the shells of the mussels that people ate a long time ago. This is the skeleton of a turtle they caught and ate, they used to collect the *ganguri* yam, mussels, fish and cycad nuts. Those are the food they used to eat." They used to eat that food found in the wild.
Ga manymak walal gan nhinan ŋunhi rumbal darrtjalk. Nhämiriw. Healthy walal gan nhinan bili ŋunhi warrpam' ŋatha ga warrakan djokamiriw warrpam'.	And they were living well, their bodies were clean. Without any [problems] They used to be healthy because none of that food had sugar.
Ga dhiyaŋu bala wiripun. Wrongna ga luka ŋatha warrpam'na. Ŋayi ga nhaltjan walalaŋ dhiyaŋ bala blood pressure balanya, dhiyaŋ bala yolŋu bukmakku. Bili sweet things walal ga luka dhiyal. Rerrimirra warrpam'nha. Balanyan mala wrongdja ŋayi ga yothu gäma dhunupa rerrimirr. Bili ŋayi ŋunhi ŋändi'mirriŋu yaka djäl manymakkunharaw yothuw djägaw.	But now things have changed. Everybody is eating the wrong food. The blood pressure of everyone is high. Because here they are eating sweet things. Every one is sick. These things are wrong, she carries a child and straightaway it is sick. Because that mother does not want to look after that child properly.
Ŋayi dhu manymakkuŋ djäga ga, ga healthykum ŋayi dhu ga. Ŋatha luka manymak walal wakinŋu. Dhiyala nhunŋu dhäwu dhawar'yurr, bilin.	The mother takes good care of the child and he will be healthy. The food which comes from the bush is good for them. Here ends your story, it is over. (Guymun, Galiwin'ku, recording 22 November 2007.)

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In this story, wellbeing emerges as a state in which life, like a fresh water spring, can flow without constrictions, because people follow the track of the ancestors, whose tangible presence is manifested in the path going through the bushes and in the shells, leftovers of past meals cooked on the same fireplaces. Guymun's reference to the mother and child eating good food has, besides its literal meaning, a metaphorical one related to the concept of *yothu-yindi* (mother-child relation, see ch. 4). Thus, it is also a memento of the interconnectedness among family groups ordered by the 'right' kinship relations.

Looking after/being looked after by family relations (*gurruṯumirri*) and living on the ancestral land are two aspects which determine both material and moral wellbeing. The extended family and the land provide food through the practices of hunting and sharing[37], but also the sense of deep interconnectedness and belonging which is fundamental to moral order.

This state is described by Yolŋu as *ŋayaŋu manymakmirr* (or with the equivalent *manymak ŋayaŋu'mirr*), meaning 'being with a good *ŋayaŋu*'. The *ŋayaŋu* is located in the chest at the level of the sternum and, depending on the context, can be rendered with 'seat of feelings', or 'feelings'. *Ḏoy* (lit. underneath) can be occasionally used as synonymous of *ŋayaŋu*, because of their common association with the inside. However, *ŋoy* refers specifically to the bottom and hidden part of things (for example the interior of a boat), or to the emotions at the 'pit of the stomach'. For example, the expression *ŋoy wanḏin* (lit. the *ŋoy* runs), which can be translated with 'restless *ŋoy*', indicates a condition of anxiety, in which one is almost overtaken by deep emotions and 'gut feelings'.

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[37] I refer here not to generalized sharing but to the 'giving, asking and taking' described by Peterson (1993).

The *ŋayaŋu* allows a person to feel (*dhäkay-ŋäma* lit 'to hear a taste'[38]) others' feelings and sympathize with them[39]. 'To open the *ŋayaŋu*' (*ŋayaŋu lap'maram*) means to be sensitive towards others. While someone with a hard/closed (*däl*) *ŋayaŋu* is greedy and indifferent to other people's feelings and needs, someone who is is warm and cares for others is *ŋayaŋu'mirr* (with *ŋayaŋu*), which, interestingly, is also used by Yolŋu as a translation of 'happy'. The following example illustrates that a generous person is 'a person with *ŋayaŋu*'.

> One night one of my *yapa* (Z), who was hospitalized in the psychiatric ward of Darwin Hospital about twenty years ago and has been under medical treatment ever since, was sharing her concerns about her health condition with me and another woman, also her sister. At a certain point she said: "And another thing, sometimes I think I don't have a *ŋayaŋu*. I can't feel''. The other sister replied: "No, this is not true, *yapa*. I can see you do have a *ŋayaŋu*. How do I know? Because you can't hide cigarettes[40]. Whoever asks you, you just give… and then you ask me.''

Another term which is sometimes used interchangeably with *ŋayaŋu* is *märr* (see ch. 3). Like *ŋayaŋu*, *märr* is located in the chest and is associated to inner feelings, as in the expressions *nhe ŋarrakal märrŋur* (you are close to my *märr*, see Tamisari 2000:282), or *märr-ŋamathirr* (to welcome, to love). However, unlike *ŋayaŋu*, the *märr* is also energy, or power, which affects 'the whole of your flesh and body' (Yiŋiya, Darwin 6 March 2010). The *märr* makes people appear taller, stronger, confident and self-assured when they come back from a ceremony. For this reason, *märr* is perhaps the dimension of personhood that more clearly conveys Yolŋu notions of 'psychophysicity', of a constant connection between the physical and what

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[38] An interesting synesthesia. According to Williams (1976, quoted in Stoller 1989:23) the English word 'taste' comes from the French *taster* and the Italian *tastare*, meaning to 'feel, handle or touch'. See also below, footnote 41.

[39] See also *munydjulŋu* in ch. 7.3.

[40] Cigarettes are constantly requested and exchanged. Since it would be rude and offensive to refuse to share, people sometime hide their cigarettes and pretend they don't have any left.

is beyond, or within, the physical[41]. When people have *märr*, they feel *buŋgatthun* (active, full of energies), a term often used to describe the feeling of being on one's home-land, in contraposition to the feeling of apathy, boredom and tiredness (*djawar* or *djälmiriw*, lit. 'without *djäl*') felt by many Yolŋu in the former mission. This is partially explained by the fact that patterns of subsistence differ radically between home-lands and communities: while in the first people go hunting, fishing and collecting bush food every day, the second are for most people a 'foreign' country for what concerns rights of access to foraging areas. Following urbanization and increasing demographic centralization within the former missions, fewer and fewer Yolŋu nowadays practice hunting on a regular basis, relying mostly on the food sold in the store.

In the following speech, Glenda follows the recurrent theme of the exaltation of 'missionary times' (*mitjinarimirr walu*). Very few Yolŋu living in Elcho today have experienced life before this period, reference to which has become conventional in talking about a time when 'things were different'. The end of the 'mission times' brought changes in life style at least as dramatic as those which were brought by its beginning. The most immediate ones concerned the diet and affected pervasively all aspects of life.

Nhuŋu rumbal djäl ŋathaw lukanharaw: miyapunuw, marandjalkku, ŋarirriw. Roŋiyirr ga, ŋatha ga goŋdhu ga bathan, limit timemirr walala ga luka: godarr', dina, milmitjpa. [...] Ga mitjunŋurdja, ŋunhili godarr' luka nhina ga kavaŋur, ga card ga bul'yun, wiripu ga djanar walu ŋupan larrum ŋathaw ga---a ga mak	Your body wants to eat turtle, stingray, fish. Come back from hunting, cook the food with your own hands and they ate only at certain times: morning, afternoon and evening. [...] But at the mission[42], they eat breakfast, then they sit drinking kava, playing cards, until they become hungry and start chasing around for food

[41] See also discussion about *märr* in ch. 3.5.3.

[42] I.e. Galiwin'ku, to which Yolŋu keep on referring as 'the mission' even after it officially ceased to be so.

milmitjpa'yirra. Ŋäŋ'thun walal ga rrupiyaw ŋathaw. Dharrwa ŋathany, shopdja ga lapthun, ga dhal'yun, ga lapthun shop ga milmitjpan, munhawu. Ya' balanya.	and then it's already afternoon. They go around asking money for food. There's plenty of food: the shop opens, closes and then opens again in the afternoon and at night. It's like that.
Ŋunhi walalaŋ bäyŋu gi health ŋorri, health rrupiyaŋur, health rumbalŋur, healthdja mulkurrŋur, health djälŋur, health enviromentŋur, bäyŋun. Bili napurruŋgal ŋunhi rumbal ŋäthiliŋu nhina ŋunhiliyi wäŋaŋur, rumbal napurr ga nhinan, ŋala'ŋalapalmirr, ŋunhiliyi areaŋur. lukan gan dämba, djurrut gan biritj'yurr, ga marrtjina ŋarirrilil, miyapunulil, maypallil, ŋäthil, ga rumbal gan dutdut ŋuthar ŋalapalmirr napurruŋ, mitjinarimirridja waluy.	Over there they don't have health, there's no health in the money, in the body, in the head, in the seat of desires, in the environment, none. Because before our body was living there in the country, we were really living, the old people, in that area. They used to eat damper, pour a bit of honey and go hunting for fish, turtle, shellfish. Before, our ancestors, at the time of the missionaries. (Glenda, Ban'thula, recording 6 November 2007.)

Eating habits are representative of a certain relationship with country and therefore are linked to social and moral order. The environment and the person are perceived as constantly engaged in a dialogue which is the most meaningful and intimate when people are in their home-land. While in the previous chapter Bepuka and Yuŋgirrna talked about *raypirri'* ('good behavior' or, in the verbal form *raypirri'yun*, 'to discipline') as teaching transmitted by the elders within the family and at home (*wäŋaŋura*), the second possible translation of *wäŋaŋura* (on country) is related to the idea that knowledge ultimately comes from one's own ancestral estate and from the ancestors which inhabited the land and became the land.

Knowledge can only be truly meaningful where the presence of the ancestors can be felt, because that is where it is 'alive' and 'vital' (*walŋa*, also a term that connotes vitalit, health and physical, moral and spiritual wellbeing). As Maratja (Darwin, February 2008) once stated, history belongs to the place where it was made. The process through which people acquire and transmit knowledge from the land is described below by Yiŋiya Guyula, a lecturer of Yolŋu language at the School of Indigenous Knowledge Systems (SAIKS) at CDU[43].

> The education on land is the behaviour [that] children [must hold] when they grow up and want to be as the signs tell us; we tell the story to our children when certain seasons come up. During the Wet Season when we sit down by the beach and look at the sea around, at the small islands of the hunting grounds and at the reef where we hunt for turtles, certain signs in the skies tell the stories. […] And then as the children grow up, a certain time tells when they are ready and circumcised to go up for another level of education in the bush, according to the old men, the wise men, the land and the trees, and the birds that talk with the land. It's all connected to the learning, association with the land. The trees are all related, the trees all tell a story. Certain bark, certain plants can be used for certain things, medicine, food, ceremonial rituals, ceremonies and so on […] The ancestral predecessors […]told stories through looking at the first thunderstorm of the year, standing tall and straight when it calls out, […] In the classroom you don't feel the rich stories that actually come from the land […] of your fathers; it really is never the same as teaching out there through ceremonies, through the landscapes, the hunting, and survival of learning the strict discipline of the ground of the old wise men. The Yolŋu people have always discipline through ceremonies, through paintings... When I am teaching Balanda students in a classroom[44] is not the same as teaching the Yolŋu

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[43] Source: SAIKS, viewed December 2008, //learnline.cdu.edu.au/inc/tfc/docs/TFC_Yingiya.

[44] Yiniya is here referring to his job as a Yolŋu language teacher at SAIKS.

students at home because the classroom is another man's land, the classrooms don't have spirits, they are not alive. When I'm actually teaching on the ceremonial grounds, when I am actually teaching in the bush, it is not only I that am teaching or talking, but the land is actually talking with me. I can turn around, and the *Buluna* wind [name of East wind] blows gently and gives me the feeling of what the stories are and the stories are automatically told by the land itself, through me.

In his speech Yiŋiya also talks about a particular kind of sensitivity, which passes through the body and the organs of perception, but it's more than muscular. Bodily sensations and feelings of deep affection for the country go hand in hand in the process of learning about the knowledge and history condensed in the features of the landscape and told by the land. The English terms 'to feel', 'to experience', 'to sense' and 'to taste' are all translated by the verb *dhäkay-ŋäma* (from *dhäkay,* taste + *ŋäma*, hear or feel). Similarly to the verb 'to feel', *dhäkay-ŋäma* can indicate both a strictly perceptive experience through the sense of touch and of taste, or an emotional, sentimental or psychological action, as in the expression 'having a feeling about something'[45]. *Dhäkay-ŋäma* can therefore be both the action of the body (*rumbal*) and of the 'seat of feelings' (*ŋayaŋu*).

Dhäkay-ŋäma can also indicate a synesthetic experience in which the whole of the person is pervaded by the awareness of something that has just happened, that is going to happen in the future, or of something that is happening without being visible. This awareness passes through the body and through physical manifestations in the environment, like a twitching muscle in the leg, a breeze or the call of a cockatoo.

One morning in Ba<u>n</u>'thula, Banthay suddenly appeared moody and withdrawn and decided to leave for the main centre, Galiwin'ku, a long and costly journey. Ŋalpirra and I rushed in the car with him and after a short while he explained he had 'felt a feeling about a certain something

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[45] Cf.. Tamisari (1998:252), who also notes that ''*dhäkay-ŋäma* can also refer to visceral feelings and is used to describe a woman's physical symptoms just before and during labour.''

that the land was telling" (*wäŋa ga waŋa, ŋarra ga dhäkay-ŋäma, ŋula nhä*). As it happened to be, shortly after we arrived into town we heard that an old lady who was in the relationship of *mukul rumaru* (MMBD) to him had passed away that same day. When his intuition that something had happened was confirmed by this news, Banthay proudly exclaimed: "My body can sense things'' (*ŋarra rumbal dhäkay-ŋänhamirr*).

Not only people, but also the land and all its features can feel (*dhäkay-ŋäma*). People have to adjust their behaviour accordingly. In certain circumstances, for example, it is forbidden for women to enter the water. When the family goes to collect mussels or to fish at the river mouth, they have to wait away from the water edge. Ŋalpirra explained that, should they enter the water despite the prohibition, the tide would suddenly rise up: ''I don't know how the land can know it, but it can feel it (*Dhuŋa ŋarra nhaliy ŋayi wäŋa marŋgi, yurr ŋäma ŋayi ga*).''

Tamisari (1998) points out how the reciprocity of feelings and knowledge between places and people is reflected in the notion of the 'footprint' (*luku*) as used in the expression 'I know, my footprint is over there' (*Ŋarra marŋgi, narra luku ŋunhidhi*)[46].

The body, the land and its features are all perceived as breathing and pulsating with life (*ŋir'yun*) and bear strict resemblances in their constitution. Both the body and the trees have *gurrkurr* (veins, lymph vessels) which through the *luku* (roots, feet) penetrate deep into the land and connect with the ancestral essence contained in its bones. Plants, roots and soil are in fact a metaphor frequently used by Yolŋu in describing their system of education[47].

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[46] See also ch. 3.3.

[47] Compare with the image chosen by Milmilany, teacher linguist at Milingimbi, to illustrate the *Gattjirrk* curriculum (Tamisari & Milmilany 2003).

Drawing a palm tree as a metaphor of human beings, Lapulung divided it into horizontal sections corresponding to surface (over the ground level); upper soil (the stratum just underneath the surface); inner soil; roots; and rich soil. He explains that this last one corresponds to ''*dhuyu* (sacred), inside you, in your blood''. The drawing was a response to a health education session about germs that three *Balanda* people from ARDS (two health educators and myself as a volunteer) were delivering in his house with the help of microscopes connected by a video camera to a TV screen. Its execution was preceded by these words: ''You see that *dhäwu* from your computer, we see it from our heart, bones, flesh of the flesh''. (Milingimbi 19 May 2010.)

Yolŋu refer to *luku* also as 'foundation' and to people with attachment to the land and to history as *gurrkurrmirr*. The foot is the 'door' through which the 'spirit of the land' connects with people and vice versa. In near-death experiences, when the *birrimbirr* (soul) has temporarily left the body, it is thought to come back in it through the feet.

During a funeral, Terry once kicked in the ankle his *mukul bäpa*, an old woman, while she was sleeping on a mat outside the house: he had seen her *birrimbirr* wandering down the street and wanted to wake her up before it had gone too far.[48]

'Standing on the land' is particularly significant for Yolŋu as a way to feel the land and state their connection with a particular land. See for example Yiŋiya (ibid):

When I am standing on my own land, […] if I'm telling stories that are not right, I feel the land, the atmosphere, the spirits of my people, the spirits of the land where I come from [...] correcting me.[...] But when I

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[48] Incidentally, Terry's behaviour was justified by the exceptional circumstance: it is normally considered dangerous to wake up people abruptly from sleep, precisely because their *birrimbirr* might have detached itself from the body and not have time to come back.

am teaching in a classroom or in another man's land, I feel that unwanted feeling that I'm talking in the land of another man's spirit, I'm talking in a land, for instance in a classroom, that is not a living thing. There is not breath in it and the classroom doesn't really help me. […] And at times , the stories I am talking, the stories I am telling, is not really alive and it doesn't really touch the hearts, touch the feelings, touch the ears of the students. […] When I'm actually walking around, standing beside a rock, I can actually feel that it is part of me; and yeah, you feel very, very much different to when you're actually teaching on the land, when you are actually standing […] and can actually express the feelings, [and you can] understand the feelings of my thinking. […] People always say: ''How do you see a spirit in a goanna? Or how do you see a spirit in that rock? It's just a rock.'' […] There is power, there is healing, there is strength and there is history and there is story on the image of rocks […].

The next extract relates to a conversation with Glenda Goŋdjalk, in which Glenda talks extensively about the interdependency of land, body and wellness. While Yiŋiya talks from the point of view of a person living on her own ancestral country, Glenda's discourse is related to the context of a major community. At the outset of the interview-conversation, she tries to overcome what she sees as a Western cliché according to which 'spirituality' refers to a dimension detached from the physical environment. 'Spirituality' is used by Glenda to refer to a knowledge which is literally part of the physical structure of the body and of the land.

Modern people's beliefs in health

Glenda: Today there are a lot of buildings in Galiwin'ku and many people are sick. Why is that? We have to ask ourselves this question. Prevention is the key, this is what I learnt in my health studies. How did we end up in a third world health? I am thinking about Sinem's video

now[49], how did we end up in a Third world health, when looking back in history we were healthy? Prevention means to stop that sickness before it happens. It's part of proving yourself that you are healthy, not [just] your body, the whole environment, as well as the place where you live. How come there's a Healthy Life Style Festival set up every year and things don't change? We have to stop thinking about healthy life style and start seeing and feeling it. […]

Cecilia: I remember that after watching Sinem's video you said that you wanted to work on the links between health and spirituality.

G: Yes. But, first of all, I am concerned with explaining what 'spirituality' means for Yolŋu. Because if we use the word 'spirituality', people might think we are talking about something belonging to the past. Anthropologists are in some ways like archaeologists digging for fossils, this is what they do with people. But when it comes to us, we live and think differently from how our parents used to. All the same, I can know about the past because of my spirit; it is hidden, but it is still in me. Those spirits are in me, layer after layer. I haven't experienced how life and the world were in the past, before *Balanda* arrived, but that spirit is in me, in my very flesh and blood and bones. It is a cluster that holds things together in me.

C: This could be a difficult point to understand. In Western culture, when we talk about 'spirituality' or 'spirits', we think about something invisible, with no substance. But you are saying that that spirit is somehow the same as your body. Can you talk about this a bit more?

G: That cluster can be thought of also as a rock. Our ancestors created the land. When they died, they became part of our land. Natural features

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[49] Glenda is referring to the promo of 'Our Generation', a documentary by Sinem Saban about the Intervention and related issues. The trailer can be viewed at: www.ourgeneration.org.au.

of the land, like rocks, contain part of our ancestors' physical substance. This is why people who descend from a common ancestor feel that they are connected to each other in their blood and that they actually have the same flesh. And this is also why we can feel connected to the land. It's not abstract at all, it's something we can touch, just as you can touch this flesh. But when we are trying to explain these things in English, we use the word 'spirit'. […]

I had a dream the other night. There were two rocks on the ground, standing at a distance of few meters from each other. The rocks are about foundation, Yolŋu foundation, our ancestors. I saw many *Balanda* arriving and coming close to the rocks and I was very alarmed and scared. More and more *Balanda* were arriving, wanting the land to use, wanting to use it, to make it useful. And that was rising up those spirits, it was disturbing them. I was chasing them away: "That's it! That's it! You are disturbing! Come on, that's enough, enough is enough! Stop it. Stop it! You're disturbing the spirits!"

And what was that disturbance going to cause? Violence, epidemic violence. I want to stop and think before that happens, if there's a way to stop this from happening before it's too late. If there's a way to approach the Government and find a better way... […]

This *wäŋa* (land) has been changed. It has been used in many different ways through the years. The *rom* (Law, way of living) which used to be in this land has been changed as well. Balanda now has come to impose himself and in some cases has replaced the *rom* that used to be here. In the homelands we can still live following the *rom* from the past. I can see that the way people look and act is different there. In Galiwin'ku there has been a natural disaster. The land has been built over and transformed, the *rom* has been replaced by *Balanda rom* and people are now living without connection to this *wäŋa*, because there's been the invasion of something foreign to us.

C: Once we were in Ba<u>n</u>'thula you told me: "There has been a breaking down of the *rom* and we can feel that break down in ourselves, we can feel it inside us."

G: Yes.

C: And where can you find the Yolŋu *rom*? For instance, Balanda *rom* is written on papers. Where is Yolŋu *rom*?

G: In our bodies! Our *rom* is in our bodies. Can you understand this? Look back in time, at the time of Creation. You know Adam was made from the soil.

C: This is a story from the Bible.

G: Yes, but it's just to make you understand. That *rom* is inside us.

C: A *rom* that comes from the soil.

G: It comes from the soil. It is in our bodies. The sand, the very soil, the land, the people, the tribe are in our bodies.
And in these days I can feel fear. When I walk in the streets in Galiwin'ku sometimes I feel like I can't breathe. It's the same for this *wäŋa*. This same *wäŋa* has passed through a natural disaster. Yesterday your *dhuway* (FZC) was telling me: "That water over there, the ocean, is breathing (*ŋir'yun*)[50]. It's becoming bigger and breathing and speaking loudly as it breathes. It will keep on breathing for one month, maybe for two months; this is *Bärra* (name of a particular West wind) water and this is time for *Bärra* to breathe. Are you following me? It's

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[50] The verb *ŋir'yun* (to breath), refers to the rhythmic going up and down of animals' chest and, in general, to the pulse of life in natural elements.

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speaking from deep inside (*ŋoy-waŋa*)[51]." […]. And recently I experienced that same feeling, I felt as someone was trying to stop me from breathing.

C: How would you explain these feelings we have been talking about to Balanda to make them understand?

G: Our body is foreign for what you have. It's foreign. Our body is foreign for what you have. Do you follow me? It's like going... it's like going through an operation, going through an operation by which you are making us like, you know, what do you call those things... cyborgs that have a destination. This is what happens, *Balanda* make a plan for our body, they are making a plan for it. But we don't like it, this is not something that our body wants. We don't have that same *rom* that you have. We can't impose to ourselves that same *rom* that you *Balanda* have. Because we are carrying our own *rom* in our bodies.

And then there is something you can feel about certain places. This *wäŋa* (land) of Galiwin'ku. For a long time it has been used, it has been used so many times in many different ways and people are now living in this *wäŋa* according to the way it is now. Yes. Someone thinks it is a *wäŋa* (home-land). But it's not. It's not a home-land. These Yolŋu living here these days, do you know what they are? (*Dhuwal yolŋu'yulŋu dhiyaŋ bala nhä nhaliy?*) They are made out of metal and stone (*Metalyun ga gundaynha.*). They don't have feelings (*Bäyŋu walal ga dhäkay-ŋäma*). They don't think. They don't feel connected to the land, they don't. If they were feeling connected to the land, there wouldn't be any rubbish around. They would see, they would remember. They wouldn't feel sick (*Rerri walal dhu yaka dhäkay-ŋäma*). I was brought up in the *guŋga'yunamirr rom* (the law of helping

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[51] We are sitting on the veranda of an elevated house facing the sea, where for the last two weeks waves have been 'roaring' night and day, like words expressing the emotions coming from the pit of the stomach (the part of the body identified with *ŋoy* in living beings).

each other) and one of the problems now is that we are losing that *rom*, how we used to come together and help that person with a problem at home. (Galiwin'ku - N̲arran̲i', recording 9 February 2008.)

Yin̲iya's and Glenda's respective narratives highlight a fundamental difference in people's way of feeling when in their home-lands (ancestral estates) compared to living in a main community which can be called 'home-land' only by a very restricted number of residents. Yin̲iya talks about the healing potential of the connection to one's country, while Glenda, mirroring this perspective, finds in the lack of this connection not only a potential source of sickness, but also the sign of the falling apart of a certain way of being and relating to other people and to the environment. The capacities of feeling the land and the the connection to one's relatives, are combined in her discourse as interdependent aspects founding personhood.

Both Yin̲iya's and Glenda's speeches also give a strong sense of the tensions implicit in the contrast between Yoln̲u and Balanda ontology, expressed by the opposition between a way of being charged with sensitivity towards the outside and what from this perspective is perceived as relative disconnectedness from the surrounding world, as described by metaphors of silent rooms and robots.

5.2 The inner person: embodied relatedness

In Yoln̲u cosmology, innumerable correspondences can be found between landscape features, body parts, kin-relations and expressions of space and time. For example[52]:

Buthuru: ear (also *dhuli'na*); *mirriri* (brother-sister avoidance).
Buku: front, hill, *maratja* (BSS); *buku-märrma'*, twice.
Mani: neck, river.

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[52] More exhaustive lists can be found in Schebeck (1978) and Rudder (1990).

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Lambarr: shoulders, *bäpa* (F).

Diltji: back, bush, *märi* (MM), *gutharra* (wDC).

Ḏamini: breasts, *ŋä̱ndi* (M).

Yaŋara: calf, *yapa* (Z) *wäwa* (B).

Gu̱lun: stomach, water hole, *waku* (wC).

Ḏämbu: head, *märi'mu* (FF); *dämbuy-waluy:* midday.

Likan: elbow, *rumaru* (avoidance) relationships (except the one among siblings).

Correspondences are found also in the internal constitution of the body and of the land (in this context, always intended as the ancestral land). Both body and country have bones (*bundurr*) which contain the 'substance' of which souls (*birrimbirr*) are made. In order to retain some of the meanings attributed to these terms, the *birrimbirr* can be named 'bone-soul' to indicate that it is ancestral energy locate in the bones, as opposed to *mokuy*, the 'flesh-soul' linked to the perishable part of the person (Tamisari 1995:55). *Mokuy* also indicates the corpse, although other terms, such as *ḏorupu*, are considered more appropriate and polite. The following anecdote illustrates the difference between the *birrimbirr* and the *mokuy*: the *birrimbirr* is identified with the everlasting 'essence' of the person, opposed to those parts of the material body which decay and dissolve (the *mokuy*).

> A woman in her 40s happened to take her sister's pipe to have a smoke
> of tobacco, unaware that some boys had just used it to smoke marijuana
> and there was some left in the pipe. She saw a white fire in front of her,
> which she recognized as her own *birrimbirr*. This is how she describes
> the experience: ''For the first time I knew who I really was. I saw
> myself as I really am. Because don't forget when you die everything
> will be gone, your skin and muscles, rotten (*barrpa'*), everything''.

In everyday talk, the differentiation of *birrimbirr* and *mokuy* is more blurred than it could be based on what has been said so far. For example, the exclamation ''Bad (*yätjkurr*) *birrimbirr*!'', a comment usually directed towards those who misbehave and which implies that a bad soul has entered them, can be equally rendered with

''*Mokuy*!'' Nevertheless, *birrimbirr* and *mokuy* are seen as separate entities as regards their behaviour after death: while the *birrimbirr* returns to the ancestral land (*ŋaraka*[53], lit. 'bone land'), the *mokuy* can wander for some time among the livings. In particular, *mokuy* are said to return or never leave if they have not been dispatched properly during the funeral ceremony. Ideally, this should be the exception; however, there seemed to be not a single house in Galiwin'ku which was not at least suspected to be infested by *mokuy*. *Mokuy* retain the resemblances and the personality of the dead and directly continue the daily interaction with the alive members of the family: it is often the case that the *mokuy* of a recently deceased person plays tricks on his relatives, such as hiding and then making keys reappear, or stealing cigarettes from newly purchased packets. Sometimes, *mokuy* can be dangerous, as in the following story:

> A few years ago an old man known for being an exceptionally skilled hunter, (*djambatj*), died. During the mortuary rites, his body was kept in the house were he used to live. Shortly after the burial, a boy who was the man's daughter's son, the boy's mum and his little sister were in the dining room in that same house. Because the boy was teasing his little sister, the mum got angry at him. He rushed inside the room where the old man used to sleep and locked himself in to avoid his mum's reproaches. Within a few seconds people inside and outside the house could hear the boy's mum screaming with panic; shortly after they saw the boy walking out of the house, choking because of a fishing line tightly tied around his neck. One of the bystanders saved him by promptly cutting the line, which had a knot right on the back of the neck. He clearly couldn't have made it himself, because it was a type of knot that only an expert hunter can do. Some people think that the old man had tried to kill the boy, because he loved him so much that he wanted to be with him also after death.

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[53] Morphy (1991) and Keen (1994) present discussions of the concept of *ŋaraka* and of the closely related *ḻikan*.

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In other cases, *mokuy* end up being seen as part of a household everyday life.

> The house at Middle Camp where I lived in Galiwin'ku was regularly visited by the *mokuy* (sometimes referred to as *birrimbirr*) of a young man whose body had also been kept inside the house during the funeral ceremonies. He was a very heavy smoker who had never thought about quitting, notwithstanding the gravity of his asthmatic problems. A number of episodes which have been connected to him happened in the house. For example, a child entered a dark empty room and came out in tears, claiming that somebody had 'pushed' him; a girl saw him passing by and entering in one the rooms dressed in his favorite t-shirt; someone smelt cigarette smoke when nobody around was smoking. I myself was woken in the middle of the night by the loud noise of asthmatic breathing coming from the veranda, but when I looked out I couldn't see anybody, except for a dog. I chased the dog away, but I kept on hearing the noise. Whenever someone from the house heard these accounts, their comments would denote interest, but not surprise: ''*Yow*, that was Paul[54]!''.

At the Brown House, Paul was an almost reassuring presence. From these and similar anecdotes, it is clear that *mokuy* not only expresses part of the sophistication of Yolŋu concepts of 'soul' or 'spirit', but also realizes the family's desire to continue the daily interaction with their deceased relative. Although at times frightening, this interaction is normally playful. It could be said that the relatives of the dead resist dispatching the *mokuy* at least as much as the *mokuy* resists being dispatched and tends to keep 'hanging around'.

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[54] Pseudonym.

Another of the invisible or inner parts composing the person is the *mali'*. *Mali'* are people's 'shadows' or 'images'[55], particular species of plants or animals to which the newborn is associated following a conception sign, or a 'revelation' (*malŋ'thunawuy*) event at the time of conception, or after birth. Throughout their lives, people will bear a strong association with the place where their *mali'* was found. Yolŋu refer to their *mali'* not as 'my *mali''* (*ŋarraku mali'*), but as 'I *mali''*(*ŋarra mali'*), similarly to what happens with other aspects of the person, like names (*ŋarra yäku*, 'I name'), language (*ŋarra matha*, 'I language') and, sometimes, home-land (*ŋarra wäŋa*, 'I country'). Signs foreseeing a new birth can be for example the discovery of an oversize yam, fishing a big quantity of fish in a place which normally gives a poor hunt, the sight of bubbles made by a jellyfish in the sea, hearing the heavy steps of an octopus stomping on the ground in the middle of the night[56]. In these cases, the *mali'* of the newborn will respectively be a certain species of yam, fish, jellyfish and octopus. The person bears the sign of their *mali'* on their body. In this sense, the *mali'* is the part of the inner being which is outside and visible. A woman with a harelip was said to have a 'crooked face' (*buku djarrpi'*) because, when her mother was expecting her, an olive python came up to her home and her husband hit it on the muzzle with a stone. He didn't succeed in killing the snake and, after the baby was born, her harelip demonstrated that the olive python was indeed her *mali'*. Sometimes, people are expected to bear the 'personality' characteristic of their *mali'* and to act and relate to other people according to it. For example, a man whose *mali'* is the baler shell (*daruma*, scientific name *Melo Amphora*), a type of slow-moving shellfish, was once criticized for taking decisions in a hurry, because it didn't suit 'how he really should be'.

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[55] Here in the sense of 'double' or 'alter ego'. Another term sometimes rendered in English by Yolnu with 'shadow' is *munydjulŋu*. The problem of translating terms referred to the 'inner being' will be object of reflection in the conclusive chapter (ch. 8).

[56] Although octopus won't normally survive out of the water, animals which incarnate ancestral beings are capable of doing extraordinary things.

Waŋarr are creator ancestors but also living exemplars of the species to which an ancestor belongs. For example, the King Brown snake is a *waŋarr* for the Djambarrpuyŋu group. In some cases, rocks can be *waŋarr*. Yolŋu deeply identify with their *waŋarr*, which are perceived as a part of them (see the last part of Yiŋiya' talk). In fact, similarly to what happens for *mali'*, Yolŋu speakers won't say *ŋarraku waŋarr* (my ancestor), but instead *ŋarra waŋarr* (I ancestor). *Waŋarr* appear to belong at the same time to the physical environment and to the self. The expression *waŋarr-ŋamathirr* refers to the imitation of one's *waŋarr* movements out of the context of ceremony (*buŋgul*), as an individual expression of emotions. Until a few years ago, it was common in Galiwin'ku to see some angry person walking up and down the road yelling loudly (*djawarrkthun*) while imitating the Shark's movements, if Shark happened to be their *waŋarr* (John Greatorex, pers. comm., April 2008. Tamisari [2004:85] describes similar episodes as a common occurence in Milingimbi). Imitations of wa*ŋarr* occur also as greetings, or during fights.

