

**Passion for Action
in Child and Family Services
Voices from the Prairies**



Passion for Action in Child and Family Services Voices from the Prairies

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Dedication

To those whose passion for action is strengthening and
enriching the lives of our children and youth and their families





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CHAPTER 5

Rehearsing with Reality: Exploring Health Issues with Aboriginal Youth through Drama

Linda Goulet, Jo-Ann Episkenew, Warren Linds and Karen Arnason

INTRODUCTION

This chapter describes an innovative approach to engaging Aboriginal youth using theatre workshops to address issues affecting their health, such as peer pressure, addictions, suicide, gangs, and lack of self-esteem. The project emerged from a partnership between the health educator for the File Hills Qu'Appelle Tribal Council (FHQTC) in Saskatchewan and a group of researchers, two from the First Nations University of Canada and one from Concordia University. FHQTC has a history of developing proactive and innovative programming designed to address problems identified by the communities it represents, including those facing First Nations youth. The university partners had used Augusto Boal's (1979) concepts of Theatre of the Oppressed and Forum Theatre to facilitate workshops for urban youth. We could see that the issues of oppression and identity of the urban youth were similar to those issues identified as

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problematic by the First Nations youth, so we decided to adapt Boal's theories and practice to design workshops for the youth in the FHQTC area. These workshops would comprise a component of a research project that would examine the efficacy of theatre for helping youth examine the decision-making processes that affect their health.

Our challenge was to apply approaches that would engage youth participation in the project. Throughout the workshops that ensued, the youth drew our attention to their significant health concerns. Because youth identified peer pressure as the main issue affecting their decisions, it became the issue around which we focused the research.

In this chapter we will describe the methods that we employed in both our youth workshops and our research project and will share our findings. We anticipate that our theatre techniques will provide child and family service practitioners and policy makers working with Aboriginal youth an innovative means of health education to prevent youth, and their subsequent children, from becoming involved in the child welfare system.

RESEARCH

We began our research with the assumption that "Forum Theatre" (Boal, 1979; Diamond, 1997) workshop processes would give voice to Aboriginal youth so that they could play a vital role in identifying and examining the socio-cultural issues that have a marked effect on their health and that of their community. We shared a belief that engaging youth in an examination of the factors that affect their decision-making is of utmost importance in the development of optimum health. Past experience working with youth and Forum Theatre has clearly demonstrated that the workshop process creates an environment that is both challenging and supportive. Linds and Goulet (2008) note that theatre can give participants experiences to denormalize current behaviours and the confidence needed to try out or "rehearse" new behaviours. Conrad (2005) made the same observation in her work with "risk-taking" youth. Catterall (2007) found positive change in pro-social behaviours as a result of engaging in a drama process and Beare and Belliveau (2007) found drama and theatre processes contributed to "positive youth development" (Kaczmarek and Riva, 1996; Breinbauer and Maddaleno, 2005). We hypothesized, then, that the kind of environment that Forum Theatre workshops create would foster growth in the Aboriginal youth

participants by supporting them in a process whereby they could critically examine themselves and their communities. Ultimately, we hoped that the youth would become health researchers, albeit informal, and health advocates in their communities.

Our research project, *Developing Healthy Decision-Making with Aboriginal Youth through Drama*, used Forum Theatre workshops to help Aboriginal youth in the FHQTC area critically examine the choices they make that affect their health and to utilize the power of theatre to explore other choices and their potential consequences. Forum Theatre workshops include storytelling and improvisation exercises. Participants collectively develop scenes that enable them to enhance their understanding of their own lives by representing the world they live in and imagining the world they hope for. Through this imaginative process, youth discover positive, creative solutions to problems they face and identify the obstacles that get in the way of their dealing with critical personal and societal issues. In this way, the workshop straddles the line between fiction (theatricalizing lived experience) and reality (the lives of the participants), a “pooling of knowledge, tactics, and experience ... a rehearsal for reality” (Jackson, in Boal, 1992, p. xxi).

