A SELF-DIALOGUE ABOUT WORKING AS A WHITE DRAMA THERAPIST WITH
INDIGENOUS CLIENTS

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Abstract

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At the beginning of my research process, I could find very little drama therapy research for guidance regarding the professional work with Indigenous clients. I was feeling lost and I wished that more guidance was offered to me during my second-year drama therapy internship working with Indigenous clients. This research paper is a presentation of the literature I consulted to 'help me get on my feet' and guide me through my clinical work while completing my drama therapy internship at Native Montreal, located in Tiohtiá:ke (Montreal, Canada). Here, new concepts are discussed, like cultural safety (different from cultural humility or cultural competency) and response-based practice (a practice focused on dignity and resistance). These concepts seem to be different from those that I learned at Concordia University, and are thus very important elements to consider in trying to decolonize our work as drama therapists.

Through art-based responses of my literature review, I found some insights about my relationship with the readings that I made and with my practicum experience. Five main themes were explored through the art-responses: « My relationship to Tiohtià:ke », « Who am I », « Interconnectedness of everything », « Violence, power and oppression in psychotherapy », and « Pros from practice ». I wish to be as transparent as possible in this research paper, and I wish that this can help guide or question any drama therapy settler who's working with Indigenous clients.

Acknowledgements

Table of Contents

CHAPTER 1. INTRODUCTION

As an immigrant settler, I acknowledge that the land on which I am writing this paper is the traditional unceded territory of the Kanien'keha:ka Peoples, named Tiohtiá:ke (Montreal). This Indigenous land has long served as a site of meeting and exchange among nations and is a historical - and actual - gathering place for many First Nations, Inuit, and Metis peoples. As a White settler, I also acknowledge the history - and actuality - of cultural oppression upon Indigenous people from White settlers here in Tiohtiá:ke/Montreal, Quebec. While writing and presenting this paper, I acknowledge the precious knowledge of the Elders. I acknowledge that this paper is born from an academic and Eurocentric background and I wish to learn how to better decolonize my work.

Figure 1. My relationship to Tiohtià:ke (art-response). See discussion part for analysis.

Motive behind this study - and who am I?

Currently, there is only a small amount of drama therapy research for guidance regarding the professional work with an Indigenous population. My research aims to respond to this lack of research and to guide myself and other drama therapists in the practice of creative arts therapies with Indigenous clients in a more culturally safe way.

The goal of autoethnography is to reveal the researcher as a subjective person. This subjective presentation of me, the researcher, aims to provide the reader with a context. In this research, I am noting how my own culture, story, identity, social locators, bias, and privileges might influence my interactions with clients during therapy (as well as during the creation of this research paper).

Who am I? The pronouns that I use the most are she/her/hers but the rigidity in the way society wants me to express my gender makes me feel affinity to gender non-conforming and the use of they/them/their pronouns – you can see that I even have the privilege to talk

like this about my gender identity. I am a White able-bodied person who grew up in a middle-class family. I was born in the north of France, from French parents. My mother grew up in the old mountains of the rural area of Vosges, in the east of France and my father grew up in the rural area of the north of France. My grandparents are also French, except for one of my grandfathers, who is from Eastern Europe from the city of Sagan[1]. I also have Jewish origins on the side of my German grandfather. My family is from suburbs or rural areas of France; beautiful, charming, calm, but not used to see a lot of peoples different than us. When I was 8 years old, my parents decided to live elsewhere, in Canada, because it is easier there and French is spoken. We decided to stay in Montreal, Quebec because living here was easier for us, because of personal situations; and my parents thought there would be better opportunities for their children. However, it took years until I accepted the separation with my friends and family from France, and the separation from the culture of my childhood. I remembered having had a marvelous childhood in France, because I was around all my family. School felt difficult for me in Montreal because something prevented me to connect with my classmates. With my accent and my parent's way to educate me and my brother, I felt different. It was the first time that I was confronted directly and with this intensity with different kinds of people.

My family is mainly Catholic. My maternal grandfather used to be Protestant. I studied literature/arts (Cegep) and religious studies (university), which made me switch my stance several times towards my relationship with my family's values. At this stage of my life, I was attracted to cultures and spiritualities that were not mine because I found them fascinating. The first time I learned about Indigenous residential schools was in a course called *Cosmologies from Indigenous of North America* (I don't know how these terms are received among Indigenous communities) at L'Université du Québec à Montréal (UQAM). This is where I really learned about Indigenous Peoples for the first time. Then, I engaged myself in personal encounter of Indigenous individuals (musicians, comedians, and just members of some Indigenous communities in Quebec) and created new friendships. The problem then is that I have trouble keeping friendships actives because I rarely go out to socialize. I started my Master's in drama therapy with the dream of practicing drama therapy with Indigenous clients. I then started feeling the Savior Complex towards Indigenous peoples; I wasn't aware of it at the beginning - it can be so subtle.

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[1] Sagan is a city of Lower Silesia which was annexed by Prussia and Germany since the 18th century and which was retroceded to Poland after World War II. Sagan was annexed as Germany until my grandfather had to run away from the city when he was a child.

Even if I'm somewhat of a « standard person » that our Quebec/North American/Western society welcomes warmly – typically a White-skinned, dark blonde, Catholic, from the middle-class, able-bodied, Bilingual – I never felt that I fully belonged to a specific group. In fact, I think that it is a common experience for a person that has immigrated, to not feel a sense of belonging to one specific group – especially for immigrants that arrived when they were children. In addition to feeling this way for a long time, I also always felt different – it is a big pattern in my life, feeling different. I feel different enough to feel that I fit neither in what we can call the « normal » group nor the « margin » group. I took a lot of time out of social interactions during adolescence, Cegep and still in university: for financial reasons, sometimes, but also for reasons linked to anxiety, because I believe that I am what we call an introverted person and because I simply just prefer to be alone. Maybe this is why I always felt different. Often, it was difficult to feel that I was connecting with people and that I could trust them – even if I deeply need to feel connected and belong. The story of *La Pierre et le Sabre* written by Eiji Yoshikawa inspired me since I was a teenager to focus on the knowledge of myself, and I interpreted it as being more alone. I wish I can keep working on this individual and personal process while still being connected with the many relationships around me.

Before completing my internship at Native Montreal, I secretly (and maybe unconsciously) wished to go to horizons that I have never known while learning more about Indigenous cultures and spiritualities. Indeed, I was inspired - for many years - about Indigenous theatre and performance; more specifically, the Indigenous French-speaking theatre company named Ondinnok. I also was aware of the situation of oppression and violence towards Indigenous Peoples, and I also knew the fact that too little was already done in drama therapy with the many Indigenous nations and communities. Intertwined with my savior complex and a wish to open the eyes of the drama therapy field towards the needs of Indigenous peoples, I did my practicum at Native Montreal and I wrote this research paper. Then I learned deeply that the important thing was not to *save* or *fix* someone, but to cultivate *connections*.

These experiences - and many others - may affect my interactions with clients. Also, these experiences may affect the way I am writing this research paper.
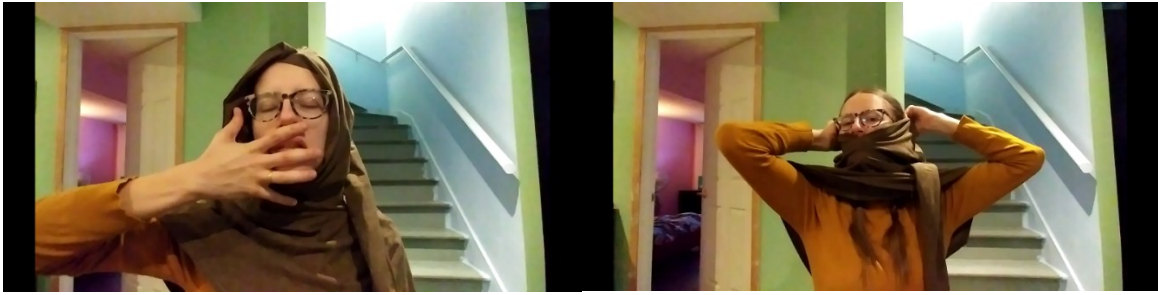
« I'm usually not used to speak-out. »

« Sometimes I am very shy and not sociable. »

« But I love to creep into others' worlds »

« Sometimes my light is off. »

« When my light is on, I can play. »

« When my light is off, I can be scary. »
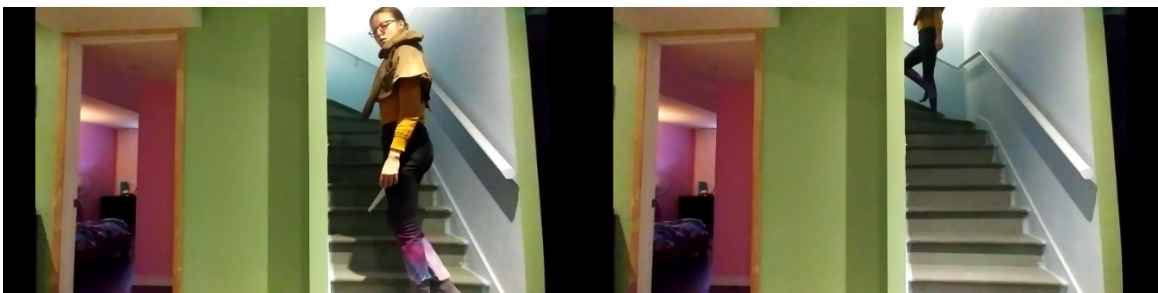
« And then with a last regard. »

« I must leave. »

« And you didn't see all my more amazing poses. »

Figure 2. Who am I (art-response). See discussion part for analysis.

The Research Question

How can my art-based responses towards the concept of cultural safety with Indigenous clients serve as vehicles towards my increasing understanding as a white drama therapist intern working with this population?

Definitions

Indigenous. Indigenous peoples are sub-categorized by First Nations (with or without a status), Metis and Inuit. Some people still use the term Aboriginal – but Aboriginal, and « Aborigènes » in French, is more commonly associated with the Indigenous peoples from Australia. Indigenous peoples around the world live a similar experience of oppression from colonization and marginalization. Some communities are however less negatively affected, for different reasons - this paper will explain this later on in the *History of colonization* and *Determinants of health* parts of this paper[2].

In Canada, about half of Indigenous Peoples live in their own communities, with the remainder in rural or urban centers (Meyer-Cook & Labelle, 2008). There are 50 distinct Indigenous languages spoken in Canada (Meyer-Cook & Labelle, 2008). In Quebec, there are 11 different nations: Abenaki, Atikamekw, Algonquin, Cree, Inuit, Innu, Maliseet, Mi'kmaq, Mohawk, Naskapi, and Wendat. In Tiohtiá:ke, we are living on an unceded Mohawk territory (kanienke'há:ka peoples) which is also named Montreal.

Cultural safety. Cultural safety is a term mostly used when working with Indigenous peoples. The term was born in New-Zealand, with nursing education and the Maori people. It is a concept and practice that goes further than cultural humility and competency. In cultural *safety*, some dose of competency and humility is required, but the practitioner gives also even *more power* to the client. Thus, in cultural safety, the power inherent to the practitioner's work aims to be lowered - in a practical manner. The client, therefore, has *more responsibility* in the healing process. The Aboriginal Nurses Association of Canada (ANAC) also report that cultural safety « is determined by those to whom [health care providers] provide care » (Hart-Wasekeesikaw, 2009, p. 2). We will explore this concept further in a moment.

Elder. Not every elderly Indigenous person can be an Elder, and even younger persons can be considered an Elder. This term is used in this paper to represent Indigenous individuals recognized among the Indigenous communities to be knowledge keepers.

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[2] One of the reasons is that when a member of a community feels closer to their culture, their wellbeing becomes higher (Gee, Dudgeon, Schultz, Hart & Kelly, 2014).