Association and identification with the *waŋarr* is a source of 'freshness' and healing actively searched for, sometimes through ingestion of the substance belonging to the ancestor, as in the following anecdote:

> **A special tea**
> One morning, while I was about to go to the school library, *dhuway* (MBS) Djitjitji came into the room and asked me for cigarettes. I didn't have any, but I gave him a couple of dollars to buy two, one for each of us. After a short while, he came back and asked me if I wanted some tea. As I was to find out, it wasn't going to be an ordinary tea, it had a special ingredient: a whale bone he had found on the beach, which he showed to me holding it delicately, as you would do with a very precious object. The whale is one of the most important ancestors (*waŋarr*) for the Warramiri people to which *dhuway* belongs. I asked him: ''Did you find it long ago?'' He answered: ''Yes, but it's fresh, new (*yuṯa*)''. He then showed me the mug where the bone was soaking with some tea, oily drops floating on the surface. He inhaled the steam

coming from the cup and then made me and his younger brother inhale it as well, before we all drank some of it. Then, his eyes smiling and sparkling with pride, he told me the benefits the tea had: ''Every sickness disappears, the head is clear and bright and the place becomes beautiful (*Bayŋu rerri', liya ga bira'yun, ga latju'yirra wäŋa*)''. The three of us sat on the veranda facing the sea for a while, sharing the one cigarette in the hilarious and excited atmosphere created by the sharing of the special tea. (Galiwin'ku, Beach Camp 3 March 2007).[57]

A particular type of *waŋarr* (creator ancestors, see also below) for the *Dhuwa* people, are *wurray,* ancestral beings in human form. *Wurray* may also be referred to as *wäŋa-nininyŋu* (lit. home-everlasting), because they remain to live on their own *Dhuwa* estate. *Wurray* may appear to the lone walker (a rare occurrence) and confuse them with their scary appearance, so that they 'go mad', or lose their way and get lost. However, they are unpredictable and can sometimes be benevolent.

A *Yirritja waŋarr* who, like *wurray*, is strongly associated with the land, is *walatha-walatha*, described by Yolŋu not as spirits, but as very short (*dumbul'*) people. They look after the land on which they are living and might appear to visitors to test their intentions, especially during the night. *Walatha-walatha* can occasionally be also *marrŋgitj*, the small creatures (also called *djamarrkuli̱*, children), who help the Yolŋu healer (*marrŋgitj*). These beings live inside the healer and are strongly identified with him, as demonstrated by the fact that they are also called *marrŋgitj*.

These examples demonstrate the plurality and complexity of the ''inner being'', a term which I take from Djanumbi (see narrative 'Twenty-one year journey' in ch. 6.5) to indicate all the 'inside' parts of the person and which comprises (but is not limited to) *ŋayaŋu*, *djäl*, *märr*, *mali'* and *birrimbirr*. Because of the fluidity of interchanges between the person's body, the natural landscape, the entities inhabiting the land and

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[57] Cf.. Reid (1978:106): "Several [...] people of the community [...] own objects associated with sacred areas or totemic animals and their clans which they occasionally use to treat themselves or members or their immediate families".

the 'inner' person, it would be paradoxical to confine into boxes inside and outside, body and land. *Birrimbirr* are in fact found in the land, but also inside people, whom sometimes they temporary leave. *Waŋarr* are ancestors, but also alive as animals and as a part of the person. The body has a central role in constructing Yolŋu relatedness, because it is the place where the connection with the land and with other people becomes visible and tangible. It is in this sense that is possible to talk about embodied relatedness.

5.3 Conclusions

This chapter began with some narratives exploring Yolŋu conceptions of wellness centred on the Yolŋu relationship with the land, which is seen as a source of physical, spiritual and moral sustenance and nourishment. Knowledgeable people not only find water and food and know the referential content of the ancestral stories but, also, can 'hear' and 'feel' the country and transmit the feelings and the emotions associated with them. It is this potential of being felt which makes knowledge alive (*walŋa*) and powerful. The capacity of acting as a transmitter for the power which is inside the land identifies a state of wellbeing which could be described as fluid interconnectedness with the land and other people. Conversely, the land is also a transmitter of the power of relatedness as the source of wellbeing. This idea of wellness can only be understood in relation to a certain perception of the physical environment, personhood and relatedness, all of which come to depict a Yolŋu way of being in the world.

The dialogue and relationship of exchange between people and their country becomes visible and tangible in the manifestations of creator ancestors (*waŋarr*), predecessors and other entities that people meet in the land. These encounters are mediated by a body which not only feels (*dhäkay-ŋäma*) but is one with the land. The images of the *ḻuku* (feet, roots) and *gurrkurr* (veins) as extensions of the person in the land talk about a person extending beyond the boundaries of the skin and participating in the

same substance, energy and personality which animate their ancestral country. This in turn creates reciprocal identification between the person and all those who also have ancestral connection to that same land.

The body is the mediator of these connections also at a linguistic level, in verbal and non-verbal expressions which equate body parts with kin relationships and in expressions of space and time constructed around body parts. It also bears the signs of its bond with the land in birth marks, bumps and other marks which are the outer manifestation of the *mali'* (shadow) and, again, talk about the reciprocal identification of land and person.

Together with the physical body (*rumbal*), this connection is realized thanks to the ''inner being'' composed, among other entities, by the *birrimbirr* (bone-soul), *ŋayaŋu* (seat of feelings), *märr* (ancestral and personal power), *djäl* (will, seat of desires). The fluid connections among these elements simultaneously encompasses outside and inside and become manifest in emotions as well as in one's physical appearance. Wellness, or *buŋgatthun* (feeling abundance of energy), expresses the richness of these connections and intersections: from a Yolŋu perspective, it is hardly possible to see health and wellbeing as independent either of relationships or of the environment. A person in a state of wellness is in fact in constant communication with others and the environment.

Although the various parts which compose the person have a precise location in the body, such as the chest or the sternum, they also represent the potential for 'filling in' the inter-corporeal space between two human beings, realizing the most intimate and meaningful meeting (cf. Tamisari 2000). The five senses can be directed towards the external world, or opened towards a person's internal states. People who have reached a certain maturity are particularly receptive towards others' physical sensations, feelings or thoughts. This could be described as a kind of hyper-developed capacity for resonance (in the sense used by Wikan 1992) which allows one to 'see-feel' things which are not accessible to a perception or a thinking not informed by feelings.

CHAPTER 6: ILLNESS CAUSATION AND EXPRESSION

It is not possible to find, in Yolŋu languages, direct equivalents for mental health terms such as 'psychiatry', 'psychosis' or 'schizophrenia'. However, all of these are increasingly used within Yolŋu contemporary society, especially following the extension of mental health services into remote communities. It doesn't necessarily follow, however, that there is a shared understanding between Yolŋu and *Balanda* about what these terms mean or about how mental health services should operate.

In chapter 4, *bawa'* was investigated as a term denoting 'social confusion' deriving from the incapacity to see, recognize and act according to the ethical system laid by the ancestors. This appears evident, for example, in the loosening of the bestowal system which establishes alliances between different families and individuals' position in the social web and, in general, in the world. This chapter adopts a different point of view and focuses on *bawa'* as an altered mental state, exploring its etiology and phenomenology. However, the relationship between *bawa'* and the problem of ethics and relatedness also remain a main issue in this chapter.

The term *bawa'mirr* (from *bawa'*, things/confusion + *mirr*, with) is normally used to indicate that someone is in a state of mental confusion. The composed expressions *liya bawa'mirr* (head full of things/confusion) and *rumbal bawa'mirr* (body full of things/confusion) are sometimes used to add emphasis to the term *bawa'mirr*. Their interchangeability is significant of how *bawa'* is thought to affect not only the head but the whole of the person.

The forms that *bawa'* can take are extremely varied: it can be a temporary state, a moment of absent mindedness or a more durable and complex condition and experience. For example, a person might be sitting on the veranda and enter the house to take some water but, coming out, realizes he left the water inside and exclaims: "*Bawa'mirr ŋarra*!" (I got confused/distracted!)

Although *bawa'* is a generic term which can be appropriate in different situations, there is certainly a sense in which *bawa'* is used to talk specifically about mental problems, although in a non-medicalized way. For this reason, the English term 'mad' is a translation of *bawa'mirr* that is preferable to technical terms like 'psychotic' and 'schizophrenic'. Even if not semantically equivalent to *bawa'mirr*, 'mad' is closely related to it from a socio-linguistic point of view, i.e. in its colloquial usage, which includes a range of different conditions and behaviours, not necessarily classified as clinical ones.

Contrasting ideas about *bawa'* exist also within Yolŋu society itself. Perspectives of the prevailing cultural model and the sufferer's perspectives of the meaning of illness are explored in this chapter as part of the dialogue about the nature of *bawa'* and about the place of *bawa'mirr* in society.

6.1 Causes and expressions of *bawa'*

In conversations with Yolŋu about mental illness, the explicit question: ''Why/how does someone go mad? (*Nhaku/Nhaliy ga Yolŋu bawa'yuna*?)'' was never asked by me. However, interestingly, some Yolŋu introduced their talk about *bawa'* (madness) by asking this very question, sometimes posing the question to others with the intent of helping with the research. All the conversations which stemmed from this question started with a quite assertive declaration that nobody goes mad *gäna*, i.e. 'by themselves' (lit. alone).

The interest in investigating the causes of *bawa'* reflects the attempt to resolve the anxiety aroused by something that eludes common sense: someone who is *bawa'mirr* is not only confused, but, also, confounds others. Banthay expressed this idea as: ''We don't understand what *bawa'mirr* think, we don't know how they feel, inside, they don't share their story. They make us confused!''

The very fact that people are prepared to talk spontaneously about causality is indicative of the fact that, despite the wide range of meanings retained by *bawa'*, according to context, this is identified with an 'abnormal' condition which demands an explanation. At the same time, Yolŋu are eager to stress that 'every story is different' when they recount the details of accounts of *bawa'mirr*, anticipating that stories are meaningful in themselves, beyond the order established by diagnosis and explanations.

Bawa'mirr express themselves in a way that marks them off from normal rational conduct: their behaviours point to meanings which have to be discovered rather than being self-evident. Depending on the context and on the observers, the abnormality of *bawa'* can be interpreted as a calamity or as a 'gift', as withdrawal or as extraordinary sensitivity.

Most Yolŋu believe that ''thinking too much'' can make a person 'go mad' (*bawa'yun*), in a similar way to what is believed about excessive rumination and madness in Western societies. However, there are some differences between the Yolŋu usage of the English term 'to think' and that of English speakers. The term 'thinking' became widely used when a young man with a name similar to *guyaŋa* (to think) died in the early 1980s. It can translate both the word *warwuyun* (to feel sad, to grieve, to miss someone) and the word *guyaŋa* (to think, especially in the sense of remembering, wondering, worrying). Thinking and feeling are not separate and they are often mentioned together and equally stressed when people talk about their condition.

Guyaŋanhawuy, the thinking apparatus, is located in the head and to some extent identified with it: the terms *buku*, *mulkurr*, *dämbu* and *liya* (all referring to the head) can all be used as synonyms of *guyaŋanhawuy*. *Guyaŋanhawuy* can be translated with 'thinking', 'thoughts' or 'remembering' and it must be bore in mind that what is indicated is a kind of thinking which is not separated from feelings. For example, the expression *dämbu-wutthun* (head-hit), used to indicate the performing of ritual singing, evokes the idea of 'playing the head', in the same way a tape which contains

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songs is played in a recorder (tape-*wutthun*, tape-hit). But although the head is seen as the 'container' of memories and memorized knowledge, singing is never a mere exercise of memory: singing of the ancestors and, especially in the women crying songs (*milkarri*, lit. tears), for passed away relatives, is always charged with strong feelings.

It has been noted[58] that the concept of thinking as 'inventing' or 'making something up' is far from the Yolŋu usage of the word 'think'. A dream, a new song or dance are not invented or composed, but 'found' (*malŋ'maram*). This implies that they pre-exist outside of the person, who 'meets' them. A 'bright' head is open and receptive, while a someone with mental problems (*bawa'mirr*) is said to have their *guyaŋanhawuy* (mind) or *mulkurr* (head) shut (*mukthuna*)[59].

The problem of ''too much thinking'' lies in the quality of the thinking, which has obsessive and compulsive characteristics. As a matter of fact, Yolŋu use the English verb 'to think' as a synonym of 'to worry'. The person is ruminating his thoughts without finding an exit, like someone who is going "round and round in the middle of a jungle (*ŋunhiliyi bili ŋayi ga warwuyundja nhakun retjaŋura djinagan*)''. This common metaphor is interesting because it is what *mokuy* or *wurray* (a specific kind of *mokuy*) do to the lonely walkers in the bush: they lead them astray; they confuse people who thus get lost (see ch. 5). This analogy suggests that an external agent has done something to confound the person, revealing the underlying suspicion that someone is ''thinking too much'' because a spell has been cast on them. ''Thinking too much'', as opposed to ''sharing the *dhäwu* (story)'', is a theme found across all stories of *bawa'* and it is closely related to sorcery, as will be demonstrated below.

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[58] See Michael Christie (1985:43).

[59] This is different from saying that someone is *buthuru-dhumuk* (ear-closed), which means 'deaf', both in the literal sense and in the sense of being stubborn, not taking notice of what other people say.

The introverted aspect of *bawa'* is expressed as *wawu* (oblivious, unaware, indifferent).

Wiripuŋ ŋayi dhu ga wawu yan nhina, guyaŋa ŋayi dhu ga, guyaŋan yan ŋayi dhu ga, yaka ŋayi dhu waŋa, mukthunna ŋayi dhu ga nhina, ga thinking ŋuli ŋula nhaku ŋayi dhu ga marrtji thinking, bili nyumukuninynha, yaka yindin.	Another one will be sitting oblivious of what's happening around him, he will think and think, just obsessively think, he won't talk, he will sit in silence thinking about something and he will just keep on thinking, thinking narrowly about something small, not about big things.
	(Guymun, Galiwin'ku, recording 20 December 2007.)

That someone appears to be *wawu* is a worrying sign, because it points to their isolation from events and from their family. Often the object of ''too much thinking'' is supposed to be related to problems in relationships, such as ''not being cared for by family (*bäyŋu gurrutu'mirriy ga djäga nhanŋu*)'' or worrying that this might be the case.

Feeling connected and related to family is considered fundamental for wellbeing and mental equilibrium. This is highlighted by the fact that for Yolŋu the worst insults are abusive terms which reflect alienation from place and family: *ŋändimiriw* (without mother), *ŋändi-ritjkumirr* (with a bad mother), *galŋa-wakinŋu* (lit. skin-wild, rendered by Yolŋu as ''no one will care about your skin when you will be dead''). Further, people who are considered *bawa'mirr* are often tested (*birrka'yun*) by relatives in their ability to name their kin-relation to those around them. That one is able to recognize (*dharaŋan*) others correctly as, for example, *waku* (ZC), *ŋändi* (M) or *gutharra* (wDC) is taken as a reassuring sign that their cognitive skills are intact. Off

course, an even more significant test is given by their behaviour towards relatives (see ch. 7.4).

Witnessing acts of violence among relatives and loss of a relative can be traumatic events at the origin of the compulsive thinking and worrying which characterize *bawa'*. Both of these cases are contemplated by Christina's[60] relatives in searching an explanation for her *bawa'*. Christina is a woman in her 40s with a diagnosis of schizophrenia and a long history of hospitalization. According to Christina's *mukul bäpa* (FZ), she is *bawa'mirr* because she saw her father stabbing her mother to death when she was a child. In her opinion, Christina would get better if she could talk about what happened. Other relatives, including the Aboriginal mental health worker employed at the time, thought that her state was due to her husband's death and also, possibly, to the separation from her children, who were staying with the father's family in a distant community. Other people often commented that she would recover if she found another husband. Similar observations were also regularly made regarding *bawa'mirr* men who didn't have a partner. Incidentally, these interpretations about the causes of Christina's 'madness' were dismissed by the doctor who at the time was in charge of the mental health team, on the ground that ''no one becomes schizophrenic because someone dies''.

In the most severe cases, the withdrawal of the *bawa'mirr* becomes an almost complete interruption of relations with the outside world, since the person spends most of the time sitting inside the house, without talking or taking part in any activities. People may become withdrawn to the point that they hardly ever leave the house or their room. Sometimes Yolŋu talk about them as people who ''sit all day in a room by themselves, relating only to the spirits they hear and see''.

One Balanda doctor in Galiwin'ku used to define their condition as 'house-bound' and classified as 'house-bond' at least four young men living in the township, all of whom had a diagnosis of schizophrenia. He recounted that on one occasion he had

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[60] Pseudonym.

been successful in convincing one of these men to take anti-psychotic tablets, with the result that the man soon found the confidence to leave the house again. On the basis of this experience, the doctor was trying to adopt the same pharmacological approach with the other 'house-bound' people. However, his diagnosis didn't take into account that some of these *bawa'mirr* would occasionally leave their home to go to homelands, to go hunting or to take part in ceremonies; in all cases surrounded by their close family. Therefore, 'housebond' *bawa'* may not necessarily correspond with a medical condition, but rather may be the consequence of, for example, not feeling safe in the crowded township of Galiwin'ku.

Indeed, most Yolŋu in Galiwin'ku fear being outside and becoming a possible target of *girri'* (sorcery objects) or of other kinds of sorcery in retaliation for 'accidentally seeing the action of a sorcerer' (*mel-ŋal'yun galka' djäma*) (See ch. 4.1). Fear of sorcery is very widespread, but only when it brings people to hide and withdraw from social interaction is it seen as a manifestation of *bawa'*.

Thinking and worrying ''too much'' can be a consequence not just of fear of sorcery, but of sorcery which has actually been performed. When *girri'* penetrate a person's head, they can make them 'go mad' (*bawa'yun*). According to some Yolŋu, a sparkle of light can be seen in the air a moment before the *girri'* reaches its target. Even if the person cannot see the *girri'* entering the body, sometimes people can sense (*dhäkay ŋäma*) their presence and communicate to others their suspicion of being victim of *girri'*.

> A young boy who had such a feeling told his mother that he was feeling 'something strange'. The mother considered the fact that the boy had stopped talking to anyone and was often sitting by himself, staring into emptiness, his eyes infused with blood. All of these signs convinced her that he was probably right in his supposition. A couple of days later, the boy asked an older classificatory sister to accompany him to see a healer. The healer extracted a needle with pus from his head and soon after he left the community to go and live in a homeland. However, he

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kept being mute and withdrawn from all activities for a few months afterwards, showing the typical signs of *bawa'mirr*, before he went back to his normal state.

Another way in which *galka'* (sorcerer, murderer) can affect people is by *buku-guykthun*. In a ceremonial context, *buku-guykthun* indicates the action of spraying white clay on someone's face. In the context of sorcery, it acquires different meanings and it is usually translated into English by Yolŋu with ''putting a spell'', ''cursing'' or ''hypnotizing''. *Buku-guykthun* is also used as a general term to include the set of actions performed on someone whose 'eye came across' (*mel-ŋal'yun*, lit. eye-jump), the action of the sorcerer (*galka' djäma*), becoming the potential next victim. The *galka'* threatens the witness by uttering certain words and giving them sacred and dangerous objects to conserve and hide from everyone. Reporting the words or showing the *sacralia* would correspond to publicly accusing the *galka'* and incurring their vengance directly by murder or by magically provoked accident.

The spell of the *galka'* is like an imposed contract which establishes a double-bind: by accepting the contract, the witness relinquishes control of their free will and expression; by breaching it, they would almost surely incur death. A person on which the *galka'* has performed this operation is said to be sick *buku-guykthunawuy* (because of *buku-guykthun*). Yolŋu say that those who are *bawa'mirr* because of *buku-guykthun* have a ''story inside'' (*djinawa dhäwu*) that they won't share, because they constantly hear a ''voice inside'' threatening them with death in case they do.

He won't talk

Ga wiripu nhe dhu nhäma bawa'*mirr*i, ŋunha yolŋu, yolŋu ŋunha gurukman nhina ga, nhaliy balanya yäku ya'? Galka'. Galkay ŋayi dhu witness, bala	Also, when you see a *bawa'mirr*, [you can guess that] there was someone over there, someone hiding. And what was his name? *Galka'*. *Galka'* realized that

ŋayi dhu dämbu-guykthuna ŋunhi yolŋuny, bala ŋayi dhu bawa'yunna. Ga mukthun ŋayi dhu ŋunhiyi, ga mukthunna yan. Mak ŋayi ŋanya dhu dämbu-guykthun, mak ŋanya dhu liya-wutthun, bitjan nhawi maŋal'yu ŋula nhaliy girriy ŋula nhaliy mukmaram, marr ŋayi dhu yaka ŋunhi dhawat'maram dhäwu dhunupa. Balanyaraw ŋuli ŋunhi bawa' märram dirramuy yolŋuy, wo miyalkthu yolŋuy ŋunhi maŋutji-ŋal'yun, nhäma ŋayi dhu, balanya ŋunhi bawa'yun… Bawa' gäna bäyŋu dhu ŋayi bawa'yun! Bäyŋun bilin. Ḏunhi ŋayi dhu ga nhina dhuŋarra dhuŋarra dhuŋarra dhuŋarra dhuŋarra dhuŋarra dhuŋarra dhuŋarra ŋunhi manymakkuman. Ḏunhi ŋayi dhu manymakkuman ga marrtji yolŋu, ga ŋuli ŋayi dhu yätjkurrkuman marrtji mel-ŋal'yunaray, ŋayi dhu ŋanya dhäwu yan bitjana gam mukmaram, yaka lakaram yaka waŋi biyak, ŋarra nhanŋu dhu dämbu-guykthun, ŋarra ŋanya dhu dämbu-guykthun. Bitjana ŋayi dhu ŋunhi bawa'mirri.

someone had witnessed him and put a spell (_dämbu-guykthun_[61]) on that person, who will then go mad. And he won't talk, he just won't talk. Maybe _galka'_ has _dämbu-guykthun_, or _liya-guykthun_ him, or has used a spear-thrower or some kind of _girri'_ to shut his mouth, so that he won't take out the real story of what happened. This is how a Yolŋu man or woman can go mad: their eyes come across something (_maŋutji-ŋal'yun_), they see and then go mad... Nobody goes mad by themselves (_gäna_)! No way this can happen. Someone can be well for year, after year, after year, after year, after year, after year, after year and then if his condition suddenly worsen is because his eye came across [_galka'_]. He [the _galka'_] will silence his story telling him: ''Shut up, don't tell anyone, don't talk, or I am going to _dämbu-guykthun_ you, I am going to _dämbu-guykthun_ you''. This is how that person will go mad.

(Guymun, Galiwin'ku, recording 20 December 2007.)

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[61] The expressions _buku-guykthun_, _dämbu-guykthun_ and _liya-guykthun_ are synonymous.

In this way, the victims of *galka'* become 'hostages' of their secret, trapped in their own mind. Through fear, *galka'* interrupts relatedness: the flow of verbal and non-verbal communication with the family is closed.

Being tense

Glenda: There he will you know, close that communication and we will be like... tense. (*Dhiyali ŋayi ga ŋunhi nhawiny, gulmaram ŋayi ga dhiyali ŋunhi nhawiny, communicationdja ŋayi ga dhiyali gulmaram ŋunhi limurr ga nhakun... being tense, ya' bitjan, tense.*) Being tense. Don't want to share something, don't want to say anything.

C: Like this? (*Balanya?*) [sitting in a stiff position and tightly closing my fists].

G: Yow. Because he himself has been spiritually abused by his own mind.

Dj: Because there's a person dragging him to do things using a spirit (*Because yolŋu ŋanya ga warryun doing spirit*) […] *Galka'* gives fear (*Fear ŋanya dhu gurrupan galkay*).

G: *Galka'* is a very powerful, demonic force that make that person... […] abused, like in a curse (*curseŋura*).

Dj: They will, you know (*nhawi*), put something in your mind that will make your mind stick to that particular thing, you know?

G: *Yow* (Yes).

Dj: They have the special force to make you drove your attention to that. So if you are being asked questions, that mind is always saying: ''No! (*Yaka!*) Don't tell, don't tell! Otherwise you are…

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G: Dead.

Dj: breaking, you will be gone, you're dead, or I'm going to come after you", that's what they try to say with very special force, don't they (*muka*)? [Djanumbi and Glenda, Galiwin'ku, Djanumbi's house, recording 29 April 2007].

Buku-guykthun, in most instances, will remain an unverified hypothesis, properly because one of its consequences is that the person can't talk to recount what happened to them. There are numerous illness narratives which recount stories of people who suddenly fall very sick and try to open their mouth to talk, but no sound comes out. They always imply that the hand of a *galka'* lies behind the fact. One account was given by a woman who one day found that she couldn't open the lower jaw anymore without apparent reason. She had to be fed in the hospital with a tube going into the stomach, until through a surgical operation she recovered the mobility of the jaw. In this case, incidentally, we see how an ailment implicitly attributed to sorcery was resolved by the intervention of Western surgery.

Cases in which the witness rebelled against the *galka'* and publicly said what he knew are less common. In one case, this led to the talker's murder by the *galka'*s hand, while in the other he was able to save both his own and the ensorcelled person's lives. Commenting on these episodes, Djanumbi once said that unmasking a *galka'* is ''one of the bravest things a person can do in their life'' (Galiwin'ku, December 2007). By reporting a *galka'*, a person use their self-confidence and inner strength to regain control of their life (*walŋa*).

Although *bawa'* is thought to affect specifically the head and the thinking apparatus *guyaŋanhawuy*, other parts of the person, for example the *ŋayaŋu*, the *djäl* or the *birrimbirr*, are likely to be somehow affected because they are connected to each other. When people 'go mad' (*bawa'yun*), but also, in general, when they are in a state of confusion, worried or sad, their *ŋayaŋu* (seat of feelings) is 'far away', they are not

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really 'present'. For this reason, when someone has been successfully comforted, people say 'his/her *ŋayaŋu* was made to come back', or 'his/her *ŋayaŋu* came back' (respectively *ŋayaŋu nhanŋu roŋmaram* and *ŋayaŋu nhanŋu roŋyirr*, see also ch. 7).

Barrkuthirr ŋayi ga nhina yolŋu ga thinking ŋayi ga: "Yaka ga gurru<u>t</u>u djäga", ga nhina ŋayi bu<u>n</u>bu'ŋura yan nhina.	That person is far away and is thinking: "My family doesn't care for me." And he just sits inside the house without ever going out.
Yu<u>t</u>uŋgurr wapthurr wiripuŋur worldŋur.	He has stepped into another world.
Nhaltjan ŋarra dhu räli-mirriyam ŋunhi yolŋuny? Yaka nhe ga dhiyal nhina. Waŋa dhu ga roŋanmaram ŋanya ŋayaŋu roŋanmaram. Nhina ŋayi dhu ga galki ga roŋanmaram wäŋalila.	How can I make that person come back? You [addressing the *bawa'mirr*] are not really here. [The person who is caring for them] will talk to them and make them come back, make their feelings (*ŋayaŋu*) come back. He will sit close to them and make the *ŋayaŋu* come back to its place.
Dhukarrgu ga <u>l</u>arrum. Walal dhu see clear bala ŋayaŋu roŋiyirra galkin.	They are looking for a path. They will see clearly and then the *ŋayaŋu* will come back, close. (Guymun, Galiwin'ku – Long House, recording 15 April 2007.)

In the following quotation, the withdrawal of the *bawa'mirr* is described as detachment of the soul (*birrimbirr*):

Bili warwun nhanŋu ŋunhi ŋayaŋuŋura ga ŋorra ga mu<u>l</u>kurrŋura. Ga bäyŋun ŋayi dhu ŋunhi <u>l</u>akaramany limurruŋal. Ŋunhi ŋayi dhu bawa'yundja, ŋula	His seat of feelings (*ŋayaŋu*) and his head (*mu<u>l</u>kurr*) are full of grief and worries. And he will not tell us what they are. When someone goes mad, his soul

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wanhan ŋayi birrimbirrnydja ga marrtji yakan dhuwal munatha'ŋur, mak ŋayi dhu birrimbirrnydja marrtji ga nhäma limurruny barrkuŋur, ŋunhaŋur bala ya, galki half way dhuwal, nhawiŋur, djiwarr'ŋur. Ga nhämany, nhämany ŋayi dhu ga, ga räli, munatha'lil limurruny. Ga ŋayiny dhu ga ŋunhi birrimbirrmiriw waŋany yolŋuny.	(*birrimbirr*) can be everywhere, is not present here on the hearth. Maybe his *birrimbirr* sees us from far away, maybe it's half way to the heaven and looks down to us on the earth. And who talks to that person will be talking to someone whose *birrimbirr* is absent. (Guymun, Galiwin'ku – Long House, recording 15 April 2007.)

The shift from *ŋayaŋu* (feelings) to *birrimbirr* (soul) in this extract indicates that a process of interpretation regarding the nature of the detachment is taking place. On one side, that the soul has left the body is maybe a sign that that *bawa'mirr* is not mad, but instead ''smart'', gifted: they can travel while their body remains in its place and see what others cannot see. ''Smart *bawa*''' doesn't indicate confusion at all but, on the opposite, a brightness superior to normal.

Wiripuny ŋayi yolŋu bawa'mirr smart nhanŋu. Up ŋayi ga nhäma räli bawa'mirri. […] Balanya nhakun worldŋur nhakun ga bukuŋur gundaŋur nhäma bitjan, ga smartna ŋayi talkinguny. […] Wiripun wiripun ŋayi dhu bilmaram ŋunhi dhäwu. Bilin.	Another kind of *bawa'mirr* person has a smart *bawa'*. That *bawa'mirr* is able to watch things from up above towards down here.[…] It's like this, as if he was watching the world from the top of high rocks and his talking is smart. […] He will turn a story around as he pleases. (Guymun, Galiwin'ku – Long House, recording 15 April 2007.)

On the other side, talking about a soul being 'away' immediately evokes a different interpretation: the suspicion of sorcery. 'Stealing the soul' is in fact a typical operation performed by *galka'* to take control of their victims. Although accounts on

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this matter are usually ambiguous, it seems that the place of the *birrimbirr* is taken by a *mokuy* (spirit of a dead person), which *galka'* will have subjugated to his aims. When people are seen as behaving in an unusual way, it is sometimes hypothesized that they are 'worked' (*djäma*) by a *mokuy* (see below p.20).

However, not all cases which contemplate spirit intervention are ascribable to sorcery. In some cases, *bawa'* may be provoked by fortuitous encounters with *mokuy*, like for example *wurray* (which is a kind of *Dhuwa mokuy*):

> A few years ago, a man went mad (*bawa'yuna*) after seeing a *wurray* while he was walking by himself in the middle of the bush. The *wurray* was all covered with branches and feathers and had a horrible aspect. But the man was *bawa'mirr* only for a short time: he quickly recovered after his mother took care of him and washed him with a mixture of bush herbs.

In this and similar cases, *bawa'* is a temporary episode which doesn't come to be attached to the person as a distinctive and persistent aspect of their personality. In other cases in which *bawa'* appears to be a durable condition throughout the life of a person, it becomes a way in which the ancestors reveal themselves in the present. ''Family line'' is the expression used by Yolŋu to refer to *bawa'* as inherited. A mother used for example to say about her *bawa'mirr* son: ''His father's father's father got that same illness, so that's family line''. The 'family line' explanation is considered with a relatively positive attitude both by people reputed to be *bawa'mirr* and by their relatives. See for example the following statement, made by a woman who was usually strongly opposed to being labeled *bawa'mirr*: ''And I told to myself - Eh! This is your mum! - Because my mother, she was the same, *bawa'mirr* (*Ga ŋarra ga thinking ŋarra ga bitjanna gam - Way! Dhuwandja nhuŋu ŋändi'mirriŋu! - Because my ŋarraku ŋändi'mirriŋu was the same, bawa'mirr*)'' [Galiwin'ku, recording 6 May 2005)

The ''family line'' explanation represents a way to interlace the individual biography with family history and thus to root one's sense of self in that history. Similarly to the smart *bawa'* but differently from all the other types of *bawa'*, the ''family line'' *bawa'* reveals something genuine about the person and it is not caused by the intervention of an external agent, or at least not by one perceived as foreign.

The phenomenology and etiology of *bawa'* show very blurred boundaries and tend to reflect the complexity of real life. Causes are not mutually exclusive and multiple causes are normally interrelated in one case of *bawa'*. The following statement, made about a young boy known to be *bawa'mirr*, is in this sense typical: "He saw some of his family having big arguments when he was little and then at a certain point he started to behave aggressively towards other people. This was when he was smoking marijuana. A bad spirit entered him. Maybe *galka'* acted on him. But now his *bawa'* is normal, just as his *märi'mu* used to be. It's in his family line." On other occasions, the same people who offered this explanation said that his *bawa'* had been caused by the fact that his mother had taken him out of a Darwin boarding school, which he was attending together with his classificatory brothers, bringing him back to Galiwin'ku while the rest of them continued to be enrolled.

Although Yolŋu are certainly concerned with causation, this is treated not in terms of extra-personal causes but in terms of stories and, more specifically, of 'inside stories' (*djinawa dhäwu*).

6.2 Consumption of drugs, spirit intervention and self-control

In Yolŋu society, special states like trance, possession, seeing spirits in dreams and in ordinary non-dream situations can occur for specific reasons that people can cite or investigate. Yolŋu might not call them 'abnormal', because almost everyone will or can experience them. Extraordinary experiences which imply contact with spirit beings or dead people are every day matters, a fact mirrored in considerations on how 'mental illness' should be approached:

People who have delusions are hearing the voices of their passed away relatives. If you ask them they won't tell you, you will have to wait for them to tell you. Once they tell they can get better. There's a message for them in those voices that they are hearing. Some Balanda don't understand that Yolŋu people are different. It is not good for them to take medicines (Terry Yumbulul, Galiwin'ku).

In the field of mental health, this can make problematic the attempt to differentiate situations in which people see or hear things which others don't as either 'psychotic' or 'culturally justified' episodes. By their very nature, these experiences pose in fact a complex question: when is an extraordinary experience the sign of a connection with the ancestors' world and when, instead, a sign of illness?

For Yolŋu, the labeling of a state of *bawa'* as madness or gift is contextual and at times contradictory: there is no interest in making an accurate and 'true' diagnosis in the one or the other final sense. However, when local perspectives about *bawa'* encounter Western psychiatry, the matter of borders between different typologies becomes a crucial one in the eyes of non-Indigenous health professionals. This is partially motivated by the pragmatic issue of how to predict someone's behaviour and to implement standard guidelines for intervention.

Cultural thing or psychosis?

On September 15th, 2008 a planning meeting was organized by the Galiwin'ku clinic. Under the change in management which had happened by that stage of my fieldwork, the clinic opened to the outside world for the first time in a long period, reinforcing its interaction with the broader community. As a consequence of these changes, representatives of Yalu' Marŋgithinyaraw (see ch. 1.2), the health workers from Marthakal Homeland Resource Centre, a few Euro-Australian employees from the Top End Division of General Practice (see ch. 1.3) and myself as a researcher were invited to take part in the

meeting. On that occasion, at the request of the clinic manager, I was to present some preliminary findings of my fieldwork. Among other topics, I talked about the problem of 'seeing' and I argued that, in psychiatric assessment, particular care must be taken by the doctor or nurse not immediately to reduce visual or auditory manifestations to 'symptoms'. I went on to say that, according to Yolŋu people, even the most disturbing experiences carry a meaning or a message and can be converted into a meaningful story. These declarations raised a stream of questions on part of the Balanda staff and a debate ensued. A general practitioner animatedly questioned: ''But how can you say when it's a cultural thing and when it's psychosis?'' To clarify her point, the general practitioner recalled an instance in which she was asked for help by the family of a girl who, convinced that a sorcerer was about to arrive, had spent the whole night awake, holding an axe in her hands and threatening people. To my relief, Djamalaka, one of the mental health workers, intervened with a reply far more exhaustive than I could have provided: ''Before, only old people could see those things [i.e., have visions of supernatural aspects of life] and that was normal, it wasn't something to worry about, because they had reached a certain stage in their life. What's happening today among young people [who sniff petrol, smoke marijuana, are too afraid to go out of home and have violent behaviour] doesn't have anything to do with that, and it's something that didn't use to be here before''.