BACKGROUND

The legacy of colonization

Smith (1999), a Maori scholar who analyzed colonization from an Indigenous perspective, identified colonization as the process that facilitated the economic, political and cultural expansion of European power and control by subjugating Indigenous populations. Paul (1993), Wesley-Esquimaux and Smolewski (2004), and Archibald (2006) described the ensuing devastation and documented the complex system of European colonization in Canada that used, among other things, trade and military power, combined with the ideology of Eurocentrism and racism, to secure the resources of the Aboriginal peoples of Canada. Indigenous peoples’ resistance to colonization took many forms, including armed struggle, political movements for self-determination (Adams, 1989; Paul, 1993), court challenges (Smith, 1999), and the creation of narratives that asserted their identity and their own peoples’ histories (Said, 1993; Nelson, 2001).

Colonization affected, and continues to affect, Aboriginal people economically, politically, emotionally, and spiritually. The loss of land and

territory, and the depletion of resources such as buffalo and fish, wiped out the economic base of Aboriginal societies, causing poverty, death, and trauma (Adams, 1989; Paul, 1993; Wesley-Esquimaux and Smolewski, 2004; Archibald, 2006). First Nations and Métis communities have started to rebuild an economic base, but Aboriginal peoples for the most part remain impoverished, “the poorest of the poor” (Bear Nicholas, 2001, p. 20; Richards, 2008), often without adequate access to the resources needed for present-day economic development or to support adequate social programs. In addition, Aboriginal peoples’ decision-making processes were suppressed during colonization, often by military force (Adams, 1989; Archibald, 2006), and their political systems were replaced with a European model of governance (Paul, 1993; Archibald, 2006). Most decision-making took place outside the community, and authority was externally imposed. Today, Aboriginal people struggle to regain their democratic rights through the development of self-determination, but it is a slow process because many communities’ capacities were decimated through colonial practices (Wesley-Esquimaux and Smolewski, 2004; Brant Castellano et al., 2008).

It is a testament to the strength of Aboriginal peoples that they survived the onslaught of colonization, but survival was not without its toll. Colonization impacted Aboriginal people’s perceptions of personal and cultural worth and the view of their own capabilities and those of their people (Acoose, 1995; Miller, 1996). The turmoil caused by cultural denigration is enacted in personal and social problems of the community and is handed down by parents to the next generation (Kelly, 2008; Silver and Mallett, 2002). Duran and Duran (1995) write that, since the beginning of colonization, the Aboriginal people experienced a “soul wound” that has continued through generations of Aboriginal people who face the continual pressure to acculturate into settler society, the same society that created the genocidal policies and oppressive bureaucratic actions that have caused such harm. They argue that “[a]cculturation stress is a continuing factor in the perpetuation of anxiety, depression, and other symptomatology that is associated with PTSD [post-traumatic stress disorder]” (p. 32). The “other symptomatology” includes violence, rarely against the settlers, but rather against oneself or against other Aboriginal people, and includes addiction as a form of self-medication to ease the pain of the soul wound and the despair that violence and powerlessness causes.

Duran and Duran list a host of scholarly articles that hypothesize why Indigenous people suffer disproportionate rates of alcoholism. The list includes “poverty, poor housing, relative ill-health, academic failures, cultural conflict with majority society, and racism” (p. 95). They go on to argue that government policies lie at the root of these problems. Today, multiple generations of indigenous people live with intergenerational post-traumatic stress disorder, which are the direct result of colonial policies all focused at dealing with the “Indian problem.” Mitchell and Maracle (2005) argue that diagnosing Aboriginal people with a “disorder” pathologizes the victims and that “post-traumatic stress response” is a more appropriate term.

Wesley-Esquimaux and Smolewski (2004) draw on the work of Maria Yellow Horse Brave Heart (1999) who developed the concepts of “historic trauma and historical trauma response.” Historic trauma response (HTR), they explain, affects the descendents of people who have suffered genocide. The descendents “not only identify with the past, but also emotionally re-experience it in the present” (p. 55). Wesley-Esquimaux and Smolewski (2004) contend that PTSR is only one component of HTR, which can comprise many social and psychological conditions, all of which affect not only individuals but their communities and which continue through the generations.

Involvement in the child welfare system is another legacy of colonialism. Citing the 1998 Canadian Incidence Study on Reported Child Abuse and Neglect, Blackstock (2008) points out that Aboriginal children “were drastically overrepresented in the child welfare system at every point of intervention *despite the fact that they were not overly represented for reports of sexual abuse, physical abuse, emotional abuse, and exposure to domestic violence*” (pp. 166-7, emphasis in the original). Because Aboriginal people are more likely to be poor, to live in substandard housing, and to abuse substances to self-medicate from hopelessness and despair, they are more likely to come under the gaze of child welfare authorities.

