

Entanglement of “trauma” spaces

How people, place, and objects co-produce the mental, therapeutic, and physical space(s) in trauma-informed design

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Abstract

Trauma-informed design (TID) is emerging as an interdisciplinary collaboration between architecture and psychology, unified in the goal of improving the psychological well-being of individuals impacted by trauma. Designing clinical spaces to be trauma informed is increasingly regarded as key in trauma recovery, with the scholarship evidencing the important role the built environment can have in mental health (Shepley and Sachs 2020). Although these advancements have successfully (re)positioned architecture as a therapeutic intervention within mental health, TID aims to replicate what is already known to work through readymade anthropocentric methods (Gildersleeve and Guyotte 2019). Subsequently, TID fails to grapple with the complexity and rhizomatic nature of trauma/trauma recovery and cannot attend to the human-non-human entanglement that potentiates trauma healing. New Materialism opens innovative spaces in architectural theory and practice that put TID to work and answer the related questions of: what are the effects of matter and materiality on mental health experiencing (Larsen, Bøe, and Topor 2020), and how is materiality done and undone in “trauma” spaces? Understanding the role of materiality can help us comprehend how mental health experience happens *in place with* matter and respond accordingly.

This article argues for a New Materialist turn that shatters the core “human” tenets of TID by reconceptualising it as a dynamic process of “becoming” trauma-informed that simultaneously drives the “unbecoming” of trauma. The site of this inquiry is a private mental health practice for women and children in Melbourne, Australia. The case example challenges dominant, anthropocentric assumptions of TID by iteratively and multimodally mapping the intra-agentic movements (Barad 2014) of a parent-child dyad interconnected to place and objects across two psychotherapy sessions. What are revealed are the multitudinous relational potentialities of materiality and matter that drive the movements of *doing* trauma healing and *undoing* trauma within a dyad-TID-trauma space assemblage.

Introduction

Designing clinical spaces to be trauma informed is increasingly regarded as a key intervention in trauma recovery, with the built environment viewed as having a key role in promoting the mental health of staff and consumers (Friesinger et al. 2020). Trauma-informed design (TID) makes a significant contribution in the

field of trauma; however, in practice, the creation of a trauma-informed designed clinic does not equip the therapist or the client sufficiently to manage the "something/happening through energies...through multiple engagements" (Whatmore 2006, 600) of trauma and trauma recovery. The reality of psychological trauma is very different. A confluence of "the relationship between mind and matter" (Malafouris 2019, 195), trauma lives on in energetic and haptic ways, in vibratory currents that move through social environments, collapse history and time, and re-circulate between people, place, and objects. Its manifestations are incredibly complex and cannot be understood only in terms of human experience. They combine sense and non-sense in that the effects and affects are both human and non-human, not immediately recognisable and generating an invisible force that is impossible to trace using conventional methods.

This article seeks to problematise TID by answering the call for a posthumanist response contemplating how the human and non-human elements influence the lived experiencing of trauma. Perhaps a conceit of trauma theory and a hangover of a priori methods, recovery is typically privileged as the ultimate goal of interventions (Van Daal 2021). My experience of designing a trauma-informed clinical setting has shown the limits of humanist epistemologies to address the complex needs of clients in the context of a suburban private practice. It has, however, irrupted the desire to go beyond providing aesthetic solutions to human experience and put TID to work in ways that plug people into place into object into theory into space (Mazzei 2014). By doing this, the interplay between lived experience, affect, and the material elements of mental health will be revealed (Andrews and Duff 2019; Malafouris, 2019), agitating new and different knowledge(s) regarding trauma intervention.

The site for this inquiry—the "trauma" spaces—is an entanglement of the physical space of the clinic, mental space of the parent-child dyad and me as the psychotherapist, and therapeutic TID space. It is also a space of play, both in its literal sense and as a process potentiating change.

This paper, like trauma, is an entangled composition, combining academic, reflective writing with maps that move the reader between the different theoretical and conceptual spaces diffracted by and in this inquiry. It is meant to be disruptive. The ensuing discussion of the case serves to illustrate how the parallel Deleuzian concepts of "becoming" and "unbecoming" are operationalised by Barad's (2014) notions of intra-action/diffraction between humans and non-human materiality. New Materialist mapping processes are proposed as an effective and playful way to visually deal with the material engagement of a traumatised parent-child dyad in this context. It is necessary to stress, the dyad act as the human entry point into New Materialist thinking/working/researching in

TID; their subjective experience is not the focus. The cartographic experimentations are superposition-ally described/discussed, while grappling with the multisensory and multitudinous human-non-human (re)configurations that drive the becoming of trauma healing and unbecoming of trauma.