CHAPTER 2. RESEARCH DESIGN

I feel that my best learning process throughout my internship was to reflect about the narrative and specific details that occurred within drama therapy sessions with Indigenous clients. It would be obviously inappropriate, unethical, and dangerous to share these specific details for confidentiality matters. Thus, in this paper I have chosen to review concepts from readings and to respond to them by translating my personal living experience through creative media.

Theoretical research

The present research is based on theoretical research and a broad review of the existing literature. This literature review is about cultural safety, response-based practice and other sources that seem pertinent for a drama therapist (or other creative arts therapist) who wishes to practice with the many Indigenous communities. It could also be relevant to a practitioner who wishes to work with other marginalized populations that live with similar experiences of state violence, and that are collective and culturally oriented (Richardson, 2016).

The readings inspired by supervisions or practitioner dialogues comprise my theoretical data. I intended to read several references, to listen to conferences and to engage in dialogues to explore cultural safety, white supremacy, systemic racism, intersectionality of oppression and privilege and counseling with an Indigenous or marginalized population. Some of the theoretical articles were shared by Catherine Richardson (counsellor, psychotherapist and social work educator[3]), who was one of my site-supervisors. Some other articles were inspired by supervisions with Wayne Robinson (service social worker[4]).

An Autoethnography and Art-Based Inquiry

Throughout this paper, I am responding through art from autoethnography lenses. The *autoethnography and art-based* methodology aims to answer my research question in a more transparent manner - and thus I wish a less colonial manner. This also stems from my desire to produce more accessible research. This way, I may be able to reach an audience that traditional academic research usually disregards.

Ellis, Adams and Bochner (2010) highlighted that *autoethnography* « acknowledges and accommodates subjectivity, emotionality, and the researcher's influence on research,

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[3] Catherine Richardson is a Métis woman who has, from her mother's side, Cree, Dene, and Gwichin ancestry.
[4] Wayne Robinson is Ojibway from Pic River First Nations.

rather than hiding from these matters or assuming they don't exist » (p. 2). Autoethnography attempts to understand how behaviors and values come into being.

Described by Leavy (2009), the *art-based* methodology was chosen to continue to work on my artistic and creative muscles, and to get at the tacit knowledge. Leavy (2009) points out that the imaginative format of such a method allows to « create longer-lasting learning experiences for readers » (p. 2). For the development of a professional identity as a creative arts therapist, Har-Gil (2010) emphasizes that it is « important to heal the split between artist/researcher and a better integrated professional identity » (Har-Gil, 2010, p. 74). Thus, such a methodology allows the student in drama therapy to acquire a greater degree of professional efficiency, self-confidence, a thorough therapeutic understanding of the processes of the dramatic tools used, as well as a greater empathy for future participants who will potentially employ similar tools (Har-Gil, 2010).

Lin (2007), a drama therapist who created an *autoethnography and arts-based* research project, emphasizes that her autoethnography performance illuminated a process that « had been emotionally entangled and inaccessible to consciousness » (Lin, 2007, p. 29).

According to Vivian (2013), because the medicine wheel has four different aspects (physical, emotional, spiritual, mental), « the art therapist who practices with an Aboriginal approach would necessitate that a variety of cross-modality creative materials be present » (p. 37). Consequently, I thought that it would have been relevant to use cross-modality creative materials in my artistic responses, to practice this medicine wheel aspect of healing.

Process. I can now describe the steps of my methodology process. Considering my literature review as my data, I proceeded to analyze the data through the « arts-based reflexivity » (Schenstead, 2012) method.

The *first step* of my data analysis was the summary of the fundamental themes in the form of keywords. A framework that helped me for doing this was the initial dialogue with elements of the data, presented by Kapitan (2015):

The method begins with and continually returns to a careful observation of the physical qualities of the image [or of the text]: What is it that I see? What happens when I shift my perception? What is dominant and attracts my eyes? Where does my eye go from there? What have I overlooked? (p. 170)

The *second step* of my data analysis is an intuitive artistic response to this material.

The *third step* is the examination of all artistic responses and to organize them into a larger scale of artistic creation within the research paper. Due to the constraints of time and

health, I decided to stop my data analysis at the third step, as a final creative synthesis. The theoretical part of the review of the literature thus actually anchors the artworks on the history, theory and practical application. (Kapitan, 2015, p. 174).

This research will likely help to transform and evolve my understanding, and the understanding of others, of cultural safety. I also wish that the outcomes of my research could clarify a decolonizing Indigenous framework for drama therapy practice, with the limits of it being done by a non-Indigenous, White drama therapist. I would also like my research to open and widen discussions about cultural appropriation, response-based practice and cultural safety within the field of drama therapy. It is my wish that the discussion will continue in everyday life, and that if people want to contact me about this research, they are welcome to do so. The intention is to have a community surrounding the discussion and to bring the research out of its traditional loneliness.

Indigenous Research Methodology

Reading about Indigenous methodologies was part of my cultural competency and humility duties within the research process. Drawson, Toombs, and Mushquash (2017) point out that a positive relationship with the community in which the research is conducted is a requirement of the majority of Indigenous research methods. The engagement of community members in a culturally safe context can be in the form of consultation, data collection, analysis or dissemination of results (Drawson, Toombs & Mushquash, 2017). Inclusion of Indigenous people in the research process must be done in a way that is respectful, reciprocal, decolonizing, and that preserves self-determination. This way, the Indigenous community involved should have the ability to determine the direction and approaches that are preferred (Drawson, Toombs and Mushquash, 2017). The knowledge on which this research is based was shared by my aforementioned Indigenous supervisors – Wayne Robinson and Catherine Robinson. Nevertheless, since my research is mostly about my responses to the concepts I am reviewing, I have chosen to not engage an Indigenous individual within the processes of this research paper.

I also found the Indigenous methodology of the *conversational method* interesting. The principle of the conversational method is to have a discussion, as a drama therapist for example, with an Indigenous healer. The *conversational method* described by Kovach (2010) « honours orality as means of transmitting knowledge and upholds the relational which is necessary to maintain a collectivist tradition » (p. 42). The conversational research method is inherently relational. Kovac (2010) highlights that

[…] from an Indigenous research perspective the relational is viewed as an aspect of methodology whereas within western constructs the relational is viewed as bias, and thus outside methodology. (p. 42)

Nevertheless, I did not choose the conversational method methodology. I felt that it would have been administratively too complex to ask participants to complete forms about their participation, and too complex to engage in this methodology correctly without enough guidance. I chose to take the readings suggested by Catherine Richardson and inspired by Wayne Robinson, and some others, and to digest them through art as a form of conversation between me and the readings. However, I don't think that the methodology I use here is worth the same as the conversational method. Therefore, I cannot say that my research is congruent with an Indigenous methodology or an Indigenous paradigm, but more with a Western methodology that tries to be accessible (through the art dialogue).

Limitations

Wilson (2001) wrote about a research paradigm *for Indigenous researchers*[5]. According to Wilson (2001), the important thing is not to meet the needs of validity or reliability, but « as a researcher you are answering to *all your relations* when you are doing research » (p. 177). Wilson (2001) pointed out that an Aboriginal research paradigm comes from the fundamental belief that knowledge is relational; there is not one reality but many. My research is nothing without an active *dialogue* with the Indigenous communities, the drama therapy communities, the supervisors that helped me, the authors quoted, the readers of this paper, myself and any other person that may be interested or concerned. It is not necessarily a research object that is important, it is the *relationships* around this research object that are important (which also includes my close relationships, my family, my clients, my environment, etc.). Thus, the researcher is answering to the *relational responsibility* – to everything, to the human relationships, but also the relationships with the earth, the animals, and many others. While doing this research, I must stay true and responsible to all my relationships. Ellis, Adams and Bochner (2010) pointed out, about relational ethics in autoethnography research, that « in using personal experience autoethnographers not only implicate themselves with their work but also close intimate others » (p. 7). It is more than possible that, in talking about myself and in doing artistic responses, I will also be talking about my relationships. It is thus important to consider *relational concerns* as a crucial

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[5] I am not Indigenous, but I was curious about this way of doing research inspired by Indigenous principles.

dimension of inquiry (Ellis, Adams & Bochner, 2010), by showing my research to the persons implicated in or by their texts, and allowing them « to respond, and/or acknowledging how [they felt] about what is being written about them and allowing them to talk back to how they have been represented in the text » (Ellis, Adamas & Bochner, 2010, p. 7). Autoethnographers have the duty to protect the confidentiality of other people by « altering identifying characteristics such as circumstance, topics discussed, or characteristics like race, gender, name, place, or appearance » (Ellis, Adams & Bochner, 2010, p. 7). Nevertheless, these protective devices should not influence the understanding, interpretation, and integrity of the research.

The researcher who is doing an ethnography cannot pretend that her/his/their research is representative of every context or every individual: « the findings of an ethnographic study must be understood to be limited » (Kapitan, 2015, p. 120). This research paper is mainly a soliloquy in relationship with other beings. However, a dialogue – and not a soliloquy – is needed – but found with great limitations in this research paper. Also, because I have chosen to not make my research proof-read by any authors that I quoted in this paper, this is a limitation. This is a limitation because the dialogue is only within my interpretations of other people's texts.

To compare my perspective with other perspectives from people with different roles, functions or experiences would improve the *validity* of this art-based research (Kapitan, 2015). However, this kind of more valid research would have required more complex forms and methodologies. According to Kapitan (2015), « validity in art-based inquiry is obtained through public critique » (p. 173), thus through greater dialogues. This is the peer review that can permit one to obtain validity by providing a space in which others can potentially agree or disagree. Because I didn't give a lot of space for peer-reviewing in my methodology, I wish that the conversation will keep going with anyone that is reading this paper and witnessing the art-based responses. According to Ellis, Adamas & Bochner (2010), *validity* in autoethnography would be linked to this question: can my art-based responses help readers better relate to someone, or better understand the complexity of the readings?

According to Ellis, Adams and Bochner (2010), questions of *reliability* for an autoethnographer would be about this question: are my art-based responses conducted with authenticity?
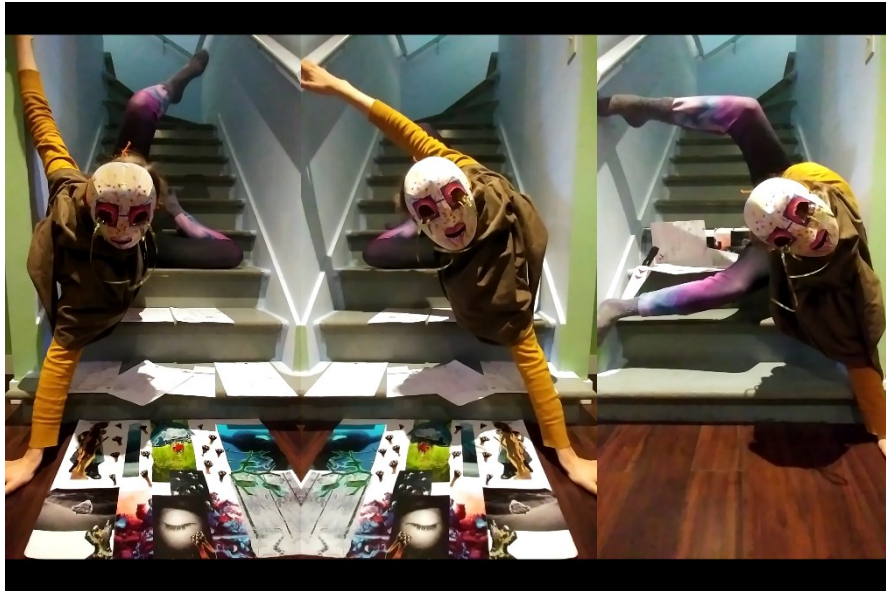
« A creature-of-new-shapes is born, trying to organize and control all the other creations to fit a shared shape; without success.