The health concerns of the FHQTC suggest that their communities continue to be deeply affected by colonialism through HTR. Wesley-Esquimaux and Smolewski argue that the “goal of any healing process is a recovery of awareness, a reawakening to the senses, a re-owning of one’s life experience and a recovery of people’s enhanced abilities to trust this experience” (p. 78). Yellow Horse Brave Heart (1999) advocates storytelling as a means of healing from HTR. Drama can provide youth, who may

be reticent to articulate their individual stories, with a safe, collaborative means to express the stories of the collective. In this way, they are able to begin the healing process.

The potential of drama

Applied theatre involves activities that are used with an explicit intent to translate, adapt, and transform theatre processes to work with, upon, between and against the social environment or community in which they are used. Through theatrical means we draw on participants' experiences to engage in the discussion of issues important to participants. Therefore, "[i]t is an unfinished act that generates its power within the process of the meeting of what are often highly different zones of practice" (Thompson, 2003, pp. 199-200).

There is a body of evidence that examines why and how Aboriginal communities have embraced applied theatre in their efforts to heal from the effects of historical trauma. Episkenew (2009) observes that the inherently communal nature of theatre makes it a particularly attractive genre for Aboriginal communities to use when grappling with the social problems that are a result of historical trauma. Seidlitz (1994) explains that theatre is a medium that fits comfortably within Aboriginal traditions, cultures, and ways of expression. Both Favel Starr (1997) and Manossa (2001) argue that contemporary indigenous theatre is not merely an adaptation or appropriation of European theatrical tradition but rather a form of expression that easily fits within Aboriginal traditions because it is rooted in traditional Aboriginal performance arts. Contemporary Aboriginal people have recognized that transformative element of theatre and have applied it to examine and heal individuals and communities from the social problems that are the result of unresolved grief and trauma. Taylor (2003) contends that applied theatre functions as a catalyst for healing because "it helps people reflect more critically on the kind of society in which they live" (p. 1). To that end, applied theatre regularly forms an important component of the many healing conferences that take place throughout the Aboriginal community.

Healing can enable the development of strong identification with one's community. Phinney and Kohatsu (1997) cite several research studies that show that adjustments among ethnocultural adolescents is associated with "positive attitudes and interactions with members of their own group, of other groups, and of the larger society" (p. 438). This

combination comes from those who have actively developed their own identity as a member of a community so that they “have reached a secure, integrated understanding of themselves” (p. 438) as members of their particular community. An Australian study (Mulligan et al., 2006) of the ways community-based arts and cultural projects can enhance community well-being in isolated and marginalized communities indicates that they can help generate and sustain a different form of meaning at a time when communities are challenged and disrupted. Theatre appears to have significant power when applied in the areas of educational and community development. Taylor (2003) writes of theatre’s potential as “an applied theatre form in which individuals connect with and support one another and where opportunities are provided for groups to voice who they are and what they aspire to become” (p. xviii). Thompson (2003) adds that such programs “can be a vital part of the way that people engage in their communities, reflect on issues and debate change. They can be central to different groups’ experiences of making and re-making their lives” (p. 16).

Several studies have found that theatre processes contribute to socialization, self-confidence and self-esteem. Snow, D’Amico and Tanguay (2003) showed that putting on a theatre performance enables experiences of healthy functioning and healthy relationships, creating “enhanced psychological well-being” (p. 81). In an analysis of several youth arts programs, Clawson and Coolbaugh (2001) found that there was increased self-esteem among participants and an increased sense of accomplishment and pride. The arts programs taught self-respect, resistance to peer pressure, and self-efficacy. Most importantly, theatre processes enabled youth to work in a team environment specifically to experience “the importance of taking responsibility for their actions” (p. 9). Saitzyk and Poorman (1994), working with African-American and Native American girls, found that theatre as an intervention process helped participants share in the emotions being expressed by other group members through “mutual empathy” (p. 5) whereby group members attend to cognitive and affective cues and respond to the perspectives of others.