Becoming, unbecoming, and re-turning

The notion of becoming is a central concept within New Materialism, describing the continuous interconnections between materiality and matter that drive differentiation by dissolving binary notions that separate humans from non-human (Barad 2014). Human becomings are conceived as messy tapestries woven by the mutual entanglement of the becomings of the natural and material world (Ingold 2011). Grosz (2005) describes this as “involve(ing) a fracturing and opening up of the past and the present to what is virtual in them, to what in them differs from the actual, to what in them can bring forth the new” (4). Barad (2014) explains this difference as “not...returning as in reflecting or going back to a past that was but re-turning as in turning over and over again—iteratively intra-acting, re-diffracting, diffracting anew... re-turning as a multiplicity of processes” (168). Simultaneous with becoming is unbecoming; a re-turning motion that drives both doing and undoing. In this sense, trauma and trauma healing are engaged in a double movement re-turning sense, sensations, experience, and affect co-produced within the between spaces, connecting mind and matter. Just as one does not “do” therapy, therapeutic spaces become sites to continuously work and rework trauma in an inquiry process co-constituting clients within a relational field. In this way, the how of “therapeutic” and “trauma-informed” is continuously done and undone in a movement of thinking, doing, and becoming.

The interdisciplinary implications are profound if we consider how Deleuze and Guattari’s (1987) concept of the “veritable becoming” (10) entangles the becomings of TID and trauma healing. Their notions of deterritorialisation and reterritorialisation refer to a process whereby a particular field of relations—a territory—is altered and re-configured as a new territory. Thus, the unpredictable possibility for trauma/trauma healing to (re)animate in any moment in any space can immediately and unexpectedly be “diffracted, dispersed, threaded through with materialising and sedimented effects of iterative reconfigurings...” (Barad 2014, 168). For example, the texture of upholstery fabric on a chair is more than a passive material chosen for its “healing” properties of soft, smooth, and soothing. Rather, it is these effects that move the skin/the person/the air/the mood into an intimate moment of becoming that activates a re-turning of new sensations-experiences-perceptions-memories, connected/ing to the something happening of trauma/trauma healing. In another moment, another re-turn, another becoming and subsequent unbecoming.

Matter matters

In re-turning to matter, a curious observation of TID is that despite being concerned with material properties, it remains unconcerned with understanding the effects of material engagement on human experiencing, or the agency of objects on becoming (Malafouris 2019). Quite simply, matter is missing. There is a growing consensus to reposition objects, place, and things to the same ontological status as humans (Goodbun and Jaschke 2012; Ingold 2011), and introduce processes that stimulate and attend to the “more than” dimensions of multiple becomings and parallel unbecomings. An emerging argument against a humanist approach to interdisciplinary practice is that this restricts our understanding of the effects of materiality on mental health and well-being: a position that underpins this paper.

So, how are mental health, wellness, and recovery embedded in, and how do they emerge from, relationships with everyday objects, place, and space, so that we might understand the significance of materiality in terms of mental health recovery (Larsen, Bøe, and Topor 2020)? And, “how is materiality done” (1) and undone in TID?

New Materialist agitations help apprehend the complex interplay of the more-than-human dimensions of psychological well-being (Andrews and Duff 2019), evoking a much needed human–non-human understanding of mental health (Friesinger et al. 2020). This concern is highly pertinent to TID. Without disrupting the human-centric notions of lived experiencing to see how trauma is partially formed and unravelled by our material environment (Friesinger et al. 2020), TID is at risk of being positioned as a “readymade methodology” (Gildersleeve and Guyotte 2019 1) that perpetuates anthropocentric knowledge(s), denying the potential of objects, place, and things as agents of change. A human-centric approach to TID fails to grapple with the complexity and nomadic nature of trauma/trauma recovery and cannot attend to the “and, and, and” (Franklin-Phipps 2017 22) that potentiates trauma healing. Whereas, matter and material forces are sources of becoming (Ingold 2011) that can help us to better understand the complex interplay between the various conditions, qualities, and configurations that drive the becoming–trauma healing.

Entangled space(s)

The entangled trauma space is not a singular unity erasing the differences of the mental space, physical space, and therapeutic space. As Barad (2014) comments, “on the contrary, entanglings entail differentiatings, differentiatings entail entanglings” (176). In the context of this setting, the trauma space is envisioned as being composed of the mental, physical, and therapeutic spaces that are (de/re) territorialised by the complex interplay of sensory and affective relays in constant flux and flow, connecting people

and objects to space and place that, in turn, produce becomings that converge, overlap, and metamorphose.

