

HONOURING RESISTANCE:
A PERFORMANCE AUTOETHNOGRAPHY CREATED BY A SECOND GENERATION
CHINESE SETTLER DRAMA THERAPIST WORKING WITH INDIGENOUS CLIENTS
USING RESPONSE-BASED PRACTICE

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ABSTRACT

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BILL YONG

I created this performance autoethnography with an agenda and a bias. My bias is that drama therapy discourses about trauma are causing more harm than help for many Indigenous clients. My motivation with this research is to document my journey of decolonizing my own drama therapy approach by honouring Indigenous resistance and investigating our problematic discourses about intergenerational trauma. As a theatre artist, I have come to understand my experiences through my body, somatically and physically. As a social activist and ethical therapist, I aspire to consistently hold my choices personally and clinically accountable to the greater social reality. As a settler on Turtle Island (Canada), I therefore need to reflect and hold my settler-privilege accountable. As a drama therapist, I hope to process my experiences through both a personal discourse and an academic lens to better serve and understand my clients. This paper delineates my experiences of exploring intergenerational trauma and responses to colonial violence through a response-based lens. It utilizes a performance autoethnography methodology to investigate my personal response, as a second generation Chinese settler born and raised on Treaty 6 Territory, in working with Indigenous clients living in Tiohtià ke (Montreal).

Key terms: resistance, response-based practice, drama therapy, Chinese, Settler, Indigenous, intergenerational trauma, social justice, performance autoethnography

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To my family who taught me what resistance means.

To Indigenous resistance.

To Turtle Island.

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CHAPTER 1: INTRODUCTION

When I began this research, I was interested in creating a therapeutic theatre piece that explored my family's intergenerational trauma. Then, I was inspired by an encounter I had with Jesse Thistle, who shared a story of how he resisted the intergenerational impacts of colonial violence by reconnecting with his family and Métis culture in Batcoche. I booked a plane ticket July 2018 to Guangdong China in the hopes of connecting with my family, ancestral lands and addressing the intergenerational trauma caused by the political persecution of the Chinese Cultural Revolution for the first time. Upon returning to Tiohtià ke and starting my internship at Native Montreal, I introduced this research idea to my clinical supervisor, a response based Practitioner and Indigenous psychologist, Dr. Catherine Richardson (Kianewesquao). She said something that profoundly shaped my research.

I often think of trauma as a metaphor. I think the word trauma has lost its meaning, and what's even more dangerous, is often when people say the word trauma, they might actually mean violence. In a way, I think trauma is kind of a good thing. It's the thing someone might do to recalibrate after something was done to them that they did not sign up for. (personal communication, Richardson, November 15, 2018)

It shifted my lens of intergenerational trauma. I began to notice and frame my family's experience as dignified acts of intergenerational resistance towards cultural erasure and land displacement rather than a shameful trauma that needed 'working through'. I also started to investigate existing intergenerational trauma and drama therapy research in the hopes of exploring how I could apply this lens through my own clinical work at Native Montreal working with Indigenous clients. This coincided with my viewing of Harnden's (2014) *You Arrive* performance autoethnography, which provided a profoundly humane theoretical synthesis of literature about intergenerational trauma. I felt however there was a significant historical context piece missing from the performance and with further analysis of drama therapy literature, I discovered there was a significant ethical issue in our field that needed to be addressed.

Wilson and Yellow Bird (2005) writes, "decolonization is the intelligent, calculated, and active resistance to the forces of colonialism that perpetuate the subjugation and/or exploitation of our minds, bodies, and lands and it is the ultimate purpose of overturning the colonial

structure and realizing Indigenous liberation” (p. 2). These words bring to attention how the subjugation or exploitation of people’s minds and bodies are closely linked to the colonial agenda of land possession. From reflecting on my Masters training and drama therapy literature, I started to investigate how the drama therapy field might have a part in exploiting Indigenous people’s minds and bodies and explored how we might instead honour the ‘intelligent, calculated and active’ resistance. I hope that through this research, that I might be able to expose and challenge some of the colonial discourses within drama therapy and document possible alternative approaches within my own practice.

This paper will detail the process and findings of a masters student in drama therapy’s performance autoethnography of how response-based practice theories can inform a second-generation Chinese settler drama therapist working with Indigenous clients in Tiohtià ke, otherwise known by its colonial name, Montreal. It will include a literature review of theories behind response-based practice, drama therapy research about intergenerational trauma and working with Indigenous clients, and literature about settlers working with Indigenous populations. It will also highlight the process of creating this performance, limitations, further inquiries and discoveries.