Djamalaka relates 'dangerous' kind of *bawa'* to the introduction of drugs. Her answer followed the same logic as the doctor's question, in that it made a distinction between 'anti-social behaviour' and 'culture'. However, Yolŋu discourses on the relationship between violence and *bawa'*, even when concerned with drug consumption, are not strictly focused on the psychotrophic effects of drugs but, rather, extend to one's self-perception in relation to ''who I really am'' and to others.

This exchange, prompted by the doctor's query, raises two questions. The first one:

how do Yolŋu distinguish and classify different kinds of behaviour that appear to violate cultural norms or social expectations? The second one: what do they consider to be the causes of these conducts or states?

Yolŋu distinguish between 'normal' (i.e. 'not dangerous') *bawa'* and *maḏakarritj* (angry, dangerous) *bawa'*, which drives people to act violently towards others with words or actions without apparent reason:

They can't see well

Dhuwal waŋganydja yolŋu bawa'yun 1985dhu witjarr'yurr ŋayi, wo ŋula nhä ŋayi nhäma, bala ŋayi rirrikthunna, ga dhuwal baḏak ga bawa'yun. Yurr yaka ga mari djäma, yan ga marrtji up and down. Yolŋuy ga nhäma dharaŋan, ŋathaw ga ŋäŋ'thun, ŋaraliw ga ŋäŋ'thun, warrpam'ku. Ŋunhi ŋayi ga thinking, ŋunha nhanŋu normal bawa', bawa' nhanŋu normal.	There's a man here who went mad in 1985, he misunderstood something, or maybe he saw something and then became sick, and he keeps on being sick today. But he won't start fights, he'll just walk up and down. He will see other people and recognise his relatives, ask them for food, and for anything. That one is able to think, his *bawa'* is normal, just normal.
Ga wiripuny bawa', ŋunhi ŋayi maḏakarritjnha. Maḏakarritjthirr ŋayi dhu. Nhakun ŋayi dhu maḏakarritjirrdja? Bawalamirra ŋayi dhu buma, ŋuli ŋayi dhu djälthirr nhaku? Ŋarali'wnha, ŋarali'wnha. Larruma ŋayi dhu ŋaraliw. [...]Marin dhu ga djäma, buman marrtji dhu bawalamirrinhan. Bitjana ga wiripuw yolŋuw bawa'yi. Nhä nhanŋu mak problem? Dhuway'mirriŋu, ga djamarrkuḻi, yaka ŋayi ga nhäma djamarrkuḻiny manymakkuŋ, yaka ŋayi	And another *bawa'*, that's a dangerous one. He will get angry. Why will he get angry? He will harass whoever, what for? Because he wants cigarettes. Just for cigarettes, just because he was looking for a cigarette. He will start fights, wandering around making arguments. This is the kind of *bawa'* belonging to some persons. [...] What's their problem? They can't see well their partner and children, they can't see well their children.

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ga nhäma dhuway'mirriŋuny manymakkuŋ.	(Guymun, Galiwin'ku, recording 20 December 2007.)

More often than not, the *maḏakarritj bawa'* consists of swearing and shouting insults, rather than physical attack, but verbal violence doesn't seem to be distinguished as 'less dangerous' than other types of harassment. As it will be shown (see narrative 'Hearing' in ch. 7.2), words have in fact the potential of deeply affecting one's ''inner being''.

Consumption of drugs, such as alcohol, petrol (through inhalation) and marijuana was often blamed as the direct cause of interpersonal violence and mental illness by health professionals, who would use the expression 'drug-induced' or 'post-ganja' psychosis to label these cases.

In January 2007, the doctor then in charge of mental health in the local clinic explained to me and to the mental health worker: ''People in Brisbane or Sydney smoke marijuana and then they feel relaxed, they might feel like laughing a lot and then fall asleep. With Yolŋu it seems to make them become very angry and violent''. The mental health worker didn't make any comments. I expressed the opinion that this was possibly a proof that behavioural reactions to drugs are culturally conditioned, i.e. they are learnt and enact social expectations. He replied that to him this was rather a demonstration of a genetic difference between Indigenous people and Euro-Australian and further detailed his point of view on drug induced psychosis: ''Research has proved that there are neurological paths that explain chronic pain. Chronic pain is pain felt in absence of a clear cause, like someone breaks his leg and, even afterward the leg has healed, keeps on feeling the pain. The same thing happens with post-ganja psychosis. If that path is taken a number of times, then it's difficult to come back. But if you give antipsychotic at the first expressions of psychosis, you eliminate

the problem before it becomes a neurological path without return.''

On the contrary, some Yolŋu stated that it is particularly easy for them to give up drugs, because they are something ''foreign'', which has come ''from the outside'' and ''doesn't belong to our culture.'' Drugs are supposed to affect only the external layers of the person, not their core. Although Yolŋu openly condemn the practice of petrol sniffing and the consumption of marijuana and alcohol, criticism never questions the place the person occupies within *gurruṯu* (kinship network). To explain this concept, one day Waymamba picked up a dry and cracked leaf from the ground and said: "No matter if it's all ruined, this still belongs to the tree where it came from. The same for *bawa'mirr''*. As it has been shown in ch. 5, the person is defined by their ''foundation'' (*ḻuku*), their roots (*gurrkurr*) and their belonging to the *yalu'* (nest, womb), all of which express different facets of the non-separateness of the person from their land and from their family. Only someone who doesn't know the tree where they come from is lonely and not cared for, *wakinŋu* (wild, lonely, not belonging to anyone)[62]. Being defined by these deep structures of relatedness, ''who you really are'' (*yol ŋarra dhuwal*) cannot be possibly destroyed through one's actions. In fact, the connection will not only still be active, but possibly reinvigorated by episodes of *bawa'* which on the one hand temporarily isolate the person, but on the other demand attention and responses on part of family.

Yolŋu certainly acknoweledge the detrimental effect of petrol sniffing and marijuana on the person's ability to think and on their self-control:

> *Wayminy* (ganja) makes their minds unclear, they can't think properly.
> When they smoke they start fearing that someone wants to kill them,
> and they run and run and run, until they put a rope around their necks,
> and at that point even if they realize they are going to die, it's too late.
> They think it's a joke, but it takes only ten seconds to die by hanging.

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[62] The same applies to the land, which can become *wakinŋu*, lonely and abandoned, if not looked after through labor and ceremonies.

(Keith Dji<u>n</u>iyi<u>ni</u>, Galiwin'ku – Brown House, recording 25 February 2006.)

However, drug consumption is never taken, by itself, as a satisfactory explanation for a *bawa'mirr*-like behaviour. This position is usually backed by the consideration that not all those who smoke marijuana become *bawa'mirr*. Spiritual agency plays a fundamental role in compounding the effects of drugs. The following story, told by Djämirri, is an example of the way in which spirits and drugs can be interrelated in one biographic episode:

> Some years ago a young man, […], went to jail for having assaulted his cousins with an axe, after having sniffed petrol. The blood was everywhere. He stayed one month in Cowdy Ward [the psychiatric ward of Darwin hospital] before realizing what he had done. He had to ask about it, because he didn't remember. He broke into tears when he heard he had axed his cousins, asked if they were alive and then wanted to see them. When he saw them in the hospital, he hugged and cuddled them crying. It's like a... let me say a devil spirit had entered him and told him: "Go to your home, you will find someone of your family sleeping [and you will axe them]". Then he came back from Darwin and did the same thing, he stabbed his girlfriend after having sniffed petrol. He went to jail and came back again, and two days ago he stabbed a woman with a knife. ''The police goes and says: You are a murderer, tell us why you did it! Now we bring you go to jail". They can't see where the real problem lies. I don't know when he will come back, maybe he will have grey hair, he's just 21 now. (Djämirri, Galiwin'ku, recording 13 October 2006.)

At the conclusion of her account, Djämirri added that she had tried her best to make him talk, but she couldn't. This was a clear sign that the person had ''a spiritual illness'' (i.e., was a victim of sorcery) and was forced to do what he did.

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The relation between substance misuse and bad spirits is that drugs make it easier for bad spirits to take control of the person. This can happen not necessarily because of sorcery but, in general, because the person's own soul (*birrimbirr*) is susceptible to leave the body under the influence of drugs.

> One day, one of my sisters, a woman in her 40s, complained that she was having problems sleeping at night. I joked with her that she should try and smoke some marijuana. Her prompt reply was: ''No, I won't smoke marijuana!'' – "Why?" – "I could lose my soul! I don't want to end up on the cliffs [i.e., commit suicide]''. Then she made clearer her point by telling me about a boy in his early twenties, who some time before had gone to smoke with his friends and ''lost his soul, went mad (*bawa'yunna*). His soul went lost (*Birrimbirr nhaŋu winya'yurra*). He started hitting people with rocks from the veranda''. She went on to explain the connection between drugs and *bawa'* saying that, even if every person has only one soul (*birrimbirr*), there are several other spirits, some bad and some good, ''always lurking us. They can attach themselves to every form of life. Even this cigarette I am smoking, I'm killing myself.''

Older people often warn young boys about having many 'friends' (*luŋdu'mirriŋu mala*). This apparently puzzling warning is understandable within a context in which 'friends' refers to people who are not close relations and with whom the sharing of marijuana and kava, but also of food and drinks, is used as a way to socialize. People who are outside one's group of residence cannot be fully trusted: the warning was not directed against the substances in themselves, but rather, towards the risk that they had been poisoned, or somehow manipulated by *galka'* (sorcerer) (see ch. 4.1). In conclusion, drugs seem to be considered dangerous above all because they can serve as a vehicle for bad spirits who can take control of the person, provoking them to act violently.

6.3 The signs of the ill behaviour and the process of interpretation

In all cases of *bawa'*, a situation where the possibility of verbalization is intrinsically compromised, the body plays an important part in the dialogue between *bawa'mirr* and others: it is mainly through body language that one signals to be sick and it is by observing the body that others can detect that 'something is wrong'.

One of the principal reasons why relatives might refer a person to the clinic is because they are concerned about them acting violently, with actions or words. In such cases, there's usually agreement between the clinic staff and the family members that something is 'wrong' with the person. But in other cases the signals can be less dramatic and it can happen that a patient is seen as having mental and emotional problems by his relatives although he is found to be perfectly healthy by the doctor. Someone who is ''thinking too much'' appears untalkative, rigid and stiff in their posture. This body-language is likely to be used to communicate 'something is wrong with me'.

> A doctor who had just conducted psychiatric assessment on a patient recounted me that on that same day he had visited a young man (while his family was waiting outside) and, following the usual procedure, had asked him the usual questions about sleeping, eating, doing exercise, thinking clearly, 'seeing things' and hearing voices. Based on the patient's answers, he couldn't find any signs of abnormality and dismissed him. He thought that there must have been a misunderstanding. When I asked him how the boy got to the clinic, he said that some family members apparently were worried about him and thought were was something wrong with him on a mental level. Therefore, they had called the clinic and said that they wanted someone to visit him. Later that same day, some relatives of the boy presented me with their version of the facts: his family had noticed that he was

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sitting in the house by himself, with a rigid body posture and clutched fists, not talking. These evident signs of a troubled emotional state and, possibly, anger were the reason why they referred him to the clinic.

On one side, the disparity of interpretation between the doctor and the family about the boy's mental state might have been due to the doctor's failure to take into consideration a body language (tension) which, to him, was of no particular significance. On the other side, it might well be that the boy wanted to deliver a message to his family, but not to the doctor: he 'dropped' the idiom of illness when he found himself in a setting which did not include the intended recipients of his message. Perhaps he felt uncomfortable and chose more or less consciously not to show any signs of emotional blockage or anger to the doctor, in order to get out of the consultation room as soon as possible.

The expression *nyäl ŋayi ga bawa'yun* (he is pretending to go mad) means that someone is simulating being affected by a mental problem, acting as if he was deaf or mute or, in any case, not in his right mind. The 'accusation' of being a *nyäl bawa'mirr* is normally supported by observations and comments on the person's body language. *Bawa'mirr* characteristically appear (or are supposed to appear) detached, not really present, as if their feelings (*ŋayaŋu*) or some other part was missing. Their gaze is fixed in front of them, their posture and their movements appear rigid and stiff and lack spontaneity and flow. For this reason, when the movements of someone reputed to be *bawa'mirr* show that they are attuned with others, in control of their body and deeply engaged in a situation or in an activity, they might be accused to be *nyäl* (fake) *bawa'mirr*.

It is interesting to note here that a second meaning of the word *rumbal*, so far translated only as 'body', is 'truth'.

> Until about thirty years ago, it could occasionally happen that a person who was swearing on their sincerity would take off their clothes to convince others of their good faith. Banthay recounted with amusement

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of an episode he witnessed when he was a child. A man who had been accused of being *galka'* dropped his pants to protest he was not. However, his act had the opposite effect: when his own wife saw to what extent he would go to protest his innocence, she took this as a proof that he actually was culpable and, pointing at his naked bottom, exclaimed: ''Then it's true, you are a sorcerer! (*Yuwalk nhe galka'!*)''.

The naked, exposed body reveals 'the naked truth'. To those who can read it, the body is a text which tells what is really going on:

On one occasion, I was talking to and recording a middle-aged man, with a similar clinical record, about his *bawa'*. His daughter, who was also present, pointed at his amused and brilliant eyes and said to me: ''Look at his eyes! He is a false *bawa'mirr*! (*Mel nhanŋu ŋhäŋu! Nyäl ŋayi bawa'mirr!*)''

A young woman classified as 'schizophrenic' by the doctor in the local clinic and repeatedly evacuated to Darwin Hospital psychiatric ward during the last fifteen years, was dancing during a funeral ceremony in an exceptionally skilled and graceful way. Her performance aroused admiration among some women sitting a few meters away, who made comments of this sort: ''Eh! Look, look at her feet! She is not dancing, she is flying! She is a false *bawa'mirr*! (*Way! Nhäŋu, luku nhäŋu! Bäyŋu ŋayi ga burr'yun, buthun ŋayi ga! Nyäl ŋayi bawa'mirr!*)''

In both these cases, the vivacity and involvement expressed by the body contradicted the *bawa'mirr*'s characteristics of being detached and indifferent to people and events around them, absorbed by worries and obsessive thinking, ''in a world of their own''. The truth that *nyäl bawa'mirr* are trying to hide and which the body occasionally reveals is that they are actually 'present' and aware, able to feel and in control of their own condition.

Explanations of *bawa'* involving sorcery and spiritual agency always imply an attempt to determine the degree of intentionality and control held by someone who is temporarily or chronically *bawa'mirr* (mad). As a general statement, it can be said that explanations based on sorcery take the 'locus of control'[63] outside the individual, since the ensorcelled is controlled by someone else, like a robot responding to a remote commander, a zombie or a 'walking dead' who moves without a soul. The case of the 'faking mad' (*nyäl bawa'mirr*), however, complicates this connection between sorcery and intentionality and, under certain aspects, reverses it.

Although others cannot know a person's reasons to act as a *nyäl bawa'mirr*, they will speculate about them. A first kind of secondary benefit of being accorded the status of *bawa'mirr* is that this allows the person to have or claim a certain licence against others' requests and expectations, to be 'out' whilst maintaining the advantages of being part of the family and of being looked after (similarly to what happens when one is drunk). Once I heard a man, exasperated by the burden of his commitments to relatives, proclaiming provocatively: ''I am going to act as a *bawa'mirr*! (*Ŋarra dhu bawa'yun!*)'', signifying that in that way it would have been possible for him to elude duties towards his extended family. Comments of this sort highlight that there is at least a possibility, in people's mind, that *bawa'* can be simulated to obtain the benefits which come from not being within the same moral world of the family.

Another kind of secondary benefit which a *nyäl bawa'mirr* supposedly derive from their 'make believe' play is related to sorcery. Often *bawa'mirr* are said to be under the 'spell' (*buku-guykthun*) of *galka'*, who has cast a menace of death on them (see ch. 5). The *nyäl bawa'mirr* won't normally talk in an intelligible way to others, other than to ask for cigarettes or food. In any case, their words won't make sense and they will act as *bawa'mirr*, so that they can persuade their persecutors of being harmless

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[63] ''Locus of control''is a concept original developed by the social psychologist Julian B. Rotter (1966) to refer to the extent to which individuals believe that they can control events that affect them. To say that one's ''locus" (Latin for ''place'' or ''location'') is internal means that the person believes that they control their life; to say that one`s locus is external means that they believe that their environment, some higher power or other people are in control.

and hope that, in this way, *galka'* will "give up on them." However, the price to pay to secure their immunity is playing this part "for all of their life, until the day they die."

Nyäl bawa', then, can be seen as a way to gain freedom from social expectations and the *nyäl bawa'mirr* can be more or less explicitly accused of manipulation. However, at times people also speculate that a *bawa'mirr* began to simulate *bawa'* to escape sorcery, but became trapped in their own role-play. In this case, it becomes difficult to determine to which degree the *nyäl bawa'mirr's* behaviour can be considered intentionally manipulative. The alternative to act like a 'mad' person is in fact to be hit by sorcery, which is not, for most people, a viable choice.

In general, not just the *nyäl bawa'mirr* but all the *bawa'mirr*-like behaviours are subjected to multiple interpretations and speculations about what the person is trying to communicate and to achieve with their behaviour.

An angry quest for food

One quiet evening at Middle Camp, when people were hanging around chatting and getting ready to have dinner, a young woman suddenly shouted out that her brother, a man in his late teens known to go *bawa'mirr* from time to time, was walking in the middle of the family groups gathered outside the houses, without trousers. Suddenly there was a ruffle of people running into the houses, standing up, or calling others to help him getting dressed, as he inexorably walked out of the shadow with the trousers pulled down to half-thigh. For about five minutes the young man walked around naked in the sandy area between the houses where his family lived, talking loudly and angrily. Some people kept on sitting at their place and seemed to become suddenly very cautious, but their anxiety was more directed towards the shame of having a relative walking around naked, rather than to a potential danger. The young man was renowned for having the habit of going to his relatives expecting them to give him food and for regularly having outbursts of anger if his requests weren't immediately satisfied. A few

people stated that he wanted food and didn't get it, while a slightly older sister commented that he had just received 600 dollars the day before. Two of his *mukul bäpa* (FZ) said "A bad spirit or some soul has taken control of him'' (*mokuy wo birrimbirr djäma nhaŋu*). Some of his brothers were sent by the man's *mukul* (FZ) to mediate and convince him to put on his trousers, but a first attempt actually ended up with him walking away totally naked, having abandoned the trousers on the ground. At that point, one of his *mukul* stood up and approached him to say that another *mukul* was going to give him food, encouraging him to go to her house. This had a positive effect: he gradually calmed down and shortly after he was fed and had his clothes on again.

At the time when this episode happened (September 2008), the young man used to be 'on and off' a petrol sniffer. His relatives were warned that he was in a 'sniffing phase' by his dramatic loss of weight, a normal consequence of petrol sniffing (which affects negatively the stimulus of hunger). The boy's aggressive behaviour was attributed to the intervention of 'bad spirits' (*mokuy*) but, at the same time, it was interpreted as a deliberated request for attention. To this, relatives had different responses: while his older sister reacted with annoyance (''He just got 600 dollars!''), suggesting a certain degree of manipulation on his part, the older relatives looked at him with indulgence. In their eyes, his behaviour was ultimately a reaction to the fact that his mother left him when he was only a little child and a way to communicate that he struggled to find compensation in the attention received from other relatives.

The labeling of a behaviour as 'mad' or not depends in large measure on a decision of the 'audience' regarding the fact that the person has lost self-control or is expressing herself and making a sensible statement by showing commotion. With their reactions and comments, others assign meaning to the behaviour and in this way legitimize or devalue the person's claims.

> On the last day of a funerary ceremony at Middle Camp, a woman reputed to be *bawa'mirr* and with a history of psychiatric

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hospitalization, verbally attacked the group of Christian Yolŋu gathered to sing the church songs usually performed before the burial. She accused them of cutting her out from decisions regarding church activities and of marginalizing her on purpose. Her behaviour was exposing not only herself, but also her family, to the criticism of the many people gathered there for the final ceremony. Some of the present asked: ''Is she going mad? (*Nhaltjan ŋayi ga, bawa'yuna?*)'', but one of her sisters replied: ''No, she is not going mad, she is talking normally. She is just expressing her feelings''. The woman kept on alternating abuse, provocations and tears to moments of calm. In one of these, she was invited by her family to sit nearby, which she did. She calmed down, until at a certain point got up to apologize to those she abused.

These episodes exemplify how people normally react to rage outbursts: no one answered the accusations or directly intervened to stop the young man or the woman from walking up and down the camp and shouting, but their closest relations adopted a 'soft intervention' style in response to their fear of being 'cut out' and disregarded, aimed at making them feel accepted and included by recognizing their needs and concerns.

6.4 Safeguard of personal autonomy: negotiating help

A caring attitude on the part of relatives is supposed to be the best response not only towards *bawa'mirr* but, in general, towards the ill. However, the ill person will adopt their own strategy to avoid unwanted attentions, including those behaviours and attitudes which, even when well intentioned, may victimize them and 'weaken' (*yalŋgikuman*) their ''inner being'', making them less able to react to the sickness (*rerri*).

A few days after my return from a four month absence from Elcho Island, I asked some relatives about one of my *gurruŋ* (FZDD) to whom I was particularly close. I was surprised not to have come across her, since we used to hang around the same places, although our homes were in different areas of the village. I was informed that ''she is very sick, at home''. I understood from this that she was too sick to leave home but, when I went to visit her, I found her sitting outside the house in the usual good mood, even if her physical appearance was indeed so transformed that at first I didn't recognise her. I told her I thought she was out of town, because I hadn't seen her, but she explained to me that she had decided to leave the house as little as possible, in an attempt to avoid people's excessive concern about her health, as this would have put her ''more down''. A few weeks later, while she was in Darwin, rumors were circulating around the camp that doctors there had told her that her disease "has passed through the body, taken over" (*djulkthunawuy*) and that the only treatment option still available for her was palliative care. Sometime afterwards I came across one of her younger sisters, who passionately asserted that those rumors were untrue. On the contrary, the doctor had found her condition stable. She claimed to be the only one who knew how things really were because she had accompanied her sister to the hospital and was the only one authorized to receive information from the doctors.

My *gurruŋ* (FZDD)'s concern for the 'gossip' or the 'story going around' originates from the idea that words, like *girri'* (sorcery objects.), can be 'animated', charged with a power that makes them able to affect the vitality of a person. This can happen relatively independently from the intentions of the speaker because the feelings (*ŋayaŋu*) and, in general, the inside of the body where the vitality of a person resides, have ''special ears'' (*dhuruli*) which make them vulnerable to words. In addition, the power and feelings with which words are charged can be transferred to the disease, making it ''more powerful''. The following examples regard respectively the story of

a woman who recovered from cancer and a session of health education held in one the camps.

Djanumbi: And then after [she recovered] she told all the family: I had a cancer but it's gone already without treatment, this is what she said (*bitjana ŋayi*).

Maria: If I had told them the whole story, then that sickness of mine would have grown bigger in me (*Ŋunhi bala ŋarra ḻakaraŋal walalaŋ dhäwu, bala yindikunha, ŋunhi rerri rraku, ŋarrakal*).

Dj: Yow, because when they tell the family (*familywal*), they say: "Ooh, poor little thing, she's got cancer… (*gurrupuruŋu cancermirri…*)" With that sort of *ŋayaŋu* they make the person more weak (*yalŋgi*) to that, you know? (Galiwin'ku, recording 28 April 2007.)

One day, Banthay and I were driving through the village to reach the airport. We saw a small group of Balanda and Yolŋu sitting outside one of the houses and he asked: ''What are those people doing?''. But immediately after, having recognised the people in the group, he answered to himself: ''Oh, it's them. Always talking about disease, they are making people sick with those stories. They should forget about disease and think about their health, do something, go out… They are cursing that Yolŋu.'' (Galiwin'ku 26 July 2007).

Because of people's susceptibility to influences coming from the outside, it is acknowledged that they have the right to protect themselves by stating their autonomy and the kind of help they want to receive, following their will (*djäl*) against intrusions on part of others, including doctors.

In March 2006, the mental health worker, the doctor and I drove to the home of a patient, a woman in her 40s' who happened to be my *dhumungur* [FZDDC] and whom I had already met through family

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connections. Just before we arrived at her home, the doctor summed up the situation in these terms: ''Daniela[64] has been staying awake all night, shouting at the family and disturbing neighbours, so her sister referred her to the clinic. She has been mad for about fifteen years [Daniela is classified as schizophrenic in the clinical data base]. For the last eighteen months she hasn't received any medication and she has been doing well, until one week ago.'' He then explained that he was going to give her tablets to be taken every day or, if she didn't want the tablets, injections every three-four weeks. When we arrived at the house, the patient didn't seem very happy about the visit, but sat on a corner in the veranda next to her mother. The doctor started by asking the usual questions about sleeping, eating and exercising habits, as required by the routinary psychiatric assessment, but the patient didn't answer. The doctor then asked the mental health worker to translate the questions into Yolŋu language but Daniela kept mute. Therefore, the doctor ended up talking with the mother and the mental health worker. They explained that Daniela didn't want to take tablets, nor did she want injections. The doctor predicted to the mother that her daughter was going to be mad again in a few weeks if she didn't take medicines. By way of a compromise, the mental health worker said that he could give the mother the tablets and she would give them to Daniela if she were to act mad again. The doctor protested that at that point it would be already ''too late'', but in the end gave the medicines to the patient's mother. While we were walking back to the car, the mental health worker turned to me and commented: "The mother won't force her."

Christina[65] is given antipsychotic tablets every day. Usually the doctor and the mental health worker have to search for her all around the

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community, stopping in a number of houses to ask where she is. The doctor believes that Christina has schizophrenia and that the main problem with her is how to have her relatives take responsibility for giving her the medicines daily, relieving the clinic staff from this time-consuming task. The doctor even thought to ask the community patrol workers to give Christina the medicines, because "in the end, Christina is a community problem". When both the doctor currently in charge of mental health and the nurse that used to deal with mental health before him are away, the mental health worker is expected to perform this task on her own initiative. The doctor, however, thinks that the mental health worker lacks 'spirit of initiative' and won't perform the task unless someone directs her. On the other hand, the mental health worker told me in a couple of instances that she had gone to look for Christina and found her at home, but since she didn't want to take the medicines, she had left without insisting. She pointed out to me that she didn't want to force her.

As in the discussion above, forcing is perceived in a negative way as going against the person's autonomy and will (*djäl*). For Yolŋu, in no instance should a person be forced to take medicines, even when their sedative effects would be advantageous for those living with the ill person.

The *djäl*, the seat of desires and will located in the chest, resembles in some respects the *ŋayaŋu* (see ch. 3.5.3). The expression *djälmiriw* (without *djäl*), that can be rendered with 'bored' or 'depressed', identifies a similar situation to that of the person 'without feelings'. In its verbal form, *djäl* (the seat of desires and wants) becomes *djälthirr*, meaning both 'to want' and 'to like'.

Although (or because) Yolŋu live in a world where the demands and expectations of others can at times become overwhelming, it is normally accepted that people will pursue their desires as a way to state their autonomy. When someone suggests to another person a certain course of action, it is very common to hear them adding

promptly at the end: ''But never mind, follow your own will (*Yurr bäydi, nhuŋu djäl*)''. There is an expectation that no one should be forced to do anything but, rather, act following self-motivation. This is valid also for children. For example, once I heard a woman rebutting her mother, who was trying to 'push' her five year old granddaughter to go to school: ''Let her follow her desires (*Bäydi, nhanŋu djäl*), she will go when her time comes (*bäy walu nhanŋu dhu do'yurr*).''

At times, I accompanied the doctor and the mental health worker on some of their searches for Christina. We found her while she was walking uphill carrying a pot. She ignored us and kept on walking. At the same time one of my *waku* (Z) and his wife saw the mental health worker driving the car and jumped in for a lift. The doctor asked who they are and, when the mental health worker replied: "Christina's family", he said: "Good, maybe they can help us to get Christina". We slowly drove the car while Christina kept on walking and all the passengers (except me) called her out. At the same time a car arrived from the opposite direction, with Christina's *ŋapipi* (MB) and another relative. Christina stopped them, asked them for a cigarette and then advocated for herself in Yolŋu language: "Every day this man comes and gives me medicines and water, medicines and water! I am hungry! I want to go for mussels! I'm going to hit this old man!" Then she quickly walked away yelling in English to the doctor, as a provocation: "I am stupid! I am stupid!" The doctor tried again to convince my *waku* and his wife to help him, but they had already jumped out of the car and, even if they seemed too embarrassed to refuse, it was clear that he had to do it by himself. He got off and gave instructions to the mental health worker to wait for him at the other side. So the mental health worker and I waited in the car and observed them from a certain distance. The mental health worker commented that probably Christina was ashamed of being looked for and followed by the doctor every day, above all when close relatives happened to be in the surroundings. We watched the doctor and Christina sitting and talking on the sand

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between two houses at the middle camp. It started raining, but they kept on talking for a while, until finally the doctor succeeded in having Christina take her medicines. They came back to the car and drove her to the clinic with us, because the doctor had promised to give her tea and biscuits in exchange for taking the tablets.

The whole episode can be read as a negotiation between doctor and patient about the kind of help provided. Christina seeks to rebut and shame him in front of everyone for giving her nothing else but ''water and medicines'': in her eyes, their daily 'frequency of contact' should entitle her to a more personal relationship of exchange.

The episode shows the clash between the professional model of care offered by the clinic and the personal one expected by Yolŋu: it is only when the doctor promises to take her back to the clinic and offer tea and food, demonstrating that he 'cares' about her, that Christina accepts the medicines.

Negotiation between the sufferer and others regards not only the practical response to the illness behaviour, but also the meaning attributed to it. In 6.3, the problem of interpretation and attribution of meaning has been discussed from the point of view of the onlookers and in relation to circumscribed episodes. In the illness narratives presented below, the meaning of *bawa'* is approached from an emic standpoint which collocates *bawa'* as a meaningful experience within a biography.

6.5 *Bawa'* as inner journey

Judy Djanumbi and Glenda Gondjalk have both been employed as health workers and received training in mental health as part of their professional development. Their narratives explore in particular the 'smart side' of *bawa'* and allow an appreciation of *bawa'* as an event integrated into a biography. Most of these narratives are given in English and occasionally employ terms like 'depression' or 'psychosis' to name states of *bawa'*. Nevertheless, the notion of *bawa'* as 'sickness' or 'disease' tends to be out

of focus or even actively opposed, while the idea of *bawa'* as an enriching experience becomes a dominant theme.

As it has been said, ''smart *bawa'*'' is characterized by the detachment of the soul (*birrimbirr*), which can travel to a dimension different from the one where the body is. Other parts of the inner being, like the seat of feelings (*ŋayaŋu*) are also thought of as being far away when a person gets lost in too much thinking and worrying (see 6.1, p. 9). Expressions such as 'he came out/returned from *bawa'* (*Ḏayi dhawaṯhun /roŋiyirr bawa'ŋur*) also suggest that *bawa'* is thought of as a 'place' which it is possible to enter and exit. This concept goes beyond the mere metaphor to identify a journey 'within the self': *bawa'* becomes an inner landscape into which the person is precipitated, where extraordinary and sometimes frightening experiences occur and from which the person can come out transformed and more knowledgeable. Retrospectively, the illness episodes come to be seen positively as journeys of discovery and self-assertion, a path within oneself which can put you in contact with ''who you really are''.

The notion of person as 'composite' (see ch. 5) is at the basis of the interpretation of *bawa'* as inner journey. In the same way the body's articulations allow movements, in fact, the connection between the different parts of the person allows a particular kind of mobility: a journey inside oneself. The ''inner being'' (an expression used by Djanumbi) includes the 'invisible' components of the person, such as the *ŋayaŋu*, the *djäl*, the *guyaŋanhawuy*, the *birrimbirr*, the *walŋa* or the *märr*.

They delimitate a private sphere to which others don't have immediate access, if not in a story (*dhäwu*) told *a posteriori* and in some extraordinary circumstances (for example, the *marrŋgitj* or Yolŋu healer can 'see inside' a person, see ch. 3.5.2 and 7.3).

Caring figures, especially relatives, can help the person to come back by demonstrating closeness and understanding and, in this way, attract and call back the *ŋayaŋu* (seat of feelings) or *birrimbirr* (soul) of the ill person.

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However, people who have, literally, 'been there', are the most capable of showing the way back from *bawa'*, which becomes, in this sense, an initiatory experience similar to that of the *marrŋgitj*, who nows how to heal people because he had to 'fix' himself (see ch. 3.5.2). Nevertheless, *bawa'* starts as a solitary journey and feat, with the detachment from what is familiar and it compels the person to look 'within themselves' for its resolution, as in Djanumbi's account:

Twenty-one year journey

Did you ever experience your whole life falling down into yourself? And then feeling just the emptiness. This is what happened to me, what I have been through, my experience.

In 1979 I went to Adelaide for a work interview, and when I came back I was hit by something strong. I had had my first baby not long before, but I don't think that was pre or post-natal depression. Then in 2001, after twenty years of great troubles, during which I was mentally ill depressed, I was taken by one of the family members to see a psychiatrist in Darwin. I went there and then I was introduced to this man called [...] , and as he looked at me as a doctor he said: "Ah, you are too bright and intelligent to be depressed like this, Djanumbi. I can see your future ahead of you.''

And that, what he said, just lifted my heart to what I should be really. I went home that night knowing that I had that encouragement given by someone. *Yow* (yes), even though I wasn't taking any medication for my… ahm… depression. Then I went home, I went to bed and I was falling asleep… and I knew that something strange was going to happen to my whole being.

My *rumbal* (body), my *birrimbirr* (soul), my *ŋayaŋu* (seat of feelings) and my *guyaŋanhawuy* (thoughts) were going to die, and that night it happened. As I went to sleep, my *guyaŋanhawuy* said: "Who is going to look after my children?" I was worried because I knew something gonna die within me, and I thought I was going to pass out from this

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world, this is what I thought. But I wasn't scared; all I wanted was to be sure that my children would have been right, that they would have become independent and able to get money, to buy food and clothes for their children. That's what I was worried about. But as I went lying down in bed… silence approached me, darkness, silence came in me and then it just like paralyzed my whole being, I couldn't think of anything. I couldn't even know myself; I didn't knew myself that I existed. My *ŋayaŋu* my feelings my thoughts just died down within my body. And if, you know, that dies in me, my body has to relate to it, doesn't it? My body has to follow my being, my inner being.