The Physical Space

This inquiry considers the case example of a private mental health clinic where the main service users are children and women with trauma histories. The clinic was designed to be trauma-informed, primarily addressing the unique needs of infants and children who are frequently overlooked by the literature. Figure 1 details the floorplan, showing the therapeutic spaces of a playroom and a counselling room, and an open studio area encompassing a kitchenette, and storage and waiting area. The physical space is not one singular expanse demarcated by walls, doors, and windows. As Deleuze and Guattari (1987) describe, they are sites that bring everything into play.

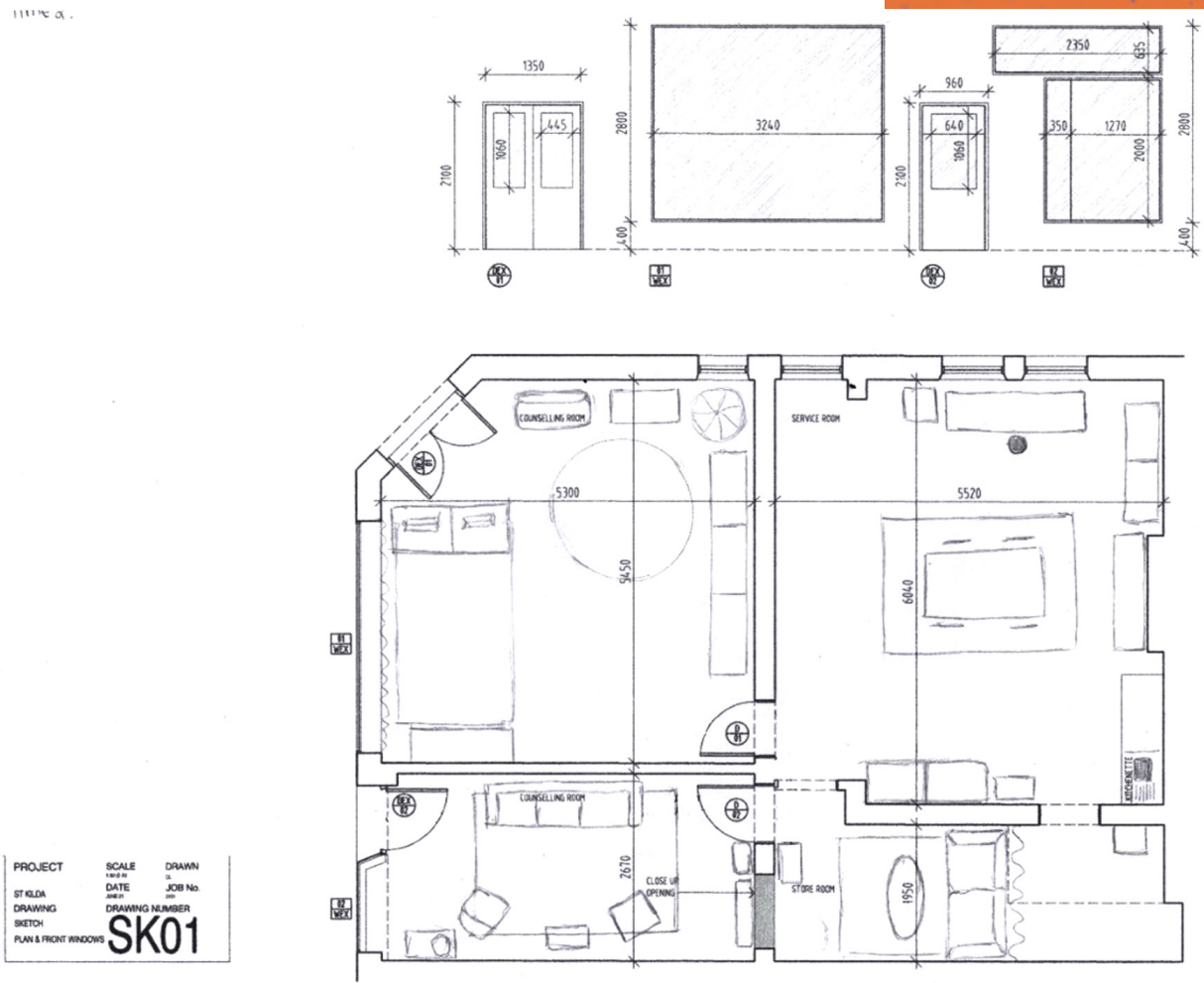



Figure 1. SK Private Practice (architectural plans)

The Therapeutic Space

This case inquiry arose from an earlier TID project I undertook at a domestic violence refuge, which stirred my interest in the restorative effects of materiality. From these two experiences, different thinking and ways of designing a therapeutic space irrupted. Unlike other forms of interior design, where furniture



and furnishings are arranged within their spatial dimensions and achieve a particular feel or aesthetic, a therapeutic space needs to have the capacity for therapeutic “doing” to meet the needs of an individual at a particular time. This goes beyond rearranging objects in the space to increase level of comfort; it speaks to the capacity for ever-changingness in spaces where others already indwell and mediated by the multiplicity of elements. From a New Materialist perspective, the therapeutic room (i.e., the physical space) is continuously reconfigured by the different material entanglements in a series of moments coming together. Just as children and women act upon the space(s), matter and materiality possess equal agentism. Together, the intra-agentive human and non-human elements combine in dynamic and surprising ways (Barad 2014), creating and disrupting various configurations of “therapeutic” that produce relations and identities that are dynamic and ever-changing.