For the purposes of this paper, Indigenous is defined as the original peoples of Turtle Island (commonly known as the colonial state of Canada) and includes First Nations (Status and Non-Status Indians), Inuit and Métis peoples (Linklater, 2014). Settler refers to any non-Indigenous people on Turtle Island (Khashaba, 2019; Linklater, 2014). Tiohtià ke refers to the land known as Montreal (Concordia University, 2017). In addition, this paper will also use response-based practice definitions of ‘victim’ to refer to an individual or a group of people who have been wrongfully and purposefully harmed by the unwanted actions of another (Coates & Wade, 2007) and perpetrator to refer to “a person [or group of people] who chooses to behave in ways that harm, control or dominate another” (Craik, Ogden, Todd & Weaver, 2007, p.4). Resistance will be defined as per Wade’s (1997) definition, any sort of act behavioural or emotional which “a person attempts to expose, withstand, repel, stop, prevent, abstain from, strive against, impede, refuse to comply with, or oppose any form of violence or oppression (including any disrespect), or the conditions that make such acts possible” (p. 25).

Position of the Researcher

I am a twenty-nine year old, cis-gendered male, second generation Chinese settler and I speak the colonial language English. My parents are from Guangdong, China and I have the privilege of retaining the dominant Cantonese dialect from the region. A part of my family left this homeland due to political persecution by the People's Republic of China while another part immigrated willingly to Turtle Island. I was born and raised on Treaty 6 Territory, the traditional lands of the Cree, Blackfoot, Metis, Nakota Sioux, Iroquois, Dene, Saulteaux and Inuit peoples, commonly known as Edmonton, Alberta (University of Alberta, 2019), or it's Cree name Amiskwacîwâskahikan (Nehiyaw Masinahikan, n.d.). I currently reside and am writing this research on Tiohtià ke, unceded Kanien'kehá:ka lands, commonly known as Montreal, Quebec (Concordia University, 2017). I am currently enrolled in a masters of drama therapy program at Concordia University and spent the last year doing an internship at Native Montreal with clinical supervision from an Indigenous social intervention worker and psychologist who introduced me to response-based practice.

There are a number of underlying assumptions I bring into this study. The first is that I believe that the current state of mental health is ill equipped to serve Indigenous clients (Benoit, Carroll and Chaudhry, 2003; Gone, 2004; Hodge, Limb and Cross, 2009; Mehl-Madrona, 2007b; McCabe, 2008; Stewart, 2007), drama therapy included. I also believe that given a decolonial approach, drama therapy has the potential to interrupt the cycles of colonial violence many Indigenous peoples face (Khashaba, 2019; St. Germain, 2011). I believe that Indigenous peoples have historically and continue to be mistreated (Linklater, 2014; Final Report of National Inquiry into Missing and Murdered Indigenous Women, Girls and LGBTQ2SIQ, 2019; Truth and Reconciliation Commission, 2015) and when people are mistreated they resist (Dhudwall & Sheehan, 2011; Wade, 1997). I also believe resistance towards mistreatment is a sign of mental wellness (Todd & Wade, 2004). Another assumption I have is that as a settler, I am capable of being both an agent of healing for Indigenous communities and individuals as well as a perpetrator of further colonial oppression (Howell-Jones, 2005; Khashaba, 2019). I believe as a settler drama therapist working with Indigenous clients, I have an obligation to be informed by Indigenous perspectives and work towards changing the social contexts in which colonial atrocities take place on a systemic level (Reynolds, 2019). My hope is that this paper will begin to do that.

As someone who identifies as a social activist, response-based practice which focuses on “promot[ing] socially just and effective responses to violence and other forms of oppression and adversity” (Centre for Response-Based Practice, 2019) connects with me clinically and personally. Although it is not a drama therapy intervention, it is an approach that my Indigenous clinical supervisor uses and it was my intention to further understand response-based practice to integrate within my drama therapy practice.