The workshop process

Our particular approach used Forum Theatre workshops as the foundation of our research. Such workshops explore the inter-related aspects of becoming aware of our bodies, enabling us to use our bodies to create

a vocabulary of expression, and creating short plays through verbal and non-verbal language in order to come up with alternative ways to approach situations we have been exploring. We conducted these workshops with Aboriginal youth in grades 7 to 11 and supportive school personnel in two First Nation communities in the FHQTC area. During the workshops youth participated in a series of theatre exercises that address mental and social health issues. The workshops used different drama techniques to enable youth to look into moments of critical decision-making in their lives. Youth shared stories of their experiences to identify common concerns. They then transformed the stories into images (static human sculptures) and developed short plays based on the images. The plays examined issues that participants identified as most important to them and their community.

Risks are inherent in discussing what we want to de-normalize, and health and decision-making are risky subjects, partly because youth are not often asked to express the reality of their social choices in school (Freire, 1993, Vibert et al., 2002, Kumashiro, 2007), and partly because the issues are a complex interweaving of power, identity, attitudes, behaviours, and institutional and cultural structures (Riecken et al., 2006). Nicholson (2002) asserts that drama education involves the “enactment of trust” (p. 84). Accepting and taking risks in drama often makes people vulnerable. Trust is both an attitude and a process through which people allow themselves to enter situations of risk. Trust is performed and is “dependent on context, continually negotiated and re-negotiated according to the specific context and circumstances” (p. 88), enabling participants to share their lived experiences.

We began each workshop with a circle led by an elder from the community. Then we introduced ourselves and the project. We asked the youth to share something about themselves. In an effort to establish a sense of equity and to ease the youth into the day, we asked questions that we thought would be non-threatening, for example, “What is your favourite music?” Most students responded with only a few words. Yet, although youth were reluctant to participate in discussions, they were enthusiastic about participating in theatre games in which they could move around the space.

Following the circle, we asked youth to participate in trust, group building, and theatre games. Development of trust was enabled by blind games, where participants were encouraged to close their eyes and move

around the room. These games encourage youth to pay attention to senses of which we are not normally conscious. The games were structured to develop from simple to more complex. Participating in games helped youth express their ideas and feelings. The games also helped to develop group cohesion and to encourage trust among the participants. They also brought together youth who do not normally associate with one another, either in school or out in the community. Although youth embraced the games, distractions and waning energy were often issues we had to address. Consequently, as facilitators, we often needed to employ energizing or concentration games to re-engage the participants.

Michael Rohd (1998), who has adapted Forum Theatre to his work with communities in the United States, conceives warm-up games as activities that “get a group of people playing together in a safe space, energize that space, and create a sense of comfort in the collective doing of specific and structured activities It’s all about creating moments where participation is impossible to resist, moving forward into the process you have set up, and having fun along the way” (p. 4).

These games were not separate from the process: they built a sense of common purpose, with a goal of not only “creating links in the working group, building group awareness and trust” (Diamond, 2007, p. 91), but also unlocking issues the group is investigating. On several occasions in our workshops, for example, a name game helped, as we all began playing with our names, adding an adjective with the same initial letter as our first names, and then including a motion to describe ourselves. For example, one of the authors identified himself as “Wonderful Warren” while dramatically opening his arms. Everyone then repeated the name with adjective and the motion, causing much laughter among the participants and a subsequent lowering of barriers.

Storytelling through image

Renk (1993) writes that “drama teachers have inadvertently found a method of communicating that is much better adapted to the human process of understanding and orientating than the abstract and denotative teaching prevalent in schools” (p. 198). Wright (2000) asserts that drama has two interrelated aspects—embodied experience and reflective explanation of experience. In this process, drama becomes an alternative space where potential becomes possibility.

Stories are central to the learning process, as they mediate between

self and others. In Forum Theatre workshops, youth begin to represent their world by sharing such stories non-verbally through snapshots of their experiences. As participants recall an incident or experience they have had, they create a series of body shapes or “image” to represent that experience. Imaging enables the participant to fill the body shapes with feelings and thoughts that come from the interplay between the physical shape and experience. Thoughts and words initially emerge from the individual’s awareness of the static body in the image and the world around the image. Images can be activated into motion, movements that arise out of the interplaying of the physical shapes of bodies and their interpretation in words and action.