One day, this creature-of-new-shapes felt its own being to be enough. At this moment, its feeling of having no control ceased to be painful. »

Figure 3. Interconnectedness of everything (art-response). See discussion part for analysis.

CHAPTER 3. LITERATURE REVIEW

Historical Context

History of colonization. Knowing about the *history of colonization* of Indigenous people is essential for a practice that aims to be culturally safe (Brascoupé & Walters, 2009). We will explore more further what is cultural safety, but for now, here is some history of colonization. From the past and present, the hunger for territory of the settlers, « included not only resources such as gold or oil or diamonds, but the people themselves, [resulting] in gross atrocities being committed against Indigenous peoples across the world over many centuries and generations » (Sherwood, 2015, p. 1). In fact, research has « demonstrated that colonisation and racism have become significant determinants in the health and well-being of First Nation people » (Sherwood, 2015, p. 4). Working with Indigenous people is « acknowledging that the health of individuals is not always within their own control » (Sherwood, 2015, p. 4). The cumulative colonial traumas that have occurred are known as historical trauma (HT), embodied through many Indigenous peoples' health (Sherwood, 2015). It should be known that this cumulative trauma is still present in Indigenous peoples'

lives, as a continuation of injustices and injuries to them – and not only something from the past.

Forced settlements, reserves creations, relocation to remote areas, residential schools, chronic underfunding and lack of resources for essential services such as basic health care and education, as well as bureaucratic control, are part of the oppressive colonial relationships models lived with the dominant North American population (Kirmayer, Tait & Simpson, 2008). In residential schools, for example, Indigenous people were often beaten for speaking their Native language. It was frequent that children there experienced sexual, physical and mental abuse. Residential schools « operated for over 100 years, during which time their main aim was to completely eradicate Aboriginal cultural, familial, economic and spiritual life » (Meyer-Cook & Labelle, 2008, p. 37). In residential schools, Indigenous children had to conform in order to survive. Basic skills in subsistence farming and living were taught, but the program was « not giving Aboriginal Peoples equal education or even equal tools to farm with » (Meyer-Cook & Labelle, 2008, p. 34), thus keeping them separate from the growing economy.

Rightly named « Canada's prison camps for Indigenous children » by Richardson (2016, p. 91) were not the only societal atrocities and injustices that were committed towards Indigenous peoples. Among other injustices, Indigenous parents have long been considered incapable of educating their children and inculcating to them the European values of the dominant population. As a result, many Aboriginal children were removed from their families and communities to foster care. However, the actual situation within Indigenous families, according to Sherwood (2015), does not require incarceration or child removal – as our system is doing –, but supportive measures. In fact, there is a « difference between poverty and negligence » (Sherwood, 2015, p. 3). Also, considering that a big percentage of children in care are Indigenous, « the Children's Advocate of Manitoba reported 74 deaths of children in care between 2010 and 2016 » (Richardson, 2016, p. 89). We must not forget the Indian Act, which defines First Nations as pupils of the Crown, that is, matters for which the state has the responsibility to provide care – repetitively infantilizing Indigenous peoples and minimizing their capacity to heal themselves.

The industries of land appropriation and resource extraction removed Indigenous peoples from their land. According to Richardson (2016), « it was inevitably a fiscal decision, not an ethical one » (p. 91). Destabilizing Indigenous communities to access land and attain wealth was not an inconvenience for the government and corporations (Richardson & Wade,

2008). Indigenous people were historically (and continuously) considered as « less worthy » than other nations in the context of racism, but this « convenient dislike » supported industries of resource extraction and land appropriation (Richardson, 2016, p. 91). Being Indigenous sometimes has health implications due to having been exposed to radiation or other environmental pollutions: « that landscape lives in my bones » (Richardson, 2016, p. 85).

Indigenous peoples' traditional ways of living were disrupted which has contributed to the breakdown of their local communities (Richardson & Wade, 2008). Participation in cultural and traditional healing activities was banned, so many Indigenous people had and still have difficulty accessing Indigenous traditional healers (Dufrene, 1990).

As Kirmayer, Tait, and Simpson (2008) highlight, death by suicide is one of the most dramatic indicators of distress in Indigenous populations; although suicide rates vary widely among communities. According to the same authors, high levels of responses such as depression, anxiety, substance abuse, and suicide are closely related to the questions of individual identity and self-esteem. When a member of a community feels closer to their culture, their wellbeing becomes higher (Gee, Dudgeon, Schultz, Hart & Kelly, 2014).

Wade (1995) added that these colonial traumas are reflected through personal experiences of loneliness, isolation, violence towards others, crime, and poverty. Also, Indigenous peoples' « struggle for housing, land rights, and justice reform against police brutality and unfair sentencing procedures » (Meyer-Cook & Labelle, 2008, p. 36), living in poverty, homelessness, environmental racism (insults, threats, intimidation, etc.) and ill-health.

Also, Richardson and Wade (2008) pointed out that, while the communities were not able to protect young women from violence and poverty as before, some of them went to urban centres. In cities, young Indigenous become socially isolated and even exposed to further violence (Richardson & Wade, 2008). Indigenous people are often « caught in two worlds, the world of their family and the world of the general North American society » (Dufrene, 1990, p. 129).

About Métis peoples. ~~The Métis and the Mixed peoples (part Native and part White) are not the same.~~ The Métis peoples are descendants from old unions between Indigenous women (especially from Cree and Ojibwe nations) and European fur traders in the North-West of Canada. The Métis have a distinct culture and nation. It was in the 1800s and early 1900s that the Métis referred to themselves as *the people*: neither First Nation nor White

(Richardson, 2006). It is also important to know that the Métis were not recognized by the Canadian constitution until 1982. By presenting as a Métis, « you never know if you will be welcomed, valued, or cast out » (Richardson, 2016, p. 90). Another reality is that, even while being Indigenous, a school « wouldn't give [someone Métis] an Indigenous bursary because [this Métis person] didn't have status » (Richardson, 2016, p. 90).

Health context

  Determinants of health. The National Aboriginal Health Organization (NAHO, 2007) shows the determinants of health as:

- *access* (the availability of services within the community),
- *colonization* (the systemic dependency),
- *cultural continuity* (the access to traditional knowledge and cultural practices),
- *globalization* (the growing of a consumption activity and its impact with the relationship with the land, the culture and the society),
- *migration* (the relocation of communities by the government),
- *poverty* (the poor quality of life and unemployment),
- *self-determination* (the control over decisions),
- *territory* (the loss of the traditional territory and loss of the occupation on the land).

  Health is a political act. There are, effectively, political implications of health – due to colonization, historical trauma, dislocation and loss of territories. To separate health care from the wider social context is impossible.

  What is Historical Trauma? Sherwood (2015), who is an Aboriginal Australian registered nurse and professor at the University of Sydney, highlighted that the trauma experience by Indigenous people worldwide has not been from one single event. Thus, « the legacy of traumatic experiences and oppression sustained through *ongoing colonisation* has ensured that the injury experienced has not given an opportunity or space to heal » (Sherwood, 2015, p. 1). As explained by Brave Heart (2003), « *historical trauma (HT)* is cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma experiences » (p. 7). Still according to Brave Heart (2003), « the *HTR [Historical Trauma Response]* often includes depression, self-destructive behaviour, suicidal thoughts and gestures, anxiety, low self-esteem, anger, and difficulty recognizing and expressing emotions. » (p. 7).

  Indigenous Peoples had to fight just to survive, experiencing an internalisation of wounds and an unresolved grief (Sherwood, 2015). Brave Heart (2003) added that «

historical unresolved grief is the associated affect that accompanied HTR; this grief may be considered fixated, impaired, delayed, and/or disenfranchised » (p. 7). This concept of HT is different from the western model of PTSD, because of the *cumulative impact of successive and ongoing trauma*. Brave Heart (2003) argues that the western model of PTSD is not effective in capturing the signs and symptoms related to HT. As highlighted by Overmars (2010), the DSM books require cross-cultural intercession to inform a diagnosis' model for Indigenous Peoples.

This historical, cumulative, unresolved grief and trauma is also unacknowledged by the larger society (Doka, 1989), even by some Indigenous individuals. Brave Heart (1998) suggested that an « education about historical trauma [for Lakota clients] would lead to increased awareness of the impact and associated grief related affects » (p. 287). Brave Heart (1998) thus presented a four-day psychoeducational group held with Lakota peoples. Some of the aims of this group were « to foster collective mourning, facilitate integration of affects and cognitions about historical trauma, and promote awareness of the intergenerational transmission of trauma » (Brave Heart, 1998, p. 294). Also, through the incorporation of traditional Lakota language, and culture, « another aim was to facilitate integration and consolidation of Lakota identity » (Brave Heart, 1998, p. 294). This four-day psychoeducational group used videotapes about the Wounded Knee Massacre and residential school traumas, sharing circles (with facilitators who had lived similar experiences) and traditional ceremonies. Brant Castellano (2008) argues that *to educate about the history and impacts of colonization, and to organize cultural events founded on traditional knowledge*, can support readiness to engage in therapeutic activities. As creative arts therapists, to educate about Historical Trauma and the history and impacts of colonization within the drama therapy sessions could help the client's readiness to engage in the therapeutic process. The service-providers must *link colonization to trauma*.

According to Brascoupé and Walters (2009), « *there is a shift from healing as 'fixing' to healing as 'building'*, as well as from healing individuals and groups to transforming systems » (p. 35). To link treatment to training would indeed transforms healing into the wider well-being of the community (Brascoupé & Walters, 2009).

The vision of the person related to the vision of healing. According to Kirmayer, Tait and Simpson (2008), the Inuit (but also other Indigenous peoples) share a concept of the person that are « ecocentric » - *territorial* and *animal*-related, « cosmocentric » - related to *ancestral lineage* and the *spiritual*, and « sociocentric » - related to social *relationships*.

Because the land, the ancestors, the spiritual worlds and the relationships are also part of the person, healing any element of these *is* healing the person. I am not sure though how these terms - which I only saw on Kirmayer, Tait and Simpson (2008)'s academic text - are received among Indigenous peoples. What I meant by quoting this text, is that *being engaged in the struggle for the preservation of the territory* (for example) *is an act of healing*.

Spirituality. Brascoupé and Walters (2009) wrote that « the healing process begins with individuals […] then rallies at the family level and finally finds a home at the community level » (p. 36). Thus, a healing session can take the form of a community project, or even of a wilderness camp for the community. The stability and strength of the community are fundamental to Indigenous people because social cohesion has been the key to survival for many of them (Strong, 1990). As a force that inspires individuals to consider something greater than themselves, the community and the many other relationships could also be ways to explore spirituality. For some individuals, « spirituality is intrinsic to cultural reclamation » (Brady, 2015, p. 104).

To *respect the sacred* is to recognize that the existence of human beings does not depend entirely on their actions, since there are spiritual forces that can intervene (Dufrene, 1990). McCormick (2009) also suggested the natural elements as a vital and spiritual component for Aboriginal participants. The natural elements represent a non-threatening medium to begin to explore spirituality, in addition to allowing a sense of *rooting* and solidifying *connections* with *ancestors* and *nature* (Vivian, 2013). I think that *nature therapy* would also be an interesting field to study in restoring the connection with others, and a sense of belonging (Berger & Tiry, 2012). Working with the idea that everything is interconnected can allow the clients to *examine their roles* within their relationships (Vivian, 2013). A question that we can ask as a therapist is « *what gives you this force?* », to inspire discussion about a greater sense of self.