So I just… gave myself to it, my *ŋayaŋu*, *ga* (and) *guyaŋanhawuy*. Emptiness in the entire body and then… I was out from this world.

And as I was opening my future and my *ŋayaŋu* I thought I was gone from this world, from physical world [chuckles]. But you know, when I woke up the next day I was still at Galiwin'ku! And what made me woke up was this big big light there in the body and in the *ŋayaŋu* that ended upon me. That light was the source of life within me and that light said: "I am right here! Step, put your step forward", this is what it said that light, life, my *walŋa* (life, lively essence), and I said: ''I must be strong to myself, be strong''. Then I put my… I myself saw that my whole being went into that light, and after that I had more boldness, I built more faith in myself, in who I am, that gave me encouragement to relate to anyone: Balanda, Yolŋu… And then I started to feel… maybe I was given this experience to help other people, wasn't I? If I am experiencing that, this thing, I will help other people, step after step. People who are lost in soul, lost in their mind, lost into this, you know, finity of life here, today life. See?

But there's a…there's a key to it. And that key is life in yourself. Don't look out in the universe for it, don't look into sea… nature is only display, the unity of your… you see, that's just part of the key which is within you. This is what I believe. How you approach that *walŋa* (life). *Yow*. And then I became bold, I can speak, I will say: ''No!'' to the

things I don't want; I will say: ''Yes!'' to the things I do need, you see? *Yow*, strong to yourself, knowing yourself, what you need, what you don't need.

That's just part of my experiences, but the experiences themselves I don't want to share them, 'cause they're like… something which is very horrifying, heart breaking, hard you know.[…] *Yow*, maybe it's like… a think, not a think it's a… First, you know, get rid of the fear to have faith in yourself, in your life, and then build boldness to be confident that all those depressions, you know, ups and downs… That's just a way to build your boldness, to find out that fear for men, fear for dog, fear for death, fear for whatever, that has to go, you don't… if you have that fear it's gonna kill you. But if you break that fear, break it with hope, boldness and love, with a vision in you, then you have a vision of your you know… future. When you have fear it's just the opposite you don't have a glimpse of your future, you know.

Yow, it was a really struggle. I didn't even consult with my family they didn't knew about when I was…You know I didn't tell them when I was like depressed, because I knew that they weren't seeing those things that I was seeing, I knew it was in myself, so I didn't want to tell my family that I was like going insane, you know. I didn't know what's happening, but you know that… that thing, depression, sometimes it took me some visions, but that was to hide something which was the real destination, when my mind and my spirit and my whole body was shifted into like a… what you call it a… dimension, you know? Those experiences, what has happened to me, sometimes have been bad, but somehow it can happen that in the end something evil shows a person her way back to be normal.

Yow, but if bad things puts you there and don't take you back… This is what I believe, if I go in, then I can go out, 'cause now I know my way in and out, you know? Otherwise evil will take you in and, you know, forget you, you just stay there… that's what happened to me and why sometimes it was very hard. Are you understanding? […]You're

understanding, eh? Something puts you in a deep thinking and your thinking go high and wide and then you don't know how to… like, you know… come out from there. You see? Who else can take you out from there? It's yourself. And when you know yourself you can make it in and out, get yourself wise high. Who else? *Ya' ŋunha* (Isn't it like that)? It's our life, how you control yourself, and you know it. Otherwise if you don't know, you're gonna just put yourself in there and you think your state is in there, one thing. Are you understanding?

Yow. And then people are saying help that help that, help this and help that. It's very like you know… Extraordinary things happened to me *mukul*. You wouldn't believe me if I told you. […] When they say a psychosis person, I know what is that psychosis, that's violence. She or he has to be violent, eh? I used to talk to myself, this is what I did when I was sick. That thing used to say: ''Go and hit that person, he's trying to offend you'', when he wasn't really. And I used to say: ''No, it's not me''. I had to say this with my own voice. And I used to feel that my front *guyaŋanhawuy* (thoughts) was at the back, and the back *guyaŋanhawuy* was at the front. Really. And the darkness was in front of my head, and the light was at the back. The good *guyaŋanhawuy* was at the back, and the evil was at the front.

Cecilia: What do you mean by 'back'?

Dj: The *guyaŋanhawuy*, inside you, just the way you think, you know. When you think the good comes from you know whatever part in the brain, but that thing, the evil, turned my *guyaŋanhawuy*, you know. So I did think of evil first before good. And it used to work like this: when I had good thoughts the light was shining on it and when the darkness arrived, the evil thought would come with it, darkness was on my forehead.

And it was very… I don't know how to describe it. I should thank life for it. Really. It was a long, a very big trial, and I was even working, I had to put up work to get money to get food to feed my family. Mh.

This is one of the things. You might not believe it, but one day the whole Earth and my whole body split into two. Two parts, just split. I don't know what was happening, it was very extraordinary thing. My whole body and the whole Earth split into two.

True. I don't know what happened. This is a good story. I don't know where it came from, but I had all these experiences and then I went deep deep deep deep deep into this dark pit and then falling falling falling and then I don't know how I got pass from that pit… *Yow*. And then one day I just got up when the sun was up, in a sunny day, I was taken back in the garden of Eden, the first creation. It was peaceful, I couldn't hear a pain, my mind was just in peace, so in peace that I thought: ''I want to stay here'', you know, and my mind, my heart, my spirit, my everything just walked into that you know, what do you call it…when you go into that dimension of the first creation? And I thought: ''Ah, this is where I want to be, nice and peaceful place of the first creation, this is what the world should be at.'' *Yow*, and it's just related to the morning and to the evening, you know. That day I had a nice experience, I… I just woke up in a place as peaceful as the garden of Eden in the Bible. There were not bad thoughts and memories, no bad feelings, no hurt, no pain in the body… none of these things.

My spirit was just sitting enjoying my experience in the climatic view of the E…E…E… hey, what do you call that? Garden of Eden, *yow*. And then the afternoon was approaching, and the sun was coming down, eh? The darkness in the *guyaŋanhawuy* …

That feeling, the bad convincements all that just came upon me and it was like a representation of the morning and the night, the night representing you know the first eve, and the afternoon representing the falling back into the ordinary world, and then I was back into this world of pain and suffering.

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C: And then started your sufferance…

Dj: *Yaka* (no), that suffering it started when I got back from a work interview in Adelaide, that was my very first thing. I don't know, maybe the climatic changes… I was like a bush girl living in the tropics, our land is warm… Like if you take *Balanda*, say, from Tasmania, where it is cold, and put them here in a tropical area like this Galiwin'ku, here… Sometimes you will adapt to it, sometimes you will say: ''I'm gonna get sick, I want to be back where my body is adapted to''. So that's what happened because I was there for four weeks holiday. But anyway, that was back in '79, somebody could say that the fact that I just had a child had something to do with it, but post-natal depression it's quite different, this took me further you know, further, and it was a long journey. Twenty-one year journey, yeah (Djanumbi, Galiwin'ku – Djanumbi's house, recording 21 December 2007).

The journey of *bawa'* can be divided in two phases. The first part is a process of detachment, in which the person in absorbed by personal experiences not accessible to others, while the second part consists in the return from the journey, described in terms of return to one's foundation or roots (*luku*, see ch. 5). This implies a reconnection to one's family and land, a deeper knowledge of one's place in the world and of one's roots. The epilogue to Djanumbi's story can be found in a dream that she recounted a few months later.

Once I used to be a Church goer and I took interest in the Bible, I used to spend lot of time studying it, until I understood that it was taking me away from my own culture. I had a dream in which I could see, on one side, an image of Jerusalem as the Holy City and, on the other side, a *lolu* (wind break) and *mana diŋgu* (uncooked cycad nut). I could smell the perfume coming from the plant and the fruits. When I woke up I felt I needed help to understand the dream, and I went to see my *ŋapipi*

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(MB). And he told me that Jerusalem and the Bible were just a shadow of what reality is to Yolŋu, of the *djälkiri*, *luku*. This encouraged me to go back to it, go back to my *luku*.

Bawa', initially perceived as a foreign force investing the person, comes to be recognised as something to which one can meaningfully relate through ancestral connections. In Djanumbi's story, the connection is represented by the cycad nut, which, being an attribute of her mother`s group, is also her 'mother'. The dream is for Djanumbi and her *ŋapipi* a manifestation of the footprint of the ancestors (*djälkiri*), the visible steps they left behind, marking the path that has to be followed (a metaphor found also in Guymun's story about the water spring in ch. 5.1. On the notion of 'footprint', see also Tamisari 1998).

The inward movement and an inner transformation which correspond to the self-absorption characteristic of *bawa'* become evident in the external appearance and behaviour. For example, if someone has a *girri'* (sorcery object) inside their head, the body posture will appear rigid and the eyes will be injected with blood. In other cases, the body will reveal the inner transformation through movements, as for example in the context of ceremonial dance (*buŋgul*). The ambiguous status of *bawa'* as either an illness or as an ultra-mundane reality becomes evident in comments raised by some passionate and virtuoso performers at dancing ceremonies (one of these episodes has been recounted in ch. 6.3).

> At the time of my research, there was in Galiwin'ku a woman about whom people said that she used to ''go mad'' (*bawa'yun*) when she performed a certain dance during mortuary rites. The dance mimics the movement of the octopus, which is a *waŋarr* of the woman's patrilineal group. In such occasions she showed an overexcited behaviour and she claimed to feel that the animal was in her body, or that she was somehow becoming that animal herself. Two women who had witnessed one of these "crises", sceptically concluded their account

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saying: ''Maybe it's true, maybe she is just acting… we don't know (*Mak yuwalk, mak acting ŋayi ga… yaka napurr marŋgi*)''.

On another occasion, I overheard two teenage girls who were standing among the audience beside me, saying about a young woman dancing in a leading position in front of the singers: ''She has gone mad (*bawa'yuna*)''. The tone of the comment seemed to imply that her behavior was 'out there' and not 'cool' to these women belonging to a younger generation. The young woman was dancing indeed in a very skilful way and her performance was somehow touching: she was dancing with *gakal* (with impeccable style and passion) and her whole person looked transformed[66].

The image of *bawa'* as journey and movement 'from the inside' is diametrically opposed to the concept of *bawa'* as physical and emotional immobility (manifested as dumbness, stiffness or apathy) and expresses instead the dynamic and creative side of *bawa'*. Often, psychotropic medicines are seen with aversion properly because they slow motion. Some of my adoptive relatives have expressed this in a very lively way: ''When they come back from Cowdy Ward[67] they are like zombies.''

On one occasion, a woman recounted me that the doctor had prescribed some medication for her son, but after a few days he had told her: ''Mum, they are not good for me, they are making my veins stiff, I feel my whole body is rigid, like I can't move, I don't want to take them anymore''.

Psychotropic medicines are seen as affecting not only motion, but also the expression of emotions:

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[66] Cf. Tamisari 2000.

[67] The psychiatric ward of the Darwin Royal Hospital.

One day at the Brown House, I heard excited voices coming from the other room. Shortly after Djämirri came to me and told me in dismay: ''Eh! Could you hear what just happened? We were playing with the camera in the other room, and I was going to take a photo of our *yapa* (Z) Marta[68]. I told her to smile and she said: - Eh! How do I do that?- She was trying to move her mouth but she couldn't do it!'' At that point, moved by curiosity, I went to the other room and found Marta and some other people present discussing of what just happened. They all agreed that the medicines that Martha had been taking for many years were the cause of her inability to smile.

Also, it has been shown that, as every journey, *bawa'* should imply the possibility of a return. Psychotropic medication can interrupt the journey half way, leaving the person will be "stuck in a world where he is by himself", an expression used to describe people who have been under pharmacological treatment over many years. In case of 'acute' episodes of *bawa'*, their effect will be to take the person ''back to normal'' by force, impeding them to reach the 'destination', the discovery or experience that was meant to happen.

Not a clinical thing

Glenda: Yow, dhipali nhawi, some of rraku my experiences to your research, Cecilia, ga Djanumbi, nhakun ŋunhi limurr ga dhuwal nhakun ḻarrum, wanha ŋayi dhu limurruŋ ŋunhiyi... nhaltjan, rrambaŋithirr? Djanumbi: Rrambaŋithirr ga nhawi muka...	Glenda: So, I'm going to record some of my experiences for your research, Cecilia, and Djanumbi, about how we are like looking for our way to... what should I say, become equals? Djanumbi: Become equals and you know...

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[68] Pseudonym.

G: Dhukarrgu...	G: Find a way...
Dj: Ŋunhi ŋayi dhu cure ŋayi dhu yuwalk gulŋiyirr, märram. Ŋarra ga telling dhiyakal, dhuwal we call Pentasol injections walal gurrupan ga, wo whatever injection walal li ga gurrupan ga mental healthku, wo nhä mala drugs...	Dj: How that cure will truly enter (a person), receive. I was telling to (Cecilia) these which we call Pentasol injections that they are giving, or whatever injection they are giving for mental health, or whatever drug...
G: Yow	G: Yes.
Dj: ...depressiongu, it only nhakun burrumunuŋguma ŋunhiyi guyaŋanhawuy.	Dj: ...for depression, that will only have the affect of making the mind numb.
G: Ya' bitjan.	G: Right.
Dj: Mak nhe dhu yaka thinking ŋunhiyi. Eh ŋayi nhe dhu gam, bitjana gam', put an end to nhanŋu illness, ya' ŋunha. Ŋuli ŋayi ŋunhiyi gurrupan yan, tampering ŋayi dhu yan, ya' bitjan. for ŋula nhämunha. Yan, ŋarra ga lakaram nhokal, muka? Ŋula nhämunha hour, depends on the strength of which nhawi, medication.	Dj: Maybe you [referred to doctors] are not considering this, but you will put an end to his illness, see. Just by giving [the medicines], he [the doctor] will tamper with that person, you know. For however long. See, this is what I was telling you, isn't it? For however many hours, it depends on the strength of the medication.
G: Ya' bitjan.	G: Right.
Dj: Strengththu ŋayi ga ŋayatham, holding nhanŋu timenydja, strengththu, ya' nha. If it's like yindi strength ŋayi dhu ŋula nhämunha... And ŋayi dhu ŋunhiyi, ŋayi ga larrum bitjana, yan,	Dj: The medicine will exercise its strength, holding the person's time, by its strength, it's like that. If it's a very strong one it will [exercise its effect] for who knows for how long ... And what he will be looking for it's just the *complete cure*. That's how it is.

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complete cure, balanya. Ya' nha. G: Mhm.	G: Mhm.
Dj: Ŋuruki walal ga larruman dhuwal. Nhaltjan ŋali dhu guŋga'yunmirr märrma', balanda ga yolŋu, come ga put something an end, like nhakun ya' balanya. Because dhuwal ga research walal ga nhäma wiripu wiripu mala, rerri walal ga märram, nhäman walal ga answer, ya' balanya? And dhuwali waŋganydja mental healthdja. Nhakuna ga life answer dhuwal limurruŋgal yolŋuwal bäy, dhiyaki? Yaka ŋali marŋgi. G: Balanya nhakun... Dj: Ya' nha? Liŋgun ŋunhi ŋayi ŋunhi yaka ŋayi ŋunhi nhawi thing dhuwal mental health, is not a clinical thing that one. G: Mh, yaka bäyŋu. Dj: Is not clinical. G: Yow.	Dj: This is what they are looking for. How are we, Balanda and Yolŋu, going to help each other and put something to an end. It's like that, like that. Because here they are researching and looking at one illness after the other, they get an illness, they look for the answers, like that. And this one, mental health, it's like answers that life is giving to us Yolŋu, couldn't it be? We don't know. G: Like for example... Dj: See? It's clear enough that that thing here, mental health, it is not a clinical thing. G: Mh, not at all. Dj: It is not clinical. G: Yes.
Dj: Is to do something that is... G: Nhanukiyingal yän. Dj: ...breakable ga fragile, ya' balanya nhakun thing.	Dj: It has to do with something that is... G: Proper of that particular person. Dj: ...breakable and fragile, this kind of thing.

G: Mh.	G: Mh.
Dj: In our rumbalŋur, ga our...ya' nha, muka mukul?	Dj: In our body, and our... like that, isn't it *mukul*?
Cecilia: Yow.	Cecilia: Yes.
Dj: Mind litjalaŋ, ga ŋayaŋu litjalaŋ, djäl litjalaŋ, ya ŋunha.	Dj: Our mind, our seat of feelings and our will, that's how it is.
G: Bili.	G: Right.
Dj: Nhepiny dhawar'maraŋuny.	Dj: You finish [the story].
G: Ŋarrany dhuwal... Balanyayi… yaka balanyayi, marr ga gaŋga ŋarra different walalaŋgal, be ŋarra ga ŋunha nhänhamirr gam... waŋganydhu timedhu ŋarra ŋuli---i go through that experience, myself, nhakun, in mind...	G: I here... Like that… no, not exactly like that, but so that I appear a bit different to them, a certain number of times I have... one time I went through that experience myself, like, in my mind...
Dj: Ga ŋayaŋu.	Dj: And feelings.
G: ...ga spirit, ga body. Bäy ŋayi body ŋayi shows what the spirit is in you, I mean that's you trying to contact with...	G: ...and spirit, and body. It, the body, shows which spirit is in you, I mean, that's you trying to get in contact with...
Dj: Nhuŋu body gets in contact with the spirit.	Dj: Your body gets in contact with the spirit.
G: Yow, ga your spirit ga mind get in contact with other spirits around you. Manymak.	G: Yes, and your spirit and your mind get in contact with other spirits around you. Good.
[Pause] Beforeny, I myself didn't know that I had a spirit.	[Pause] Before, I myself I didn't know that I had a spirit.

Dj: Mh!	Dj: Mh!
G: Ya' bitjan. When I was growing up, went to school, went to college, came back... yow. But when I gave my life to Djesugala, and I knew that there was a spirit within me that would make contact with his spirit. Ga through his spirit, he makes contact to my spirit. So my spirit makes contact as onenha, we, me ga God is one, making contact with the spirits around me. So dhiyaliny, that's a nhakun war going in, the battle-mind one, the battle in mindnha.	G: That's how it was. When I was growing up, and went to school, went to college, and then came back... yow. But when I gave my life to Jesus, I knew that there was a spirit within me that would make contact with his spirit. And through his spirit, he makes contact with my spirit. So my spirit makes contact as one, we, me and God is one, and I make contact with the spirits around me. So at this point here, it's like a war going on, a battle in the mind.
Dj: Liŋgun dhiyala nhe ga relating ŋunha, relating..	Dj: At this point you are there relating, relating...
C: Mh.	C: Mh.
G: And so my body follows the spirit of the mind of the spirit, and I do strange things, that it's not normal to other people, ga ya' bitjan, and they think ŋunhi ŋarra bawa'mirr. […] Manymak. Ga walalnydja beŋuri thinking yan bili ŋarra bawa'mirra, ya' bitjan. Wo ga gurrupan rraku djaktjin. Ga gurrupany walal ŋarraku djaktjinnydja bala ŋarra ŋunhili... roŋiyirra, ya' bitjana. Rraku... everything goes back to what I was five ten minutes ago, thirty minutes ago... ya' bitjan.	G: And so my body follows the spirit of the mind of the spirit, and I do strange things, that it's not normal to other people, and you know, they think I am *bawa'mirr*.[…] Good. And from that they think that I am *bawa'mirr*, you know. Or they give me an injection. So they give me an injection and at that point I... I go back, just like that. My.. all of me goes back to what I was ten or thirty minutes earlier... just like that.
	Dj: Becomes normal again...

Dj: Normalthina...	G: Back to normal.
G: Normallila.	Dj: ...back to that to the 'here', you know? Like what I was telling you, *mukul*?
Dj: ...back to that to the dhuwal ya' nha? ŋarra was ḻakaram mukul ga?	
G: So, if ŋarra ŋunhili, as you were saying, as a mediator, ya' balanya. That's how ŋayi dhu ŋunhiyi märram contact ga message, ya' bitjan.	G: So, at that point, as you were saying, I am like a mediator, you see. That's how he will get in contact and get the message, you see.
Dj: Dhäwu...	Dj: The story...
G: Contact each other ya' bitjan dhäwumirra nhakun ŋayi ŋunhiyi rumbaldja, ga birrimbirrdja,	G: They contact each other like that they are like carrying a story that body, and soul...
Dj: Ga guyaŋanhawuy.	Dj: And thoughts.
G: ...ga guyaŋanhawuy, nhakun dhäwu ŋayi dhu picking up, ya' bitjana.	G: ...and thoughts, it's like they are going to pick up a story, like that.
Dj: Yow. From waŋgany ŋurruŋu messenger to waŋgany new one gurrupan dhu ŋunhayi.	Dj: Yes. From one original messenger the story will be told to a new one.
	(Glenda and Djanumbi, Galiwin'ku, recording 26 May 2007.)

The 'gifted' *bawa'mirr* is not only able to access a reality different from the one which is underneath everyone's eyes, but can also help others to get in touch with it:

> Also, if someone has gone mad (*bawa'yuna*), even if you ask things and
> you try to understand what the person is saying, you won't get to the
> real, you know, [story], because he's, he or she, is on the other side, you

know? His soul (*birrimbirr*) is far away. Like for example, have you met all the *dhuways* (FZC), at the you know that Cowdy Ward, this how we call that blue house at the beach camp.[...] I wanted to meet Luis and Charles[69], and what a story those two told me! They took me from their story, just sitting and listening to the story... they helped me go along. They will... their story were a pathway within the body, that realm which is divided in us, it's the realm where the experiences... different realm. Most of us, if we are not going like psychosis or *bawa'mirr*, we just use the one realm, and that realm is this material world realm. Don't we? Yes. And other parts we don't touch them, because they are the parts that *bawa'mirr* touches. Aren't they? And we don't relate to that. Do we? But if they are relating to that [and we don't] how are we going to try and help those people that are touching many areas in their you know...[...]I think this is where the answer to that mental health lies. (Djanumbi Galiwin'ku, recording 28 April 2007)

Djanumbi and Glenda directly question the reality of *bawa'*, in any form it can take, as an individual problem. ''Sharing the story'' (*dhäwu*) reformulates *bawa'* as an experience which, particularly because it is shared and made 'visible', becomes relevant also to others. Just in the same way, in the context of sorcery, ''taking the story out'' means to undo the spell of *galka'*; narrating about the journey of *bawa'* takes the person from their withdrawal back into their relationship network. There is also another level in Djanumbi and Glenda's narratives at which *bawa'* is constructed as an experience concerning the collectivity: the 'message' (another meaning of *dhäwu*) found in the journey is meant to be transmitted by the original recipient (the *bawa'mirr*) to their community.

The *bawa'mirr* assumes an almost prophetic role as someone who is able to indicate the way forward and can inspire others to life changes. In the following extract, the relationship between *bawa'* and social change appears subverted with respect to the

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[69] Pseudonyms.

one presented in chapter 4. *Bawa'*, intended as the possibility to step 'out' of normal perception of reality, is not anymore the sign of a precarious social order, but a way to find solutions to situations of social crisis and stagnation.

The two *ŋathi* (MF) to whom Glenda and Djanumbi refer here below are Makarrwala and Bataŋga, two leaders of the Wangurri group. These two brothers were among the protagonists of the episode which in 1957 saw some sacred objects (*raŋga*) belonging to the different groups of Northeast Arnhem Land displayed for the first time in public, where they could be seen by women, children and Balanda missionaries[70]. Interpretations of this event on part of Yolŋu are multiple and contrasting. Although Glenda and Djanumbi do not make explicit reference to the exposition of the sacred objects, they talk about 'something' that the two *ŋathi* (MF) did in order to cease the fighting between the different groups (which, under the establishment of the mission, had to cohabit in a relatively restricted area) and establish a new moral order.

The two *ŋathi* (MF)

Glenda: Yan muka, nhakun balanyayi ya' balanya before nhakun ŋayi ŋunhi strongly ŋayi ŋunhiyi balanya mala... demonic power mala ŋayi gan working, so strongly, balanyamirra timedhu. Ga dhuwal dhäwu walal ŋathiw walalaŋ, ŋunhi walalnydja ŋunhi pressure walal li madthirr, ya' bitjana? Dj: Ŋunhi nhanŋu family line muka… G: Yow. Dj: ...invest. Ŋunhi ŋayi ga yuwalktja ga ŋorra, yaka ŋayi ŋunhi rerri, ŋunhi ŋayi	G: I am just trying to say that time ago, those things they were like... demonic powers they were working strongly, very strongly, at that time. And this story regards those *ŋathi* (MF) they were getting mad because of the pressure, you know? Dj: That was his family line, wasn't it… G: Yow. Dj: ...investing him. Actually that thing which is there, is not a disease, it's a way to that world, you see.

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[70] See Berndt (1962) and Bos (1988). See also references to the 'adjustment movement' in ch. 2.2.

dhukarr to that world, ya' ŋunha.

G: Mh mh.

Dj: That's why you should...

G: You overcome ŋunhi problem, ya' bitjan, bili napurruŋ history ga telling that ŋarraku family was like that.

Dj: Yow. But ŋunhi family is nhawi family... is yolŋu founder of civilization. Nhaltjan ŋayi dhu bring people into this world to be family with other people, ya' nha.

G: Yow.

Dj: Yow, ŋunhiyi ŋayi linyalaŋ ŋathi'mirriŋu ma<u>nd</u>any, they were the ones who make people understood civilization, you know, how to work together, manymakkuma rom, balanya yätjkurr, violence... put it down, lay it down, mari yaka mari, be at peace with other yolŋu ga balanda. Yow. Ŋunhi ma<u>nd</u>a practiced ŋunhiny rom. So they had a special...

G: Rom...

Dj: ...visit. Visit ya' balanya nhakun from the spiritual... outside spirit to interact walalaŋ ma<u>nd</u>aŋgal mindŋur ga nhawiŋur ŋayaŋuŋur to make or convince yolŋu that were still there, in

G: Mh mh.

Dj: That's why you should...

G: You overcome that problem, you see, because my own family's history tells that my family was like that.

Dj: Yes. But that family is like a family... is the founder of civilization for Yolŋu. How they brought people to become family with other people, you see.

G: Yes.

Dj: Yes, they were ours mother's fathers those two, they were the ones who made people understand civilization, you know, how to work together, following a good Law, and thus deposing bad things and violence, as regards fights, no more fights, live in peace with other Yolŋu and Balanda. Yes, those two they were putting in practice that law in their lives. So they had a special...

G: Law...

Dj: ...visit. A visit you see like from the spiritual... a spirit from somewhere else interacted with those two in their minds and you know in their seat of feelings so that they could convince people that were still living in violence to lay it down.

violence, to lay it down.

G: Yow.

Dj: Peace, end to the violence. And then live on. And today dhuwal walal ga livingnha, with that peace, rom. And they were like you know the two mediators between balanda that came and established yuṯa rom, yuṯa nhawi, from the old, you know. For they were those ŋunhi maṉḏa the two brothers, they were linyalaŋ nhawi ŋathi that did it. So through that, they found themselves in another world, you know, trying to stop muka, their spirit and their mind work in the other world, ya' ŋunha.

G: Yow.

Dj: To stop that violence, because you know, violence in that this world, ŋayi dhu yaka stop unless there's, someone else dhu marrtji. If you are balanya nhakun e-eh, if you say: "Ŋarra dhuwal want...." it's very hard. It is to do with nhawi spirituality, mukul.

C: Mh mh.

Dj: To end violence... dharrwa dhuwal, but worlddja yaka djälthirri. World is yaka liking that. They want to stop from living in that muka, violenceŋur. But only the people that don't want to live

G: Yes.

Dj: Peace, end to the violence. And then going on with life. And today they are living here with that peace, that law. And they were like you know the two mediators with Balanda who came and established a new law, a new one, from the old one, you know. Those two they were brothers, ours mother's fathers who did it. So through that, they found themselves in another world you know, in their attempt to stop the violence, their spirit and their minds were working in another world, you see.

G: Yes.

Dj: To stop that violence, because you know, violence in this world, it won't stop unless there's.... unless someone else will go [in the other world]. If you just say: "I want [this to happen" it's very hard. It has to do you know mukul, with spirituality.

C: Mh mh.

Dj: To end violence... there's a lot of it, but the world doesn't want it. The world is not liking that. They really to stop from living in that violence. But only the people who decide not to live in violence can manage to live in accordance to that peaceful Law in this violent world. This is

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they can accept you know to live with that peace in this violent world. Ya' ŋunha.

C: Mh.

Dj: Yaka bukmakthu yolŋuy dhu marŋgithirr violenceku.

how it is.

C: Mh.

Dj: So that not all Yolŋu will use violence.

G: Saying ŋunhi warrpam'nha ŋalitjalaŋ, even litjalaŋ hair-nydhu, even ŋunha litjalaŋ eyesdhu, even hearingdhu, ŋunhi ŋayi li make contact every day life litjalaŋ, ya' bitjan. And balanya nhakun when it comes to yindi problem, yindi problem that's where they want to be a mediator. Bili, waŋganydhu tribedhu, wo waŋganydhu people you can't help that problem. So, if ŋali limurr dhu help each other ga try to understand: "Ga way! What he's trying to tell us? Is there some message for us?", instead of: "Bawa'mirr, bawa'*mirr*!"

Dj: Ya' ŋunha ŋunhi ŋarra ga waŋan nhokal? We have to sit ga listen to that yolŋuny. Go along with that yolŋu.

G: Yow.

Dj: Maybe ŋayi ga telling a manymak dhäwu that will end something. Put up, nhawi an end to the problem, ya' biyan. But people keep on saying: "Bawa'mirr,

G: To explain, everything in us Yolŋu and Balanda, even our hair, even our eyes, even the ears, they can make contact with the spiritual world in our everyday life, this is how it is. And when it comes to a big problem, a big problem, this is when they [people who are called *bawa'mirr*] want to be a mediator. Because just one single tribe, or one single people can't solve that problem. So if we, we all help each other and try to understand and say: "Ehy! What he's trying to tell us? Is there some message for us?", instead of saying: "*Bawa'mirr*, *bawa'mirr*!".

Dj: Isn't this what I have been telling you? We have to sit and listen to that person. Go along with that person.

G: Yes.

Dj: Maybe he is going to tell a good story. Put an end to the problem, you know, it's like that. But people keep on saying: "*Bawa'mirr*, *bawa'mirr*".

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bawa'mirr".	(Glenda and Djanumbi, Galiwin'ku, recording 26 May 2007.)

In the conversation reported above, Djanumbi states that ''mental health is based on the spiritual'' and both she and Glenda place emphasis on the contact with spirits as a feature of *bawa'*. Some brief considerations of the context of expressions derived from the English word ''spirit'' is necessary to understand how ''spirituality'' is characterized for Yolŋu a matter which will betaken up in the concluding chapter (ch. 8). A first note is that in this and other narratives, Djanumbi and Glenda refer not only to the soul (*birrimbirr*) but also, with equal frequency, to the body (*rumbal*) and its senses, as well as to the ''mind'' (*guyaŋanhawuy*), the seat of feelings (*ŋayaŋu*) and the will (*djäl*), all of which participate in the experience. The narratives 'The two *ŋathi*' and 'Twenty-one year journey' reported in this chapter demonstrate that the Yolŋu use of the English term 'spirit' to include one's personality, talent, will and self-confidence. In brief, ''spirituality'' seems to be well grounded in sensual and sentimental experiences, as well as in individual personalities.

6.6 Conclusions

Yolŋu distinguish *bawa'* as an abnormal state which partially corresponds to madness, but doesn't have a strongly medical connotation. Consequently, a Yolŋu typology of madness does not constitute a nosography for diagnostic purposes but, rather, describes the behaviour or the condition of a certain person at a certain moment, from the limited perspective of certain observers. The scheme offered below reviews some of the expressions of *bawa'* and the likely correspondent 'causes' or, to better say, the ''story inside'' (*djinawa dhäwu*). However, it must be stressed, again, that none of these categories are mutually exclusive: for example, a person can be perceived as being at the same time ''smart''*, nyäl* or *wawu bawa'mirr*.

Type of *bawa'*	Likely cause/s
Wawu (oblivious)	''Thinking too much''; *Buku-guykthun*
Madakarritj (angry, dangerous)	*Mokuy* (evil spirit); *girri'* (sorcery objects); drugs; family is not caring
Smart (the 'gifted' one)	Family-line
Nyäl (fake, pretending)	*Buku-guykthun*

The impossibility of confining *bawa'* in fixed categories without a loss of meaning has led me to look at the active aspects of *bawa'*, in particular the dynamic interactions that it implies both at a social level and from the point of view of individual experiences.

The term 'psychotic' stems from the idea that, because of an abnormal development, something is wrong at the core of the person, namely their psyche or neurological functioning: in this way, the causes are tracked back to the person themselves. This approach can hardly make sense in the Yolŋu context, where a person is thought to be constantly in connection with others, an integral part of a larger, extending family and of the environment: explanations about the state of a person necessarily take into account these relationships. The intrinsic relatedness of the person is bi-dimensional: on one hand, connectedness to other people and to the environment offers nourishment and protection; on the other hand, it makes the person vulnerable to external influences visible and invisible in nature. In this respect, illnesses can be seen as originating from an over-sensitivity or over-porosity of the person to the outside world.

In accordance with Reid's (1983, see ch. 3) analysis of Yolŋu etiological system, my ethnographic data suggest that spiritual agency, which points to moral and ethical dimensions, is contemplated at some stage in virtually all cases of illness, cutting across many of the causes of *bawa'*, from 'thinking and worrying too much' to sorcery, from family line to fortuitous encounter with spirits and drug consumption.

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Explanations of disease in terms of biological mechanisms are not rejected, but will always be accompanied also by discourses which take into account affective and relational dimensions. 'Natural' causes (Reid 1983) do not have a place in Yolŋu etiology, at least not as biomedicine or Western common sense intend them. Even the expression '*rerri yan*' (it was just sickness), sometime heard as a comment on a death, is used to pre-empt or dismiss accusations of sorcery, i.e. within a discourse informed by moral dilemma. '*Rerri yan*' is not a disease explanation formulated following accurate evaluation of symptoms type and duration, as Schwarz (2010:65) suggests, nor an occasional shift into a biomedical logic, but an assertion made to protect oneself and relatives from potential or already circulating blame for sickness and death. Like Reid (1983), I maintain therefore that disturbance in relationships plays a central role in causation. Is in this context that the recurrent statement by Yolŋu that ''nobody goes mad by themselves (*gäna*)'' can be understood. However, rather than aiming to establish a hierarchy of causes, my analysis is focused on the discourse about causation itself and on how it is organized.

The ethnography leads in fact to a concentration on how causal explanations are presented, rather than on their specific content. Yolŋu are relatively unconcerned about discovering the 'real' cause, as demonstrated by the fact that explanations about *bawa'* are unabashedly subjected to innumerable variations, depending on the speakers and on the circumstances in which they find themselves. Nevertheless, all the stories (*dhäwu*) point more or less directly to what is perhaps the most striking manifestation of *bawa'*, namely the interruption of the normal flow of communication between the *bawa'mirr* and their families.