CHAPTER 2: LITERATURE REVIEW

Response Based Practice

Rooted in Goffman’s (1961) study on resistance, feminist theorists (Burstow, 2003; Kelly, 1988), narrative approaches (White, 1995) and solution-oriented approaches (Durrant & Kowalski, 1990), response-based practice challenges the convention that therapy can be culturally and politically neutral, ignoring the relationships of power and oppression that take place in the practice of psychotherapy (Wade, 1995). Within mainstream psychotherapies, Indigenous client’s resistance have often been recognized as deficiencies (Wade, 1995) thus displacing a continual systemic colonial violence onto Indigenous clients (Richardson, 2012).

The basis of this approach is the belief that violence is a social, unilateral and deliberate act and that providing positive social responses is crucial to the recovery of victims of violence (Richardson & Wade, 2008). It assumes that “whenever people are badly treated, they resist” (Wade, 1997, p. 23). Social responses refers to reactions the victim receives after violence is perpetrated onto them (Coates & Wade, 2015; Richardson & Wade, 2008). Social responses can be *personal* which are directed to an individual or *systemic* or *contextual* in which responses are directed towards many individuals (Richardson & Wade, 2008). Positive social responses are described as responses that “restore safety and dignity and help victims recover” (Richardson & Wade, 2008, p. 209) while negative social responses do the opposite (Coates & Wade, 2008; Richardson & Wade, 2008). People who receive negative social responses are more likely to experience long term distress, blame themselves and are more likely to receive a mental disorder diagnoses (Richardson & Wade, 2008); and are also less likely to report abuse as adults and tend to avoid authorities (Andrews, Brewin & Rose, 2003).

Response-based practice emerged as a response to inadequate and inappropriate attention to resistance in mainstream therapies (Dhudwal & Sheehan, 2011; Wade, 1997). Wade (1997)

brings to attention that mainstream psychotherapy often does not view resistance in a healthy or positive manner, instead limits the concept and excludes the minute, exhaustive and subtle ways in which a person may engage in resistance. It also brings to attention that a significant amount of psychotherapy literature utilizes ‘languages of effects’ to describe the ways in which a person has been affected by violence resulting in inaccurate and damaging information about the client (Dhudhwal & Sheehan, 2011). Response-based practice literature maintains that most mental health professionals typically inaccurately represent victims as “socially conditioned, passive recipients of abuse” (Todd & Wade, 2004, p. 145), while excusing perpetrators’ deliberateness by blaming the violence on something they had no control over (Calgary Women’s Emergency Shelter, 2007; Coates & Wade, 2007). Here are a few examples of this misrepresentation within the literature about perpetrators’ actions:

- “Rage and intimate abusiveness are closely tied to issues in early development” (Dutton as cited by Dhudhwal & Sheehan, 2011, p. 28)
- “He felt constantly vulnerable to losing her, and he released the demons of his vulnerability through violence” (Jacobson & Gottman as cited by Dhudhwal & Sheehan, 2011, p. 28)
- “The man who was hit as a child will feel compelled to hit as an adult. The energy behind his need to strike out is none other than the energy contained in his traumatic symptoms” (Levine as cited by Dhudhwal & Sheehan, 2011, p. 28)

These examples exemplify the multi-faceted ways in which deliberateness and responsibility is shifted away from the perpetrator and onto historical, psychological or emotional factors they had little to no control over. Additionally, here are a few examples of ‘victim blaming’ in the ways professionals’ describe victims of domestic violence:

- “The emotionally abused woman is a particular type of woman, a woman who has established a pattern of continually being emotionally abused by those she is involved with” (Engel as cited by Dhudhwal & Sheehan, 2011, p. 31)
- “The survivor has great difficulty protecting herself in the context of intimate relationships. Her desperate longing for nurturance and care makes it difficult to establish safe and appropriate boundaries with others. Her tendency to denigrate herself and to idealize those to whom she becomes attracted further clouds her judgment” (Herman as cited by Dhudhwal & Sheehan, 2011, p. 31)

- “We usually suggest, with this sort of experience, a short sequence where the victim himself or herself enacts the attacker, so as to dissolve the deep neurological ‘imprints’ of passive submission” (Ginger & George as cited by Dhudhwal & Sheehan, 2011, p. 31)
- “Many women grant abusers multiple opportunities to repent and thereby fall into a cycle of abuse” (Ciraco as cited by Dhudhwal & Sheehan, 2011, p. 31)

These disturbing examples show the ways published professionals of the mental health field frame victims’ response to violence as being manipulative and responsible for the abuse they are subjected to (Dhudhwal & Sheehan, 2011), ultimately blaming them for the violence that occurred and alleviating the responsibility of the perpetrator.