Moreover, McCabe (2007) suggested the relevance of using some of the client's rituals and ceremonies symbols. Vivian (2013) recalls that the creative art therapist is not a qualified traditional healer and should not be presented this way. The counselor is not a knowledge keeper and cannot facilitate a ritual or a ceremony. However, the counselor could participate in some rituals with the presence of a client if it is beneficial for the client. It is also essential to not impose any ritual or healer to a client. The therapist working with the creative arts is therefore invited to complete his approach with other types of healers - traditional or others. Being attentive to various symbols and their use in traditional healing

practices is relevant for understanding the client. Besides, « counsellors may find the knowledge of community experts, such as elders, to be helpful for clients » (Brady, 2015, p. 103). Comas-Días (2011) highlight that many individuals from non-dominant cultures distrust the conventional methods of healing. In fact, according to McCabe (2007) it seems that Indigenous people are now using more frequently traditional healing rather than conventional ones.

The journey of Two-Spirited peoples towards recovering. Being two-spirited « is not predominantly a description of one's sexual orientation, but rather one of *gender identity and role* » (Meyer-Cook & Labelle, 2008, p. 31). This spiritual role implies responsibilities towards the community. Many Indigenous tribes, before colonization, believed in more than two genders (Williams, 1986), and some nations even identified more than six different categories of gender. Such individuals were held in high esteem, considered as gifts from the Creator. Two-Spirited peoples have the « ability to mediate between and see through the eyes of both sexes » (Meyer-Cook & Labelle, 2008, p. 31), possessing thus a double vision. The term of Two-Spirit was proposed in Minnesota in 1988 but is not universally accepted by every Indigenous person. This resistance is around the issue of having only one common denominator for all Indigenous persons. In fact, Indigenous Peoples from North America collected over 130 terms (that means 130 different visions) of different gender categories.

The internalization of negative attitudes towards *diversified gendered people* is from European heritage, but the fear of *homosexuality* was developed in great part by residential schools. Many survivors harbour negative memories about sexual abuses, which were often same sex in nature at the residential schools. According to Meyer-Cook and Labelle (2008), « binary concepts prevailed in colonial days » (p. 32): « racism, sexism, classism and heterosexism [and the belief in the nuclear family] were some of the many tools that the Europeans used to thwart and control the Aboriginal cultures they encountered » (Meyer-Cook & Labelle, 2008, p. 33).

According to Meyer Cook & Labelle (2008), it is understandable that Two-Spirited peoples sometimes skip whole days of school out of fear: they have a greater likelihood to be threatened or injured by a weapon at school. Two-Spirited people are subject to multiple oppressions, because they are Indigenous, in addition of being differently gendered. Multiple discriminations also mean multiple grievances. Identity formation is an upward struggle, because they can be devalued in both their community and by the LGBTQ+ community. Two-Spirited people are sometimes accused by their own community of making up this past

about them. When they move off the reservation, they often must deal with poverty, racism, sexism, and suicide. Sometimes, Two-Spirited peoples must make choices between being LGBTQ+ or being Indigenous. Also, some laws for the rights of LGBTQ+ peoples « will not apply to Two-Spirited people living on reserves, because band governments have the justifiable right to establish their own laws of governance » (Meyer-Cook & Labell, 2008, p. 42). Within Native American and queer communities, suicide is a very real problem: « couple the two together and it's amazing any Native American queers survive their adolescence » (Slivers, 2001, p. 4).

Thus, to create a drama therapy group specifically for Two-Spirited people can help to reverse isolation through sharing and meeting more people. Therapists can also educate themselves about HIV/AIDS, the code of human rights and treaty rights. Meyer-Cook and Labelle (2008) also highlight the importance to teach clients about « the changes that have ensued as a result of colonialism » and « the reclaiming of traditional Aboriginal values of inclusiveness and diversity » (p. 50).

Meyer-Cook and Labelle (2008) also suggest « regrouping those whom history has marginalized within the non-Indigenous as well as the Indigenous world » (p. 50). There is a need for « more opportunities for those facing multiple discrimination within Canada to speak with each other » (Meyer-Cook & Labelle, 2008, p. 48).

Figure 4. Violence, power and oppression in psychotherapy (art-response). See discussion part for analysis.

Cultural safety

What is cultural safety? Colonization has caused mistrust and trauma among Indigenous People. The notion that therapy can be politically or culturally neutral « ignores the presence of real and effective relations of power at work in the practice of psychotherapy » (Wade, 1995, p.181). There is a supportive relationship between colonialism and psychotherapy (Wade, 1995), which makes psychotherapy culturally inappropriate on several points. Considering that, we cannot forget that it is « a form of *violence* to impose culturally inappropriate approaches » (Richardson, 2016, p. 88). All through history with Indigenous People until now, the « political relationship was disguised as a helping and caring one » (Wade, 1995, p. 190).

While working with Indigenous clients, it is an ethical requirement to *not* be politically neutral (Ferrara, 2015). Being an ally to Indigenous people is to « acknowledge and contest the social material conditions, such as the environmental pollution that threatens many of the individuals living in northern communities » (Richardson, 2016, p. 86). Thus, allies to Indigenous peoples « assist in speaking out against earth exploitation and mining/oil and gas extraction that endangers communities and the environment » (Richardson, 2016, p. 86). Companies that knowingly contaminate water supplies—and also birds, animals and the Earth—involve the devastation of Indigenous rights (Richardson, 2016)[6].

The North American Drama Therapy Association (NADTA) describe the term of *cultural humility* in their Guidelines on Cultural Response/Ability, which constitutes only one little part of *cultural safety*. As the NADTA points out about cultural humility's expectations, « drama therapists are prepared to make explicit the cultural context, power dynamics, internalized privilege and internalized oppression of both the therapist and the client » (NADTA, 2017). On a similar thought, Dion (2007) wrote that it is « an obligation on White people to confront and understand their own racial identity and the way their dominant White culture shapes all of society and the norms by which people live ». Therefore, this is more essential to understand ourselves with our own race and culture (which constitutes *cultural humility*), rather than learning about our client's race and culture (which constitutes *cultural*

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[6] Thus, every intervention should « [assist] and [strengthen] not only the individual [client], but also the community and the land upon which the [client] is embraced » (Richardson, 2016, p. 95). Among the Métis rights (and any other Indigenous rights) that social/health practitioners have to know, there is self-governance, their land, and the understanding that the state does not own their children (Richardson, 2016).

competency). While *cultural competency* focuses on the knowledge of practitioners (thus giving more power to the practitioners), *cultural safety* is about adjusting the power relationships in health service delivery thus giving more power to the clients (Hart-Wasekeesikaw, 2009). As in cultural humility, attitudes of *respect*, *trust,* and *sharing* are essential inside cultural safety. However, cultural safety goes even further.

The concepts of (1) cultural awareness, (2) cultural sensitivity, (3) cultural competency and (4) cultural humility, are extended into *cultural safety*. The concept of *cultural safety* was initially developed in nursing practice in New Zealand with the Maori people. According to Brascoupé and Walters (2009), the concept of *cultural safety* exists within « the context of cross-cultural relationships, between Aboriginal service-receivers and non-Aboriginal service deliverers » (p. 7). However, « since cultural safety is a relatively new concept and less understood outside Indigenous experience, there is less research » (Brascoupé & Walters, 2009, p. 8).

To acknowledge that Indigenous people are suffering because of colonization is essential before taking the first step in working with Indigenous peoples. Cultural competency is for the practitioner about learning about *Indigenous culture,* but cultural safety is about learning about *Indigenous colonial and oppression history*. The cultural safety training focuses on the *historical*, but also on the *political*, *social* and *economic* conditions and environments of Indigenous people (Brascoupé & Walters, 2009, p. 16).

If the first step of acceptance, trust and safety isn't done, the next steps—whatever great techniques they are–remain superficial. This first step can take a long time but is very important and healing in itself. Bilawski (1991) gave an example of Inuit people that « objected to being questioned and interviewed, not because they wanted to withhold information, but because they wanted an exchange of stories and information » (p. 1). Despite all this knowledge shared, and despite the very essential importance for health care professionals to be culturally safe, I want to remember that it is not only health care professionals that must do the job of cultural safety. In fact, « key to this section is the recognition that it is *institutions* – government departments, hospitals, clinics, schools, etc. – that must demonstrate cultural safety and cultural competence in order to effect cultural change » (Brascoupé & Walters, 2009, p. 18). A well-behaved health care practitioner is « not enough if the underlying policies and structures are culturally unsafe » (Brascoupé & Walters, 2009, p. 18). As pointed out by Brascoupé and Walters, « for communities at risk and in crisis, individual initiatives are not enough » (p. 21). Every university and every

program which have students doing their practicum with an Indigenous population must question the knowledge they're sharing. Cultural safety practice is a practice that questions the knowledge that is shared. For example, an Aboriginal control over a program is a culturally safe practice.

Nine principles of cultural safety

As you must know, there is a real power inherent in the professional position of a therapist. The approach of cultural safety is not based on knowledge, as opposed to *cultural competency*, but on sharing responsibility and power. There are nine essential principles in cultural safety (Ball, 2007):

1. Protocols: the respect for cultural forms of engagement and the transparency of every process and procedure;

2. Personal knowledge: the therapist shares information about themselves to foster trust and equity;

3. Process: the therapist receives and ask for real feedback from the patient as much as possible;

4. Positive purpose: the therapist takes into account the values, preferences, and lifestyles of the patient;

5. Partnerships: the therapist is promoting collaboration in a bicultural model - with two parts within the relationship;

6. Ownership: the client owns their personal information;

7. Control: the client has to feel control over all aspects of the process;

8. Access: the client can access data or information about them, managing it and making decisions about their access; and

9. Possession: tthe client has physical control of data for genuine self-determination (Stout & Downey, 2006).

Therefore the client is « not as a passive receiver of services, but a powerful player in a relationship » (Brascoupé & Walters, 2009, p. 12). In fact, « the power transfer is real and could threaten existing power structures within organizations and society, including the policies and practices in question » (Brascoupé & Walters, p. 12). Thus, the practice and concept of cultural safety become a real challenge to the power establishment. According to many Maori peoples, « cultural safety *is* and *must be seen* as a challenge, to effect real change » (Brascoupé & Walters, 2009, p. 28). Then, « building trust through *safe* practice is a *huge challenge* » (Brascoupé & Walters, 2009, p. 33). Ferrara (2015), an art therapist who

has worked mainly with Cree nation members, encouraged creative art therapists to be flexible in their approaches to supporting clients, even at the risk of challenging the code of professional ethics.

Cultural safety and self-determination

Healing through self-determination can be done in environments that honor where the Indigenous clients come from and who they are (Brascoupé & Walters, 2009). A safe practice needs to take into account the values, preferences, and cultural location of the service-receiver (Brascoupé & Walters, 2009). Depending on the Indigenous client, the office can be appropriate if there are elements that honour where they are from. Depending on the Indigenous client, any office may be inappropriate, even with some Indigenous elements on it. Sherwood (2015) also highlights « that not all Indigenous peoples accept the construct of mental health » (p. 5). For example, « In Aboriginal Australia we prefer the term social and emotional wellbeing to mental health » (Sherwood, 2015, p. 5). According to Ferrara (2015), the term « healing » is more appropriate than the term « therapy » with a community from the Cree nation. It is, in fact, essential to « indigenize » the knowledge base of our health care professions.

It would be congruent with self-determination and cultural safety to ask if Indigenous clients would like to include another Indigenous person, as a cultural consultant, or as a co-therapist (Wade, 1995). It is essential to recognize that health and illness are socially determined and thus sometimes the involvement of individuals, families, and communities are also required (Brady, 2015). Brady (2015) wrote that « counsellors should consider the value of interconnectedness for Aboriginal peoples and be receptive and flexible to the direct and indirect involvement of family and community members, through their active participation in therapy or by inviting recommendations and feedback » (p. 103).