In the 'sociologically oriented' narratives presented in ch. 4 this disturbance in the sense of connection was articulated as a pervasive loosening of the moral and ethical order founded on relatedness. The question 'why do people go *bawa'mirr*?', then, doesn't reflect a diagnostic intent but, rather, is the point of departure for developing a story, or a number of stories. Relying on the fundamental assumption that ''nobody goes mad by themselves (*gäna*)'', these are meant to prove that *bawa'* happened as a reaction to someone or something, that is, to show how the *bawa'mirr* is located back

in the field of relatedness. *Bawa'* is a product of the malfunctioning of social relationships and is a problem that can be solved only within social relationships, a matter that will be further explored in the next chapter.

Besides isolation, a state of *bawa'* is readily detected by relatives based on the observation of a person's external appearance and behaviour. Movements can be seen as a peculiar way of interaction, communication and negotiation about control in conditions in which the possibility of verbalization is compromised. Generally speaking, in the context of *bawa'*, stillness and immobility or violent behaviour are taken as signs that a person (or a social situation) is under external control: all the expressions of fluid and creative dynamism, physical and psychological, external and internal, are intended as manifestations of individual will (*djäl*) and self-assertiveness. The expression of emotions of care, compassion, or even rage (when appropriate) is in general looked on positively for this same reason. Opposition to standard psychiatric practices, above all pharmacological treatment, can be understood in the light of the constraints they pose on the internal dynamism of *bawa'*, and on the *bawa'mirr*'s motion and emotions.

Occasional claims that someone is only a pretending (*nyäl*) *bawa'mirr* and the biographical narratives of *bawa'mirr* presented in the chapter exemplify two different trajectories in which *bawa'* expresses self-assertion, rather than subjection to an external entity (a galka', or drugs) exercising control on the person. In the case of *nyäl bawa'*, in fact, the individual is supposed to be self-motivated to act as a *bawa'mirr* by the pursuit of secondary benefits (e.g., escaping social obligations or the *galka'*s persecution), rather than being pushed by external factors. However, the situation of the *nyäl bawa'mirr* is intrinsically ambiguous as regards intentionality: to what degree pretending to be mad is the expression of a free personal will, if doing so puts one's life at risk?

It is in the autobiographical narratives that agency is more undoubtedly central: the narratives themselves are an instrument through which *bawa'* is 'incorporated' as an integral part of the self and, at the same time, can be recognised as such by others.

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The attribution of meaning to the illness is, in all cases, a social one, activated by the circulation of knowledge (cf. Dussart 2000) in the form of narratives which are told by the *bawa'mirr* themselves or by others about the *bawa'mirr*, in those cases in which the mad is ''in a world by himself'' and does not ''share [his] story''.

Especially, but not only, in autobiographical narratives, meanings attributed to *bawa'* are used to negotiate relationships between *bawa'mirr* and 'normal' members of the community in the context of everyday social life. These narratives are meant to redeem the *bawa'mirr* by presenting a vision of *bawa'* as a meaningful part of a life-history, an idea caught by the image of the journey and actually experienced as such by the concerned person.

CHAPTER 7: PATHS OF HEALING

Yolŋu living in Galiwin'ku have access to a wide range of resources to deal with their ailments: herbal remedies collected in the bush, Western medicines provided by the clinic or the shop, Christian praying sessions and Yolŋu healers are some of them. From an historical point of view, these alternatives belong to very different systems of knowledge, such as bio-medicine, Christian Evangelical religion or Yolŋu pre-colonial traditions. People often pursue more than one of these alternatives in the course of the same illness episode, without perception of contradiction.

In this chapter, case studies and narratives related to the various healing traditions practiced today in Galiwin'ku are compared, in order to identify points of convergence and commonality. The similarities and parallelisms which can be found among them are insightful in picturing what constitutes healing from a Yolŋu point of view and how healing is achieved. The general aim of the discussion is to identify core ideas about healing which underpin the recourse to the various traditions and to explore their connection to concepts of wellness, personhood and illness discussed in the previous chapters.

7.1 Bush medicines and medicines from the shop

Many people in Galiwin'ku, both men and women, have knowledge about ''bush medicines'' and use them regularly. For example, the boiled bark from *gaḏayka* (stringybark tree, *Eucalyptus tetrodonta*) is used for sore throat and its shoots (*dukitj*) for small wounds; *munydjutj* (wild plum, *Buchanania obovata*) for toothache; *mutamuta* (a small red berry) for boils; *rowu* (a creeping vine, *Ipomea Pescaprae*) to eliminate jellyfish tentacles (*gaywarr*); *guku* (wild honey) for scabies and ringworm; *waṉarrambal* (*Scaevola taccada*) for eye infections. These and other natural remedies were relatively easy to collect even in absence of a vehicle, because the community is

surrounded by bush. Everyone with an axe or a sharp knife could collect 'bush medicines' (with due caution because bush areas were considered dangerous for the possible presence of *galka'* and of *mokuy*).

The clinic management at Galiwin'ku was generally supportive of the use of bush medicines. The Aboriginal health workers would sometimes perform 'smoking ceremonies' as part of their job. The practice is known by *Balanda* health professionals also outside of Arnhem Land: when her newborn great-granddaughter had to be admitted to Darwin hospital for health checks, for example, Yandalawuy asked and obtained permission from the hospital authorities to take the baby and the mother into the bush area surrounding the hospital to 'smoke them'. On occasion of the 2008 Healthy Life Festival the clinic gave to Guyukul, a woman in her mid 40s, a vehicle to collect some *gadayka* (stringybark tree) and other bush medicines. She was a very enthusiastic advocate of the benefits of herbal remedies and explained that she was curing various people with *gadayka* for many different problems, such as overweight, period pain and high blood pressure, keeping at the same time a record of all the people she was treating.

Laboratory researchers have searched for the active principles of many of the herbs and plants used in the Yolŋu pharmacopoeia, finding scientific justification for their use from the point of view of Western science in many cases. Contrary to what might happen for other traditional healing techniques, bush medicines are regarded as having, at least in some cases, measurable effects on human physiology and do not represent, at first glance, a controversial point in the coexistence of Yolŋu and Western medical systems. Yolŋu, however, considered bush medicines to be beneficial for different reasons than the chemical reactions recognised and tested by bio-medicine.

Medicines handed out by the local clinic or purchased at the shop were also widely used, sometimes contemporaneously with bush medicines, but they were held, under certain aspects, in lesser consideration than bush medicines. It is possible that bush medicines were considered more valuable than medicines from the hospital because of

the work and time needed to obtain them. This made them a valuable gift and a way to demonstrate that one cares for relatives and is cared for by them.

Yolŋu often stressed that their knowledge of bush remedies came 'from long time ago' (*ŋäthil baman'tja*), finding in this temporal remoteness a reason in itself for their efficacy. For example, Golumbu Yunupiŋu, who together with other women from the area of Yirrkala initiated in a healing centre based on the use of herbal remedies, states that using them and teaching about their use is a way to ''take back the way of thinking and doing things of long time ago and refreshing the feelings/ancestral energy (*roŋiyinyamarama liya baman'puy birr liya rili yutakuman märr*).''[71]

It becomes evident from such affirmations that following the path of the ancestors, is a way to revitalize the *märr* not only in the context of ceremonial dancing and singing, like many others have mentiones (see ch. 3.5.3) but, also, when performing a mundane operation like collecting and preparing bush medicines. From a Yolŋu perspective, herbal remedies are only a portion of the more general category of 'Yolŋu *mirritjin*' (medicine), which includes for example warm sand (*munatha*) applied on sore feet, legs or knees. Sometimes, people would wash themselves with bush medicines or dip into sea water (*gapu monuk*) also in absence of any specific ailment, as a generic reinvigorating treatment. Feeling the breeze on one's body, visiting one's homeland or seeing a relative after a long time are other example of actions and events perceived as beneficial, because they bring 'refreshing' (*yuta*) feelings and thoughts to the whole person. The episode 'A special tea' narrated in ch. 5.2, in which Djitjitji prepares tea with the bone of his ancestral animal, falls within this category of practices.

Interestingly, *mirritjin* is a term used not only for medicines but, in general, for any type of cleansing products: for example, 'toothpaste' is the 'medicine for the teeth' (*lirrapuy mirritjin*) and floor detergent is 'the medicine for the floor' (*floorpuy*

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[71] The quote is extracted from the video <u>D</u>ilthan Yolŋunha (2007), produced by the Yirrkala based Yolngu Multi-media Archive and Production Centre as part of the 'Mulka Project' (www.yirrkala.com/mulka/).

mirritjin). 'Medicine' seems in fact to be anything which cleans and eliminates the 'rubbish' (*dhukun*, *rabitj*) which is causing the pain or sickness. Bush food (*wakinŋu ŋatha*) is deemed to be beneficial because it is 'clean', it doesn't have any dirtiness (*rabitj*), like, for example, sugar (*djoka*). Bush medicines, but also the salt water from the sea, the sand or a whale bone, are 'fresh' (*yuṯa*), 'alive' (*walŋamirr*): they contain *märr* and can transfer their vitality into the 'inner being', where the *märr* (ancestral energy), *djäl* (seat of desires), *ŋayaŋu* (seat of feelings) and *birrimbirr* (bone-soul) are located.

> Wäŋgarr used to refer to bush medicines as *walŋa mirritjin*, and explained that *walŋa* meant "alive", *yuṯa* (fresh), as opposed to medicines from the shop (*shoppuy mirritjin*), which are in a packet and ''who knows when they were made, maybe they have been in the shop storeroom for a long time'' (Galiwin'ku, 14 October 2008).

> Guyukul said that the people she has cured with *gaḏayka*, like Maratja, have told her that the day after taking bush medicine they wake up early, with a bright head, full of energy (*buŋatthun*), without the feeling of numbness and cloudiness given by the medicines.

> When my *wäwa* (B) Keith Djinyini lamented lack of strength and boils, he was washed by his wife with an infusion of bush medicines, which his sister Wäŋgarr and I had collected in the bushes behind the school. As he was washed, he said that he could feel ''the strength coming back to him and flowing through his body''.

From these examples it is possible to identify some central ideas about the use of bush medicines which accord with other healing techniques practiced in Galiwin'ku. In particular, bush medicines are effective because they contain *märr*, the energy that comes from the land and ultimately from the ancestors.

7.2 Christian healing

During my stay in Galiwin'ku, attendance at church on part of Yolŋu was relatively scarce. About fifteen to twenty people, almost two thirds of whom were Balanda, would usually attend Sunday services, while on special celebrations like Christmas or New Year Eve about fifty Yolŋu would be present in the church. However, prayer sessions were regularly held in the township camps on the occasion of funerals. This happened almost monthly and lasted on average for two weeks. These sessions were performed outside the deceased's or his relatives' house, or in front of the shelter were the body was kept, almost every night after sunset, at the end of the Yolŋu ceremonies (*buŋgul*). These gatherings were mainly attended by the Yolŋu more involved in the church and by the deceased's closer relatives and were animated by a number of activities. Church hymns sung with the accompaniment of a guitar would alternate with reading of extracts from the bible, popular Christian songs (mainly by Cliff Richard) played on the stereo, rehearsals of the choreographies for the "items" (a type of dance which combines basic steps and symbolic movements of arms and hands, performed the very last day of the funeral as a tribute for the deceased). All around, children would run and play consuming their last energies before falling asleep. Another central feature of these gatherings was witnessing speeches which consisted of testimonies of healing, also called ''witness''. People would take turns in ''sharing *dhäwu* (stories)'', standing in front of all the others (cf. Bos 1988).

On 21 August 2008 I attended a family prayer meeting at Middle Camp. Rita Gukulurruwuy, an elderly woman from the Birrkili Gupapuyngu group, recounted how she used to be unable to walk properly for many years, with her back almost folding on itself. The doctors couldn't cure her and gave her a wheelchair. She used to stay at home most of the time, hardly ever setting foot out of her room, until one day, while she was having a shower, God healed her. As she walked out of the bathroom, her daughters could smell perfume and repeatedly asked her if she had put perfume on, while she was protesting: ''Of course not! I am an old woman! I don't use perfume, I don't have perfume on me!'' From that day

she was able to walk properly, despite doctors' puzzlement at her sudden recovery and, back at home, the children were playing with her wheelchair.

The inside of the person is where healing takes place. This then shows on the outside through the body mobility, physical appearance, voice or smell. That same night, Gukulurruwuy, who had recently arrived in Galiwin'ku from Milingimbi, a neighbouring community to attend a funeral, shared another story in which God and land tend to converge as agents of the healing.

> She recounted that a few days earlier, on her arrival in Galiwin'ku, she couldn't help exclaiming: "What a beautiful place is this!" (*Dhuwal lätju wäŋa*!). It wasn't the first time she visited Galiwin'ku, but she was able to see the place with new eyes. Gutha, who was sitting beside me, commented: "The land recognized her [as a being of that land]." (*Dharaŋan nhanya dhuwal wäŋay*). Gukuluruy added: "My daughter saw me coming and said: who is that woman? My own daughter didn't recognize me!" Her appearance was in fact different because she had been healed. Finally, she concluded her witnessing announcing triumphantly that during the last four days she hadn't taken any insulin injection or medicine for diabetes.

Guymun, Glenda and other Yolŋu would often insist on the necessity of working out of the hospital in order to bring 'health' to people. Interestingly, the term *warraŋul* means both 'outdoor' and 'naked'. Being outdoor/naked permits the mutual revelation of the person and of the country, which recognise each other. This reciprocal recognition and feeling of belonging brings healing.

> Talking about *bawa'mirri*, Guymun recounted that she has asked God how to help them and was given this answer: "Take them out of the house so that they can see the creation and feel full of energies, see the water, the trees, feel the wind… (*buŋgatthuna: gapu nhäma, wata ŋäma, dharpa…*)". I asked: "To which place should *bawa'mirr* go? (*Nhälil*

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wäŋalil ŋayi dhu marrtji ŋunhi bawa'mirr?)"; she answered: "To Ba<u>n</u>'thula, Dharrwar, Wu<u>n</u>'pirri…(*Ba<u>n</u>'thulalil, Dharrwarlil, Wu<u>n</u>'pirrilil…*) [her own group's home-lands]'' (Guymun 19 December 2007).

Many Christian Yolŋu used to state that praying outdoor (*warraŋul*), among relatives, at home, was much preferable to gathering inside the church. But also Yolŋu working at the clinic or those with office jobs, would also often expressed their frustration at working inside four walls. Perhaps being 'outside' represented the possibility of being out of certain schemes of behaviour and power relationships that were at play in places like the church building, the council office or the hospital.

This reserve towards the official church was evident not only in Christian family meetings, but also in the fact that a few Christian Yolŋu started to establish their own churches on their ancestral estates. Maratja planned for a few years to move from Galiwin'ku to Ba<u>n</u>'thula and establish a church there, until he finally realized his project at the end of 2009. Some people living in Gäwa, a home-land on the north of the island, would also perform their own Christian ceremonies independently of the church leadership. At the centre of these activities were Gutha and her English husband Colin. Such 'churches' would consist of a tree shade or of a shelter made of poles and palm leaves and lacked bureaucratic organization and funding of any sort.

The tendency towards the decentralization of Christian practice was fuelled by strong political tensions within the community. Contestation of the church leaders and the institutional church's authority was widespread. Many Yolŋu declared that they were Christians but not 'church goers' and contrasted their own attitude, as people who 'believe in their heart', to the ostentation of faith of those who ''always go to church but in everyday life but they are not true Christians''. For most Yolŋu, Christianity consisted in a benevolent and helpful attitude towards others in everyday life, rather than the adherence to specific dogma. On one occasion in which we were discussing religion, I said that I didn't believe in the Christian God. Their disarming reply was: ''It doesn't matter, for us you are still a Christian''. On another occasion, a group of

Jewish tourists visited Mäpuru, a homeland south of Galiwin'ku and, shortly after their arrival they were invited by the Yolŋu residents to join a Christian praying session. They objected, saying that they were Jewish, to which the Yolŋu replied with a hug and an open smile: ''We are Jewish too!'' (John Greatorex, pers. comm.. January 2007). ''Church people'' (that is, people with church jobs) were often accused of not being ''real Christians'', because they were only interested in ''power, politics, playing games''. These accusations were normally vague, but sometimes they were explicitly directed at particular persons. At times, people would say that one of the most prominent ''church people'' was indeed *galka'* and that the suitcase he carried around wasn't full of papers (*djorra'*), but of sorcery tools (*girri'*). Decentralization with respect to the 'official' church ran parallel to the centralization of Christian practices within family groups. Advocacy for praying *waŋäŋura* (at home with family) rested on the consideration that this is the only way that the presence of God can be revealed and miracles can happen.

> One night, I was sitting with Guymun and Yuŋgirrŋa on the veranda. The two of them were making comparisons between the above mentioned church leader from Galiwin'ku and M., the minister from Milingimbi. Yuŋgirrŋa recounted with enthusiasm, as reporting a great achievement, that for ten years the Minister from Milingimbi worked *warraŋul* (outside) and not inside the church building. The talk turned to the descent of the Holy Spirit on Galiwin'ku on 1979, when the spirit of God propagated itself on Galiwin'ku like mist (*wakuluŋgu*). When touched by the Holy Spirit, people would begin to sing beautifully, praise the Lord in tongues, perform healing and other 'miracles'. Remembering a particular episode in which the Milingimbi Minister and others experienced the Holy Spirit descending into them, they pointed out that that it could happen "because the right people were sitting together (*bili right people nhinan gan*)".

The descent of the Holy Spirit in Galiwin'ku in 1979 signalled the beginning of the Elcho Island Evangelical movement which spread across and beyond Arnhem Land, reaching Central Australia and Papua New Guinea (see ch. 2). The movement was

marked by excited and intense religious activities, including healings by the laying of hands in the Pentecostal tradition. One day, two researchers from James Cook University came to Galiwin'ku to investigate attitudes towards tobacco among Yolŋu. I happened to pass in front of the Bible Translation Centre while the researchers where sitting there with Maratja, Margaret Miller, Ḏändama, Yurranydjil, Gapany and Maratja, who inivited me to join them. Maratja announced he wanted to share his story related to that period.

Maratja's story

Maratja: My story goes... it's a long story. It's a... I used to... drink *ga* smoke really bad... heavy smoker before […] Heavy smoker and drink grog, before. And I got sick. I was, you know, really sick, bad way, big time, smoking ga drinking. That in 1980s' there was a coming of God here, the spirit of God was living here powerfully. The whole community was touched by God spirit. And you know, that was very significant, very very, you know God was really powerfully in this place and there was lot of reports about healing ga miracles taking place and healing you know. People [who] were getting sick, mental sickness, physical sickness... they were just healing, just like that, you know? God was spirit and touching people and healing them. And I came back from Darwin, I came here. Sick, I was a passionate smoker, we call it *djäl... Djäl* is that wanting inside, really smoking for smoking I was wanting very much. And I got sick. The family wanted me to... they had a healing service here, at the lawn here, at the Church lawn. My family wanted me to go there.

So I went there and they, the eldest prayed for me put their hand on me and […] I felt the presence of God and I made that commitment life made that... that... I offered... I surrendered... I said: "Yes, Lord Jesus coming to my life", and also I was praying for myself my faith, I was same time praying and asking God to heal me and heal that... heal my *djäl*, my desire, you know, God was giving my salvation but it also... other part was happening was healing, instant healing, you know? And (*ga*) next

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morning I woke up... suddenly my desire for those bad things, like for smoking and grog and drinking... was not there anymore for me "How come I got this?" you know. I was just... it was just like instant healing. My desire to stop, like that, quickly.

And if I see grog, if I see you know, that desire is not there anymore, it doesn't affect me. You know? I might get occasionally a dinner wine or something like that with my friends but it doesn't have a hold on me, it doesn't grab my desire, my desire to drink all the time. And smoking became like... like... even poison to me this time I can smell... it's just my even smell if someone is smoking in my car I can smell... no, I can detect it straight away, no I don' t want that to come into my body, that, because I don't want it to come into my body, you know? I can smell if it's occasionally like to, you know? But my body sort of rejects that you know? That smoking. That happened to me, this is my real life story, you know?

But one old man, he was a Christian man he wanted to... he wanted to give up smoke, like that, and he was wanting to... he asked: How can I stop smoking? Can you lay hands and pray for me?" And I was a bit hesitating, I didn't know what to do, but at the end I sort of: "Where do you want me to lay hands?" and he said: "Touch, touch my chest. This is where the desire for smoke comes from. [Maratja points the fingers on the sternum] Just touch just right there", and from here I was like avoidance relationship taboo relationship, avoidance relationship but he was so desperate for you know he wanted to stop from smoking he just come me avoidance relationship just lay hands on me I got all those non smoker people: "You come and lay hands on him", all of us we prayed a prayer. And he was praying same time. Good pray by faith you know God is gonna touch and heal that part of his desire that he would no smoke again. And we prayed a prayer, simple prayer by faith you know just a simple prayer and sure enough you know next day he just stopped from smoking.

That feeling that desire for smoking gone, just like that. And now he... he can't smoke. Nothing. That's true story.

Researcher: It's strong.

Maratja: Yeah, it's strong. God is more powerful, even more powerful than nicotine and he can you know it's up to us if we work with God we surrender and you know it's part of our thing that desire that needs to be we can just if we accept and surrender: "Lord ok I want you to heal and to help me heal this part of my.." and a story you know. Sometimes I don't know how he does it but God, God he's got the power to touch people and set them free and heal them. Just my testimony. *Yow*. That's my story for this one, smoke. God he set me free, he healed me you know. So you came to this right place here. This is the Translation Centre were we translate God's word into the heart language of the people so God can he's a God and he wants to make that relationship with people, *yow*. (Maratja, Galiwin'ku – Bible Translation Centre, recording 25 October 2007.)

In these healings, the *djäl*, the will and seat of desires, is cleansed of the desire for smoking and drinking, which come to be perceived as something foreign. Maratja specifies that even he has a glass of wine now and then, the grog cannot 'grab' him and 'have a hold' on him anymore: he can say 'no' to what he doesn't want to enter his body. 'Healing' consisted in this case in a radical change of life habits which came from the capacity for self-assertion. Strengthening the will of a person leads to a refound control on one's life, a central theme of many stories of healing. See for example how Djanumbi's described the change which happened in her life (*walŋa*) and attitude towards life when she ''got out of *bawa*'':

I myself saw that my whole being went into that light and after that I had more boldness, I built more faith in myself, in who I am, that gave me encouragement to relate to anyone: Balanda, Yolŋu […] And then I became bold, I can speak, I will say: ''No!'' to the things I don't want; I

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will say: ''Yes!'' to the things I do need, you see? Yow, strong to yourself, knowing yourself, what you need, what you don't need. (Galiwin'ku, recording 21 December 2007, see narrative 'Twenty-one year journey' in ch. 6 for full transcription.)

Everything which is perceived as distracting a person from 'who I really am' is deemed to be something foreign which must be eliminated in order to restore the person in its integrity. However, the same object or habit can be foreign or proper to one self depending on the context and on the speaker. For example, tobacco is described by Maratja as deeply entrenched in Yolŋu history and, at the same time, as something 'foreign' which must be banned from the body. Christianity itself is at times seen as something 'superficial', that doesn't belong to the core of the person. Some Yolŋu for example declared that after having received a Christian upbringing and being interested in the church, they put the Bible aside, because they felt that ''it is not really part of our culture''.

As starts to become evident from these examples, healing consists of two phases: on one side, the elimination of dirtiness, pain, or bad life habits and, on the other side, the restoration of the person's inner being. In near-to-death experiences, the *birrimbirr* (bone-soul) is supposed to leave the body. Prayer exploits the power of the uttered word to call back people's lost components. In the following episode, the detachment of the *birrimbirr* is indirectly ascribed to the presence of a pain, described as a hard stone inside the body.

This story was told a first time by Banthay, who, in turn, was solicited to tell me the story by Gani. It was evening and we were sitting outside Gumburr house with a few other people from the family. Banthay was talking about the *birrimbirr* (bone-soul): ''Whenever we are sitting like we are now, the souls of the ancestors are sitting as well (*Ŋuli limurr ga dhiyal nhina, rrambaŋi ga birrimbirr mala nhina*) You can't see or feel the *birrimbirr* now, but then [when you die] you will be able to meet again with them. And every pain in the body will be nothing''. At this

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point Gani and Gaynur, who were sitting with us, asked me if I already knew that ''Wäŋgarr had been dead once''. They had been told the story by Wäŋgarr that same day. Banthay starts telling that, almost twenty years before, Wäŋgarr went to the hospital when Garapawuy (her first son) was just a small child, because he had diarrhea (*milŋiny*). While she was in the hospital, she fainted and her eyes went backwards. But her *mukul bäpa* (FZ) Joanne, who was escorting her, started praying God to give life to her *waku*. Many times throughout the story Banthay repeated that Joanne was speaking very loudly. Somehow Joanne managed to ''open that place in Wäŋgarr's cranium where little babies are soft (*yalŋgi*)''. As soon as she managed to do that, she saw water (*gapu*) coming into the openness. At the same time Wäŋgarr, who was seeing some women making signs inviting her to follow them, felt cold (*guyiŋarr*), but not as an unpleasant sensation, ''something like a good feeling''. Then her spirit came back, while Joanne was holding her in her arms like a little baby. The spirit came back into the body, entering from the feet. Ŋalpirra interjected to specify that this is always where spirits come back, from the feet (*luku*).

A few months later, I recorded the same story as told by Wäŋgarr herself:

I couldn't feel anything

Manymak. Dhuwandja ŋarra dhu dhäwu lakaram, bala ŋarra marrtji watjpillil, Garrapawuynha gäma. Manymak. Bala ŋarra ga... Ŋapurr ga dharrwa miyalkkurru dhipuŋur marrtji... Ganydjuliŋ, Babaralk balanya mala. Ga wiripu wiripu ga ŋunhal Darwin hospital nhawi nhinany, ŋorra'ŋurrany. Manymak. Bala ŋarra nhawiyun rirrikthun bindirrkthun, ŋamini, nhakun mäpandhina balanyaŋur ŋamiŋiŋur. Yaka	Good. This is the story that I am going to tell, when I went and brought Garaparwuy to the hospital. Good. I went there... many of us women went there from here, dhipuŋur marrtji... Ganydjuliŋ, Babaralk and others. And many of us were staying at the hospital and also sleeping there over night. Good. Then you know I became sick because of a swelling pain, my breasts, as if a boil was forming in my breasts. But boil

mäpa<u>n</u>dja, bi<u>nd</u>irrk yäku.	[*mäpa<u>n</u>*] is not the proper name, it was swelling boil [*bi<u>nd</u>irrk*].
Cecilia: <u>D</u>äl?	Cecilia: Was it hard?
W: E-eh. Nhakun mäpa<u>n</u>. Ga gu<u>nd</u>a gu<u>nd</u>a gu<u>nd</u>a bitjana ga marrtji ŋayatham ŋamini yaka djälthirr move-ku. Ŋayi ŋunhi Guymun marŋgi balanyaraw rerriw, bili nhanŋu li ga balanya dhärra ŋäthil.	W: Mh-mh. Like a boil. And it was like a stone was holding my breasts and it was not possible to move. Guymun knows about these things. It was that kind of sickness, she had it as well before.
Manymak. Munhawuny bala rra marrtji gorrmuryirra, rumbalnha dhuwal warrpam', ward 5-ŋur ga napurr ga ŋorra'ŋurrany. Ga walal djamarrku<u>l</u>i mala napurruŋ, walal ward 7 dharrwa. Gorrmuryirra rra marrtji ŋunhi munhawu, dja<u>d</u>aw', bala rurr'yuna. Ŋunhi wiripu miyalkkurru marrtji warrpam' dhawa<u>t</u>'dhawa<u>t</u>thuna balayi breakfastkun ward 7-lila. Ga linyupin ga nhawi nhinan, ŋunhal, Babaralknha, mukul-ŋali'.	Good. At night I started to get hot, this whole body of mine, while we were sleeping. And our children, they were in ward 7, there were many of them. All through the night until dawn I was getting hot, until I got up. All the other women went for breakfast to ward 7. And only the two of us, I and Babaralk, our *mukul* (FZ) remained there in the room.
Ŋarra window ŋarra leaniŋ ga bala rra ga facing bala free beach, ŋunhal bala sidelil, raŋilil, beŋur ward 5-ŋur, ŋarra leaniŋ windowkurr ga bala rra bilyuna ya'bitjana, bala waŋan Joannenhany: Joanne! Get rraku dhotkuŋ ga blanket dhuwali!" Ya'biyana ŋarra waŋa nhanukal? Normal. Yurr, ŋayiny ga beŋur Joannedhu ŋarranhany nhäma, melnydja rraku dhuwal changenha,	I leaned on the window facing the free beach, on the side, looking from ward 5, I was leaning on the window and then I turned and said to Joanne: ''Joanne! Bring me some tea and put that blanket over me!''. See, this is what I said, just something normal. But, this is what Joanne saw: my eyes changed, the black part of it went behind the eyelid and only the white part was showing while I was

dhuwandja blacktja ga bala gärrin ga whitethuny ŋarra ga nhanukal wäŋa.	talking to her.
That's all ŋarra ga thinkingdja, ŋunhi nhaltjan ŋarra waŋan Joannegal. Dhotku'dhotkum rraku dhuwali blanket ga djet ga bilin. Bala dhaŋgalkthuna face.. yaka ŋarra marŋgi how ŋarra dhaŋgalkthun. Face drop bala djementlila yaka ŋarra marŋgi. Bäyŋu ŋarra ga thinking ŋunhi ŋarra blank-out feeling ŋarra ga, feeling ŋarra ga dhäkay ŋänhamirra rumbal bäyŋu. But ŋarra ga remember rraku last word ŋarra nhanukal waŋa, yan djäma dhotku'dhutkunaraw ga bilin. That's it. Bäyŋu ŋarra ga feeling dhäkay-ŋäma ga thinking ga dhuŋ'thun ga rirrikthun, bäyŋun. That's all.	That's all I can remember, the moment that I spoke to Joanne. Cover me up with that blanket and sheet and that's it. And then I fell off on my face… but I don't know of how I fell. Maybe I dropped on the floor on my face I don't know. I don't remember that moment. There was a black out in my feelings, I didn't have any feelings anymore and no sensations in my body. But I do remember those last words that I said to her, just cover me up and that's it. That's it. I didn't feel or have any sensation or think and no pulsating pain. That's all.
Next minit ŋarra ga remember, thinking ŋarra ga next onedja, floating ŋarra gan airŋura. Gatju' bitjana ŋarra ga, ya' biyana, ya' biyana. Nhakun superman, ya' bitjan. Yurr cloudkurra mala, cloudkurra, passing through ŋarra ga ya' bitjana? Ga marrtji ŋarra ga ŋunhi---i, butthun ŋarra ga—a, ya' biyana ŋarra ga butthun like speed of the light. Yan bili ga end of the tunnel, ŋayi beŋur märrma' miyalk dhawatthun, white gownmirr, weyin wana, ga dhuwal ga gungam, yurr nhawiŋur maŋaŋŋur cloudŋur manda dhawatthun, ya' bitjan, towards me. Bala	I remember that the next minute, the next thing that I remember, I was floating in the air. Here you go, like this, like this [spreading her arms high in front of herself]. Like superman, you see? And all the clouds, I was just passing through the clouds. And I kept going and flying and flying, that's how I was flying, like at light-speed. That's what was happening, and then I reached the end of the tunnel and two women came out, with a white gown, long sleeves, cut at this height at the bottom. But you know, they came out of the clouds, like that,

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manda ga rraku wäthuna ya' bitjana, clo-motionnha, ya' biyana manda ga wäthun, eh bitjana manda ga rraku, ŋarrakuny ga ŋunhi djälthirr birrimbirrtja balayi mandaŋgala.	towards me. Then the two of them were calling me, like that, [moving their arms] in slow motion, that's how they were calling. And my, my bone-soul wanted to go there to them.
Ŋarra yaka marŋgi ŋunhi ŋarrany ŋayi Joannedhu dhubukthun, like a baby, dhubuk ga dhaŋgi'yuna ŋayi ga ŋarrany bitjana, dhaŋgi'yun nhakun yothu. Bala ga biriya, yurr biriya ŋayi ga ŋunhi yindi rirrakayyu, yindi yindi rirrakay, yurr ŋarra ga bäyŋu ŋanya feeling ga ŋäma ŋarra ga ŋanya bäyŋu. Bitjan ga': ''Yakay Garray marrkapmirr guŋga'yun rraku yothu walŋakuŋ rraku gam!'' Bitjana muka ŋayi ga rur'ruryuna ŋarrany. Bäyŋun, bäy.	I didn't know that in the meantime Joanne had lifted me up, like a baby; she had lifted me up and embracing me in this way, holding me in her arms like a baby. And she was praying, but praying with a very loud voice, with a loud, loud voice, but I didn't have any feelings nor could I hear her, nothing. She was saying: ''Oh my dear God help my child make her live!'' That's how she was talking while shaking me and trying to wake me up. I didn't hear any of that.
Bilin, ŋarrakuny ga ŋunhi djälthirra gam' marrtjinyaraw yan' bala! yaka ga rraku ŋunhi djälthirr birrimbirr roŋiyinyaraw bala. That's ŋarra ga all I can think. With ŋarra ga physicalyu… nhawi… body. Ŋunhi birrimbirrnha rraku rra ga floating in the air, ga beŋur märrma gumurr'yun miyalk, ga wäthun ŋarrany ga bitjan, ga ŋarra djälthirr balayi mandaŋgal. But ŋayi ŋunhal Joanne ŋunha, ŋoyŋur biriyan gan biriyan gan briya… ''Garay marrkapmirr roŋanmaraŋ walŋakuŋ rraku'', bitjan muka ŋayi ga rraku rurr'rurryun. Biriya marrtji biriya biriya	Because I just wanted to go there, my soul didn't want to come back. That's all I can remember. About what was happening with my physical... you know, body. That soul of mine was floating in the air and then two women were facing me, they were calling me and I wanted to follow them. But down there she, Joanne, was praying and praying and praying... ''My dear God bring my child back to life'', she was talking like that and rocking me. She was praying and praying and praying and I couldn't feel or hear

bäyŋu ŋarra ga dhäkay-ŋäma ga ŋäma.	anything.
Yan bili---i, yaka ŋarra marŋgi mak ten minutes rakunydhirr ŋarra, ten minutes rakuny. Dhuwandja bäyŋu feeling ŋarra ga bäyŋu, feeling ŋarra ga paining ŋarra ga ŋäma ŋarra ga bäyŋu, rakunynha.. Bilin, dead onenha. Bili rakunynha, bäyŋu ŋarra ga feeling anything wo ŋarra ga ŋäma Joannenha biriyapuy bäyŋun bilin. Yan bili--i. Mak ŋayi ŋunhi Joanne, mukul'ŋali ŋunha, Babaralk, open heart dhu briya ga shouting ŋayi ga biriya bala Garraywal, ŋarrany ga bäyŋu ŋäma, dhäkay-ŋäma dhika nhaltjan. Nhäma ŋarra ga bäyŋu. Ḏayi mak nhäma ŋanya Godthu ya' biyan, ŋunhi ŋayi serious ga biriyan. Next minut yaka ŋarra ga buthuruy ŋäma, dhiyaŋ partthu, muḻkurr dhuwal… [*soft voice*]: ''Garray, Garray God bäpa, walŋakuŋ rraku gäthu'mirriŋu''. Yurr mirithirr ŋayi ga ŋunhi waŋan...	This went on, I don't know how long for, maybe I was dead for ten minutes. I couldn't feel anything, anything, I wasn't paining and I couldn't feel anything at all, I was dead. I was really a dead one. I was already dead, I could not feel anything or hear Joanne praying, just nothing. Until… Maybe she, Joanne, our *mukul* (FZ), Barpar, she was praying with an open heart and shouting her pray to God, I couldn't hear anything, I didn't have any sensations. I couldn't see. Maybe God he heard her, that she was praying seriously. The next minute, not in my ear, but in this part of my head [W touches the top of her head] heard [with soft voice]: ''God, God, Father God, bring my *gäthu* (BC) back to life''. But she was speaking loudly...
C: ...ga nhe nhakun barrkuŋur ga ŋäma.	C: ...and you were hearing as from far away.
W: Nhakuny barrkuŋura ŋarrany ga ŋäma. Dhiyaŋ eh, dhiyaŋ, yaka dhiyaŋ buthuruy, ga feeling ŋarra bäyŋu ŋarra ga feeling, ŋunhi ŋarra ga ŋäma balanyaraynydja. ''Garray marrkapmirr, guŋga'yurra ŋarrany räli roŋanmaraŋ Garray marrkapmirr'', ya' bitjana.	W: I was hearing as from far away. Here, with this [pointing again to the top of her head] I was hearing, not here with my ear and, as regards feeling, I wasn't feeling anything, just hearing as if it came from far away: ''My precious Lord, help me make her come back here'', like this.