Qualitative mapping is not a new technique—psychogeographies create interdisciplinary opportunities to document human interactions with surroundings, highlighting objects, places, and events that hold significance. However, without a posthumanist agitation, these techniques can perpetuate attachment to tracing anthropocentric representations of human experience (McPhie 2019). More importantly, conventional mapping is not able to address the questions asked in this paper. Deleuze and Guattari (1987) contend, “make a map, not a tracing” (2). Immersive and experimental mapping possess the capacity to visually apprehend the interplay of human and non-human dimensions (Rousell 2020) and diffract TID within a relational ontology.

Ethical considerations

To address ethical concerns regarding client privacy, confidentiality, and consent, no identifying information has been included, no photographs of the actual configurations of the spaces created in the context of therapy were used, and no analysis or interpretation about the meaning of these encounters have been made. The maps re-imagine two sessions.

Making new materialist mappings

A re-turn to the multimodal cartographic experimentations utilised in my doctoral research was needed to interrogate how a New Materialist agitation of TID can help us to better understand something of the effects of materiality on mental health (see Van Daal 2021); specifically, the effects on trauma and child trauma. By creating a series of iterative maps that complexify the lived experiencing of trauma—trauma healing, we can attune to the multitudinous relays of sense and affect, movement, and patterns that are in constant flux and flow. An iterative and layered process

of mapping is needed to achieve this. This inquiry focuses on presenting the alive “experiencings” that constantly moved the humans into and between the different territories of the entangled trauma spaces. The intention is to describe the chaotic messiness of inter-related events that compose the trauma–trauma healing assemblage in an ordinary private practice. Only then can we begin to comprehend trauma healing as a transformative process entangled with the environment. Second, the map abstractions fracture anthropocentric practice by dissolving existing boundaries to enunciate the virtuality of the human-non-human connections. The maps emerge from the between spaces of theory and practice and cannot be reproduced. Their value is in being unafraid in attending to the uncertain and ambivalent aspects of trauma–trauma healing that emerge in the doing of therapeutic interventions.

Discussion: Beginning in the middle

Two different, yet related cartographic approaches were used to create a series of abstractions describing the process of doing materiality: “lines of flight” and “the palimpsest.” They detail the intra-action between human and non-human actants that drive the double movement of becoming trauma healing and unbecoming trauma over two sessions.