As participants create different sets of images, they develop the capacity to give expression to experience. Not only does this emphasize the traditional aphorism of “show us, not tell us,” it also leads those looking to be able to interpret the images according to their own experiences. A key to understanding this process is the concept of *metaxis* (Boal, 1995), which is “the state of belonging completely and simultaneously to two different autonomous worlds: the image of reality and the reality of the image” (p. 43). In this way, the participants’ stories of their experiences become a concrete form that can be interpreted and manipulated in many ways. The participants work in the world of the image to modify the story that the image tells. Boal claims that “if the artist is able to create an autonomous world of images in his own reality, and to enact his liberation in the reality of these images, they will then extrapolate into his own life all that he has accomplished in fiction” (p. 44).

Image as narrative is introduced through “Complete the Image” (Boal, 1992, p. 130), which is first done by two people shaking hands in a frozen image in front of the whole group. Anyone who has an idea can tap one of the pair shaking hands and replace them in a new body shape in relation to the other, adding a new element, creating a different image, a new story. After a few images in pairs, more characters are added to one of the images until there are six or seven people who are making a story out of the original paired image. We emphasize that one image can be interpreted in many ways, from many perspectives. When it seems the group has understood the method, we begin again. This time we ask the group to think of a particular theme such as “life in school” while completing the image. We then ask the group to interpret the image. For example, we ask questions about who the people are in the image story,

who has more power than others, and how this power is represented. Having such an image frozen in time, we can view it from different angles and perspectives. Often the image can become a catalyst to look at relationships within the group. Often we ask people standing outside the image to stand behind the person in the image that best represents their own experience and we talk about that, either in the whole group or in smaller groups, where each “character” sits down with people who resonated with their situation in the image.

Participants were asked to use their bodies to create frozen images that portrayed ideas or events which occurred in their lives. Although many participants communicated ideas more clearly with physical images rather than by verbalizing to the group or by writing in journals, they still found this a challenge. After participants became comfortable and competent creating images, we drew their focus to the health issue that they felt they and their communities faced. Youth were asked to identify and prioritize health issues facing the youth in their community. The participants shared stories of their lived experiences, which formed the foundation of short interactive plays. Youth were also asked to reflect on their learning by writing in journals, by creating a mural, and, in the follow-up workshop, through images. Youth were most engaged in creating a cooperative group mural in response to pictures taken of their participation in games and images. During one-day follow-up workshops, youth engaged in similar workshop processes and activities to help them reflect upon what they had learned from the project.

FINDINGS

The theatre processes we used clearly engaged the youth by providing them with an opportunity for learning with fun and laughter, which contribute to healing and health. It is significant that one of the teachers remarked that she had never heard her students laugh in the way that they did during the games. At the same time, our view of how the youth participants might become health advocates and health researchers changed considerably. The complexity of the context in which Aboriginal youth decision-making takes place became evident, so we as researchers gained a greater understanding of the challenge of offering health education that would impact the lives of youth.

We also learned much about the participants’ interpretation of their reality when we asked groups of youth to create short images to represent

issues and plays to tell the story of their experiences of decision-making in their lives. The plays that they created dealt with stories of peer pressure, which was the issue that youth identified as being at the core of their decisions to engage in unhealthy or risky behaviours. We learned to differentiate peer pressure from bullying: there was no violence involved and, indeed, rather than being pressured by others, the youth often pressured themselves to engage in unhealthy or risky behaviours because they valued belonging to the group more than they valued their own well-being.

Youth performed their plays for the other participants in the workshops. As we examined each play to identify commonalities and differences, youth recognized that they were not alone in their experiences. Boal (1995) uses the term “analogical induction” (p. 45) to describe this recognition of self in the experience of others. This moment of “analogical induction” enables a distanced analysis of an experience; at the same time, it illustrates the commonalities shared by the youth, thereby forging bonds among them. After youth watched and commented on a play, we as facilitators would use an activation technique to further explore issues inherent in the play. Facilitation techniques included such things as asking characters to identify their motives for making the choices they were making, taking the play backward or forward in time to explore consequences or decisions leading to the experience, or asking audience members to intervene as a character to see if they could change the outcome. In this way, youth explored the interconnectedness of one story and alternatives to the actions, while thinking about their own stories. Doing so gave youth voice so that their issues led the program within the structure set by the adult leaders.