Bulu… dju<u>d</u>up'! Eh' balanya ŋarra dhäkay ŋäma. Ya' balanya gam', ya' balanya rumbal rraku dhuwal yaka ŋayatham, yan birrimbirr mak rraku ŋunhi gärrin, ya' bitjana.	And then... *dju<u>d</u>up'*! [onomatopoeic sound from the verb *dju<u>d</u>up'thun*, to enter]. That's the sensation I had [i.e., the feeling of entering back into the body]. How to explain it, maybe my soul [*birrimbirr*] just entered into the body.
Yurr still ŋarra ga bäyŋu feelingdja. Yurr ŋarra balanya feelingdja ya' balanya nhakun gärrin rrakal roŋiyirra birrimbirrdja rrakal rumballilnydja. Yan bili---i mak ŋunhi mak two minutes ŋayi ŋunhi working two minutes, ga ŋarra ŋäma buthuruynha, yurr gaŋga ga, gaŋga ga waŋa ga gaŋga. Yan bili---i… ŋäma ŋarra marrtjin galkithirra marrtji ŋunhi.rirrakaynydja galkithirra ŋarrakal, bala buthuruy ŋarra ŋäma, buthuruynha. Ga bäyŋu ŋarra ga still bäyŋu ŋarra ga feelingdja rumbalyu ŋarra pain dhika nhäny, yan rirrakay.	But still, I couldn't feel anything. A part from that sensation that my soul had came back into the body, like that. And then after maybe two minutes, for two minutes that that was working and I started hearing through my ears, but as if it was speaking in a soft, soft, soft voice. Until little by little I could start to hear that sound coming closer and closer to me, then with my ears, I could hear it with my ears. And still nothing, I couldn't feel anything with my body, no pain or anything else, only the voice.
Galkithirra marrtji rirrakay galkithirra---a. Bala biyana ŋarra, eh biyana bira'yuna ŋarra. "Ah!" ya' biyana ŋarra yurrnha "Ah!" ya' biyana ŋarra ŋir'yuna, ŋarra: "Eh, nhaltjan ŋarra Joanne?" – "Way!" Balanyawuy ŋarra ŋäma, ŋunhi ŋarra clear ŋäma, ŋayi yatjuna ya bitjana ŋarrakala buthuruŋura, ŋayi nurse dhu <u>n</u>aŋ'thuna bala wet rag ŋarrakal nhirrpan, ya' biyana, balanyalila, bala yurrnha	That voice was coming closer and close---er. And then all in a sudden I wake up like that. ''Ah!'', this is me after, ''Ah!'', that's how I came back to breath. ''Ehy Joanne, what happened to me?'' – ''Way!'' That's how I heard, I heard that clearly, she was yelling like that in my ears, she the nurse ran to me and put a wet rag [on my forehead], like that, over here, and after I felt pain again,

ŋarra feelingdja painnha dhika nhä yurrnha. ''Ah, nhaltjan ŋarra?'' - ''Yaka, yaka, Praise the Lord, praise the Lord!'' Bitjan ŋayi marrtji, ga dhiyala ŋayi ga nhawi dhawar'yundja dhäwu ga yurr ŋarra painingnha dhäkay-ŋäma yurrnha after bäy ŋayi wet rag ga rulwaŋdhun nursedhu waŋganydhu.	after that. ''Ah, what happened to me?'' – ''Praise the Lord, praise the Lord!'' This is how she was talking and here, you know. The story ends, and I went back to feel pain afterwards, after one nurse put a wet rag on my forehead. (Wäŋgarr, Galiwin'ku – Brown House, recording 14 December 2007.)

Both in Banthay's and Wäŋgarr's version, this episode stresses the role played by the loud sound of the voice in making the soul come back, together with the holding (*ŋayatham*) of the body. Sounds become almost materialized as an instrument to touch the person's inner being, in the same way the arms hold and touch the body. Voice on one side and the sense of hearing on the other side establish a connection between the healer and the soul of the person who is healed, or brought back to life. The next narrative doesn't talk about Christian healing, but is inserted here to demonstrate the continuity between healing based on the intermediation of God and pre-missionary practices of healing.

Hearing

Djanumbi: This is most important part. I think this is where the answer lies. This body of ours has got ears (*Rumbal litjalaŋ buthurumirr dhuwal*). Because when we die, everything you know... the last thing that leaves the body is our hearing. That's how we believe. Your feeling and capacity of sensing (*Nhuŋu feeling dhäkay-ŋänhawuy*)... will all be gone. What's that five senses of ours...smell, taste, seeing...touch and then the hearing, eh? Yes, all of them will be dead. [As regard] touching, you won't feel anymore (*bäyŋu nhe dhu feeling*). And seeing... you'll go blind, you won't see that the body is going like that [i.e., is decomposing]. Your taste will be gone, you won't be sneezing anymore (*bäyŋu nhe ga ŋurrtji'yun*). And

the last thing that leaves your body is hearing. True (*Yuwalk*). That's why long time ago (*baman'*) ... *guyili*.

Sometimes people might have just got dead, in their bed dead they are back to life, you know? But old people they say you should call their names through ears, he needs you, you know?

Maria: To the ears (*buthurulil*)...

Dj: Even that soul gets further and further away from the body, he can still hear you, it's like a voice, an echo, but if you come very close to that dead, you know, like, this distance, it can, you know, bring it back his hearing and then other parts jump back... […] You are going to see (*Nhe dhu nhäma*) an experienced person from dead to life. Robert, you know him? [...] Robert. His grandmother, she was a woman-with-*guyili*, someone who had *guyili* (*guyuliny'mirr miyalk, guyilimirr*). She was the one who brought him back from life... from death, sorry, back to life. […] This *guyili* [means] someone who has his spirit being taken back to life...

M: We are talking about spirits here, you know (*Spirit mala balanya muka*)?

Dj: Spirit. Very clever ones (*Gadaman*) [...] That clever soul, the *guyili* (*Gadaman birrimbirr, guyiliny*), will bring a person from death back to life. And she that person is called ''skin with-*guyili* (*galŋa-guyulinymirr yolŋu*). […] He can go into a dead body and follow the spirit 'till he calls it back to life. Haven't you heard about this before (*Bäyŋu nhe balanya ŋäma*)?

C: No (*Bäyŋu*).

Dj & M: But there's lot of them you know, (*Dharrwa muka*), plenty people! Many people (*dharrwa yolŋu*), long way gone now, passed away,

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old women (*wulgu'wulguman*), especially women (*miyalkkurru*), that had that *guyili*. […] One of them, a woman, she used to live cross the road, you know, other side, eh this house just there, you know?

And she used to be for that person died, that spirit nhawi... the spirit of the dead, used to meet her first. That woman, she was a woman-with-life (*walŋamirr miyalk*), you know, a woman-with-*guyili* (*guyilimirr miyalk*). When the person died and as she left the body, she went and meet that *miyalk, guyilimirr miyalk* and she said: "No, don't you die (*Yaka yaka nhe dhu dhiŋgam!*)". That's what, you know, and everybody thought she was *bawa'mirra* (mad), but she was looking at the spirit [which had] already left the body, dead, you know. And then she that woman would talk like that, she was a Dhuruli[72] woman (*ŋayi miyalk waŋa bitjan eh, Dhuruli ŋunhi miyalk*): "No, no, you are not going to die! (*Yaka yaka nhe dhu dhiŋgam!*)" you know? And then she would say: "Go back! Go back there, go back! (*Bala, roŋiyi, roŋiyi*)!" you know? It's like you know, hearing... what you call? What's the story, the story from the movie... ''The Ghost'', do you know that movie? (*Nhä ŋunhi dhäwu, bittja way, The Ghost, nhe marŋi ŋunhi dhäwu, bittjawu?*) You know that woman she was, what do you call it...

C: A medium? Medium they call it. Medium?

Dj & M.: Yow.

M: Yes, someone who lay down and sees a spirit (*Yow, ŋorra ŋayi ga ya' ŋayi? Ga nhäma ŋayi birrimbirr*) [Maria leans her face towards the sky and looks upwards].

Dj: It's like that: there's a spirit and there's a person, whose body the spirit uses to relate to the members of his family who are alive (*That's*

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[72] Attribute of the Djambarrpuyŋu people.

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that... dhuwal birrimbirr and there's a yolŋu that, the birrimbirr uses nhanŋu rumbal to relate to the family, walŋamirr mala family). But only that particular person (*ŋayiyi ŋunhiyi*), sees and hears that person you know in the room. He will see the dead, and hear his voice (*Nhäma ŋayi dhu deadnha, ga hear nhanŋu nhawi rirakay*). But when you... say example you are dead (*nhe dhinganhawuy*), and you are talking to me, passes something story (*dhäwu*), and if they don't believe that you are here, you just describe the clothes that the dead is wearing (*girri' walal ga gäma*), and then they will believe, you know? That you are there, you know, with that person. This type of person. Many women (*Dharrwa miyalk*) here with that...

M: Old women (*Wulgu'wulguman mala*).

Dj: Old ladies.

M: And there's one, who is a Wurrapa woman (*Ga waŋganydjna, waŋganydja ŋayiyi wurrapa*)…

Dj: One Wurrapa woman (*Waŋganydja wurrapa*), old lady she is there, but she is like really cripple, and she knows when a person dies, she goes crazy, goes like mad (*bawa'yuna*), and everybody says: "Ehy, there's a new person dead", like that (bitjan), they know her.[…] She can sense the spirit coming towards her (*Dhäkay-ŋäma ŋayi birrimbirr, that is coming towards nhanŋu*). Real spiritual people mala? That's how we... I said it strongly you know... we say mental illness is based on the spiritual base.

(Djanumbi, Maria and Cecilia, Galiwin'ku - Middle Camp, 2nd part of recording 28 April 2007.)

7.3 *Marrŋgitj*: 'the one who knows'

Marrŋgitj are Yolŋu healers. The term is likely to share its etymology with the verb *marŋi* (to know); *marrŋgitj* would therefore be better translated as 'the one who knows' (see ch. 3.5.2).

In 2002, a general practitioner from Galiwin'ku stated in a written questionnaire[73], that he had been told (presumably by local people) that there were no traditional healers based on the community. When I first commenced my fieldwork in Elcho, I tried to confirm this statement by discreetly enquiring if there were any *marrŋgitj* in the township. I was initially told that there was only one *marrŋgitj*, who occasionally visited from Maningrida. Apparently his services were in such high demand that he would only treat his closest relatives.

Towards the end of my fieldwork, changes apparently occurred in the number of *marrŋgitj* present on Elcho island. The *marrŋgitj* from Maningrida used to spend time more continuously on Elcho, while another *marrŋgitj*, a man in his early 20s' who had spent a few years in Central Australia, moved back to Galiwin'ku and was living at Middle Camp. Moreover, I came to know about the existence of a third *marrŋgitj*, a ten year old boy. I don't know how long he had been practicing before I first heard about him. It cannot be excluded that there were also other *marrŋgitj* in the community about whom I never heard.

Although I did not observe *marrŋgitj* operating on any patients, I collected a number of stories from people who had been treated by *marrŋgitj*. Many referred to episodes that happened during my stay in Galiwin'ku. These accounts became more frequent towards the end of my fieldwork, maybe due to a concurrent escalation of sorcery use (see ch. 4) or, possibly, to the fact that people were feeling more comfortable in talking about it with me.

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[73] The questionaire was part of a survey conducted in preparation of the Evaluation of the Mental Health Workers Program (Robinson& Harris 2004)

Marrŋgitj heal the sick by 'holding' (*ŋayatham*), massaging and rubbing their patients. Sometimes they might use water, or special stones. By doing so, they can extract any *girri'* (sorcery objects) which might have entered the patient's body, mainly by sucking them out of the patient through the skin. The *marrŋgitj* can perform these operations thanks to small beings which are called *djamarrkuḻi* (children) or, like the healer himself, *marrŋgitj* (see ch. 5.2). Here, they will be referred to as *djamarrkuḻi* to avoid confusion. These creatures usually stay with the *marrŋgitj*, but they can also go from one person into another. One of the healers living in Galiwin'ku had been given one of these beings by a Djambarrpuyŋu woman, who had two of them, while they were living together in Central Australia. Because they can move into a person, the *djamarrkuḻi* can help the healer by going into the patient's body and extracting the *girri'* (sorcery object). They can also alert the *marrŋgitj* when someone is sick and help him to divine (*nhäma*, lit. 'to see') who or what made the person unwell. See for example the following anecdote, told by one of my *yapa* (Z):

> While dancing at a *buŋgul* (mortuary dancing ceremony), a young man was suddenly affected by a strong headache which compelled him to leave and go home. At the same time Louis[74], described as ''that podgy (*ḏamburru*) boy who lives next to […]'', had this thought: "Somebody has been hit by *girri'*. Ah, yes! [I know who that is]! (*Girri' yolŋunha bakthuna. Ah, yow!*)" After having this intuition, he went straight to the house of the young man with the headache and asked him: "Are you sick? (*Nhe rirrikthun?*)" The man answered positively, so Louis, who is a *marrŋgitj*, held (*ŋayathaŋal*) the man's head in his hands and extracted a long yellow hair. Significantly, on that same day, there were people painted in yellow for the *buŋgul*. Louis told the man: "I know who did this, I'll go and ask her why and then I'll tell you." (Galiwin'ku 18 July 2007).

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[74] Pseudonym.

Although *marrŋgitj* are characterized by their ability to work on the 'sorcery aspect' of the disease, most typically by extracting sorcery objects (*girri'*) from the body, their treatment can be beneficial even when sorcery is not involved, as the second of the two following episodes illustrates.

One day, while I was walking down the street, I came across Isabel[75]. She told me that the day before she was hit by *girri'*. She was feeling like as if her flesh (*ŋanak*) had been cut, she was so cold that she had to sleep with two blankets, but then got suddenly really hot… She asked to be treated by the *marrŋgitj* from Maningrida, who extracted three pieces of glass, two from her stomach and one from her head. The *marrŋgitj* also told her that someone had passed behind her and hit her with *girri'* while she was playing cards outside the house. He also told her that, had she waited longer before seeing him, she would have died ''around midnight or 1 o'clock''. (Galiwin'ku, 17 September 2008).

When she was still an unmarried woman, Claire[76] went on holiday to visit some relatives out of Elcho. One day, she suddenly felt pain in her heart, a burning sensation. Her family took her to see her *ŋathiwalkur* (MMMB, avoidance relationship) who told her to take her top off. She was embarrassed, but obeyed. He rubbed both his hand with a movement from top down on her sternum and then sucked and spat some blood in a bowl full of water. After this she felt good again and said to herself: "So it's true, *marrŋgitj* actually exist" (*Yuwalk ga ŋorra marrŋgitj*). Her *ŋathiwalkur* told her that her sickness was not caused by sorcery. (Elcho, 18 Feb 2008).

An interesting point raised by the last anecdote is the avoidance relationship 'breached' by the *marrŋgitj* operating on his *dhumungur* (FZDDC). Contrary to what

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[75] Pseudonym.

[76] Pseudonym.

would be expected, instances in which *marrŋgitj* operate on people who are in avoidance relationship with them are relatively common. For example, Maratja recounts that he had to put his hand on one of his avoidance relationships (see ch.7.3, p.7). The following story relates a case in which a *marrŋgitj* operated on his sister, one of the most strictly respected avoidance relationships.

Mirriri and healing

One woman and one of her daughters told me the story of how another one of her daughters, Silvia[77], went mad (*bawa'yun*) after being hit by *girri'* (sorcery object). One night Silvia and her husband, Giovanni, were sleeping in the same room. At a certain point, Silvia woke him up to say that her father was there, and he wanted some cigarettes [incidentally, her father is reputed to be *bawa'mirr* and constantly on medications]. Her husband replied he didn't have any, and that in any case it was just a dream, because her father wasn't there. ''But - points out my sister - she wasn't dreaming, she actually saw him. Her husband thought she was dreaming, but that was the beginning of the sickness (*rerri*) in her head (*muḻkurr*)''.

One or two nights after, her father was playing with Silvia's little brother, while she was sleeping in the same room. At a certain point, the little boy started to jump on his stomach, so he tried to grab his ankle to stop him. But the child went and hid behind Silvia, Giovanni missed him and by mistake poked her on the side. She woke up and sat, starring in front of herself without talking, stiff. My sister explained: ''Whenever you see someone sitting like that, it means that something [i.e. sorcery] has been done to him or her''.

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[77] All the names in this story are pseudonyms.

The following day, Silvia was acting *bawa'mirr* (mad), talking a lot and going around in a state of excitement. At this point her sister was crying and worrying for her (*ŋäthi ga warrwurryun nhanŋu*), ''because they had grown up, played, went to school, everything together, like twins''. Also their *gäthu* (BS) Claudio, who spent his childhood with them, was very worried. He proposed to take her to a *marrŋgitj* from Maningrida, who happened to be staying in Galiwin'ku, at the Beach Camp. The two of them brought Silvia to see this *marrŋgitj*, who happened to be her brother. Jen pledged him to ''work on their sister'', telling him not to be worried about it, because he would be paid enough to compensate the uneasiness of touching his own sister. First of all he washed his hands with water. Then he started massaging her head from the temple towards the front on both sides of the face, announcing that he could feel something. Then he sucked a dreadlock out of the head and spat it into the water container beside him. After that, she was well, said my sister, but the other narrator, our daughter, corrected her: she was still acting and talking ''different'' for a couple of days, before she slowly returned to ''normal''. Silvia's mother was at the time away from Elcho for work but, when everything was resolved they called her to recount what had happened, including the names of the two men who had done sorcery on Silvia, because the *marrŋgitj* had seen them (*bili nhäma ŋayi walalany*).

The reasons why *marrŋgitj* operate on persons with whom they stand in an avoidance relationship are twofold. On one side, when there's no other option available, people will make an effort to overcome the genuine reluctance of touching someone who is in an avoidance relationship with them. This reluctance becomes almost repugnance in the case of *mirriri*, the relationship between siblings of opposite sex (see ch. 4.2) and the *marrŋgitj* must be compensated accordingly.

On the other side, the high incidence of cases in which *marrŋgitj* treated their avoidance relationships might be related to the special status of these relationships. Avoidance relationships are often called 'poison' by English speaking Yolŋu,

implying that they are dangerous (*madakarritj*). The Greek word *pharmacon*, which indicates both 'poison' and 'medicine', is well suited for Yolŋu avoidance relationships: their dangerousness is due to their intrinsic power, which can be indeed used beneficially in special contexts, such as healing[78]. The fact that *marrŋgitj* touch and operate on their avoidance (or poison) relationships also demonstrates that they and their patients meet in a dimension where boundaries which protect the physical and moral integrity of individuals are set according to different standards than those normally active in Yolŋu society. Significantly, during funerals, another circumstance in which people's behaviour follows special norms, the body of the deceased is cared for by their *gurruŋ* (FZDC), one of the strictest avoidance relationships.

'Poison' relationships have an 'outside' aspect represented by all the behaviours of avoidance and an 'inside' aspect represented by profound connection, intimacy and care. Significantly, avoidance relationships might be stricter in public than in private, for instance at home. *Dhumungur* (FZDDC) and *mumalkur* (MMMBD) might share cigarettes and talk normally at home, but not talk to each other or pass things directly in public (Tamisari, pers. comm. March 2010). The 'inside' aspect of avoidance relationships is expressed in different ways, depending on the specific kin relation bonding two persons. In some cases, it can take the form of teasing.

> At the beginning of my stay in Galiwin'ku, I didn't have a clear understanding of the subtleties of the kinship system. I was puzzled that my *ŋathiwalkur* (MMMB) Mayawurthalwuy would often tease me and play jokes on me, his *dhumungur* (FZDDC), without apparent consideration for our kinship relation which is, according to what I had learnt from the books, one of reciprocal and respectful avoidance. One day he took pity at my puzzlement and explained: ''*Ŋathiwalkur* and *dhumungur* always play jokes on each other, because I am actually your

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[78] See Warner's (1969) description of relationships between *mukul rumaru* and *gurruŋ* in the Gunapipi ceremony.

märi (MMB)[79]. You will have to find the inside story by yourself (*Nhepi dhu maly'maram djinawa dhäwu*).''

It has been shown how the Yolŋu 'bodily social map' establishes correspondences amongst various kin relations, land and bodily parts (see ch. 5.2). Avoidance relationships are represented by the elbow (*likan*). In the language of gestures, Yolŋu touch their elbow to signify, for example, *gurruŋ* (FZDC). The word *likan* has, besides its literal meaning (elbow), a wide range of others, many pointing to a connection between elements. The meaning of 'avoidance' relationships thus is not so much in the avoidance but in the juncture. The *likan* is also associated with the bones (of people and country), possibly because in the elbow bones are particularly evident. '*Likan* names' of peoples and countries are called out in special sections of the ancestral songs and are very powerful. *Marrŋgitj* operate in the inner space of avoidance relationships, tapping in their power. As a matter of fact, the whole work of the *marrŋgitj* is permeated by attention directed to the 'inside'.

Marrŋgitj can tell if someone is a victim of sorcery just by looking at him/her (*nhäma ŋayi dhu, bala ŋayi dhu lakaram*), by means of a particular kind of vision which allows them to ''see inside'' (*djinawa nhäma*) and sense/feel (*dhäkay-ŋäma*) a person. To a certain extent, the ability to 'see inside' is shared by all Yolŋu who have reached a certain maturity, as demonstrated by the following anecdotes.

> A young mother went in despair to the clinic with her new born baby, who
> was quickly losing weight. The nurse who visited the baby told the mother
> to give the baby water and food. This detail is conveyed with a tone of
> accusation towards the nurse, who was implicitly supposing that the
> young mother wasn't feeding the baby. After three weeks during which
> the situation hadn't improved at all, the mother went to the house of a
> woman known for having a strong Christian faith (Barrpa') and asked to
> help her by praying together for the baby. While they where there,

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[79] *Märi* (MMB,MM) and *gutharra* (wDC) usually maintain a deeply affectionate and playful relationship (cf. Thomson 1949:)

Djämirri took the baby in her arms and felt that it was 'paining inside'. She told this to those present and as a result the baby's closest family insisted that more medical analysis be done. The baby ended up in Gove hospital, where it was found that she had internal ulcers spread all through her body. (Djämirri, Galiwin'ku.)

A two-year old child fell from the veranda of an elevated house. She survived but, as a result, she had a dislocated shoulder and was lying in the local hospital bed, waiting for the medical plane to arrive and evacuate her to the better equipped hospital of Gove. Soon a big crowd of relatives gathered inside and around the hospital. I counted about fifty people coming and going, sharing their time between the young patient's room and the lawn immediately outside. This was not unusual when someone from the community was about to be evacuated: the crowd did not disperse until the medical plane had arrived, departed again and flown out of sight. While we were sitting outside the hospital, Yuŋgirrŋa, who had just been by the child's bed, came out and said: "I felt her pain" (*Dhäkay-ŋänhal ŋarra pain nhanŋu*).

A few years ago, a young girl fell from a tree. Even if there were no visible wounds, she was clearly in pain and was taken to the local clinic. The nurse who visited her said that there was nothing wrong with her and sent her back home. After a restless night the girl was taken back to the hospital, where her *ŋathi* (MF) said assertively to the nurse: "She has to go to Gove! She is bleeding inside!" She was then sent to Gove hospital, where it was found that she had a broken vertebra that had caused an internal haemorrhage.[80] (Ŋalpirra, Galiwin'ku.)

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[80] In another version of this story, told by the same person, an Indian doctor who used to work in the Galiwin'ku clinic was the one who recognised the internal bleeding and stated that the girl had to be evacuated to Gove

Although the term *marrŋgitj* is currently commonly used to refer to Balanda doctors, until a few years ago some elders used to protest that this was inappropriate (John Greatorex, personal communication, February 2008). It may have been felt that this use could generate confusion between the Yolŋu and the Balanda specialist, introducing, by analogy, some degree of ambiguity and suspicion towards Western doctors and medicine, because of the ambiguous boundary between healer and the sorcerer (see ch. 3). A young man who was himself a *marrŋgitj* stated that he avoided walking around the township in company of other young men, fearing that people might suspect him of being *galka'* (Kieran Myers, pers. comm. December 2008). Nevertheless, the work of the *marrŋgitj* drives expectations also towards Balanda doctors, who are expected to be able to feel what the patient feels, and see what it is inside them which is causing them to be sick.

> Sometimes the people say, Yolŋu people say: "Why do they have to ask us question if they know the illness, if they've been trained to know the sickness? And why do they ask us questions? If we are sick, they should know the sickness, you know?'' (Djanumbi, Galiwin'ku, recording 28 September 2007.)

> On one occasion Banthay and Ŋalpirra were telling me about some relatives who are clients of the mental health service and went to Cowdy Ward a number of times. They were expressing their puzzlement about the fact that none of them ever seemed to have received any visible benefits from the treatment. Banthay asked me: "What do they do to them in Cowdy Ward? Can those doctors there see inside the person's head and fix what is wrong?" He then shook his head, without waiting for an answer he already knew.

> Djanumbi, who suffered for two decades from serious emotional and mental problems (a state diagnosed by doctors variably as depression, schizophrenia, or bi-polar disorder), told me that one of the things that was most helpful for her recovery was a psychiatrist in Darwin who

looked behind her eyes and claimed: "You are too smart for being like this". She felt that that doctor had been able to see through the wall of her withdrawal. He then gave her some anti-psychotics telling her that she could try them if she wanted, just to see if it was helpful. She took them for a little while, but the doctor's verbal intervention gave her the self-confidence to believe she could get out of her state without medicines, something that she successfully accomplished.

''Seeing inside'' (*nhäma djinaga*) and sensing/feeling (*dhäkay-ŋäma*. lit. hearing a taste) express extraordinary empathy, to the point that one can almost 'become' the sufferer and feel what they are feeling 'from within'.

As Djämirri was explaining her personal approach to people who, even looking unwell, wouldn't talk openly about their concerns, as it is often the case for *bawa'mirr,* she said: "You have to enter that person's head to understand them, think like they think, feeling what they feel".

Djanumbi recalled an instance in which a doctor went to her house because she was very sick, shivering from cold and showing all the symptoms of a very bad flu. He asked her: ''So, tell me what's wrong with you, how are you feeling?" Given the evidence of her state, this was somehow a puzzling question and, still shivering, she gave an answer which made him break into laughter: "Can we swap? You become me for five minutes and I become you and tell you how I feel".

With this answer, the doctor was told two things. The first one was: "I could tell you what's wrong with me if I was the doctor"; the second one: "If you want to know how I feel, you have to put yourself in my place and be able to feel what I feel".

Although the expression ''seeing inside'' (*nhäma djinawa*) is the most commonly used, it is considered by some to be disrespectful and intrusive, as everything which concerns the inside of the body belongs to an intimate and private sphere which is not to be hinted at lightly or too directly.

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The 'inside' (*djinawa* or *djinaga*) of a person is more respectfully called *munydjulŋu*, which refers to an inside aspect of the person described as ''soul (*birrimbirr*), shadow-image of the person (*wuŋuli*) with the ability to feel/sense (*dhäkay-ŋänhamirr*). If a person or an animal gets hit, the *munydjulŋu* aches (*Munydjulŋu ŋayi birrimbirr, wuŋuli, dhäkay-ŋänhamirr. Nula nhä dhu yolnuny wo warrakannha wutthun, ŋayi dhu munydjulŋu yätjthirr.*'' (Yiŋiya, Darwin 24 May 2010).

A *marrŋgitj* looks inside a person not only to see their bodies (and thus detect the presence of sorcery objects), but also to see/feel their feelings and their emotional state. ''Seeing the *munydjulŋu*'' is an aspect of the work of the *marrŋgitj* which is perhaps less spectacular than X-ray vision, telepathy or extractions, but is of fundamental heuristic value in understanding the relational aspect of healing.

7.4 The relational setting of healing

In December 2008 Yuŋgirrŋa, Guymun and I presented a seminar at CDU, aimed at exploring the relevance of the *ŋayaŋu* (seat of feelings) in mental health practice. Yuŋgirrŋa and Guymun used the concept of *ŋayaŋu* to talk about what they called the ''Yolŋu side of treatment''. Standing in front of a picture which showed a house in Galiwin'ku at night, with a few people sitting on the front veranda and on the door threshold and an illuminated window, Guymun described the *modus operandi* of a *marrŋgitj*. Pointing at the window, she encouraged the audience to imagine what was going on inside the house: "You can't see it, but inside here there's a *marrŋgitj*. He is working on a person, taking care of him (*djäga*). He is comforting him (*ŋayaŋu ŋayatham*, lit. 'holding his feelings'), stroking him (*djirripun*), holding him (*ŋayatham*)."

Many times I had been asked by relatives little favours such as holding (*ŋayatham*) a sore knee, or stroking (*djirripum*) a finger which was sore because of a boil. Initially, I would shield myself saying that I didn't have particular skill as a masseur, which I supposed people were erroneously attributing to me. Later I came to realize that

touching and feeling were considered in themselves curative, in that it was a sign of reciprocal trust and care, or, in other words, of relatedness. Touching and holding someone's body is a way to reach the feelings of a person and, in this sense, is not different from 'holding the *ŋayaŋu*' (*ŋayaŋu ŋayatham*).

Ŋayaŋu, which has been discussed in ch. 5 as one of the components of the inner body, can be described also in relational terms, as a feeling of longing for one's home and relations, a tension towards the place where one belongs. For example, while trying to explain to me what *ŋayaŋu* is, Guymun said: "When I go away, my *ŋayaŋu* is the one who after a few days tells me: 'Go back, return to your family!' (*Ŋuli ŋarra dhu marrtji barrkulil ŋayaŋu dhu waŋa rrakal: "Gatjuy', roŋyiyrr, gurrutuwal!"*) [Darwin, 5 December 2008].

The *ŋayaŋu* is the instrument that allows one to feel other people's feelings, intended not only as emotional states, but also as sensorial experiences: "The *ŋayaŋu* is about feeling/sensing. What the *ŋayaŋu* does is feeling/sensing (*Ŋayaŋu dhäkay- nhäŋawuy. Dhäkay-ŋäma ŋayi dhu ŋayaŋu*)" (Guymun and Yuŋgirrŋa, 5 December 2008).

The capacity to feel is what characterizes living beings in contradistinction to the inanimate world. Having feelings of connectedness and love for others (including country), being sensitive and generous towards their needs is an attribute of personhood. People who appear detached from their social and physical environment are said to be like statues, or rocks.

| Glenda: E-eh. Ŋunha ga thinking yanbi wäŋa. Wiripu ga thinking yanbi wäŋa. Bäyŋun. Is not a wäŋa. Dhuwal yolŋu'yulŋu dhiyaŋ bala nhä nhäliy? Metalyun ga gundayna. Bäyŋu walal ga dhäkay ŋäma. They don't think. Bäyŋu walal ga feel connected to the land, bäyŋu. If they would feel | Glenda: Yes. Someone thinks it is a home-land. But it's not. It's not a home-land. These Yolŋu living here these days, do you know what are they are? They are made out of metal and stone. They don't have feelings. They don't think. They don't feel connected to the land, they don't. If they were feeling connected to |

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connected to the land bäyŋu biyak ga ŋorri rrabitj. Bäyŋu. Walal dhu nhäma ŋunhi, thinking walal dhu. Rerri walal dhu yaka dhäkay-ŋama.	the land there wouldn't be any rubbish around. They would see, they would remember. They wouldn't be sick (Galiwin'ku - Narraṉi', rec. 9 Feb 2008.)

This particular modality of feeling related is not innate; instead, it is a moral way of living which must be learnt and taught. Mature people sometimes claim that they can 'sense' something because of their older age and, at the same time, they discipline younger people who appear to be disconnected and unresponsive, like the *wawu* (oblivious) *bawa'mirr* (mad).

One day, Banthay was talking with three of his *gäthu* (mS) in their early 20s. The first was a boy who had been considered *bawa'mirr* for a long time. He would talk very seldom, being caught 'in his own world' most of the time. The second one had been treated, one week earlier, by a *marrŋgitj* who had extracted a *girri'* (sorcery object, in this case a needle with pus) from his head, a sign that *galka'* had attacked him with the purpose of making him *bawa'mirr*. Even if the *marrŋgitj* was successful in 'detecting' and extracting the *girri'*, the young man still appeared unusually apathetic and detached. He was mute and his eyes were staring in the emptiness. The third one was also the youngest one and, in Banthay's eyes, he didn't have any mental problems at all but was just imitating his older brothers' attitude. Frustrated by their passive attitude, he tried to provoke a reaction with a long speech (reported here in a paraphrased version):

What do you feel, inside?