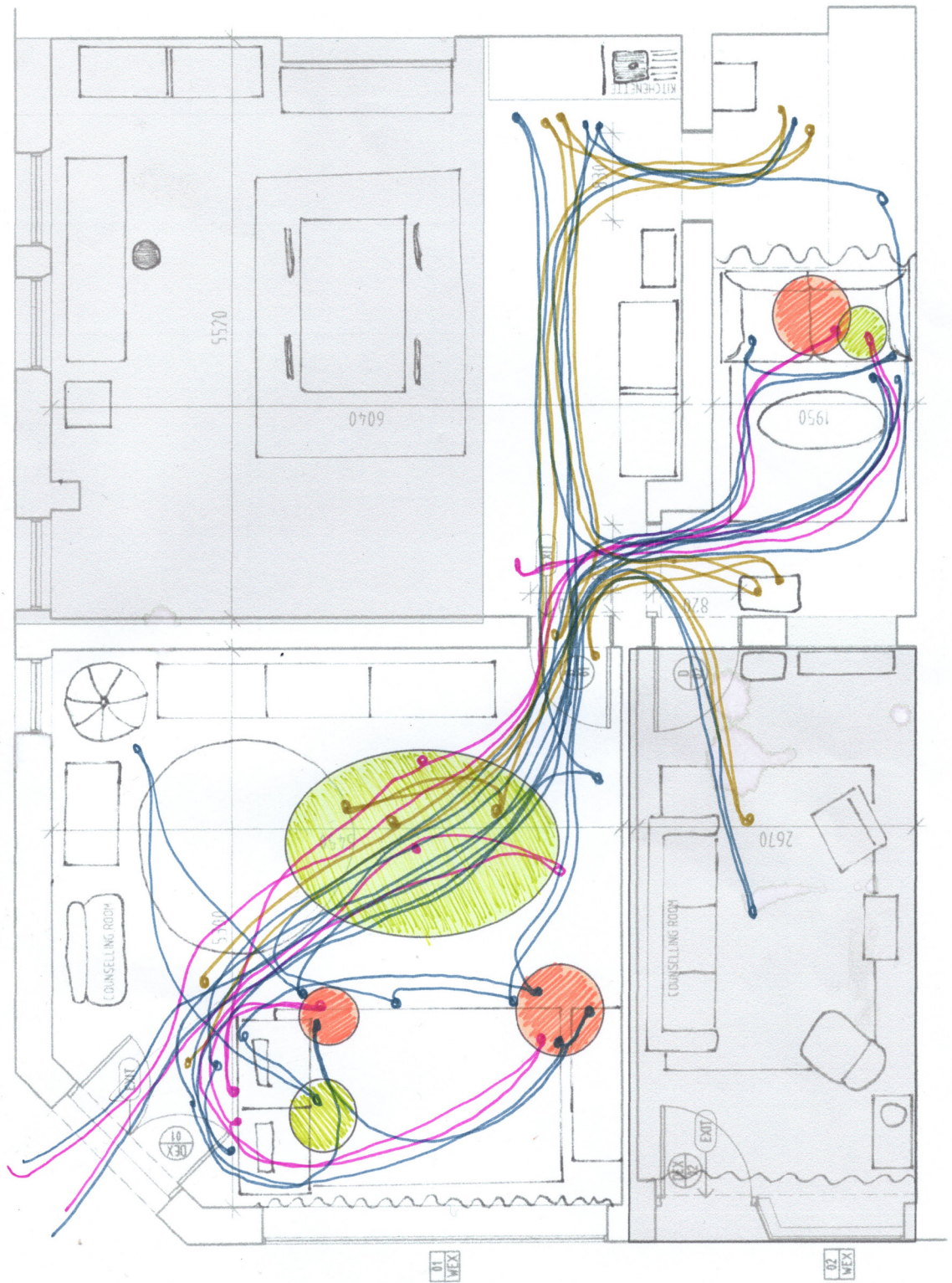
Map abstraction 1: Lines of flight

This first abstraction is a simple mapping of the physical movements and interactions of the dyad (and me) using lines drawn onto the floor plan to show the convergence of flows and emergence of intensive zones (refer Figures 2a and 2b). This set of maps establishes the foundation of interactions between people and space, people intermingling in space, and the space with people. They provide the consistency needed to cohere the disparate elements (Deleuze and Guattari 1987) and visually orient the reader to understand the processes described.



Lines of Flight		Intensive Zones	
Child	Blue line	Non-sense	Red hatched circle
Mother	Pink line	Sense	Yellow hatched circle
Therapist	Gold line		

Figure 2a. 'Lines of flight' (Time 1)



Lines of Flight	Intensive Zones
Child — Blue line	Non-sense
Mother — Pink line	Sense
Therapist — Yellow line	

Figure 2b. 'Lines of flight' (Time 2)

Intra-agentic movements

Figures 2a and 2b show the initial field of relations formed between the humans and materiality of the built environment, offering insight into the processes of *doing* TID entangled with the *doing* of trauma healing, recovery, and therapy. Rather than interpreting these maps topographically, they propose the *something happening* of becoming that emerges from this interconnectedness. For example, we can see how the three people moved around and through the various clinic spaces, free to move and re-turn as needed. With each re-turn, in another moment or in another session, the territories the actants move within are turned over, again and again. What is not able to be illustrated on these maps are the other actants that move or moved with us: we re-turn to this in the second set of map abstractions. Yet, the lines help us to see, attend to, and understand these movements of making and unmaking that are made and unmade by the changing reconfigurations. Nomadic movements that dispersed 'us' (people + object) around and through the whole office in different ways. Paths that can never be retraced, arising from the particular conditions present in those particular moments.

The benefit of mapping the various lines of flight in this way is that it helps us understand how people affect and are affected by the material aspects of the physical space. In this case, the entryways and exits, windows, designated areas of the waiting area, playroom, counselling room, and studio, and the furniture/furnishings. The lines do not terminate at a node; rather, the dots suggest a place of re-turning back/around/away/to.