Being given more responsibility as the client is empowering. Healthy, stable and resilient communities « need capable, confident human resources to become community leaders, skilled workers and good parents » (Brascoupé & Walters, 2009, p. 22). There is a cultural and psychological anomie that was experienced from residential schools, « where individuals lose their personal moral regulation, leading potentially to depression and suicide » (Brascoupé & Walters, 2009, p. 22). Brascoupé and Walters (2009) highlighted to encourage any service-providers to give hope to patients at achieving more than what the service-providers achieved, and to embrace the thought (I think if there is energy to it) that they can totally change the actual system.

Despite this information, it is ultimately the client that must define the norms and the power of the therapeutic relationship in *cultural safety*. Self-determination, which is about power, can take the form of confidence and self-esteem. This self-determination principle is a huge element of the therapeutic process. Cultural safety is about taking ownership and a shift in responsibility.

Inspirations from Catherine Richardson and Allan Wade

According to Richardson (2012), a Metis Elder, social worker and psychologist:

When we sit down together for the first full meeting, we may begin with a prayer and by burning some Indigenous cleansing medicines, such as sage or sweetgrass [*we cannot, especially non-Indigenous peoples, use these sacred plants without permission from an Elder; because we are not knowledge keepers*]. We spread the blankets out, along with some cultural items, such as children's moccasins, an eagle feather, medicines, children's toys, or a birch bark basket on a table [*don't do that if you don't deeply know the meaning of these items*]. These become the basis for conversation about communal and family life, often sparked by our questions: What do men do in your family? How do they relate to children? What do women do? Where do the Elders fit in? How about children? We develop a comprehensive map of the family and the ancestors, asking about which family members are involved in the present circumstances. This creates space for family members to talk about where they come from, and to identify present and past family members, their collective history, different roles in the family, how the family usually works, what they like to do together, their relationship to culture and language, and their challenges and aspirations. We learn about the quality of relationships, express appreciation for the privilege of sitting together. And share some information about ourselves, who we are, where we come from, and how we came into the work (p. 153).

Still according to Richardson (2012),

Additional dignifying practices include [...] asking permission before intrusive questions; acknowledging that we are probing into very sensitive and personal areas and showing an apologetic demeanor while doing so; ensuring cultural safety by offering tea and food [mostly composed of local and land-based]; [...] acknowledging the family's past history of interaction with professionals; and exploring what worked and what did not work for them. We offer as much choice as possible in all aspects of structuring the meetings (p. 161).

Other suggested attitudes from the therapist described by Wade (1995) include: avoiding interrupting the speaker, not quickly filling long pauses after questions and responses, asking the family for their patience for any blunders from the therapist, letting them know that the therapist is not an expert on Indigenous culture, and the importance of the sense of humor.

As mental health practitioners, bringing something to eat together with the family or the individual client can create a more supportive and caring exchange (Richardson, 2016). Co-creating cultural safety may also mean to do some of the meetings outside or in community spaces (if requested by the client) that are both safe and that show respect for client privacy. It is essential, according to Wade (1995), that the therapist regularly invites the client to evaluate the therapy and the behaviour of the therapist. As non-Indigenous practitioners working with Indigenous people, we can actively say that we are deeply sorry about the impact of the Stolen Generations. Being sorry means that we are committed to not repeat past injustice (Richardson, 2016).

Beliefs

— People always make perfect decisions

— No deterministic theories ✗

— We have opinions as therapists
   ↳ we cannot be neutral   pipelines
   (example: For dignity, against shootings)

— Don't say that they "are safe now"
   But what could be safer?   ↳ Trump is still here, so this
                                     is not true.

— Looking at the whole person, not just the problem
   Beyond what is presented.
   (medical system's issue of focusing
                            on problems)

— Healing inside us, but also outside us
   (family, community, ..)

— I < we → (how to feel safer in relationships?)
             what is a good friend?
             me
             moi

Figure 5. Beliefs – pros from practice (art-response). See discussion part for analysis.

Rules —changed or just important ones

— 30 minutes to be late (max) 🕐

— Can invite a person in a session (even last minute) (this person must help the client heal)

— Personal reminders of the time of the session (the evening before or/and the morning) ↳ make them coming

— the therapist has to follow a suicidal assessment/intervention training -and do follow-ups on the training

— the therapist has to also follow-up on trainings/supervisions around
☐ —the use of social medias
☐ —crisis intervention
☐ —cultural safety

— Having an Indigenous supervisor! ♡yes

— (the therapist is not a traditional healer ↳ (don't use sacred objects as sweetgrass, sage or traditional drum) ↳ maybe you can train on it with an Indigenous Elder recognized by the Indigenous commun't But for now, NOT. 🍄

Figure 6. Rules – pros from practice (art-response). See discussion part for analysis.

Response-based practice

Before explaining what a response-based practice is, it is important to explain some issues in the context of mental health.

Issues around pathologizing. Indigenous people were, from the beginning of colonization, considered « subjects to be contained, civilized and assimilated into normative » (Wade, 1995, p. 190). Their resistance was portrayed by European authorities as resulting from 'deficiencies,' and translated through descriptions of being 'lazy', 'dangerous', ' school dropouts,' etcetera. By using the clinical language of 'deficiency,' and by seeing the individual as the focus of intervention, psychotherapy continues its continuation of colonization. As Wade (1995) pointed out, this vision of the deficiency and the individual « focuses attention on the psychology of the individual victim while displacing consideration of the legal, political, and economic aspects of violence and its consequences » (p. 196). By encouraging clients to view themselves as persons with various psychological problems, deficits, syndromes, or disorders, the therapists perpetuate the idea that clients are unwell and have to be normalized. According to Wade (1995), the practice to see deficiencies would be unhelpful, and at worst, abusive: « acts such as diagnosis, assessment and prognosis simply have no place » (p. 181). If the therapy aims *to eliminate clinical depression*, for response-based practitioners it is like eliminating a person's most immediate and poignant form of protest, and *it is like transforming an understandable and healthy resistance into a disorder* (Richardson, 2012).

Importance of resistance, Instead of focusing on the « deficiency », the therapist could help the client to reclaim the client's « history of personal resistance » (Wade, 1995, p. 168). Therapists often talk about the *effect* of oppression (to talk about pain, deprivation, wound, etc.); but Wade's approach highlights the importance of talking about the *resistance to* oppression. It would be more helpful to ask persons to describe how clients *responded to violence* rather than how they were affected by it (Wade, 1997). Richardson (2012) highlighted the importance to « create space for family members to talk about residential school, foster care, and how they have responded to other forms of adversity they may have faced in the context of Canadian colonialism » (p. 159). A change in narration can transform how a person views themselves, their qualities and capacities as a person[7].

Exploring the resistance to oppression is « helping persons recognize their already existing strength and resourcefulness » (Wade, 1997, p. 35). The more a person thinks about how they handled someone's violence by their own initiative, the more they realized they can handle just about any situation. Thus, a person that would be assessed or diagnosed with a

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[7]. Wade's chapter (1995) showed a lot of examples of collaborative and respectful questions to ask clients as therapists about resistance.

lack of self-esteem can see that their actions were definitely not those of a person who lacked assertiveness or behaved passively as the diagnosis tends to mean. By seeing their own strengths, what we refer to as 'person's psychopathological symptoms' are pervasive. (Wade, 1997). Therefore, the person can begin to remember several other ways in which they had resisted - and to write these down, according to Wade's approach (1997). The client can find dignity in this process, and value as a person, because this client resisted the violence and thus this violence was not their fault. As Richardson (2017) highlighted, « once a victim understands 'it was not my fault', both the violence and the responses/resistance can be recontextualized into a social justice problem in the community, rather than as individual deficit » (p. 250).

A parenthesis about daily resistance and the colonial attitude. The primary places of Indigenous resistance are in the *daily* active rejections that they experience with agents of assimilation, not only in the few open battles with dominant colonizers (Garneau, 2016). This daily Indigenous resistance involves, for example, speaking in one's own way, refusing translation and full explanations, and refusing to be an Indigenous informant. In fact, Garneau (2016) claimed that « the colonial attitude is characterized not only by scopophilia, a drive to look, but also by an urge to penetrate, to traverse, to know, to translate, to own and exploit » (p. 23). The therapy may be full of laughter if wished by the client, thus without overindulging intimacy: the therapy may only focus on day-to-day stories and not necessarily penetrate the original experiences. Building a relationship with trust is a long process, but there can also be so much information from everyday lives and resistances.

Response-based practice: about resistance and dignity. The response-based practice (RBP) is a culturally safe tool for counselors, service providers, and social justice allies which is « influenced by Indigenous holistic approaches respecting the importance of land, relationality, and spirituality » (Richardson, 2017, p. 240). Also, this « is informed by women's knowledges, feminism, and a respect for the sacred of all beings » (Richardson, 2017, p. 240).

The importance of dignity, the ever-presence of resistance, and the belief that violence is social, unilateral and deliberate (thus not a lack of control) are the foundations of RPB (Richardson, 2017). RBP is oriented towards contesting social injustice, by a critique of state and of colonial violence, as well as of language used that minimizes violence[8]. Response-

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[8] There is various other examples where language is used to misrepresent violence. Such as when an *assault* (from the oppressor) is then mutualized between the oppressor and the victim as a *conflict* or a *fight* (Richardson, 2012).

based practice aims to expose the historical and actual violence towards Indigenous peoples and aims to clarify perpetrator responsibility, elucidating and honoring victim responses and resistance and contesting the blaming and pathologizing of victims. The more an offender is dangerous, the more prudent, creative and thoughtful the resistance tends to be. The person that resists extreme violence has to act creatively, with careful control. Thus, using the word « dissociation » as a «bad association» is a negative, unfortunate, misleading characterization of acts of resistance.

As pointed out by Richardson (2017), there are many forms of resistance: «sometimes people resist in a manner that increases the violence towards them but serves to reassert their dignity » (p. 244). For preserving *dignity*, the person that goes see a helper might hold private a problem that is potentially more embarrassing or distressing than the one explored during the appointment. In fact, the qualities of a creative resistance towards violence and oppression have no purpose of an immediate success.

1. The first step of the RBP is to explore the *social and material conditions of the violence* (the place, the peoples, but also highlighting the political situations) (Richardson, 2017).
2. The second step is to explore the *situation interaction* (what happened exactly within the situation).
3. The third step is to explore the *actions of the offender*.
4. The fourth step is to explore the *responses and resistances of the victim*.
5. The fifth step is to explore the *social responses* (the responses of the witnesses at that moment, or of the witnesses of the story).
6. The sixth step is to explore the *victim's responses to social responses*.

According to Richardson (2017), the steps of RBP are cyclical instead of linear. The «descriptions on the very subtle, microlevel aspects of mental and behavioural responses are particularly helpful » (Wade, 1997, p. 26). Getting too far into the details of how the client had been assaulted might be upsetting.

As a guide for the RBP, Richardson (2012) created the Medicine Wheel of Responses: a guideline of possible responses, which are (a) intellectual, (b) physical, (c) spiritual and; (d) emotional. For every step of the response-based tool, each of these aspects can be explored. For example, we can ask: how did you know how to do that in front of the offender (intellectual)? How did you find the strength to do respond this way (spiritual)?.. etcetera.

In RBP, client's relationships are honored. Asking about how some relationships have changed would also be a response-based appropriate question (because it focuses on the relationality). As highlighted by Richardson (2012), positive social responses help to recover more fully from violence, to report it and to cooperate with authority. Indigenous people are more likely to receive negative social responses than members of the majority population (Richardson, 2012) because they are « exposed to interpersonal and structural racism on a daily basis » (p. 149). Richardson (2016) pointed out that whether a violence survivor will perpetuate violence by using it, is based on the kind of response they received from the disclosure.