What do you feel, inside? You have a tongue, tell. You are sitting like a tree or a rock (*Nhä nhe ga dhäkay-ŋäma, djinawa? Nhe dhärukmirr, lakaraŋ. Nhakun dharpa wo guṉḏa nhuma ga nhina*). […]You are not listening me (*Yaka nhuma ga listening ŋarrany*). I want feedback from you, I am supporting you. […] I am an old person and I can sense anyone's life (*ŋula yolku life ŋarra ga sensing*). […]We have been

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looking after you ever since you were children, dressing you, feeding you, sending you to school, and still now that you're grown up, we are still doing the same (*same ŋapurr dhu*). You have to be independent.[…] I care for you, I look after you. […] You are not a robot thing, moving with a button. You are human. Where's your future, where's your life? Eh, I am talking to you! (*Way! Waŋa ŋarra ga nhumalaŋal!*) You will have to cry yourself inside your heart [when I will be dead]. I take care of you, I love you (*Ḏarra ga caring nhumalaŋ, I love nhumalaŋ*), but you have to support me. […] I have doctor inside me (*medical rrakal ga ŋorra*), I am a doctor person (*yolŋu*).

Reconnecting a person with their *ŋayaŋu* is central to their recovery. There are a number of expressions which describe the process of re-connecting a person with his *ŋayaŋu*, such as *ŋayaŋu dapmaram* (to 'peg' one's *ŋayaŋu* to the person), *ŋayaŋu marrkapthun* (to safeguard the *ŋayaŋu* as something precious), *ŋayaŋu räli-mirriyam* (to make one's *ŋayaŋu* come closer), *ŋayaŋu roŋanmaram* (to return one's *ŋayaŋu*).

As it has been shown (see ch. 5.1) *märr* and *ŋayaŋu* are sometime used interchangeably, although there are some differences between the two. While both terms refer to feelings, *märr* refers to the transformative potential of feelings and to power and energy that can be transmitted from one place, object or person to another. *Märr-ŋamathirr* (lit. to make the *märr* good), an expression which can be rendered as ''to love, to welcome, to have a good, well disposed, open *märr*'', is a means of returning one's *ŋayaŋu*. The action indicated with *märr-ŋamathirr* can be seen as the exertion of a kind of magnetic attraction on someone's *ŋayaŋu*, so that this is called back, returned, made closer. On the other hand, the *ŋayaŋu* itself has been described as the part of the person wanting to go back home (see above), as feelings of attachment towards people and places.

In the following extract, Guymun talks about the action of the *ŋayaŋu* and the *märr* in making a person's *ŋayaŋu* came back.

| Ŋuli nhe djäl ga ŋayaŋu märr-ŋamathinyawuy, ŋunhi dhu räli-mirriyaman ŋunhi bawa'mirri yolŋu. Ŋayi dhu kindthirri ŋunhi yolŋu ŋurukiyi bawa'mirriw. Ŋayi dhu dhäkay-ŋäma ŋunhi bawa'mirri, manymaknha mala ŋayaŋu yolŋu walalaŋ, bala ŋayi dhu dhäkay ŋäma, bala nhinan. Nhina ŋayi dhu, wo dhäwu nhanŋu dhu buna, ŋayi dhu ga ḻakaram bawa'mirriy miyalkthu, balanya nhanŋu problem, balanya balanya balanya balanya, bitjan ŋayi dhu ga ḻakaram. | If your seat of desires (*djäl*) and your *ŋayaŋu* are full of love towards the *bawa'mirr* person, that will bring him back. If a person is kind towards that *bawa'mirr*, the *bawa'mirr* will sense (*dhäkay-ŋäma*) the good *ŋayaŋu* of those people, he will sense that, and then sit. He will sit, and maybe the story (*dhäwu*) will come to him, that *bawa'mirr* will tell this, this, this and that is the problem, this is how he will tell. (Guymun, Galiwin'ku – Long House, recording 20 December 2007.) |

The expression "sharing the *dhäwu*" (story) means to share something personal about oneself. It is also intended, when used talking about *bawa'mirr* people, as an important means of healing: "If she shared her *dhäwu*, s/he would be good again", is often said. The common characteristic of all *bawa'mirri* people is in fact that they don't talk, or, when they do, it is only to ask food and cigarettes. In any case, they never address issues related to their inner state. A person who is sharing their story (*dhäwu*) is not just providing information, but making their inner state (*ŋayaŋu*) accessible to others and, at the same time, 'getting out' something which, like *girri'*, is 'stuck' inside the person and blocking life from flowing.

The following transcription is reported to further clarify this process. One day, Djanumbi Gurruwiwi took me to visit a lady closely related to her, whom I will here call Maria, so that I could hear and record the story of how she helped her to heal from cancer. ''Sharing the story'' is a process somehow identical to the extraction of *girri'* performed by the *marrŋgitj*, the breaking of a spell (*buku-guykthun*) or, in this case, a negative diagnosis from a *Balanda* doctor. Comforting the person, on the other

hand, corresponds to restoring the *ŋayaŋu*, making the person come back to their wholeness.

Ears

Djanumbi: That's waŋgany client rraku. I got her from real life situation yätjkurr to what she was before. And what doctor gives, gives the threat into a person's life... they don't realize that. Maria: Yow. Dj: And sometimes even if they say big, yätjikurr rerri M: Rerri mirithirr rerri… Dj: That's the centre when they ḻakaram dhäwu centre ŋunhi ŋunhi walal yaka marŋgi. Is not in their, nhawi, guyaŋanhawuy, their are giving it in the way that it's being threat.Ya nha? To person like dhuwanna, ŋayiyi. […]	Djanumbi: This is one client of mine. I took her from an actually bad situation back to what she was before. What the doctor is giving, is a threat into a person's life... they don't realize that. Maria: Yes. Dj: Sometimes when they say big, very severe sickness… M: A real bad one… Dj: That's the main point when they tell that story, but they don't know it. Is not in their, you know, thinking, but they are giving it in a way that it's being a threat. Don't they? As it happened to this one here, for example.[…]
Cecilia: And how did you felt after nayi ḻakaram dhäwu nhuṉu nhanukal wäŋaṉur... ŋayaŋu manymak? M: Eh, manymaknha. Manymak, ga lingun. Dj: Bili ŋarra nhäma nhunany, ŋayaŋu roṉiyirr räli. […] Nhuŋu ŋayaŋu balanya nhakun nhe gan nhinan ŋunhal ga ŋäma nhe dhäwu ga roṉiyirri, nhaliynha nhe	Cecilia: And how did you feel after Djanumbi talked with you at her home... did you have good feelings (*ŋayaŋu*)? M: Mh, good. Good, just good. Dj [to Maria]: Because I saw you, that your feelings had come back. […]Your feelings after you were sitting there, listening to my words, and then you came back, with what kind of feelings did you

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ŋayaŋu yarrupthundja räli?

M: Manymakthu ŋayaŋuy.

Dj: Ya'nha?

M: Manymakthu ŋayaŋuy, ga thinking ga ŋayaŋu.

Dj: Bala nhakun that's like giving a assurance in life. Nhä dhuwal assurancenydja? Assurance like extra... […] Yow, after that he refreshed nhanŋu ŋayaŋu ga mind to that thing that she was relating to every day that was oppressing nhanŋu ŋayaŋu. Yow. Marrtji ŋayi räli ŋunhi new ŋayaŋu. When marrtji ŋayi räli rrakalnydja, that's when she begun calm downnha. Ga dhuwanna ŋayi manymaknha. Bäyŋu ŋayi märram mirritjin, treatment for that, muka?

M: Yow, bäyŋu.

came back?

M: Good feelings.

Dj: See?

M: Good feelings, good thoughts and good feelings.

Dj: Because that's like giving an assurance in life. What's that reassurance? Reassurance is like an extra… […] Yes, after that he refreshed her feelings and mind to that thing that she was relating to every day that was oppressing her seat of feelings. *Yow*. That seat of feelings came back new. When she came to see me, that's when she begun to calm down. And here she is, she is well. You didn't take any medicine, treatment for that, did you?

M: Yes, nothing.

Dj: Sometimes manymak, comfortable nhawi dhäruk, waŋa dhu ga, bitjan, waŋa, getting the problem out yolŋuwal, how brings healing in a person mentally emotionally, physically, ya'nha? Bili ŋayi dhuwal rumbal litjalaŋ, litjalaŋ rumbal, litjalaŋ guyaŋanhawuy, litjalaŋ ŋayaŋu, ŋunha they got...

M: Buthurumirr mala. E—eh, ga rumbal dhuwal.

Sometimes good words of comfort, and just talking with someone, getting the problem out, can bring healing in a person mentally, emotionally, physically, you see? Because this body of ours, Balanda and Yolŋu, our body, our mind, our seat of feelings, they all have…[points to her ears].

M: They all have ears. Mh-mh, that's true.

Dj: Inside, gulaŋ, inside nhuŋu maŋgu...	Dj: Inside, the blood, inside your blood…
M: E—eh, djinaga gulaŋ…	M: Mh-mh, inside the blood…
Dj: Bäyŋu nhe ga believe, napurr ga yolŋu ga believe: ŋunha gulaŋ, or blood, it has ears.	Dj: You don't believe it, only us Yolŋu believe it: that blood, it has ears.
M: Buthuru ŋayi...	M: It's got ears...
Dj: Nhuŋu dhuwal, guyaŋanhawuy got dhuli'na it hears you if you talk to yourself. And It can hear you talk to the vein.[…] Ga dhuwal ŋayaŋu, got dhuli'na.	Dj: Your mind has ears, it hears you if you talk to yourself. And it can hear you talking to your veins.[…] And your seat of feelings as well, it's got ears.
	(Djanumbi, Maria, Cecilia, Galiwin'ku, Middle Camp, part 1 or recording 28 April 2007.)

In the next extract, Guymun talks about the breaking of a marital union motivated by the madness of one of the partners and the unwillingness of the other to take care of him/her. The *bawa'* is attributed both to the partner who has gone mad and to the other one, who can't see the *rom*, i.e. cannot see that they should take care of the partner and *märr-ŋamathirr* (love) them .

Ŋayi dhu dirramu ganarrtham miyalknha, ga ŋayi dhu miyalkthu ganarrtham dirramuny. Balanya ga rom marrtji. Ŋuruŋi manda dhu bawa'yun ganarrthanamirr. Ŋayi nhanŋu dhu miyalk bawa'yun ga ŋayi dhu dirramu wandirr wiripuŋuwala. Ga ŋayi dhu miyalk manymakthirr ga ŋayi dhu dirrramu bawa'yun ga ŋunhi ŋayi dhu ŋäyi wandirr dirramuwal. Rom dhuwal	The man will leave the woman, or the woman will leave the man. This is the kind of things happening now. The two of them will leave each other because of *bawa'*. If the woman goes mad the man runs to another woman. And if the woman is well and the man goes mad, she runs to another man. This is a mad way of behaving. They won't see the good *rom* and hold a well disposed *märr*

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| bawa'mirr. Yaka nhanŋu ŋunhi nhäma manymak rom ga märr-ŋamathirr. Bäydi ŋunhi bawa'mirri. | towards the partner independently by the fact that they s/he is *bawa'mirr*.

(Guymun, Galiwin'ku – Long House, recording 20 December 2007.) |

Then Guymun goes on to explain what an ideal resolution of this situation would be:

| Ŋayi dhu galkikum ŋunhi. Ŋunha ŋayi dhu milkum djamarrkuḻi ŋunhi ŋayi maḻŋ'maram ḏirramuny ŋayi dhu ŋunhi miyalkthu milkum: "Way! Dhuwal litjalaŋ djamarrkuḻi. Ŋarra ga nhuŋu mirithirr märr-ŋamathirr bäydhi nhe ga bawa'yun dhuwali, ŋarra nhuŋu, ŋarra nhuna dhu ga djäga" - bitjan ŋayi dhu miyalk waŋa. Ga ŋayi dhu ga ḏirramu bitjan bili thinking: "Ŋunha ga rraku miyalk bawa'yuna? Ga ŋunhal linyalaŋ djamarrkuḻi? Nhaltjan ŋarra dhu djägany? Ŋarra mak watthun nhanŋu galkikum ŋanya ŋayaŋu. Galkikum ŋunhi ŋayi dhu ga ŋunhi ŋayaŋu. Ŋunhi märr-ŋamathinyawuy, ŋunhi ḏoṯurrkŋur ga ŋorra märr-ŋamathinyawuy. Ŋuruŋi dhu galkikum. | He will make him closer. The woman will show her husband the children they found together and say "Way! These are our children. I will really love (*märr-ŋamathirr*) you, it doesn't matter if you have gone *bawa'mirr*, I will take care of you". And he, the man, will think: "Is that my woman going mad? And this our children? How can I take care of her? Maybe I will call her *ŋayaŋu* to make it closer. In that way I will make her *ŋayaŋu* closer." That is *märr-ŋamathinyawuy*, the *märr-ŋamathinyawuy* which is in the heart. By using that I will make it closer.

(Guymun, Galiwin'ku – Long house, recording 20 December 2007.) |

In Guymun's discourse, *märr-ŋamathirr* (holding a good disposition, loving) and following the correct behaviour (*rom*) are two faces of the same coin and couldn't possibly be in contradiction with each other. It is the relationship 'pre-existing'

between two persons, in this case husband and wife, which determines the feelings they should hold towards one another. *Märr-ŋamathirr* points to a kind of relatedness which is set in the ethical system and has more to do with mutual feelings of accountability and obligation, care, compassion and intimacy than with romantic love.

In all the previous examples of healing, the narrators took care to emphasize the connection between the protagonists of the story. Healing tools are never used in a relationship vacuum: bush medicines are normally procured and 'applied' by caring relatives. Even God, in Maratja's words, ''wants to make a relationship with people''. The effectiveness of any healing technique is subject to the relational context in which they are used. Support from one's relations is essential for recovery.

The land was rocking him

In September 2008, Djamalaka, at that time employed as a mental health worker, told a story to explain how feeling included in the family circle is fundamental for the person's wellbeing. A leader from Galiwin'ku was passing through a period of deep crisis and had expressed feelings of desperation. *Balanda* medical staff were concerned that he could cause harm to himself and prescribed psychotropic medications. On the weekend his family took him to his homeland and treated him with bush medicines and a ''smoking ceremony''. According to Djamalaka, he felt instantaneously better: ''He could feel the land, and it was like the land was rocking him as a little baby''. People who were present said that he announced that he was well again and that he had felt ''as a bomb had exploded in his head opening his mind''. He threw all the medicines he had been given into the fire and gave a long speech of encouragement to those who were present. His talk was so inspired and energetic that everybody listened to him for almost three hours. But then, on the Tuesday, he was left by himself for a good part of the day. This, added to the fact that "he had missed on his medicines", had the effect that by Wednesday he was feeling bad again, dealing with thoughts of hopelessness. Djamalaka and the other mental health worker talked to the

family and advised them that he ''should have always someone physically present with him''. Djamalaka concluded her story with the assertion that "the real healing only happens in your *giniŋgarr* (belly button), in your home/land (*wäŋaŋur*), in your own circle, with your close family".

Although Yolŋu emphasize the powerful qualities of bush medicines against the medicines from the clinic, they do make daily use of *Balanda* medicines, even in a place like Galiwin'ku, where bush medicines can be easily accessed. The main concern regarding medicines from the clinic seems to be that they are handed out 'without caring'. In ch. 5, it has been shown how a client of the clinic refused her medications although the doctor would look for her every day. The problem appeared not so much to be the medicines themselves, but the fact that the doctor resisted establishing a more personal relationship with her. Yolŋu claim that doctor ''should work out of love, not out of money''. This is not to suggest that doctors should work for free, but that their relationship with patients should transcend carrying out a professional task. Ideally, there should always be a commitment on part of the *Balanda* health professional to enter in a familiar kind of relationship with Yolŋu residents.

When I first began my fieldwork, home visits for patients with mental problems were conducted only when the patient didn't turn up at the clinic at the scheduled time, given that, as a rule, visits should be conducted inside the clinic's walls. However, many Yolŋu thought that it would have been more appropriate for the doctor to visit clients at home.

> Djämirri stated that ideally doctors should go to their patients' home with some fruits, drinks and cigarettes, leaving to the patient the choice of picking up what she or he wants. In this way, he would establish the basis for a social interaction and observe his patients' spontaneous ''behaviour and reactions''.

A woman whose son was under psychiatric treatment stated that doctor and patient should sit together at home, have a chat, drink tea together and, by doing so, come to know each other. After a few times, that person would tell himself, seeing the doctor arriving: "Here comes my doctor. He really cares for me. Maybe I am not *bawa'mirr*, maybe I can get better!"

Yolŋu insistence on the necessity of home visits found satisfaction after July 2008, when changes occurred at the managerial level of the clinic. Shortly after taking her position, the new manager engaged in extended consultation with the health workers about how to deliver a more effective service. Home visits were unanimously considered the first step and, as a consequence, the acquisition of a van equipped as a mobile clinic was planned. Blood tests and other health checks could be done at people's houses, hopefully resolving a long standing issue which caused daily distress to the doctors and nurses, who often waited in their office for patients who didn't show up for their appointments.

It was evident that while the *Balanda* staff regarded home visits as a way to increase compliance and minimize the risk of patients missing on their treatment and evading health checks, Yolŋu considered the innovation to be a first step in the passage from a bureaucratized to a personalized approach, the focus shifting from curing to caring.

The following extract from a speech by Guymun touches and links together many of the salient points of this and the previous chapters and is here reported as a sort of resuming 'diagram'. Medicines by themselves, without 'feelings', are ineffective. For healing to happen, a series of factors must be present: care and love from family, elders taking the role of teachers and guides, being in the country. All these things will restore in its place not only the head (*mulkurr*) but also the vitality (*walŋa*). For mad or confused (*bawa'mirr*) people, the country serves as like a mirror to see inside themselves. They will realize that they have been lost in themselves, in their thoughts and worries, like in a jungle.

They will see

Bäyŋu märr-ŋamathinyawuy. Ŋarrany ga nhämany, bili ŋarra marŋgi. Ŋarra ga nhäma nhämuna bawa'mirr miyalk ga dirramu dhiyal Galiwin'ku. Ga bäyŋu walal ga look after ŋuruki walalaŋ bawa'mirri walalaŋ. Mirritjin ga gurrupan ga bäyŋu ga feeling. Feeling ga bäyŋu. […]	There's no love. I see, so I know. I watch all the bawa'mirr, women and men, here in Galiwin'ku. And they are not looking after them properly. They give them medicines but they are not feeling[81]. They are not feeling. […]
Dharrwa ga yolŋu bitjan nhina ŋunha inside buŋbuŋura. Yow. Bäyŋu walal ga dhawat'maram. Ŋarrany ga dhuwal nhaltjan thinking? Bitjana ŋarra gan thinkingdja gam': bäyŋu walal dhu healing ŋunhal mirritjinthu. Healingdja walal dhu nature walal dhu nhäma ŋunha barrku. Creation walal dhu nhäma. Marrtjin yan walal dhu bala, huntinglil, guyalil, exercise walal dhu, ga guya ga räkum, ga guyaŋa walal dhu ga djim<u>ndi</u> märam, djim<u>ndi</u> djäma, ga ŋayi dhu bitjana miyalk ganguri ga […] exercise nhäma ŋayi dhu ŋunhi ŋatha wakinŋu ŋayi dhu nhäma dhraŋan marrwat ganguri, bala bitjana: "Dhuwal rraku ganguri ŋarra pilaman. Pil'ap ŋayi ŋunha ŋatha wakinŋu, ŋunhi ŋayi marŋgi	Many people are just sitting inside at home. *Yow*. They don't go out. What do I think? This is what I think: they are not going to heal through the medicines. They will heal by seeing nature, far away [from the mission]. They'll see the Creation. They will go there, hunting, fishing, they will exercise, take fish on the line, and they will remember and take a fish spear, make a fish spear. And the woman will go hunting for *ganguri* [type of yam] and […] exercise, she will look for the wild food and she will see and recognize the leaves of the *ganguri*, and say: ''This is my *ganguri*, I will pile it up [i.e. find lots of it]''. She will collect lots of wild food, she will start to remember that food that she used to know. And the

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[81] The subject of ''they are not feeling'' (English in the original) could be either those (the doctor, the relatives) who give the medicines to the *bawa'mirr* without feeling/s, i.e. without being in touch with the *bawa'mirr* at a profound level, or to the *bawa'mirr*, whose main problem, being 'out of touch' and insensitive, in other words without feelings, is not resolved by the medicines.

thinking ŋayi ga manymak ŋunhi ŋatha. Ga ŋuli ŋayi bäyŋu dhuŋa, ŋunhi dhuŋa ŋayi. Bäyŋu ŋayi marŋgi bil'yunaraw ga ŋatha bunaraw ganguriw bäyŋu. Worruŋu dhu yolŋu nhanya dhu ga teaching, ŋunhi ŋayi dhu yuta yolŋu bawa'yun ŋayi dhu teaching nhanyan. Worruŋuy ŋathaw wakinŋuw, borumgu, maypalgu marŋgikuma ŋayi nhanya dhu ŋunha yuta miyalkna ŋayi bawa'mirri. Ga nhanya bitjan bili dirramu yuta worruŋu ŋayi dhu nhawiyu dirramuy oldmandhu ŋayi dhu guŋga'yun dirramuny ŋunhi yutany. […] "Ŋali' marrtji bala, huntinglil" bawa'mirri ŋayi dhu walk ŋunhi djaw'yun barrkulil wäŋalil.6:45 Marr ŋayi dhu ga ŋunhi nhanŋu muḻkurr ga walŋa ŋunha roŋiyirr, roŋiyirr, ŋayi dhu nhäma: "Way! Nhä dhuwal manymak wäŋa? Dhuwal dhuwal wäŋa? Ŋunha nhä wäŋa? Balanya nhakun rryitjan? Djinawa ga wurrwuryun ŋarra lifedja? Life inside. Wrongnha ga ŋunha bitjana nhakun dhuwal Galiwin'ku. Bawa'mirrindja yolŋu bitjana ŋayi ga nhäma.

one who doesn't know, he doesn't know. He doesn't know how to go around and find food and *ganguri*. The old people will teach that person: when a young person goes mad is the old people who will teach him. The elders will teach them about wild food, fruits and shellfish to the young *bawa'mirr* woman. And the same the old man will do with the young man, the old person will help the young man. […] ''Come one let's go hunting'', and he will take the *bawa'mirr* for a long walk to a distan place. So that his head will and his vitiality will come back, they will come back and he will see: ''Eh! What is this beautiful land? Is this really this land [that I already know]? And what's that land? The one which is like a jungle? Am I filling my own life with worry? My life inside. The way I feel in Galiwin'ku is wrong.'' This is how the bawa'mirr will see.

(Guymun, Galiwin'ku – Long House, recording 20 December 2007.)

7.5 Conclusions

All the resources to which Yolŋu turn for healing are seen as acting on the inside and as provoking an internal change. A fundamental aspect of this transformation is the

elimination of what is foreign or alien to the person ('dirtiness', pain, a hidden story, sorcery objects, bad life habits).

''Seeing inside'' (*djinawa nhäma*), holding (*ŋayatham*), entering the patients' bodies (through his helpers, the *djamarrku<u>l</u>i*), sensing (*dhäkay-ŋäma*) and feeling their *märr* (*munydjulŋu*) are different facets of the same operation performed by the *marrŋgitj* and of caring figures: accessing and acting on the ''inner being of the ill, composed, among other entities, by the vitality (*walŋa),* seat of desires (*djäl*), seat of feelings (*ŋayaŋu*), ancestral energy (*märr*) and soul (*birrimbirr*).

The 'fresh' (*yu<u>t</u>a*) proper of things that heal as been talked about in the literature as a 'cooling' quality of the *marrŋgitj,* whose actions are aimed to contrast the 'heat' of sorcery (Reid 1983). The ethnography shows that 'coolness' and 'freshness' imply a deeper level of meanings, as they stand for the revitalization (*walŋakuman*) and renewal (*yu<u>t</u>akuman*) of the inner being. This revitalization has it source in feelings of 'love' (*märr-ŋamathirr*), i.e. in the *märr* which animates relationships with people and country.

The inside-outside polarity, a foundation pole of the Yolŋu knowledge system (Morphy 1991), is central to interpersonal relationships and to healing. The relational setting of healing itself is permeated by an 'inside' or sacred quality[82], manifested in the relationship established between the healer or carer and the person they are helping: their share their innermost feelings and ancestral energy (*ŋayaŋu* or *märr*).

The special sight of the *marrŋgitj* allows him to overcome the separation between himself and his patients, whom he not only sees in the muscular sense of the word, but knows (Merleau-Ponty 1964, 1968 quoted in Tamisari 2000). When illness and healing are concerned, the boundaries of the skin, of kinship rules and of the age are often violated also outside of the setting created by the *marrŋgitj*. Boundaries are not

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[82] See also Rudder (1990), who posits the *ma<u>d</u>ayin* (sacred) as an 'inner reality'.

violated just by physical touch but also by reading, making visible or otherwise exposing the other's *märr*.

CHAPTER 8: CONCLUSIONS

This work presented in this thesis was motivated by a general interest in the cultural specificity of 'mental illness' and 'mental health care' ideas and practices. The Aboriginal Mental Health Workers Program, an example of a 'two way learning' initiative, offered the ideal setting for starting to investigate the issues raised by the cross-cultural clinical care in an Aboriginal community, as well as Yolŋu perspectives about mental illness or madness, including the use of local healing techniques.

Since the very beginning of the field work, talking with Yolŋu about 'mental illness' has in fact elicited narratives related to broader cultural themes, including sorcery and Christianity, as well as conceptions of the person in its relationship to the surrounding environment. This has revealed the existence of a complex and articulated body of knowledge related to 'madness' or 'confusion' (both possible translations of the Yolŋu word *bawa'*), pre-existing the introduction of mental health services in Arnhem Land.

Understanding Yolŋu reflections about madness clearly involved embracing the ideas of personhood and cosmogony which they convey. Conversely, because of its 'cultural density', *bawa'* (madness, confusion) became a device to explore not only Yolŋu ideas of wellness, illness and healing, but also, more in general, a Yolŋu way of being in the world.

In these conclusions, I will review some of the main points emerging from the ethnographic chapters. Section 8.1 discusses the relevance of illness narratives in characterizing Yolŋu knowledge related to *bawa'* (madness, confusion) as ''not clinical''.

'Social' and 'biographical' perspectives of bawa' are two main points of view in which Yolŋu have talked about madness. Section 8.2 presents reflections based in particular on 'social' narratives and departs from the notion of *yalu'* (nest) presented

in ch. 4, to explore in which ways relatedness is at the core of Yolŋu sense of self and how this relates to *bawa'*.

'Biographical' narratives and the ''inner being'' are the focus of section 8.3, which presents some reflections conditional to the understanding of how healing and 'spirituality' are characterized in the Yolŋu context.

Section 8.4 talks about the importance of affectivity for healing, while section 8.5 discusses the respective roles played by individuals and their social group of reference in the healing process.

8.1 "Not a clinical thing": illness as a life experience

Mental health care services recently introduced in Galiwin'ku and other Aboriginal remote communities are governed by a bio-medical psychiatric paradigm and rely on standard psychiatric practices of diagnosis through structured observations, inquiries, pharmacological treatment and, occasionally, seclusion in a psychiatric ward. Variations to this model, for example through extension of effort dedicated to counseling, depend on the personalities involved in the program from time to time, but are far from constituting a continuing therapeutic space within initiatives such as the Aboriginal Mental Health Workers Program.

The cultural component of mental health programs remains largely nominal and 'encapsulated' in the figure of the Aboriginal Mental Health Worker, whose contribution is confined to making existing services more readily accessed by the Aboriginal clientele, by performing tasks of interpreting and liaisoning between the Balanda staff of the clinic and the Indigenous patients (cf. Harris & Robinson 2004, Hunter 2003: 421; Brideson 2004). As has been suggested, rather than raising the status of traditional knowledge, attempts to incorporate 'culture' in mental health

practice may even tend to diminish its standing and weaken its effectiveness in practice.

In those cases in which 'cultural' and 'professional' aspects of the health worker role contradict each other, the latter are given pre-eminence. This is illustrated by the case of the mental health worker who was reluctant to approach her 'poison' relationships in order to perform routine physical examinations and who wouldn't insist that patients take medicines as prescribed. As a result, she was assigned to a different role within the clinic.

At the same time, however, Yolŋu have articulated a heterogeneous body of ideas related to wellness, illness and healing. These occasionally reflect the contemporary influence of psychiatry, sometimes borrowing directly from psychiatric terminology as in the use of the terms 'depression' or 'psychosis' by Djanumbi. Nevertheless, Yolŋu 'ethnopsychology' is not fashioned in medical terms. It is more often the case that medical practice, with its stress on impersonal mechanisms, its isolation of biological causes and its limited consideration of the significance of relationship with others, stands in direct opposition to Yolŋu thinking about illness and healing.

The complexity of Yolŋu knowledge related to mental wellbeing is demonstrated by the recourse to multiple concurrent causal explanations for the person who is *bawa'mirr* and by the descriptions of the different expressions which *bawa'* can take. The various dimensions of *bawa'* (*wawu* [oblivious], *madakarritj* [dangerous], smart and *nyäl* [fake]) are not mutually exclusive but, rather, are woven together in the construction of illness narratives.

As it has been shown, at an initial stage illness is usually described as an alien object, as ''rubbish'' (*rabitj*) which has managed to penetrate the person. It is only when illness is lived by the subject as 'a life experience' and is socially treated and processed, i.e. transformed into a story, that it can be reabsorbed as a part of oneself and take its place in one's biography. When illness has been thus treated it is not

illness anymore and it has ceased to be an alien interference to become a *dhäwu* (story).

This demonstrates that, although there is a taxonomy which differentiates the various kinds of *bawa'*, this is defined for Yolŋu by its relational and experiential dimensions, rather than by a 'symptomatology'. The interruption of normal ways of relating to others and/or the contact with a different reality are central in all types of *bawa'*. Also, the meaning of the external signs of *bawa'* and its causes are subject to multiple interpretations, which depend on the observer and the immediate context. Each case of *bawa'* is thus elaborated into a story or multiple stories, rather than formalized into a 'case'. In other words, Yolŋu taxonomy is more centred on the person than on the disease.

It appears not only that for Yolŋu 'absence of disease' is not perceived as the determinant factor of wellbeing (World Health Organization 1998) but, also, the very experience of illness may be valued in itself, because it expresses the idiosyncrasy of the individual self and because it discloses new meanings, which can indirectly be beneficial to the wider community. On the one hand, in fact, telling a 'story' (*dhäwu*) about the illness brings the *bawa'mirr* back into the field of social connections and into a shared moral world; on the other hand, the story reveals the uniqueness of that particular person.

At this point, the frequent recourse to narrative transcriptions can be appreciated as an attempt to allow readers to meet 'face to face' those same individuals whom I met and came to know as relatives and friends, whose personalities powerfully transpire from their own stories. The value of these narratives is not limited to an infusion of 'life' into the ethnography. They also highlight the role played by outstanding individuals in the conscious effort to re-define their own society's conceptualization of *bawa'* and of the person, as in the case of Djanumbi's and Glenda's story about their two *ŋathi* (MF). These narratives bring to the fore individuality and individual will (*djäl*), as opposed to more abstract concepts of 'subjectivity' and 'agency' (Tamisari 2007), a matter to which I will return later.

8.2 The nest (*yalu'*) and the person: relatedness as a foundation for the self

Yolŋu 'sociological' narratives explain *bawa'* in relation to drastic changes which happened in the ethical system regulating sociality following the 'mission era' and the consequent and ongoing urbanization.

'Social' confusion can in turn, more or less directly, cause individual confusion/madness, as it undermines the web of relatedness which constitutes a ''foundation'' (*yalu'*) to know ''who you really are and where you come from''. The type of relatedness identified by the *yalu'* offers unconditional support and nourishment to individuals, as well as regulating their reciprocal duties and responsibilities.

More specifically, changes in the marriage system, in the intra-generational transmission of knowledge (*raypirri'*) and in sorcery usage muddy the 'law of helping each others'' (*guŋ'gayunamirr rom*), as they make difficult to 'recognize each others' (*dharaŋanmirr*), i.e. to see (*nhäma*) where one stands in the network of relations (the *gurruṯu*). Inter- and intra-family conflict and issues exacerbated by substance abuse are not seen as pathological manifestations, but as secondary effects of the loosening of the code of rights and responsibilities regulated by the *gurruṯu*.

Yolŋu narratives which suggest that there has been an increase of 'madness' (*bawa'*) in the last decades are reminiscent of those 'sociocultural hypotheses' which explain mental illness and social dysfunction as a consequence of colonialism. However, the intention behind such narratives, told by Yolŋu to a *Balanda* researcher, is not to explain the causes of the present condition. Rather, they are a statement, before the wider non-Indigenous community, about Yolŋu concerns for maintaining continuity in the moral order sustained by the network of the *gurruṯu* (kinship), despite the threats brought to sociality by urbanization and increasing demographic centralization.

As it has been explained (ch. 4.2), the *yalu'* includes the *ŋän̲dipulu* (mother's group), i.e. the '*yindi*' of the '*yothu-yindi*' (child-mother) dyad, as well as the authority issues and political responsibilities that it entails. The *yalu'* is the place where the person comes to know ''who I really am and where am I from'' (*yol ŋarra yuwalk, ga wanhaŋur ŋarra*) by learning about their connections to other people and places. In this sense it can be said that a person's connections are the foundation of identity.

The relationships established inside the *yalu'* are formative of one's identity and sense of self, which the facts of life cannot really mutate: as Waymamba (see ch. 6.2) happened to say, no matter how dry and cracked a fallen leaf, it still belongs to the tree. The *yalu'* (nest) therefore can be imagined, rather than as a container, as a web essentially composed by relationships. As a person is born and grows up, the sociality which infuses their life comes to reinforce the *yalu'* through a weaving which has relationships as its threads.

Given the fundamental importance of relatedness for one's sense of self, it is not surprising that people often describe madness as disconnection from people and place, expressed by being dumb, not recognizing one's relatives, being 'in a world by themselves', 'far away' or 'like statues' (see ch. 6). People who are *bawa'mirr* keep their story inside (*djinawa*) and are unable to communicate, as well as to recognize (*dharaŋan*) and relate properly to those relationships which define who they are in Yolŋu terms. However, it is assumed that the very core of the person, rooted in the person's relationships and also in their personality, cannot be destroyed, no matter how wrapped in and dissimulated by *bawa'*. This is valid also in those cases in which *bawa'* has been with the person for such a long time that, to a certain degree, it has became part of the person (as demonstrated by the fact that someone is called *bawa'mirr*), at least on the 'surface', which is in Yolŋu philosophy the level most readily visible but also less rich of meanings. The endurance of ''who you really are'' is demonstrated by those moments in which a lightening of the ''inner being'' finds its way out and becomes visible to others (through a sparkle in the eyes or an impeccable dance step). These are the moments in which the *bawa'mirr* is said to be a *nyäl* (false) *bawa'mirr*, i.e. someone who is not really 'disconnected', as a *bawa'mirr* is supposed to be.