Intensive spaces


The convention of locating therapeutic processes within a designated therapeutic room—a boundaried site that acts as a refrain—is sacrosanct in psychotherapy. However, trauma processing is messy, with Figures 2a and 2b illustrating how it spills out in chaotic ways, fleeing into certain areas whilst avoiding others altogether. The physical boundary of the clinic rooms disappears, transformed by the intensive forces and energies that meet and converge. The playroom did not emerge as the primary intensive space as one might expect; the between spaces were. For this child-client, the doorways connecting the playroom with the waiting area were interesting sites of reconfiguration holding unanticipated agentic value. In both maps we can see congested lines indicating a high flow of movement. However, Figure 2a shows the between space of the playroom doorway as a site of greater re-turns, whereas in Figure 2b, lines flow more freely from and through these entryways/exits. This doorway was transformed by the child-client into another holding space, with greater capacity to provide comfort, containment, and connection (Figure 3). From the photo below, we can see how the potential capacities of the doorway increased. No longer just a device to open or close off

a space; its deterritorialisation made possible by the blankets, cushions, padding, colour, and texture that merge with the timber door and frame, metal handle, narrow egress, and the negative space. This between space is an example of becoming another territory where both the human and non-human actants work and rework trauma and trauma-healing, further extending the child-client's relational opportunities.



Figure 3. Playroom-studio between space photographic detail

Other between spaces of high intensity emerged from this clinical mapping expressing movement into "a deeper level of meaning-mattering (differentiating-entangling)" (Barad 2014, 176). The use of orange and green circles marked on Figures 2a and 2b illustrates two paradoxical zones of intensity: liminal sites returned to over and over to drive the becoming of trauma-healing and the unbecoming of trauma respectively. However, it was in these intensive zones where the relationships between humans



and materiality were not merely transactional but examples of powerful material assemblages (Larsen, Bøe, and Topor 2020). The doorway-between-space, denoted by orange in Figure 2a and seen in Figure 3, emerged as an important site where temporality, intersubjectivity, affect, sense, and materiality concentrated before escaping again. Once created, we were careful not to disturb its construction. It felt and looked fragile, with the powerful sense of the dyad re-turning to trauma historicalities whilst establishing new, life-giving connections. Unspoken questions arose, such as “How close can I get to it?” and “How can I pass over it, if at all?” Although constructed of therapeutic resources that aim to evoke a sense of safety and connectedness, the energetic property of this configuration provoked anxiety and ambivalence that paradoxically supported the inter-related becomings.

In contrast, the green zones were a different kind of material landscape, distinctly devoid of the soft furnishings and sensory resources used in Figure 3. Thus, opening new between spaces that increased relational connections seemed to slow down the unbecoming of trauma and unhelpfully potentiate its becoming. Although the space was, unlike the doorway, free of obstacles, the paradoxical material effect of this was being unable to move, feeling overwhelmed, and a sense of heaviness. The presence of materiality's non-sense doingness impacted on human experience. It was difficult to sense into and make sense of—an experience arising because of the ineffable non-human and thus non-sense qualities. Of course, within an empirical paradigm, this is nonsense; however, it is precisely this non-sense that helps make and unmake trauma, taking embodied experiencing to a point where it threatens to spill over. The large green circle in Figure 2b highlights the agency of objects by their absence, co-producing a relatively empty physical space, a mental space that was hard to think in, and a therapeutic space that verged on becoming untherapeutic.

Re-turning mapping

The second set of map abstractions (refer Figures 4a-4e) act to increasingly complicate the first map abstractions by including the various objects. This is an example of Barad's (2014) process of iteratively intra-acting described earlier that drives the becoming and unbecoming of trauma/trauma-healing. The mapping aimed to record the sensorial and affective afterimage left behind by the therapy event. A palimpsest approach was adopted whereby drawings of the new (re)configurations were superimposed onto photos of the playroom and key objects to show the role of materiality in stimulating multiple between spaces that re-configured the trauma space.

Inspired by Sarah Wiggleworth's visual essay of a dinner party (Singley and Horwitz 2004), a similar approach was taken to follow the haptic, sensorial, and affective flows of the dyad-TID-trauma

space assemblage that emerged over two therapy sessions. The wonderful feature of Wiggleworth's drawings is they infer the interaction between humans, objects, and place in space and time by presenting this movement. We gain a felt sense of the event and its fullness through understanding how the various material elements co-configured the experience without her needing to precisely plot everything and everyone. It is an early example of a non-conventional diffraction of the preferred architectural ordering of place, status, and functioning into chaos and non-sense. Immediately transported into the event, the viewer is transformed by her maps—our own becomings merge with the becoming of the drawing, the architect, and the book it is published in.

I created the map abstractions as part of my process of trying to understand the "doing of" TID alongside the therapeutic work with clients, going beyond the "design things" such as the colour palette, style of furniture, and lighting. This is an issue I have repeatedly encountered, highlighting how these things on their own fall short in the doing of trauma healing. In a radical moment of re-thinking of the first set of maps, I realised that I am not external to objects, and clients are not external to them either. We exist together as examples of Deleuze's veritable becomings, emerging in between spaces continuously evolving and changing because of our relational connections that determine "the nature of the lines, and seeing how and whether they overlap, connect, bifurcate, or avoid the points" (Emerling 2017, 440). Again, the maps are deliberately iterative and seek to complexify the interactions to show the "how" of the effects of materiality on trauma processing. Neglecting to depict the different spaces configured around and through the clinic and presenting the material encounters as separate from this multisensory milieu risks returning those encounters to the status of objects.