The RBP can also be used with offenders. The language is then used to portray the offender as in control, instead of as out of control. In RBP, the description of the offender's own actions and own responsibilities for violence and positive change are explored (Richardson, 2012):

> When you saw that Sue was afraid of you, what did you do? Once you sat back and thought this over, what did you think? What are your concerns about this? (Richardson, 2012, p. 157).

The practitioner allows the offender to express how violence is wrong, but also how they learned about it from the adults in their life during childhood: for example, from the adults of the residential school. Additionally, as pointed out by Richardson (2012), « we have found that asking perpetrators about social responses can be an effective way to create safety and facilitate the conversation » (p. 158).

As pointed out by Richardson (2012), the response-based practice « could be adapted for use in other cultural groups, particularly communities that are collective in orientation, that are culturally oriented [to their family traditions and spirituality], and that are healing from various forms of state violence » (p. 150). The work of Richardson (2012) aspires to assist families to regain a sense of connections with their relatives, their community, their land, and their culture.

Themes and values to keep in mind. Some themes can help the therapist towards a response-based framework practice that respects an Indigenous perspective. Richardson (2016) highlights the importance for therapists to take into consideration « the risks and dynamics of being placed [in the] 'in-between' » experienced by the Indigenous patient, and the experience of « falling through the systemic cracks », but also the « issues of identification and identity » (p. 84).

The therapist could ask questions such as: What does it mean for you to be a Native person in our world, in our city? To ask these kind of questions places the theme of identity in the room and makes it available for further exploration. This could be done with any drama therapy approach or media, as DvT (developmental transformation), drawing, sculpture, etcetera.

Among the values and concerns that health practitioners have to uphold while working with Métis (and other Indigenous peoples), are « cultural identity, family integrity, and values such as love, respect, inter-relationship, community, spirituality, and Mother Earth » (Richardson, 2016, p. 94). An Indigenous approach would « include a more collectivist, family-oriented/Earth-oriented vision » (Richardson, 2016, p. 94).
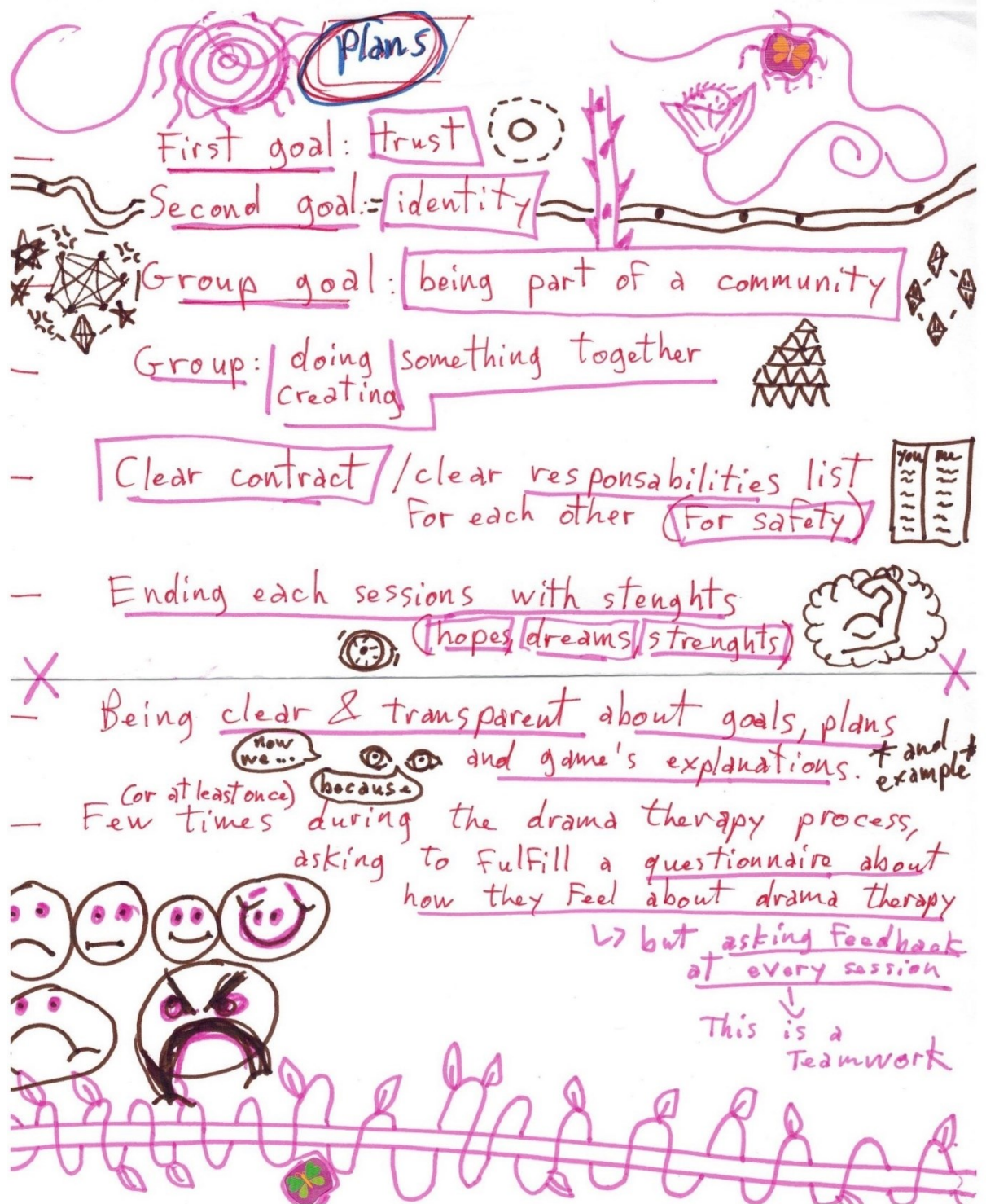
Figure 7. Plans – pros from practice (art-response). See discussion part for analysis.

A Reflection on Dual Relationships

The boundaries need to soften in many small communities (Zur & Lazarus, 2002). In those, the social norms require flexible boundaries and to have a mutual relationship between clients and professionals. In these small communities, it is impossible to avoid the overlap of relationships – this overlap can even be a social norm (Zur & Lazarus, 2002). Thus,

therapeutic effectiveness is increased by the familiarity that permits dual relationships. For some clients, not having such supplementary familiarity that permits a dual relationship would slow or even halt therapeutic progress (Zur, 2000a). Tomm (1992) highlights that « a dual relationship is far more likely to be affirming, reassuring, and enriching, than exploitative » (p. 1). In a study from Gruenbaum (1986), what was more frequently cited as harmful by participants were the rigidity, coldness, and distance from the therapist. Even if a dual relationship comes with a great deal of complexity, those dual relationships would not be exploitative in themselves: it « is promoting a treacherous illusion that exploitation can be prevented by simply avoiding dual relationships » (Tomm, 1992, p. 2). A therapist could exploit a client without needing any dual relationship. However, « it is relatively easy for an ethics panel to determine whether or not a dual relationship has existed while it is sometimes quite difficult to determine whether or not exploitation has taken place» (Tomm, 1992, p. 2).

As highlighted by Zur (2000), the isolation of the only-in-the-office policies are more likely to foster exploitation. There is a tendency within the client to idealize the therapist. A dual relationship can sometimes form experiences that are better grounded, creating a greater sanity, health, and personal connectedness. As highlighted by Zur and Lazarus (2002), if the clients know their therapists by their strengths and weaknesses, the therapeutic process can be better humanized, and thus enhanced. The avoidance of dual relationships sometimes is privileging professionals instead: the client has this « defective » and « demeaning » role, but a dual relationship can sometimes help preserve a better sense of personal worth (Tomm, 1992). Of course, the avoidance of some out-of-office encounters can protect therapists from experiencing anxiety (Strean, 1981) and can protect clients from experiencing biases from their therapist. Sometimes therapists have to maintain certain boundaries as to appear credible, but it should not be intertwined with power cultivation of the therapist.

To create well-adjusted and ethical dual relationships, Zur and Lazarus (2002) propose the importance of accuracy, effective clinical documentation, and clear articulation on records, consultations, and treatment plans. But the very first step would be to discuss the possibility of encountering outside the office with the client – as early as possible – and the client's preferred way to handle it. It is also important to increase the power of the client (through cultural safety for example) and to review with the client the disturbing complexities in the relationship. To clarify if a dual relationship is done ethically, Tomm (1992) suggested to add to the practitioners' ethics code « clear statements about the specific kinds of exploitation (egoistic, emotional, voyeuristic, financial, authoritarian, ideological, etc.) that

can occur » (p. 7). That « would help professionals and clients alike know what complications to look out for » (Tomm, 1992, p. 7). That would be in purpose to manage dual relationships professionally and ethically.

On the other hand, any client and/or therapist:

should be entitled to exercise free choice about whether or not he or she is ready and/or willing to enter into a particular dual relationship or not. Any such person also should be free to enter into a dual relationship with some persons, without being obliged to do so with others (Tomm, 1992, p. 7).

What Tomm (1992) suggested here seems difficult; I do not yet know how to do it. More information, supervision and research would be needed at this point. Different kinds of out-of-office experiences can also be named as dual relationships, and I don't think that all of them can be beneficial. More work must be done towards these ethical guidelines, but this is surely an essential question when coming to work with close communities.

Figure 8. Attitudes – pros from practice (art-response). See discussion part for analysis.

Figure 9. Questions to ask or what to say sometimes – pros from practice (art-response). See discussion part for analysis.

Creative Arts Therapies as a Form of Healing

      Healing through laughing. Humor is an important element contributing to resilience (Bourbonnais-Blanchette, 2015; Wade, 1995). According to Archibald (2012), laughter and play are great tools for healing the wounds of residential school survivors – whose childhood included little fun recreation. Games done in the drama workshops of Episkenew, Linds and Arnason (2009) helped start laughter amongst the participants, which consequently lowered the barriers. Episkenew (2009) also pointed out that the communal nature that is inherent in theatre activities makes it an attractive genre for Indigenous communities.

      Even if it was not named *drama therapy*, workshops described by Episkenew, Linds and Arnason (2009) aimed to address mental and social health issues, using Boal's forum theatre games while having fun and laughter. Once the participants were feeling comfortable with the drama games, « we drew their focus to the health issue that they felt they and their communities faced » (Goulet, Episkenew, Linds & Arnason, 2009, p. 109).

      Indigenous performance arts and other traditional activities. As highlighted by Favel Star (1997) and Manossa (2001), *contemporary indigenous theatre* is rooted in traditional Indigenous performance arts, thus is not merely an adaptation of European theatre. For a drama therapist working with Indigenous people, I think that it would be in the interest of cultural competency to learn more about traditional Indigenous theatre and performance arts. Because approaches like play therapy involve therapeutic healing through metaphor, Brady (2015) highlights that « counsellors should develop a strong knowledge of symbols pertinent to Aboriginal culture » (p. 102). Brady (2015) pointed out that cultural knowledge should be taken more as a hypothesis than actual knowledge. While playing with children in a drama or play therapy session, there are « positive results in enhancing cultural pride and prosocial behaviours using traditional land-based activities, such as hunting, trapping, and game preparation » (Brady, 2015, p. 102). Animals from the geographical areas where children are from are also preferred. But mostly, and for cultural safety, it would be essential for the drama therapist to name the source of the games.