8.3 *Bawa'* and the inner being

The disconnection of *bawa'* can be, at least in some life stories, a path towards a more genuinely felt relatedness, born by a deeper knowledge of oneself which allows one to invest with personal meaning and renew (*yuṯakum*) those ancestral connections which to a certain degree pre-exist, without over-determining, the individual.

In a second type of discourse emerging from the ethnography *bawa'* is in fact presented as a journey of self-discovery and self-assertion. What in other contexts would be referred separately as 'illness' and 'healing', merge in these narratives as part of the same journey. Such a journey implies, to a certain extent, an interruption in relatedness, a separation of the individual from the normal flow of communication or, in some cases, an intentional self-seclusion or withdrawal.

As it has been noted, while at a superficial level relatedness is compromised by *bawa'* in all the forms that it can take, at a deeper level the connection is still existing and it cannot be broken. Certainly, although the condition of being 'mad' justifies the unilateral maintaining of relatedness on part of relatives and caring figures, this lack of reciprocity at times doesn't fail to irritate them and lead them to speculations about the person secret reasons 'to be mad'. This is one of the ways in which others are involved in the journey of *bawa'* as a 'witnessing audience', whose role is to give meaning either by creating a story (*dhäwu*) which orders the illness events into a meaningful sequence or by listening to the story narrated by the ill, once the journey is completed and s/he shares the 'story inside'. Until the journey is completed, however, *bawa'* can be seen as a form of communication which bypass the verbal to focus on the body, on emotions and on feelings.

At this and other levels, *bawa'* is a quest for meaning which transcends the superficial levels of existence to reach the 'inside'. Sharing the story responds to the principle of taking outside what is inside, disclosing new connections and new meanings before oneself and others. In this way, a relatedness enriched and renewed (*yuṯakuman*) by the individual's personal experiences is reestablished.

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Biographical narratives of *bawa'* refer to it as a way of access to a different reality. In these narratives as in discourses not strictly related to illness, the ''spiritual dimension'' to which they hint seems to coincide with the ''inner being'' itself.

> If I want to find out about what is sacred, I look at my own *walŋa* (life, vital essence within oneself). (Gutha, Gäwa, see ch. 4.4.)

> The rich soil underneath the roots is the *dhuyu* (sacred), inside you, in your blood. (Lapulung, Milingimbi, see ch. 5.1.)

In these narratives, which are for the most part produced by people who have been themselves *bawa'mirr* or have been labeled as such, *bawa'* becomes part of a journey of discovery which takes place in an inner dimension and made accessible to the others through the story (*dhäwu*). Naturally, these narratives present the point of view of those who have 'came back' or are on their journey of healing, while the experiences of those who, at least for the moment being, 'keep their stories inside' can only be object of speculations and hypotheses on the part of others.

In discourses about *bawa'* and healing, the subject is frequently not simply an 'I', but a variable combination of 'my *ŋayaŋu* (feeling)', 'my *guyaŋanhawuy* (thinking apparatus)', 'my *birrimbirr* (soul)', 'my *djäl* (will)', 'my *rumbal* (body)', my sensing (*dhäkay-ŋänhawuy*), 'my hearing', 'my seeing'. This is to say that illness and healing likewise involve the whole of the person.

As it has been shown, returning from *bawa'* is not just as a matter of strengthening the capacity to think clearly, but also of returning (*roŋanmaram*) the capacity for feeling. Feeling is what allows connectedness to others and qualifies the status of personhood, as opposed to being ''robots'' and ''statues'', in a world where relatedness (exemplified by the *yalu'*) is the foundation for the person.

In this thesis, a number of words which Yolŋu use to refer to various nuances of 'feeling' have been recorded: *ŋayaŋu*, *ŋoy*, *märr*, *djäl*, *birrimbirr*, *walŋa*, *munydjulŋu*.

These can be seen as different but related parts which constitutes the inner being of a person. In the same way in which the joints between limbs allow muscular mobility, the articulation among these parts allow a mobility directed towards the inside, an internal journey in which one's self is entered and explored as a ''fourth dimension, the inner landscape'' (Morphy 2000).

The terms listed above, which indicate aspects of the 'inside' of the person, do not point to a 'higher' or 'more sacred' reality than the one belonging to the physical body. Rather, each of them expresses a different aspect of the interface between the physical and the beyond-physical, which have been referred to respectively as 'vital and 'supervital' (Tamisari & Bradley 2005). Bodily parts like blood (*maŋgu*), bones (*bundurr*) or joints (*ḻikan*) are more immediately related to the beyond-physical reality than others and are devoted the respect due to the most sacred things.

The richness of the terminology referring to the inner aspects of the person is in itself a proof of the great significance accorded by Yolŋu to the inside dimension of existence, which shifts from the visible to the invisible, as it comes in and out of the field of the perceptible. That this fluidity or state of constant metamorphosis cannot be framed in a fixed picture, is reflected by the lack of a rigid system of nomenclature.

Feeling, in all its declinations, is the inner ear which opens to a knowledge of the inside, the place where, according to Yolŋu knowledge system, meaning is found. These considerations lead to a problematization of the way ''spirituality'' is intended. I argue that expressions such as ''spiritual dimension'' or ''spirituality'', which Yolŋu often use when talking in English, if not duly scrutinized, can limit our understanding of Yolŋu ways of dealing with sacred things. In fact, because they imply a preponderance of the psychic reality over the physical one, they can reproduce a distorted version of the relationship between the two dimensions, which is instead one of continual oscillation between the two, with the person at its centre.

The terms, *ŋayaŋu*, *ŋoy*, *märr*, *djäl*, *birrimbirr*, *mokuy*, *walŋa*, *mali'*, *wuŋuḻi*, *munydjulŋu*, *maŋgu*, *bundurr*, *ḻikan* have been used throughout the thesis.

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Interestingly, my own and others' efforts to systematically clarify these terms (*ŋayaŋu*, *ŋoy*, *märr*, *djäl*, etc.) have hardly been successful. This is unsurprising, given that Yolŋu speakers unabashedly pass from one term to the other in their talk, with the further complication given by their occasional use of the English 'spirit'. Yet, these words are clearly not synonymous with each other or with 'spirit' and point to distinct aspects of the inner being and to what can be seen as a constant oscillation between inside and outside, visible and invisible.

It seems that the oscillation of the inner being in and out of sight, its continuous transformation into something else, defeats an analytical approach: the renderings of terms like *märr*, *djäl*, or *ŋayaŋu* by Thomson, Rudder, Magowan, myself and other authors overlap, cross over and in many instances contradict each other. This is not due to the inaccuracy of ethnographic accounts, which is based on what researchers have been told and 'eavesdropped' in the field and duly transcribed in their notes. This same indeterminacy applies to the idea of 'spirit beings'. For example Thomson (1961: plate I) renders the description of *marrŋgitj*[83] offered to him by Wattiya as follows:

> […] each *marrŋgitj* has a stone (*gunda*) embedded in its sternum
> (*gumurr*) which provides its driving force, and […] this force is distinct
> from *märr*, spiritual power; […] the stone is 'like the wing of a bird''
> (*nhakun binbar warrakan*); […] they represent the *mali'*, shadow or
> shade, 'half *birrimbirr*, [like] *mokuy*', i.e. half spirit, like a ghost, like
> the ghost from a dead person'. [84]

Paradoxically, the inner being exists when it can be externalized and becomes manifested out of ordinary experiences or events which are visible or can be somehow witnessed by others. As Tamisari (1998) has shown, Yolŋu cosmogony is based and

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[83] The term refers here not the healer himself but to the healer's helpers, see 3.5.2.

[84] For the sake of clarity, I substituted Thomson's spelling of Yolŋu words with the spelling I followed throughout the thesis.

articulated on a dynamics of ''visibility'', conveyed by the notion of *djalkiri* (footprint of the ancestors, but also one's ''foundation'').

Telling one's story (sharing the *dhäwu*) corresponds to 'taking outside' what was inside, making it visible to others, whose role is to give meaning to or validate the story.[85]

Together, the notions of 'visibility' and of 'inside' can be used as a frame for various aspects of healing: *marrŋgitj* creatures can feel one's feelings (the *munydjulŋu*) and spell them out; they can enter the body to extract sorcery objects; Christian healers extract the desire (*djäl*) to smoke or drink from within a person's chest; herbal remedies clean out the 'rubbish' from inside the body.

Making visible on the outside what was hidden inside is in narratives an expression of the self that heals. Hence the frequent heard comment: ''if they shared the *dhäwu*, they would get better''.

The indeterminacy of boundaries between the parts composing the person reflects the movement of the self between inner and outer dimensions of reality, expressed for example as sharing and keeping inside or as opening oneself to the exterior and eradicating what is foreign. It is a shape-changing style of talking about an internal reality which, like the reverberation of light on the water, can never be captured once and for all. Indeterminacy stands for an evocative, rather than analytical, way of talking about life which puts together thinking and feeling and which is the only modality apt to convey the way Yolŋu experience the world (cf. Wikan 1991). Is it to this different way of knowing the world that Lapulung (see ch. 5.1) refers to when he points out that what Balanda try to see through the technology of electronic microscopes, Yolŋu try to see through their hearts, flesh and bones.

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[85] See Sansom's (1980) work on the economy of words within an Indigenous community.

8.4 The relational dimension of healing

The withholding by the person of a hidden, secret, private story (*dhäwu*) represents a withdrawal from relationships, a state of disconnection from others. Everyday discourse about causation is made up of speculations about what 'really' happened, the 'inside story'. Talking about the reason why a certain person 'went mad' (*bawa'yun*) is a path for relatives to access 'the story inside' which the *bawa'mirr* himself is passing under silence.

However, from the insider's perspective, namely the *bawa'mirr*, *bawa'* can be experienced as a place of revelation. Access to this alternative reality is based on a different kind of perception and feeling which invests the person. At the same time, from the perspective of the *bawa'mirr* themselves, *bawa'* can be an expansion of connections (with non human entities, with the ancestors, with one's own inner being) and the establishment of a new kind of relatedness, although one which is considered abnormal, because not shared with relatives.

In the case of *bawa'*, withdrawal of the person from the normal flow of communication and engagement with their environment is manifested as isolation, dumbness, no sense talking, staring and postural stiffness (see ch. 6.3). Although *bawa'* implies a higher degree of dramatization, internal struggle and sufferance with respect to other 'contemplative states' (for example, visions of *waŋarr* or of Jesus), such an inwards directed movement and the simultaneous withdrawal from collective activity are not seen as in themselves especially problematic or pathological by Yolŋu. What is regarded as a problem is the failure to 'share' with one's relatives one's private and personal experiences in a second moment.

While the uniqueness of one's feelings, reflections and experiences related to the sacred (*dhuyu* or *maḏayin*) is widely accepted, their sharing with the group in a second moment is equally encouraged and expected. Yolŋu who do not dance at funerals are provocatively called 'tourists' by those in charge of the ceremony. The

casual leader or the minister at a Christian fellowship will reproach the audience if people fail to stand up and offer their contribution by sharing their story or otherwise demonstrating their felt participation.

Needless to say, the pressure to participate can succeed or fail in raising genuine spiritual experiences in individuals, but nevertheless ensures the creation of a sense of relatedness and re-integration into the social context. A parallel could be drawn between with the expectations held by Yolŋu towards a relative who has come back from a journey: as soon as they arrive, he or she is expected to sit with their families, recount the details of their adventures and distribute the presents purchased while away.

Interpretations of healing as restoration of social order and reintegration of the person back in the community (Warner 1969, Reid 1983, Schwarz 2010) must be informed by the recognition of the active role played the sick person in the management of their illness at all stages. By 'management' I imply that there may be resistance to the pressure to 'get well' or to the labels attached to them by others (e.g. *bawa'* or schizophrenia).

It is from this perspective that Djanumbi and other Yolŋu affirm with convincement that *bawa'* is 'not a clinical thing'. Such statements are not meant to deny the existence of 'madness' within Yolŋu society, nor to disregard the deep suffering that comes with it. However, they voice that the illness is not a thing separate from the person. Further, the experience of *bawa'* can also be a revelation of the 'inside', a path across a person's inner landscape (an expression borrowed from Morphy [2000]) which comprises one's individuality as well as one's ancestral connections.

These considerations imply a certain way of looking at healing: not as a task performed by experts on patients, but as a personal journey in which the patient must be the self-motivated protagonist if healing and restoration are to occur. Certainly, others play a role in the healing process, this happens within the web of relatedness in which the person occupies a node from which he or she relates to others.

In healing, the inside is in fact conceptualized both as the place within the person where healing happens and as the most intimate dimension of relationships. The *marrŋgitj* does not, strictly speaking, heal. Rather, it is the creatures inside the *marrŋgitj* that actually operate. These beings have chosen him or her and can leave as suddenly as they arrived: the healer is relatively powerless before them. The *marrŋgitj*'s primary role is to create the space where healing can happen, to release the very capacity of connecting and feeling connected (with others or with some part of oneself) which is the condition *sine qua non* for healing (see drawing of the blue house). Yolŋu or Christian healers and caring relatives in general do not hold all the answers and solutions, especially in the case of *bawa'*, but create the physical, emotional and relational space where healing can happen. As the ethnography demonstrates, healing concerns not only the inside of the person but, at the same time, the most intimate, as opposed to public, dimension of relationships.

'Seeing the inside' requires in fact the encounter of the inner beings of the person who sees and the person who is seen. Both patient and healer's affectivities (*ŋayaŋu*, *märr*) are engaged in the meeting: they 'step out' and meet in the intercorporeal space (a process which Tamisari [2000, see also ch. 3] has described in the context of *virtuoso* ceremonial dance). Ethnographers have usually overlooked this dimension of healing to concentrate instead on its ritualistic aspects which are, according to my own data, relatively modest: healing sessions are normally occasions restricted to few members of the closest family and performed in a casual atmosphere, with the help of few if any paraphernalia, which might include a bowl of water and special stones.

The *marrŋgitj*, or relative, creates a healing space by 'opening up' their own *märr* in the first place, demonstrating love and care (*märr-ŋamathirr*) and therefore attracting the ill person back into the space of genuine engagement with others. Significantly, not opening up to the other, not being able to seeing the other's inner being and resisting the establishment of personal bonds and friendship with local residents is one of the main criticisms made by Yolŋu of non-Indigenous health professionals (see ch. 7).

At the same time, delegating to others the responsibility for one's wellness is a matter which presents some risks for one's autonomy, especially in the case of *bawa'*, since it specifically gives rise to issues of self-control. In fact, one of the difficulties of *bawa'* which this thesis has dealt with resides in the fact that *bawa'* can be both a loss of self control and a form of self-assertion.

In the first case, the person is seen as acting under external control of, for example, a *mokuy* (a bad intentioned spirit) or *buku-guykthun* (spell) or a part of the person (for example the *djäl*, in this case 'desire', or the *guyaŋanhawuy*, the thinking apparatus) which has 'taken over' and acts on its own.

However, as the account of the *nyäl* (fake) *bawa'mirr* demonstrates, the 'external control' hypothesis is constantly tested and subjected to falsification: the person might be not at all subjected to external control, but rather, through *bawa'*, is creating for him or herself a space of autonomy and freedom from social expectations.

In general, being *bawa'mirr* means that there is a disturbance which concerns one's inner being, indicated by *märr*, *ŋayaŋu*, *ŋoy*, *munydjulŋu*, *djäl*, *birrimbirr*, *mokuy*, *walŋa*, *mali'*, *wuŋuḻi*. Of all these nuances – or parts – of the inner being, the *djäl* ('will', 'desire' or, in its verbal form, 'to like/enjoy something') is perhaps the most relevant in narratives of *bawa'*, because it is most relevant to the questions of being controlled and being in control.

This affects the way a person manages the help that is offered by relatives or doctors: a patient necessarily gives up, although temporarily, a part of their autonomy by letting another person entering their personal sphere. Yolŋu normally accept only the kind of help that doesn't threaten self control, as it becomes clear for example in the way people perceive medications and their sedative power. Although people want to be helped and want others to be emphatic, they are aware of the fine line between compassion and pity, which could make them look and feel like powerless victims.

8.5 Healing: what kind of re-integration? The moral person

> I was worried because I knew something was gonna die within me and I thought I was gonna pass out from this world, that's how I was thinking. But I wasn't scared, all I wanted was to be sure that my children was right [and that they would learn] to be independent, looking after [their own] children. Like that. That they would get a job, be able to get money and buy food and clothes, look after the children. This is what I was worried about. (Djanumbi 21 December 2007, see ch. 6.5 for full transcription).

At the centre of Yolŋu epistemology is the individual as moral person, who can be synthetically defined as someone who is connected simultaneously with other people and both with and through the environment (cf. Rose 1992). Such a connection is not just nominal, but must invest the whole of the person, their thinking but also their feelings.

Feelings, intended both as sensations and as sentiments, are in fact a foundational theme of all discourses about 'madness': seen in its negative side, madness is the loss, or a diminishment, of the capacity for feeling; seen in its positive side, madness is an increased capacity for feeling which allows a deeper connection with the environment and other people, an enhanced awareness of reality gained by directly engaging with the 'inside' dimension of life. Sentiments and sensations allow and express the connectedness with the environment and with other people which is a central feature of Yolŋu ideas of morality, of what it takes to be ''really a *yolŋu* (person)''. Consistently with this view of personhood, these ethnographic observations suggest that illness (of any kind) is not to be seen separately from morality. Morality sets also a frame for illness causation: Reid's (1983) and my analyses converge in identifying the disturbance in relationships and relatedness as the ultimate source of disease.

As all the above mentioned authors have more or less explicitly stated, healing consists in restoring relations and social integration. However, the role played within

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the healing process by the ill person him- or herself has been understated. This is particularly true of Yolŋu understandings of the healing process, which emphasize the ill person's volition.

A first point to be stressed is that healing is the re-establishment of the individual person within the field of social connections. This is achieved not through a ritualized re-absorption of the individual on part of the group but through the person's creative engagement in the reconstruction of connectedness. This takes the form of ''sharing the story'', ''witnessing'' (in the sense used by. Sansom [1980], as social validation), attesting or otherwise making public the knowledge acquired through the 'life-experiences', a significant expression sometimes used by Yolŋu to refer to their illness journeys.

A second point, which stems from this first one, is that individualization (not individualism) is a condition for the reintegration within the group and, according to many authors, is a key stage of healing. Myers (1993) and Heil (2009) have stressed that autonomy, in the context of Indigenous Australia, does not correspond to individualism or egotism, which are indeed abhorred, but to the capacity to look after or care for relevant others. In Yolŋu terms, when children grow up into adults they are not just inside the *yalu'* (nest) but they themselves become *yalu'* and are faced with the responsibility to protect and nurture others.

However, it is through the exertion of one's will and through giving priority to one's own needs that autonomy and individuality are achieved. In order to share goods and money or to transmit knowledge, one must first be able to acquire them and, in some cases, to stand and 'fight' for them. For example, Djanumbi recounts how she came to perceive herself as someone who can help other people as a consequence of the experiences and trials of her long illness, her 'twenty-one year journey' (ch. 6.5). It is the individual capacity for self-assertion that generates the autonomy which nurtures relatedness (and vice versa it is within relatedness that one can assert their autonomy).

It is in this sense that can be said that another fundamental characteristic of the moral person, beside the orientation towards relatedness, is the possession of a strong personal will (*djäl*) or seat of desires (also *djäl*). People who lack 'thrownness' towards the external world are said to be, literally, 'without will/desires' (*djälmiriw'*), a state likened to boredom and lack of vitality. To be a moral person is to be open to others and to the world or, in other words, 'happy', a term that Yolŋu translate as *ŋayaŋumirr* (with feelings, caring, see ch. 5).

If illness implies a moral deficit of some kind and healing consists at least in part in restoring the individual as a moral person, then healing must not only take place through the re-establishment of social relationships: it must also take place through the reinforcement of individual will and self-assertion.

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GLOSSARY OF KEY YOLŊU TERMS

Codes for kinship terms are adapted from Keen (2004:200). Letters have the following meanings: B = brother, C = child, D = daughter, F = father, M = mother, S = son, Z = sister, w = woman, m = man. Examples of how to read strings of letters are: MMB = 'mother's mother's brother'; mDC = 'man's daughter's child'.

Balanda non-Yolŋu person.

bäpa father.

bawa' confusion, madness.

bawa'mirr confused, mad.

birrimbirr bone-soul.

buku-guykthun in ceremonial context: spraying of the face with white clay; in the context of sorcery: spell or menace thrown by *galka'*.

dhäkay-ŋäma to feel, to touch.

dhäkay-ŋänhawuy feeling apparatus.

dharaŋanmirr to recognize each other.

dhumungur FZDDC.

dhuway FZC, MFZDS.

dhuyu sacred.

djamarrkuḻi children, spirit beings inside the healer.

djäl seat of desires, will.

djinaga inside (synonym: **djinawa**)

galay MBC, MMBDD.

galka' sorcerer.

gaminyarr mDC/wSC.

gäthu mC, BC.

gurruŋ FZDC.

gutharra DC, ZDC.

guyaŋanhawuy thinking apparatus, thoughts.

maḏayin sacred.

mali' conception sign.

mä<u>l</u>u father.

ma<u>n</u>awiny respectful way of addressing a *mukul rumaru*.

märi MM/MMB.

märi'mu FF/FFZ.

märipulu MM group

märr ancestral energy, feelings.

marŋgi 'to know'.

marrŋgitj healer (lit. 'the one who knows'); the creatures living inside the healer.

mi<u>d</u>iku respectful way for brothers to address their sisters.

mirriri the feeling of a brother towards his sisters.

mokuy flesh-soul, cheecky spirit.

mukul bäpa FZ.

mukul rumaru MMMBD.

mumalkur MMMBD.

mumu FM/MFZ.

munydjulŋu feelings.

ŋä<u>nd</u>i M.

ŋä<u>nd</u>ipulu M group.

ŋäma to hear.

ŋapipi MB.

ŋathi MF.

ŋathiwalkur MMMBS.

ŋayaŋu seat of feelings.

raypirri' good behaviour.

rumbal body, truth.

wakinŋu without kin, wild, abandoned.

waku wC, ZC.

wakupulu wC group.

waŋarr creator ancestor.

wäwa B.

wäŋa home, country.

wurray a kind of *mokuy* living in the bush.

yalu' nest, womb.

yapa Z.

yapa-pulu Z group.

yindi big.

yothu child.

yothu-yindi the relation between a *wakupulu* and its *ŋä<u>ndi</u>pulu*.

Appendix I: List of people mentioned in this thesis

The table doesn't include all the Yolŋu people who have contributed to the research and serves as a refrence only for those names that have been mentioned in the thesis.

Name	Group	Relation to the researcher	Relation to the Djambarrpuyŋu group
Alan Maratja	Djambarrpuyŋu Guṉḏapuy	maḻu	
Banthay Bukulatjpi	Warramiri Dholtjipuy	dhuway	wakupulu
Dhoroty Yuŋgirrna	Djambarrpuyŋu Ŋurruyurrtjurrwuy	dhuway	wakupulu
Djämirri Dhamarrandji	Djambarrpuyŋu Ŋurruyurrtjurrwuy	yapa	
Djanumbi Gurruwiwi	Garrawura	gurruŋ	yapapulu
Gaynor Bukulatjpi	Warramiri Dholtjipuy	waku	wakupulu
Glenda Goŋdjalk	Garrawura Garyalpuy	yapa	märipulu
Golumbu Yunupiŋu	Gumatj		
Gutha	Warramiri	ŋäṉḏi	wakupulu
Gulunguma Bukulatjpi	Warramiri Dholtjipuy	waku	wakupulu
Guymun	Djambarrpuyŋu Ŋurruyurrtjurrwuy	mukul-bäpa	
Guyukul	Dhalwangu	galay	
Gukulurruwuy	Gupapuyŋu Birrkili	ŋäṉḏi	ŋäṉḏipulu
Keith Djiṉiyiṉi	Djambarrpuyŋu Ŋurruyurrtjurrwuy	wäwa	
Joanne Barpar	Djambarrpuyŋu	mukul bäpa	

	Ŋurruyurrtjurrwuy		
Lapalung	Djambarrpuyŋu Guṉdapuy	wäwa	
Mayawurrthalwuy	Djambarrpuyŋu Guṉdapuy	ŋathiwalkur	
Ŋalpirra Dhamarrandji	Djambarrpuyŋu Ŋurruyurrtjurrwuy	yapa	
Ruthy Marrwurpul	Gälpu	gurruŋ	märipulu
Terry Yumbulul	Warramiri Dholtjipuy	ŋathi	wakupulu
Yandalawuy	Gupapuyŋu Birrkili	ŋändi	ŋäṉdipulu
Wäŋgarr	Djambarrpuyŋu Ŋurruyurrtjurrwuy	yapa	
Waymamba	Gupapuyŋu	ŋäṉdi	ŋäṉdipulu
Yandalawuy	Gupapuyŋu Birrkili	ŋäṉdi	ŋäṉdipulu

# Appendix II: List of Elcho Island groups (*bäpurru*)

Dhuwa groups

Däṯiwuy
Djambarrpuyŋu Guṉdapuy
Djambarrpuyŋu Ṉurruyurrtjurrwuy
Djäpu
Murruŋun (Djinaŋ)
Gälpu
Gamalaŋga
Golumala
Marraŋu
Mälarra
Ṉaymil
Liya-Dhalinymirr
Liya-Galawumirr
Liya-Gawumirr
Wägilak

Yirritja groups

Dhaḻwaŋu
Ganalbiŋu
Golpa
Gumatj Burarrwaŋa
Gumatj Yunupuyŋu
Gupapuyŋu Birrkili
Gupapuyŋu Daygurrgurr
Gupapuyŋu Marrakulu
Guyamirrilili
Liya-Daywurrwur
Ritharrŋu
Wanguri
Warramiri Dhurpuwuy
Warramiri Dholtjipuy
Wobulkarra

Appendix III: Painting for the story *Gapu Maŋutji* (The Spring)
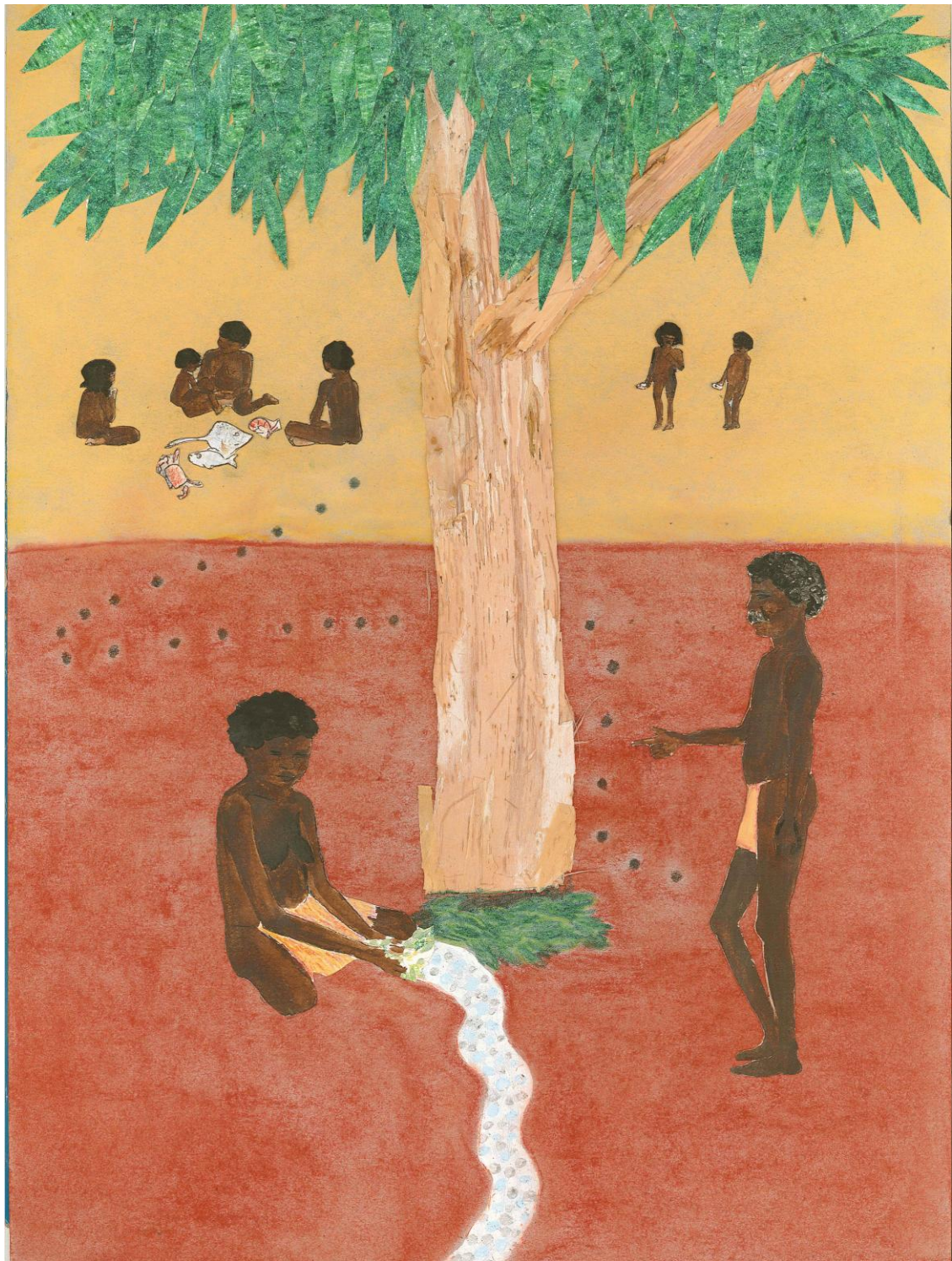
ESTRATTO

Questa tesi presenta una etnografia di concetti relativi alla salute mentale ed alla follia tra la gente yolŋu della Terra di Arnhem nordorientale e, in particolare, nella comunità di Galiwin'ku, sull'isola di Elcho.

Le numerose ricerche mediche e i programmi di intervento nell'ambito della salute mentale rivolti alle popolazioni indigene australiane sono concordi nell'affermare, soprattutto nel corso dell'ultimo decennio, che la 'cultura' deve svolgere un ruolo fondamentale all'interno dei servizi sanitari. Tuttavia, la carenza di ricerca approfondita nell'ambito dei saperi locali sulla salute in generale e sulla salute mentale in particolare si è accompagnata alla mancanza di una revisione critica delle assunzioni basilari di tali servizi. In questo contesto, il principio della 'sensibilità culturale' finisce con il rivestire un ruolo meramente nominale.

La ricerca etnografica alla base di questa tesi parte dall'idea che virtualmente ogni società esistente ha sviluppato saperi relativi alla follia ed alla normalità, anche se non necessariamente formulati in termini di 'salute' o 'malattia'. Da questa prospettiva il lavoro sul campo si è focalizzato sui concetti yolŋu relativi alla 'follia', rivolgendo l'attenzione sui segnali indicatori di problemi mentali o emotivi; sulle cause della follia; sulle risposte dei membri 'normali' della società; sui problemi che sorgono dall'incontro con la psichiatria occidentale e sulle auto-rappresentazioni delle persone 'matte'.

L'etnografia invero dimostra l'esistenza di un articolato corpo di saperi legati alla 'malattia mentale', seppure non declinato in termini strettamente medici. Per capire le riflessioni yolŋu sulla follia è stato infatti indispensabile estendere il campo della ricerca etnografica ai più ampi concetti di 'vita', 'persona' e 'relazioni' veicolati dalle storie yolŋu. Queste nozioni vengono esplorate e riviste criticamente con lo scopo di chiarire la relazione tra la cosmologia yolŋu e le rappresentazioni yolŋu della malattia e della guarigione. In questa prospettiva, il lavoro svolto contribuisce alla

comprensione di alcune questioni presenti nella letteratura antropologica relative alla guarigione ed alla malattia all'interno della società yolŋu.

La tesi si divide in otto capitoli. Il primo capitolo descrive il luogo della ricerca dal punto di vista geografico e demografico e la metodologia utilizzata.

Il secondo capitolo offre una panoramica dei principali eventi relativi alla politica australiana in materia di affari indigeni, allo scopo di illuminare la relazione tra le iniziative dei governi australiani (federale e statali) nel campo della salute e il clima ideologico del periodo storico in cui tali iniziative sono situate.

Il terzo capitolo colloca la presente ricerca nel campo dell'antropologia medica e, in particolare, in relazione a quegli autori che pongono al centro della loro analisi il significato della malattia, gli aspetti performativi della malattia e il paradigma dell'incorporazione.

I capitoli da 4 a 7 presentano l'etnografia e il problema della 'follia' o 'confusione' (entrambe possibili traduzioni del termine yolŋu *bawa'*) dal punto di vista yolŋu, reso accessibile dalle numerose trascrizioni di interviste nella lingua locale, accompagnate da testo a fronte in inglese.

Il quarto capitolo si occupa dei cambiamenti recenti avvenuti nel campo della stregoneria, delle unioni maritali e della condotta sociale come espressioni e cause di confusione e disordine sociale. Al tempo stesso, spiega come le tensioni apportate da questi cambiamenti al sistema etico e morale possano in ultima analisi influire negativamente sul benessere dell' individuo. 'Legge', 'stregoneria', 'matrimoni', 'disciplina' ed 'istruzione' sono temi centrali attorno a cui si articolano i discorsi yolŋu sul cambiamento e sull'ordine sociale.

Il quinto capitolo esplora le concezioni yolŋu del benessere ed identifica il territorio ancestrale come la fonte primaria di nutrimento fisico e spirituale. Gli esseri 'spirituali' che popolano il territorio e la loro relazione con le persone vengono

descritti in una serie di aneddoti. Il capitolo si occupa inoltre della concezione yolŋu di 'persona', analizzata nei suoi aspetti fisici e non-fisici, allo scopo di capire come la relazione con il territorio ancestrale si articola dal punto di vista dell'esperienza fisica, spirituale ed affettiva.

Il sesto capitolo si occupa di *bawa'* ('follia' o 'confusione') in quanto stato alterato di coscienza, delineandone espressioni e cause. La maggior parte delle narrazioni trascritte in questo capitolo espongono il punto di vista di persone yolŋu che sono o sono state nel passato 'matte' (*bawa'mirr*). Queste narrazioni hanno come tema centrale il problema della 'vera' natura del *bawa'* e del ruolo che il 'matto' occupa nella società.

Il settimo capitolo, l'ultimo dei capitoli etnografici, esplora il tema della guarigione e la sua relazione con il sapere yolŋu e con il modo yolŋu di essere nel mondo. L'etnografia di questo capitolo dimostra che la relazione tra guaritore e paziente avviene in uno spazio sacro e che questa sacralità è definita dall' accesso alla realtà interiore dell' individuo e del mondo.

L'ultimo capitolo riassume i punti focali messi in luce dall'etnografia ed il loro contributo all' etno-psicologia yolŋu.