Map abstraction 2: A Palimpsest

What could not be shown in the first set of maps was the role of objects, furnishings, and structures in the veritable becomings, reconfigured each week depending on what material encounter was needed in response to trauma processing. These figurations were unanticipated and surprising. What can be seen in this series of map abstractions (Figure 4a-4e) are the playroom still bearing the ghostly traces of earlier arrangements—re-configurations of the playroom over two sessions. These maps pay close attention to how the material elements are re-turned in each session, revealing something of the configuration(s) between the lived experience, affect, and material components. They expand the first series of maps by deliberately staying with this complexity. Entangled in a multisensory milieu, they appear as an afterimage with the lingering remnants of sensations and affects that could be reanimated long after the original figuration had disappeared (Van Daal 2021).

It needs to be stressed that the child-client moved every item of soft furnishing from the clinic and *all* the sensory furniture and equipment to the area by the window to build a fort each week. The result was a new area tentatively created, with care taken to (re)position objects in unusual ways, achieving undisclosed functions of psychological-emotional containing not known they were needed until that moment. The 11ft curtains tacked to create a roof, and the modular lounge turned on its side becoming walls. Cushions stuffed into cracks to stop something unwanted from coming in and/or escaping. The entrance is a tunnel big enough only for the child to climb through. A small table used to reinforce a wall. The tent offers the option for retreat.



Figure 4a. Playroom configuration 1 (Time 1)

In the careful creation of a robust fort, new between spaces open that can be peered through, as seen in Figure 4b, extending connections into other between spaces. This provides spontaneous opportunities to heal from trauma through the ability to contain, withdraw, or connect.

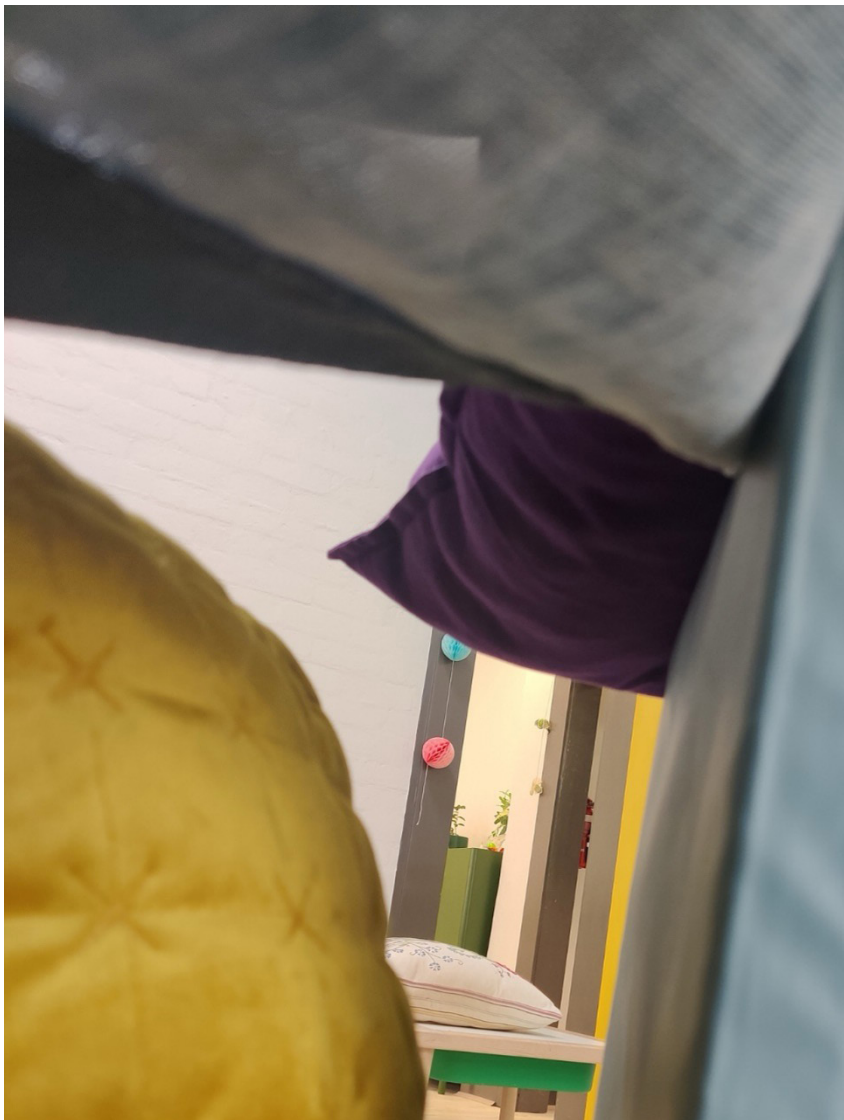


Figure 4b. Between space (Time 1)