Alternatively, ‘response-based language’ explores the ways in which victims responded to or resisted violence by revealing the deliberate nature of the perpetrators’ violence and the multiple ways perpetrators attempt to stop victims from resisting (Todd & Wade, 2004). One of the possible ways this can be achieved is through ‘discursive operations of language’ that exposes the full extent of violence, clarifies responsibility and reveals resistance (Dhudhwal & Sheehan, 2011; Todd & Wade, 2004). We can see from the above examples the significant impact misrepresentation and linguistic distortion has in our understanding of our client’s reality. Therefore, response-based practitioners are careful in framing their clients as active agents in their dialogue, avoiding questions like “How did that effect you?” and asking questions such as ‘How did you respond?’ (Todd & Wade, 2004) or “What kinds of things were you thinking about when you decided how to act?” (Richardson, 2010a).

Response-based practice posits that there is no such thing as a passive victim (Calgary Women’s shelter, 2007) and that often individuals exhibit more covert instead of overt forms of resistance for safety purposes and to reduce further harm (Coates & Wade, 2007; Hyden 1999; Wade, 1997). Wade (1997) claims that mental health’s omission of covert types of resistance adds to the stereotype of victim passivity, furthering the discourses of victim blaming. Here are a few examples of covert forms of resistance:

- A child who regularly takes two hours to walk home after school to avoid being home alone with his abusive father, who would assault him before his mother returned home from work (Coates & Wade as cited by Dhudhwal & Sheehan, 2011, p. 38)

- Aboriginal children in residential schools were subjected to physical, sexual, and psychological torture, who would steal food, spiritually and emotionally support one another, or mentally leave the scene of abuse (Fournier & Crey as cited by Dhudhwal & Sheehan, 2011, p. 38)
- Jewish prisoners in Nazi concentration camps who despite the violence they endured made sure to live their lives with maintenance of dignity, care for others, respect for moral standards and enjoyment of minimal pleasures (Todorov as cited by Dhudhwal & Sheehan, 2011, p. 38)

In addition, response-based literature also highlights problematic ways in which psychotherapies might recast these forms of resistance as pathologies (Dhudhwal & Sheehan, 2011; Richardson & Wade, 2008; Todd & Wade, 2004; Wade, 1997). It believes that honouring the ways clients opposed mistreatment, allow clients to begin to “experience themselves as stronger, more insightful, and more capable of responding effectively to the difficulties that occasioned therapy” (Wade, 1997, p. 24).

Dhudhwal & Sheehan (2011) lay out steps of what response-based process might look like. This includes, discussing desired outcomes of the therapeutic relationship with the client, elucidating responses to adverse events, asking victim about their reactions to any social responses they may have received, exposing and clarifying the perpetrator’s responsibility, recasting effects as responses and contesting attributions of passivity and deficiency. Additionally, a significant part of response-based practice is asking clients their previous contacts with professionals, to get a sense of what kinds of social responses they received (Dhudhwal & Sheehan, 2011). Through understanding the social responses clients have received, therapists may begin to acknowledge the different ways they preserved their dignity through revealing client’s values or skills in managing adverse circumstances (Richardson & Wade, 2008).

One the assessment tools used in response-based practice is a six-step social context analysis (Richardson & Wade, 2012). This sequential assessment explores the social and material conditions of violence (political situations), situation interaction (what happened), actions of the offender, response and resistances of the survivor, social responses, and the survivor’s responses to social responses. Wade and Richardson (2012) also developed an Indigenous oriented assessment tool called the ‘Medicine Wheel of Responses’ based on teachings of Indigenous

worldviews and the Medicine Wheel. This assessment takes a holistic view at how someone might have reacted intellectually, physically, spiritually and emotionally to violence.