The images and the plays depicted the great strength of Aboriginal communities. When asked to portray what they liked about living on the reserve, the students all created images of close, personal, caring relationships. One image was of people walking together with arms on each other’s shoulders. Other images represented the group’s cohesiveness and close connections in similar ways. One image that was more complex had students standing on each other, creating a web of people that needed the whole group to physically support each other to sustain the structure. When other students saw it, they commented on how well it represented their reality. It became evident that students were immersed

in strong, social systems with deep bonds among peers, family members, relatives, and community members.

We also learned that, while students felt connected and supported in their communities, these bonds also manifest in their lives as peer pressure. Peer pressure, as represented in the stories and images created by Aboriginal youth, was significantly different from bullying, in that peer pressure affects their decisions about participating in both healthy and unhealthy activities. When students were asked to identify and prioritize health issues affecting their lives, in fact, they saw peer pressure as the most powerful issue affecting their decision-making in terms of health; in doing so, they reflected the power of the strong social bonds in Aboriginal communities. However, while strong social bonds are a positive strength of Aboriginal communities, these social systems have been and continue to be affected by historical colonization and ongoing racism. Coping with colonization often brought activities that at first were alien to or imposed upon Aboriginal communities, which can, “after years of repetition, become an unquestioned part of daily life” (Benyon 2008), what Freire (1993) refers to as “limiting situations.” Certain activities among the Aboriginal youth become normalized ways of socializing. Rather than the youth being forced (or bullied) into making unhealthy choices in most situations, they didn’t see that they had a choice.

Their very real need to cope with historical trauma was evident in the students’ images and plays: all involved alcohol and/or drug abuse that led to violence, risky behaviours or criminal activity. One skit represented friends smoking marijuana at a house and then going to the store. At the store, one of the youth is pressured by the others to steal some snacks. Several of the scenes showed parties where youth alcohol and drug abuse led to fighting. In one, a group of boys were drinking together, sharing alcohol bought by one of the boy’s older relatives. When a person who was not from their reserve comes to the party and tries to help himself to their alcohol, a fight ensues. In another scene, a group of girls, who are celebrating a birthday, pressure a girl who doesn’t drink to try drinking. The conversation leads to gossip about one of the girl’s ex-boyfriends for whom she still has feelings. This leads to a fight and forces the girls present to choose sides. The next day, they have to face one another in school.

The youths’ plays revealed a problematic norm in their social systems.

Drugs and alcohol profoundly affect their lives and relationships, and decisions that affect strong relationships are too often made under the influence of drugs and alcohol. Youth, then, must live with others who know of their actions done under the influence of drugs and alcohol. This can lead to shame and more self-denigration and more self-medicating using drugs and alcohol. As a consequence, the system becomes self-perpetuating.

When asked to represent how they feel about the health issues in their communities, students created images of their heads buried in their hands, heads bent down in sorrow, and fists against their heads. When asked to say one word to give verbal expression to that image, students expressed hopelessness, frustration, helplessness, and fear of the violence and drug and alcohol abuse that besets their community. The feeling of helplessness translates into action, or rather inaction, portrayed in the skits as a lack of agency and volition. In another skit, the students portrayed youth at a party where some were drinking heavily. One boy had a car, so he and another boy decided to go to town. Two girls accompanied them. The driver was quite drunk and tried to light a marijuana joint while driving. As a result, he got into an accident. When the girls were asked why they would ride with a person who was drunk and, maybe more importantly, why they would let their friend get into this dangerous situation, they responded that they hadn't thought about it. Both shrugged their shoulders and said, "I don't know. I'm just along for the ride."

While students portrayed negatives issues in their lives, we also asked them to represent positive activities as well. Participation in sports and cultural activities were seen as important to them. The love of sports was particularly evident in one school, where every break was spent in the gym shooting baskets or playing with the volleyball. Many of the students spoke of the strength they drew from attending community events such as powwows or ceremonies. Learning the cultural arts gave students pride, as was evident when we were asked by some students to observe them learning how to jig. At one workshop, students who were part of a drum group offered to close our session with a drum song. The transformation in those boys as they sat to play the drum was evident; they became strong young men, proud of their culture and their skill as powwow drummers and singers.

CONCLUSION

King, Boyce, and King (1999), in their survey of trends of health in Canadian youth, point out that “the mental health of young people and the degree to which they engage in health-risk behaviours are strongly associated with the relationships they have with their peers” (p. 103). Furthermore, most interventions that are targeted at individual risk behaviours have little success. Thus “an integrated and systematic approach that recognizes the role of home, the school, the peer group and the community is required” (p. 104).