Figure 4c presents another between space, (re)created by another re-turn of people, place, and object. It might look similar, include the same objects and people, but the energy is different and flows differently, as illustrated by the first set of map abstractions. The effects of materialities on mental health experiencing are becoming more apparent where the movements of deterritorialisation can be observed. Solutions from the previous session are found, yet new problems emerge that need dealing with. The objects did their own thing, and they are hard to control. The same pillow could not be returned to the same place with the same effect expected, eliciting senses and sensations that were partially new yet still familiar. In turn, this entangles with the affective qualities of the large window bringing the rainy weather inside, creating a dreary atmosphere when last week was sunny. In this session, the curtain canopy is too heavy, collapsing the foam wall. Instead of setting up the physical space in the same way, we (mother-child dyad and I) are engaged in a process of re-turning material elements again and again, potentiating a multiplicity of trauma/trauma healing becomings.



Figure 4c. Playroom configuration 3 (Time 2)



Figure 4d. Playroom configuration 3 (Time 1 + 2)

The layered configuration in Figure 4d shows another perspective on the playroom, this time looking towards the between space of the internal door. We can now see into the multiple between spaces—under the curtain canopy, the tent, the tunnel, and a nook. Spaces within spaces that increase the client's access to trauma healing and capacity for connections with others (Larsen, Bøe, and Topor 2020). This illustration helps make sense of the flight lines marked in Figure 2b and offers a nuanced understanding of the orange-coloured intensive spaces of the nook and the tent-tunnel, as well as the empty areas of the room that configure the green zones of intensity.



Figure 4e. *Becoming-unbecoming entanglement*

The final map abstraction (Figure 4e) layers all the re-configurations re-imagined, so we might gain a full sense of the intensity of the trauma–trauma healing/TID assemblage. Although it can seem chaotic and disorganised, this figure is intended to highlight the considerable transformative potential of materiality in effecting mental health lived experiencing. We connect to the “partial and full, raw and embodied” (Charteris et al. 2019, 1) material nature of doing TID in relation to doing therapy and doing trauma recovery.

Conclusion

This inquiry attends to the intention of creating new and different opportunities to think/play/experiment with multimodal mapping by making agential cuts that diffract TID in unexpected ways. The maps reveal the multitudinous relational potentialities of materiality and matter that drive the (de/re) territorialising movements of doing trauma healing and undoing trauma; veritable becomings that are complexifying in nature and impossible to apprehend using conventional methods. This experimental approach of mapping allows us to shatter the core “human” tenets of TID by reconceptualising it as a process of doing with matter rather than something that is done.

Additionally, the maps help uncover the hidden potential, under-realised in the scholarship, of imagining new and diverse ways to conceptualise childhood trauma/trauma healing. Attending to the ongoing intra-activity that *also* includes the child’s human experience as an equal part of this complex entanglement means finding ways to increase our understanding of how materiality affects a child’s sense of place and peer belonging (Kyronlampi, Uitto, and Puroila 2021), identity, and culture (Cutter-Mackenzie-Knowles, Malone, and Barratt Hacking 2020). Subsequently, we cannot use these maps to compare human experience across time, place, or event. Instead, they illustrate how the experiences of trauma and trauma recovery are re-turned by and from a material environment that has equal agentic value. An interweaving of a relational ontology is required to provoke radical ideas and methods that attempt to comprehend how human experience happens *in place with matter*.

As a final reflection, interdisciplinary practice needs to grapple with an over-reliance on narrow, postpositivist, and realist practices that perpetuate methods concerned with upholding and reaffirming anthropocentric standards, theories, and epistemologies. The growing pervasiveness of trauma is a contemporary human issue that is too important and too urgent to neglect in this way, and new imaginings can evoke a much-needed humbling of anthropocentrism. This case highlights the potential for TID to be incorporated into everyday practice by putting it to work in an everyday setting such as a mental health clinic, highlighting how it becomes a therapeutic intervention without simply being an architectural project. Trauma healing does not end when the therapeutic session has ended or the physical space has been exited, and nor should design. New Materialism sits in the between spaces of what is human, what is architecture, what is therapeutic, and what is design to engage with the complexity of lived experiencing as something that is always in states of becoming.

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