State of Indigenous Mental Health Services

There is extensive literature that highlights the historical and continual acts of cultural genocide on Turtle Island (Royal Canadian Aboriginal Commission, 1996; Truth and Reconciliation Commission of Canada, 2015; Final Report on the Missing and Murdered Indigenous Women and Girls, 2019) and the continued denial of such genocide by colonial powers (Richardson & Reynolds, 2014; Reynolds, 2019). Concurrently, there is also extensive research that documents how these historical and perpetual acts of violence have intergenerational adverse effects on the current mental health and safety of Indigenous populations (Howell-Jones, 2005; Kirmayer, Simpson & Cargo, 2003; Royal Commission on Aboriginal Peoples, 1996; Truth and Reconciliation Commission, 2015; Final Report on Murdered and Missing Indigenous Women and Girls, 2019). Research shows that 1 in 15 Indigenous people in urban centres experience homelessness (Belanger, Awosaga & Head, 2013), 40% of Indigenous children live in poverty (Gulliver-Garcia, 2015), Indigenous women report spousal assault at a rate three times higher than non-Indigenous women, and are significantly more likely than non-Indigenous women to report the most severe and potentially life-threatening forms of violence (Statistics Canada, 2006). Indigenous incarceration rates are 5-6 times higher than the national average (Kirmayer Simpson & Cargo, 2003). Indigenous children represent up to 40% of children and youth placed in out of home care in Canada (Blackstock, 2003; Farris-Manning & Zandstra, 2003) and suicide rates among the Indigenous populations are significantly times higher than the Canadian average (Ansloos, 2018; Evans, 2004; Kirmayer et al, 2007; Masecar, 2007; McCormick, 2009; Wesley-Esquimaux, 2004). There is significant evidence to suggest a need for appropriate mental health care for Indigenous populations.

There is significant evidence to suggest a need for appropriate mental health care for Indigenous populations. The existing mental health system continues to be based on a western medical paradigm and does not consider the socio-political or cultural variables or approaches to its services furthering colonial damage to Indigenous clients (Howell-Jones 2005; Khashaba, 2019). Although extensive literature exists that articulates clear guidelines of appropriate service

delivery (Braveheart, 1998; Linklater, 2014; Murdered and Missing Indigenous Women, Girls and LGBTQ2SIQ Calls to Justice, 2019; St. Germain, 2015; Truth and Reconciliation Commission Calls to Action, 2015), Indigenous perspectives remain largely absent from dominant discourse around mental health care where most clinicians are delivered by settlers that have little understanding of Indigenous worldviews, values, practices and socio-political issues within the population (Howell-Jones, 2005). A major criticism of research about mainstream mental health is that it remains focused on pathology rather than wellness and strength (Bishop, 1996; Chrisjon, Young, & Mauran, 1997; Howell-Jones, 2005; McCormick, 1998; Smith, 1999; Smye & Brown, 2000) undermining many Indigenous worldviews about health and wellbeing and further marginalizing Indigenous populations (Howell-Jones, 2005; Linklater, 2014). This lack of understanding or ‘systemic negative social response’ (Richardson & Wade, 2008; Coates & Wade, 2016) in the mental health field contributes to high treatment dropout rates and a general mistrust of mental health services (Howell-Jones, 2005; Khashaba, 2019; Kirmayer et al., 2000; McCormick, 1998; SalTShan Institute, 2002; Smye & Mussell, 2001; Garrett et al., 2014; Whaley & Davis, 2007).

Todd and Wade (1994), two response-based practitioners highlight the oppressive and colonial thinking of existing psychotherapies. They call this phenomenon “Psychocolonization”. Through analyzing colonial and psychotherapy literature, the authors assert that psychotherapies have historically been a tool of assimilation and colonization. For example, colonial literature cast Indigenous cultures as ‘savages in need of God’s salvation’ (p. 40), displacing Indigenous forms of healing and called for Indigenous children to go to Residential schools to punish them for not complying with European principles. Similarly, mental health casts those outside the norm as mentally ill needing help from psychiatric or psychological analysis where client’s resistance are understood as ‘unconscious denial’ or ‘defenses’ resulting in prescriptions of pathologies. The authors summarize these concepts through a ‘Code of Colonial Relationship’ that states, “You are deficient, I am proficient, therefore I have the right, duty, privilege, responsibility to perform prescribed operations upon you, with or without your consent” (p. 45).

Settlers working with Indigenous clients

There are three significant themes found in most of the literature about settlers working with Indigenous clients. The first is the importance of building trust in a mental health field that

has historically harmed many Indigenous peoples (Howell-Jones, 2005; Khashaba, 2019; Todd & Wade, 1994), the second is providing culturally safe services (Brady, 2011; Brascoupe & Waters, 2009; Ramsden, 2002), and the third is structuring safety through positionality and social justice (Richardson & Reynolds, 2011; Richardson & Wade, 2008).