      For people who have been disconnected from their culture, learning traditional activities – such as crafts (beading, etc.) – seems to be an important step toward reconnecting with Aboriginal identity and towards healing (Archibald, 2012). Bourbonnais-Blanchette (2015), underlined that the director of the Missinak house, which is a shelter for Aboriginal women, said she believed that craftsmanship is a political act (Bourbonnais-Blanchette, 2015,

p. 64)[9]. Craftsmanship and even the creative arts allow one to recover one's identity by symbolically transforming one's experience. Craftsmanship also helps to rebuild self-esteem, a sense of belonging as well as cultural pride (Dufrene, 1990)[10]. In play therapy with children who have some experience with needle arts such as beading or fabric decoration, Malchiodi (2015) suggest using craft material such as fabric, beads, yarns and similar objects.

Hilliard (2008) supported that drumming is a powerful tool for both children and adolescents from both Aboriginal and Western perspectivse. But if an Elder hasn't taught someone how to play the traditional drum, this someone cannot play the traditional drum (Richardson, personal communication, 2018). However, I would think that to bring any other kind of drum would be interesting. Again, it is important to be vocally aware with the client of what are the sources of the material we are using.

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[9] Earlier in this paper, we discussed how a political act is also therapeutic.
[10] Meyer-Cook and Labelle (2008) wrote about « making traditional crafts, while we listened to K. D. Lang singing to us in the background, and shared our personal stories » (p. 45).
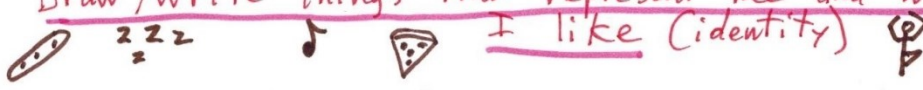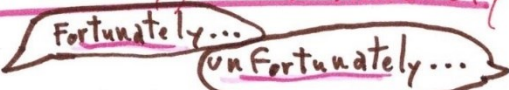
Games

- social atoms (relationships)

- Draw/write things that represent me and what I like (identity)

- Map of mistreatment/map of good treatment
  ↳ response to each person that treated well/treated badly.

- Special activity: makeup/cooking (these are still art)

- Fortunately/unfortunately (storytelling beginning by "Fortunately", then "Unfortunately")
  Fortunately...
  Unfortunately...

- 6-parts story narration - Narradrama
  ↳ making sense of experience
  → rewrite their story

- When need more presence than working on goals
  ↳ tell a little bit of life stories
  ↳ nicest moments

- Playing about making food, going on land, etc.
  themes or spontaneous play during improvisations For example

Figure 10. Games – pros from practice (art-response). See discussion part for analysis.
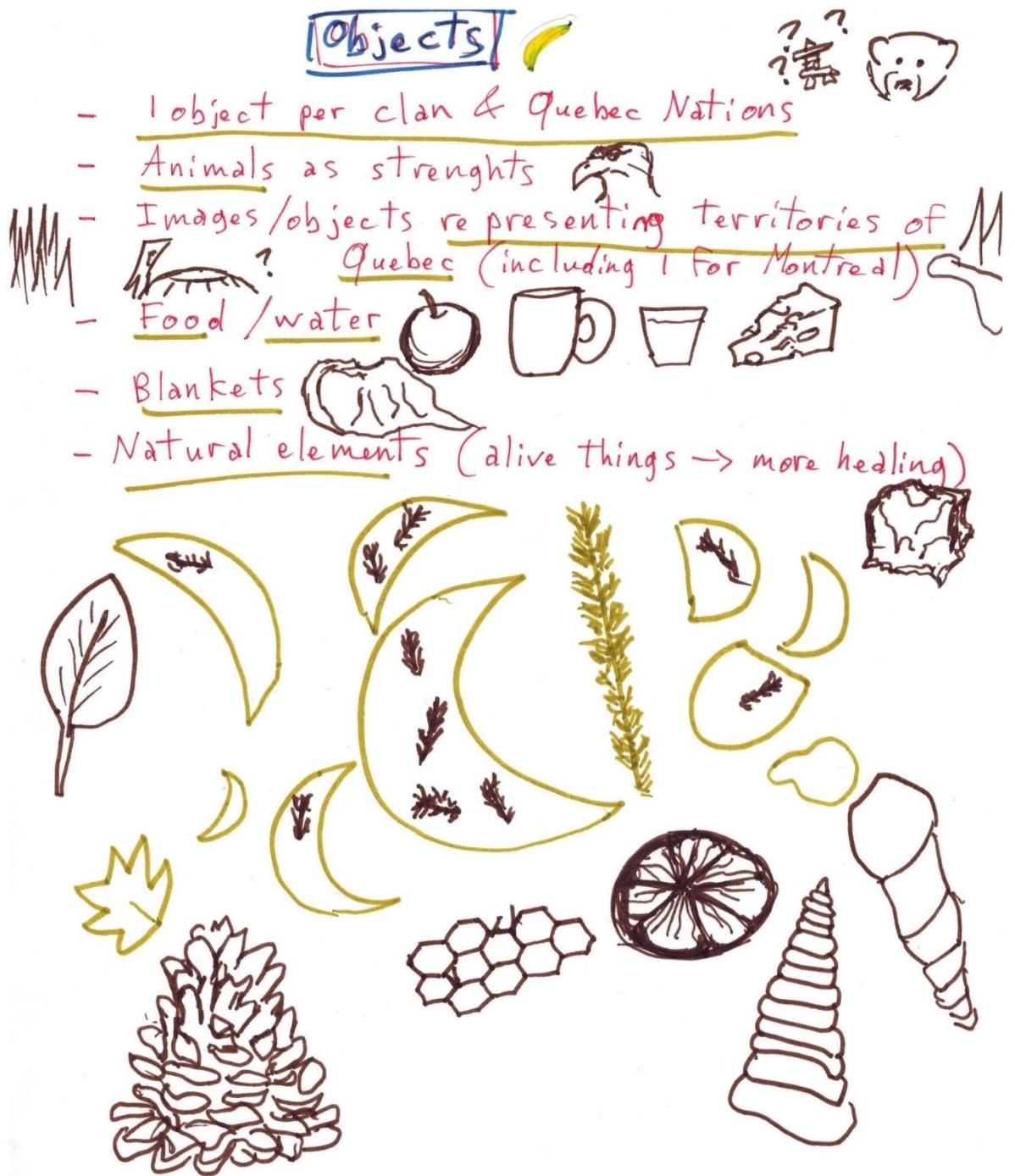
Figure 11. Objects – pros from practice (art-response). See discussion part for analysis.

Some additional suggestions for intervention

Lane (1994) proposed a practice called the *circularity of questioning*. In this model, the practitioner adopts a systemic viewpoint and is curious about the circular movements that exist between different members of the different social systems of the situation-problem

(family, school, CLSC, etc.). This work aims to get a different perception and to break « the cycle of unsuccessful solution attempts » (Eubanks, 2002, p. 12). To have different practitioners doing this practice for the same client permit « many opportunities to revise, rethink, or reinterpret his or her problem rather than offering a single intervention » (Eubanks, 2002, p. 13) and taking into consideration client's competencies « regarding their lives, their problems, and their social realities » (p. 18)[11]. The singular framework « found in many models of therapy can miss the unique realities of each client » (Eubanks, 2002, p. 18) and miss honoring clients' voices.

While I was writing this paper, several other expressive art therapists published their research papers related to working within an Indigenous context. Whyte (2018), a Mohawk First Nations art therapist explored an assessment of acculturation and identity structure using Indigenous and Western material. Whyte's (2018) research paper can help creative art therapists to assess acculturation and identity structure with Indigenous clients. Kashaba (2019) is an Egyptian drama therapist who created a zine to support non-Indigenous drama therapists seeking cultural safety with Indigenous clients. Their work and support helped me a lot during my process of trying to be culturally safe.

CHAPTER 4. FINAL REMARKS

Discussion (Analysis of the Autoethnographic Art-Based Responses)

My relationship to Tiohtià:ke (September 23, 2019). The media that I have chosen for this specific artwork is collage, because of the visual aspect. While listening to « trip hop» music – thus within a relaxing vibe –I have explored all the images from magazines that I collected at home in order to choose the image that connected intuitively with my relationship to Tiohtiá:ke. This intuition is related to the core process of *play* in drama therapy (Jones, 2007). Once my favorite images had been chosen, I placed them intuitively in relationship with each other.

In this present art response, there is the image of a closed eye. I feel that this is because I am blind to what is happening in Tiohtiá:ke. Also, I am feeling that this closed eye is related to the fact that I am contemplating inwardly the beauty of the territories: I am dreaming of the beautiful images within me, in addition of being blind to the outside world. It can be related to seeing the territory as a dream tool or resource instead of seeing it as a real relationship. It makes me think of an individualistic comfort where relationships are only

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[11] When clients directly request ideas and suggestions, this reflecting team doing circular questions permit to find some « waiting solutions, » namely solutions that the client may have already thought of (Eubanks, 2002).

within self, in the shapes of pictures. The character in the upper left is saying « just a dream », while two girls are dancing behind - I feel that this character is like me. I also see myself as the white girl posing among trees; I feel that I am the center of my own interest, in harmony with my immediate environment, in the comfort of my daily life. How can an introverted person like me can be culturally safe with clients who need more connections?

While collecting pictures for this artwork, some less pleasant images attracted me too: a policeman beating someone on the ground, toy soldiers, and dirty and trashy fabrics and plastics with hands. I chose to not add them to the final artwork, which made me realize I was scared to ruins the peaceful aspect of this artwork. This omission may show that I have a tendency to keep an ideal and innocent image of where I am living. I have this tendency of wanting to keep positive ideas about reality, which sometimes makes it difficult for me to find the balance with the more difficult elements. It thus shows that I have more work to do around response-based practice and cultural safety, because I may personally mix up their practices with avoiding talking about difficult things.

In this artwork, I see the themes of softness, dreams, interconnections, innocence and peacefulness.

Nowadays, I feel that I would love to explore Tiohtiá:ke with real natural elements instead of images. Maybe I am there expressing the need to be more directly connected with the actual elements of the territory I am living in.

Violence, power and oppression in psychotherapy (September 26, 2019). I created intuitively this mask while listening to « Die Antwoord » music – this music inspires me violence and oppression (expressed by white artists though), and makes me feel I am granted the permission to express difficult parts of myself. Then, in order to have a better understanding, I did movement with the mask on my face.

In this artwork again, the eyes are important. When I was creating the mask, I felt that the eyes wanted to penetrate and violate the person that would be in front of it. While doing this mask, I felt that it was made of gold (the background of the mask is yellow) because the character's condition required a lot of money and because the mask has power. In addition of the two penetrating eyes, there is a lot of little eyes drawn on the mask – as if this mask was created to observe the others (and to register all their information) – as part of my idea of violence in psychotherapy. But this is an angel-like, pretty face; a pretty face with blood on it: some red ink was splashed a little around the face – as my idea of violence within psychotherapy.

The medium that I have chosen for this subject is a mask because I wanted to create a visualisation of duality between *violence in* psychotherapy versus *cultural safety* in psychotherapy. While doing the mask, I spontaneously have chosen to solely explore the violent part: I didn't felt that cultural safety would be on a mask.

Wearing this mask on the face it was hard to see, even if the eyes were wider. It made me think of all the anxiety I experienced during drama therapy sessions which stopped me from seeing or feeling, because I was so much in my head. When I was doing free movement – embodiment and personification (Jones, 2007) – with the mask on, I felt that the energy was in the head, and that it was hard to feel with the rest of the body. I relate this experience to the anxiety I felt within sessions in response of the violence of the conventional psychotherapy boundaries that I was trying to create with too much rigidity and clumsiness.

My understanding of violence was transformed (Jones, 2007), as the possibility of violence is clearer within the hypocrisy of an innocent and angel-like role position (a culturally safe psychotherapist cannot be neutral). Secondly, I understood that how I personally understand violence within psychotherapy is mainly through the penetration of the observation (which is only one part of the many parts of violence in psychotherapy). Finally, I understood that comparative of cultural safety, violence in psychotherapy has a mask.