Fostering relationships among partners who work with Aboriginal youth in the areas of the arts, health, and social services is one way we can create conditions to share findings, compare strategies, and learn from one another. This would enable partners to develop and disseminate effective teaching and learning principles and methods for using theatre’s power with and for youth in Aboriginal communities. Fostering relationships among these community-based projects will lead to substantial exchange of knowledge, growth in capacity, and opportunities to disseminate findings as they affect policy and practice, first among partners; secondly, to a wider group committed to effective aboriginal youth development; and thirdly, to the Aboriginal youth involved.

Sharing their experiences in the workshops helped Aboriginal youth overcome isolation and opened a space for them to talk about the reality of their social lives where alcohol and drug abuse are too often present. One participant who had been reluctant to speak in the larger group shared her experience with one of the facilitators. She explained how children in her community were involved in the child welfare system and how her family cared for foster children whose families had been shattered by the parents’ alcohol and drug usage. This participant wanted to make things better for her foster siblings, but the only solutions that she could envision were ones that involved changing the parents. She asked if we could help recruit “someone” to come to the reserve to “fix” the people with addictions. As a youth, and as a community member, she felt helpless.

Similarly, in debriefing with the group as a whole, another participant summed up the feelings of many of the participants (indicated by the nodding of heads of other youth), “What can we do? Everybody uses alcohol and drugs. That’s just the way it is on the reserve.” Although, in fact, not everyone on the reserve abuses drugs and alcohol, this statement reflects

the youths' perspective of their community and particularly of their life choices at this particular time in their lives. This view was expressed at the end of our follow-up workshop, indicating that although our workshops had provided space for expression, long-term work was needed if youth were to overcome the sense of powerlessness they expressed.

Through the plays and the workshop, it became evident that the youth were embedded in peer, family, and community systems affected by colonialism and exhibiting historical trauma response. Their stories revealed their perceived lack of volition and agency in decision-making. The "characters" in their plays often participated in drug and alcohol use without too much thought or conscious choice because it was what they perceived as the norm—what "everyone" did for recreation and fun. Drinking and drug use were a big part of the life of their peer group. Often older siblings or family members were involved as well. At the same time, the youth identified healthy activities, too, for example, community strengths such as sports and cultural activities. The youth had strong social relationships that supported them. They had personal connections with others and close relationships that translate into peer pressure—peer pressure that affects decisions to participate in both healthy and unhealthy activities.

As the workshops progressed, we realized that although the workshops could start the process of youth becoming health advocates, such a role would require a longer time commitment on the part of the researchers/facilitators and participants alike. In the one-day follow-up workshop at one of the communities, the students were not motivated to participate. On reflection, we believe that youth were not so committed because they did not have a stake in the process. Although we hoped to do something with them in the future, we were unable to make definite plans. As a result, many participants did not clearly understand the purpose of the follow-up workshop, and their participation, therefore, lacked the enthusiasm that they had first exhibited.

Our research has shown that Aboriginal youth are embedded in community and family systems damaged by colonialism and, consequently, find it difficult to see themselves as agents of change. Lack of agency leads to loss of volition, and, for these youth, following the crowd can appear to be a better choice than living in isolation and frustration. Granted, all youth must learn to identify the aspects of their lives they have the

power to change and those they do not. However, this is a particularly difficult lesson for Aboriginal youth whose families and communities are only beginning the long road to empowerment after being completely marginalized and disenfranchised by colonialism.

At the same time, our research has also shown that drama is one way to engage Aboriginal youth in the investigation of the health issues in their lives, and thereby prevent involvement in the child welfare system, because its form and process gives space for youth to voice their perspectives. MacKay (1996) writes, "I have long felt that we cannot speak of cures, but rather experiences of healthy functioning and healthy relationship which may become benchmarks in future development" (p. 166).

The drama process also demonstrated the need for ongoing, long-term innovative programming that supports Aboriginal youth decision-making if they are to make healthy choices in their lives. Accompanying the programming is the need for research to document effective health education practices and to determine how to work in collaborative partnership with Aboriginal youth to identify and create spaces in their lives where different choices, and, consequently, different realities, are possible.

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