With a history of persistent professional mistreatment (Howell-Jones 2015; Khashaba, 2019; Kirmayer, Simpson, & Cargo, 2003; Linklater, 2014; Royal Commission on Aboriginal Peoples, 1996; Todd & Wade, 1994; Truth and Reconciliation Commission, 2015) there is a significant stigma and mistrust of settler mental health services (Howell-Jones, 2015; Khashaba, 2019). Howell-Jones (2005), a settler counsellor working with Indigenous populations, writes about the importance of engagement that embodies holistic approaches, relationship strength, connection to the Indigenous community and resources, and respectful acceptance of Indigenous practice and spirituality. The author also emphasizes the importance of the therapist's capacity to facilitate understandings of clients' multiplicities of relationships with their Indigenous identity.

The second element is providing culturally safe services, which often challenges dominant western worldviews about mental health of competency and power (Ball, 2008; Brascoupe & Waters, 2009; Howell-Jones, 2005; Khashaba, 2019; Ramsden, 2002; Sue & Sue, 2008). Ball (2008) articulates five principles of cultural safety in the context for Indigenous populations on Turtle Island (Canada). These include, respect for cultural protocol, personal understanding of one's own cultural identity, sharing information about self, engaging in mutual learning, collaborating and engaging in clients to ensure that therapeutic plan aligns with client's needs, values and lifestyle and promoting collaborative practices. Cultural safety often includes a holistic approach to interventions that are flexible with multiple relationships, accept alternative worldviews, offers self-disclosure and transparency and involves family and community interventions where possible (Howell-Jones, 2005).

The integration of spirituality is also an important element to culturally safe work. Howell-Jones (2005) articulates that the importance of the mental health professional's actual knowledge of spiritual practice is not as important as the acceptance and acknowledgement of spirituality in the practices with client. As cultural keepers, Elders become an integral part of spirituality in many communities (Brady, 2011) enhancing the need for clinicians to connect clients to Elders and community. Khashaba (2019) describes numerous forms of Indigenous healing methods and healers (Goforth, 2007; Kirmayer, Simpson & Cargo, 2003; McCabe, 2008;

McCabe, 2017; Oulanova & Moodley, 2017) and encourages settler therapists to learn from these methods.

The third is structuring safety. Richardson & Reynolds (2014), two response-based practitioners collaborate in an article about the importance of structuring safety while working with Residential School survivors. Reynolds describe how they structure safety while working with Indigenous clients as a settler through: contesting neutrality, negotiating permission, making potential risks apparent, holding space for hope, engaging in reflexive questioning and not retraumatizing the person. They contest the binary of “safe or unsafe” and emphasize the importance of co-creating relationships of collective ethics. They also state that conversations across difference are always risky because power is at play and replicating oppression is always a potential risk. Reynolds (2019) further emphasizes the importance of justice doing through enacting a ethical principle of autonomy by resisting the “professional imperative to tell people how to live” (p. 5) and trusting people with their own lives.

Decolonial Approaches to Intergenerational Trauma

The Final Report of the National Inquiry in Missing and Murdered Indigenous Women and Girls (2019) describes a decolonizing approach as one that “aims to resist and undo the forces of colonialism and to re-establish Indigenous Nationhood. It is rooted in Indigenous values, philosophies, and knowledge systems. It is a way of doing things differently that challenges the colonial influence we live under by making space for marginalized Indigenous perspectives” (p. 4). Highlighted below, are some of the literature about decolonial perspectives of intergenerational trauma.

Lakota social worker Dr. Maria Yellow Horse Brave Heart (2003) utilized a term called *historical trauma* to describe the cumulative emotional and psychological violence which manifests itself in an intergenerational unresolved grief that accompanies the trauma. This historical unresolved grief manifests itself into a syndrome known as Human Trauma Response which includes depression, self-destructive behaviours, suicidal thoughts and gestures, anxiety, low self-esteem, anger and difficulty recognizing and expressing emotions (Brave Heart, 2003). Brave Heart (2003) proposes that the Human Trauma Response will persist and transmit from one generation to another until the trauma is acknowledged and resolved in an appropriate

manner. Brady (2015) expands on the definition by highlighting the role the outsiders' intentionally destructive aims have in causing this collective distress.