I see the themes of surface-beauty, violence, penetration, and vampire (sucking the others to have their secrets).

Pros from practice (October 3 and October 7, 2019). The media that I have chosen for this subject are listing words, and drawing – with also the use of stickers. First, I looked over all my supervision notes. These supervision notes were written in conjunction with individual supervisions with Wayne Robinson (social service worker) and Catherine Richardson (counsellor, psychotherapist, social work educator[12]). From them, I rewrote all the notes that I judged would be pertinent to share with other fellow drama therapists or creative art therapists. I wanted to share more practical aspects of my practice. I then intuitively – and a little bit rationally too – created seven categories and began to retype each point within these seven categories.

I thought both rationally and intuitively about what would be part of what category – for the sake of my own mental energy. I have even chosen to keep my 'rough draft' as the final draft, even when I made an error – again for the sake of my own mental energy. In front of so much (new and essential) information, I remembered how important it is to prevent us

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[12] Catherine is also a tenured associate professor and researcher.

(as health care practitioners) from exhaustion. I then felt like putting stickers on the pages and responding intuitively with sketches and drawings for each point with a darker marker to make each point visual. This way, I tried to bee more transparent and as clear as possible. In this artwork, perfectionism was not important but clarity and transparency were.

These art responses reminded me that I love making lists because it personally helps me to make sense of something. Even if not all the content within all the categories is clear and well organized, completing them helped me to organize some ideas. I was also trying to make these lists less alienating for myself and the reader with the help of drawings and shapes. The drawings and shapes also helped to make the written information less distanced from me and thus, more personal (Jones, 2007).

I also drew a few hearts on some lists. I remember that the heart emoji is not ethically appropriate when communicating with clients. But I still have questions about it – because I really appreciate my clients and that they need somewhat to feel loved. It is a question that would need more supervision, mainly while working in small communities such as Indigenous ones wherein the conventional professional relationship can be violent.

I also added some images referring to my own universe of senses, like a « magician » on the « rules » part. It makes sense for me, but maybe less for someone that doesn't have the same imagery references as me. Furthermore, the lists have the purpose to talk about cultural safety, though because these are communicated by me, this cannot be truly culturally safe (it is made with only my images references and only my way of doing).

In these artworks, I see the themes of rules, attitudes, games, plans, questions/what to say, objects and beliefs, but also the themes of affection, cultural safety and appropriation.

Who am I (October 10, 2019). The media that I have chosen for this subject are movement, costume, video and photography. First, I have chosen elements of my costume – as the role playing drama therapy core process (Jones, 2007). I have chosen a European medieval-inspired hood (made by myself) and a knife toy (made by my sister-in-law), inspired by Princess Mononoke's movie. Then I have chosen a place in my home that would make an interesting camera shot. I placed my camera and started to freestyle move and improvise, trying to focus intellectually on my themes (transparency versus confidentiality, anxiety, difficulty of speaking out, perpetrator, shame, French, ancestors), and then gradually in focusing on just intuition and feelings of the moment. I looked over the videos, which where around fourteen minutes long all together, and selected eight shots which I felt best

expressed the themes. I added some words for each of them, organizing them into a story for a clearer meaning for myself and for the readers.

While doing this art-response, I saw that I am often attracted to medieval and Christian imaginations – which have Eurocentric sources. In some of the pictures, I am leaving the scene – showing ephemeralness. Indeed, I have trouble going out and being social (thus I think that can look ephemeral). The presence of the wooden knife makes me think that I like to play, but that it can be at the limit of a danger[13].

I feel that the hidden mouth represents that I have difficulty speaking out actively about what I know – about the critique of state and of colonial violence for example – mostly with relationships that are not close to me. The medieval hood costume and the lightning variations both permitted me to play between transparency and confidentiality: between showing up and hiding.

While doing the improvised movement, I felt that the stairs were my personal space as a therapist, and that the lighted room was the other people's space. While doing the improvised movement, I felt that I wanted to switch between the two places, finding new ways to climb in between and to connect. It may show that a difficulty of connection is a major worry in my vision of cultural safe work.

Finally, the first draft of the little story that I added was scary to read; I really felt like a perpetrator while reading it. I think that it expressed how scared I am to be a perpetrator, and how much I know I can be one as a (white) settler. I changed the language of this little story so that it felt less violent for myself – I didn't keep the original words but maybe I should have for more transparency. Here the use of embodiment and role playing helped me to explore difficult information about myself with more distance.

In this artwork, I see the themes of omnipresent ancestors, attack/defense, hiding, revealing, leaving, blocking, trying to access, and transparency/confidentiality.

Interconnectedness of everything, subjugation, hierarchy, importance of relationality (October 10, 2019). The media that I have chosen for this subject is a kinetic, sculptural exploration with my body, and with the material that shaped all the other artworks of this research paper – which used the embodiment and dramatic projection core processes (Jones, 2007). I have chosen three captions of the 5 minutes of filmed exploration. I then

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[13] Maybe it can be dangerous if I am not lowering down my psychotherapy power with the help of cultural safety.

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wrote a story about the creature created which permitted a clearer transition between drama and life (Jones, 2007).

The goal of the exploration was to physically interconnect every art-response of this research paper and myself altogether, and in this way to feel what the process of interconnection and relationality means to me. When I was trying to not put my body higher than the other artworks, it was physically difficult and even impossible. I thought at this moment that being higher meant having more power. I didn't want myself to have more power than all the other artworks because my purpose was to feel interconnected – and interconnection meant the sharing of power for me. Then I tried to find ways to not put my body higher than the other artworks, but after a while this quest finally became uninteresting to me. After this exploration, I didn't think that power was necessarily in the height: the base maintains everything and such a thing is powerful. According to me, the process of interconnection and sharing power is not really about every element being at a similar level (even more when it's impossible to be in similar level), but instead to essentially recognize the power of the other. This makes me thinks of cultural safety – the importance of mutual power– and of response-based practice – the importance of recognizing the strengths of those that we often don't.

In the exploration, I wore the « violence in psychotherapy mask » on the back of my head because I didn't feel like wearing it on my face – which created a creature-of-new-shapes on camera. According to the story that accompanies the pictures, the creature-of-new-shapes discovered that they can « be enough » and that they can accept the lack of control. It can be related to a drama therapy session, wherein the clients and therapist are very different, but if the therapist can give more control and power to the clients, they can feel "enough" and maybe pain can be lessened. To precis, the more cultural safety is present, the more the power is shared, and the more feeling of « being enough » can be.

At the end of this art-response exploration, all the sheets were just flying around it – and I loved this feeling of the ephemeral knowledge that was flying around. After failing to create a sculpture from the sheets, I asked myself: do I really need to control them? I answered « no » and then I wrote the story of this creature-of-new-shapes. Interconnection, in this case, is not organization into a motionless shape, it is about motion and ephemeralness.

Before doing this art-response, I had no idea that I would link interconnection to *being enough* or to *motion* – my conception got transformed through drama therapy processes

(Jones, 2007). In this artwork, I see the themes of difference, of being enough, of motionlessness, of motion and of power.

Concluding remarks

Sherwood (2015) wrote that « her Aboriginal law prevents her from speaking on the behalf of others » (p. 5), and I believe that it is the same for me about the knowledge that I am sharing: I cannot speak for others. This paper represents my perceptions and viewpoint from the knowledge that was shared around me and from my personal experience. Also, I am not an Indigenous individual, so I am basically not entitled to talk about Indigenous needs within psychotherapy[14].

I struggled to find references within creative art therapies to concretely help me within my practice with Indigenous clients. Nevertheless, I don't know how many practitioners are linking drama therapy within Indigenous contexts in a culturally safe manner. I have heard of several people around me practicing with Indigenous peoples, and I feel that an infinite number of knowledges could be shared in order to support each other. I am thinking that it could be interesting, in the future, if several other creative art therapists working with Indigenous peoples compare their experiences and point out the similarities and the differences between the experiences and the knowledge used. On the other hand, I also deeply believe that not every work with Indigenous peoples is a good example – as you may have read in this research paper. I support Richardson (2016) when she writes that «particular competencies must be met before [non-Indigenous health care practitioners] receive permission to engage with [Indigenous] families » (p. 95).

I also think that this research is an invitation for practitioners to more deeply explore their relationship with violence in psychotherapy. This theme can be explored more within the work of any individual practicing psychotherapy, especially if this psychotherapist is working with a population which lives with daily systemic oppression and violence.

In this research paper, different kinds of media allowed me to express different aspects of the practice, from more rationale to more intuitive, or from overdistanced to underdistanced (Landy, 1983). For example, the lists helped me to share practical information, while drawing, role playing, or embodiment helped me to control distancing so that I could share the essential without being overwhelmed.

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[14] It is preferable if the health care practitioner who's working with Indigenous people is indigenous. It is important, as settlers, to not benefit from their health vulnerabilities for our own professional benefits.

I think that this research is specific to Indigenous clients within drama therapy but can also be helpful for clients who identify as any other marginalized and oppressed population. After writing this research, I am even wondering whether any population can benefit from these approaches – even the less oppressed ones. Throughout my practicum at Native Montreal and this research process, I knew that I wanted my therapists or friends to use these strength-based and response-based approaches with me.

How can my art-based responses towards the concept of cultural safety with Indigenous clients serve as vehicles towards my increasing understanding as a white drama therapist intern working with this population? Within my practice and this research, I learned what aspect of myself can be violent within psychotherapy practice. For this research paper, I made mindful choices about the elements of practices that I judged as more essential through my review of the literature and the artwork « pros from practice ». I reflected on my obsessive fear of « not being enough ». Within this research, I expressed my vulnerabilities. I expressed some relationality patterns, which helped me to give them some witnessing, acceptance and warmth. After doing this research, I feel more supported to live with the errors I made within this work – those experiences of errors seems largely shared between settler therapists and we have to support each other in the purpose of shared growth. To do this practicum and this research felt like a determinant life process, and I want to thank you for being part of this growth process.

After having done this research paper, I would love to know more about response-based practice and cultural safety. I would also love to speak more about them, even if my clumsiness with speaking out can put me in awkward situations. I would love to continue to explore the relationship between the approaches of response-based practice and cultural safety, and drama therapy. I want to know more about decolonizing drama therapy and trauma work. I want to continue to explore my own responses to what I am reading, so that I can stay true to myself. I also experienced that embodiment was a more difficult core process to engage in within my practicum experience at Native Montreal[15] and I want to know if there is a way to better explore movement within a culturally safe and response-based way.

Even if this subject of cultural safety seems respected within health care professions, this term and concept was ignored by most of my colleagues. And even if the subject of being culturally aware at least is present within every health care professional, we have to always deeply, truly, actively and daringly question the basics of our practice and our ethics – we

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[15] It is also possible that this difficulty was due to my own personal way of practicing drama therapy.

have to do more than we are doing now. In summary, we cannot be enough as health care professionals if we are not culturally safe. I would like to share a little text from Bell Hooks (1990):

> Understanding marginality as position and place of resistance is crucial for oppressed, exploited, colonized people. If we only view the margin as sign, marking the conditions of our pain and deprivation, then a certain hopelessness and despair, a deep nihilism penetrates in a destructive way the very ground of our being. It is there in that pace of collective despair that one's creativity, one's imagination is at risk, there that one's mind is fully colonized, there that the freedom one longs for is lost (p. 343).

I understand now marginality as a position of resistance. I understand now resistance as a strength. I understand that marginality and resistance are both parts of dignity, and that they are not about despair. I no longer see resistance as an obstacle to the healing process like I did before this research. I see dignity as the essence of healing now. I also want to practice how to cultivate this dignity within the relationships around me. Right now, this is how I see these concepts and I hope that my understanding continues to grow.

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