Brave Heart (1998) also developed a proposal for a Lakota intervention model that addressed historical trauma and unresolved grief. This Lakota intervention addresses the history of the American prohibition of Indigenous ceremonial practices, "leaving people numb from the last loss as they face the most recent one" (p. 64). This model includes four components: education and evocation of traumatic memories, modelling of self-regulation with group sharing or identification, incorporation of traditional Lakota ritual and culture as therapeutic process, and facilitation of communal support and connection.

Robert Antone (Oneida), Diane Hill (Mohawk), Brian Myers (Seneca) describes a type of 'Ethnostress' specific to disruption to Indigenous identity and its impact on the individual and community. Similar to Post Traumatic Slave Syndrome (Leary, 2005), it posits that when the cultural identity of a people are disrupted, people develop feelings of powerlessness, hopelessness, loss of faith and belief, hostage syndrome, tribal isolation, internalized stereotypes and adopt survivalist behaviours (Antone, Miller and Myers, 1986). This framework identifies a need for a stronger pre-colonial understanding of cultural identity to mitigate the effects of 'Ethnostress'. Similarly, Duran's (2006) study highlights that most Elders prefer to speak about "spiritual injury, soul wounding and ancestral hurt" (p. 15) rather than symptom-oriented problems such as drinking and homelessness. Duran describes this phenomenon as "a wound to the Soul of Indian people that is felt in agonizing proportions" (1990, p. 28). The research emphasizes the need for a treatment processes that includes both understanding of the 'Soul Wound' (Duran, 2006) in addition to proven western clinical methods.

Linklater's (2014) synthesizes the teachings of several Indigenous health care practitioners into four broad themes in addressing intergenerational trauma. The first is balance and harmony, which involves acknowledging and bringing to balance the aspects of the spiritual, emotional, mental and physical self. The second is maintaining a strong relationship with spirituality as well as an understanding of one's place and purpose within the universe. The third is the attribute of care and compassion a person has for themselves and for their community. The fourth is to address the community challenges for wellness, which at the moment is addressing the profound impact of colonization that has destroyed and continues to challenge wholistic healing approaches. Linklater (2014) also highlights several principles necessary for healing in

Indigenous practices, these include: respecting different worldviews, interconnectedness, use of Medicine Wheel approaches, identity development, connecting with family, community involvement, drawing on teachings and cultural resources, restorative justice practices and wellness, and wholistic healing.

A significant amount of literature also highlights the ‘over-psychiatrization’ of Indigenous clients by a non-Indigenous mental health system (Overmars, 2010; Linklater, 2014; Riel, 2019). This literature brings to attention that the non-Indigenous frameworks such as the Diagnostic Statistical Manual (2013) do not acknowledge the layers of historical or sociopolitical reality of genocide and colonization of Indigenous peoples (Riel, 2019) and neglects Indigenous perspectives which acknowledges the holistic and interconnectedness elements of health (Overmars, 2010). Riel (2019) proposes a shift and asks the medical system to recognize that most “symptoms of trauma” or individual pathologies are consequences of colonialism and the antidote to these afflictions are relational and Indigenous centred.

Indigenous Drama Therapy Literature

There is an alarming lack of drama therapy literature about Indigenous clients. Of the few are St Germain (2015), a Metis drama therapist who interconnects the dramatherapeutic core processes (Jones, 2007), Volkas’ (2014) and ‘Healing the Wounds of History’ drama therapy intervention with the 94 calls to actions of the Truth and Reconciliation, Aboriginal Medicine Wheel (University of Ottawa, 2009) and The Intergenerational Trauma model (Menzies, 2010) to develop a guideline for intervention recommendations for Indigenous youth. Soon’s (2016) article in the “Drama Therapy Review” intersects Hawaiian Indigenous epistemology in relation to perspectives in drama therapy. Khashabha (2017), an Egyptian born settler drama therapist working in Tiohtià ke (Montreal), developed a zine as a heuristic study about creating cultural safety for Indigenous clients as a settler drama therapist.

Drama Therapy and Intergenerational Trauma

To my knowledge, there are two major pieces of literature relating the field of drama therapy with intergenerational trauma. The first is *Trauma informed Drama Therapy* (2014)

edited by Sajnani and Johnson, which highlights approaches in drama therapy such as psychodrama, developmental transformations, self-revelatory performance, performance autoethnography in teaching and research and *Healing the Wounds of History*. The book lists the unique qualities that drama therapy has in working with trauma as vividness of recall through engagement of physical body and entire sensory system, cognitive distance from traumatic material, reversing roles between victim and perpetrator within the play space and humour and pleasure.

The second book, *Healing the Collective Trauma Using Sociodrama and Drama Therapy* (2010) edited by Leveton, provides a collection of drama therapists working with various marginalized groups such as war veterans, Middle Eastern women, Philipina-Americans, Indigenous populations, and victims of the one-child family rule in China. Riccio writes a chapter called “The Performance of Body, Space, and Place: Creating Indigenous Performance” connecting the author’s understanding of worldviews of the Yup’ik ‘Eskimo’, Sakha people of central Siberia and !Xuu Bushman. The chapter highlights the significance re-examining the marginalized cultural resources of Indigenous groups to “harmonize the material and spiritual worlds” (p. 176) as a fundamental grounding resource needed in our society today.

One of the approaches that appears in both books, is Volkas’ (2014) writings about *Healing the Wounds of History*. It describes collective trauma as a psychological state that is absorbed unconsciously and shared by a group of people that can affect their cultural national identity. The *Healing the Wounds of History* six-step drama therapy intervention attempts to create conditions wherein descendants of victims and perpetrators of collective trauma can mourn and find presence of the other through a safe amount of emotional and aesthetic distance. Emotional and aesthetic distance is a point in which someone can access a balance of both emotional and cognitive observer role (Glass, 2006). The first phase brings both perpetrators and survivors together in order to break the taboo against speaking to each other. In the second phase, the two tell their stories in the hopes of humanizing each other. The third explores owning the potential perpetrator within both victims and perpetrators. The fourth phase moves into grieving together and giving each other permission to grieve. The fifth phase integrates discoveries in performance and rituals of remembrance. The last phase involves group members making commitments to acts of creations or acts of services out into the world.

Response Based Practice and Creative Arts Therapies

There is a limited scope of literature formally connecting response-based practice with creative arts therapies. Although literature such as Dubrasky et al.'s (2019) poetry therapy work with women in transition from intimate partner violence or Bahman's therapeutic poetry about resistance against torture and political violence by definition could also be considered a form of arts-based response-based therapy approach.

Smith (2012) describes a music therapy outreach program rooted in theories of philosophers Deleuze and Guattari (1996), narrative therapy and response-based practice to provide an anti-oppressive approach for under-housed youth living in Coast Salish and Straight Salish territory. The article proposes that the ways in which music therapists are positioned to engage creatively and musically create unique opportunities and multiple ways of viewing health, community and justice. The author believes that improvisational music allows relational forms of connection through ongoing musical interactions rather than ignoring, distorting or appropriating clients' multiplicity of moods, commonly found in mainstream treatments.

Brown (2015) writes about a response-based drama therapy group intervention for youth with anxiety. Seeing a gap in dominant evidence-based therapeutic practices of anxiety such as CBT or DBT in addressing contextual factors contributing to the youth's experience, Brown proposes that the combination of drama therapy and response-based practice allows for exploration of social and personal responses in addressing client's contextual factors in a safe and embodied way. By integrating response-based psycho-education on anxiety, embodied games, Mandala creation, a "three Houses and a Shed of Resistance" exercise, role playing responses to anxious moments, mask making and developing a performance, Brown lays out an intervention plan that creates opportunities for youth to play out their fantasies and preconceived notions revealing the complex contexts which anxious moments occur. My research performance autoethnography adds to the small body of research combining the creative arts therapies and response-based practice.

CHAPTER 3: METHODOLOGY

Performance Autoethnography Methodology

Performance autoethnography is "a performative, pedagogical ethic grounded in the ritual, sacred spaces of family, community and everyday moral life" (Bishop, 1998 p. 203),

where the personal is political (Spry, 2001), blurring distinctions between personal, social, self and the other (Conquergood, 1998; Ellis & Bochner, 1996; Richardson, 1992; Spry, 2001). The performer as researcher positions themselves within sociohistorical contexts which are critiqued through performances of personal, diverse and substantial storytelling (Langellier, 1999).

Autoethnography is a qualitative inquiry that explicitly links concepts of theory or literature to personal experience (Harnden, 2014; Holt, 2001; Sparkes, 2000; Wall, 2008). Through an emphasis on the *auto* (self), *ethno* (sociocultural connection), and *graphy* (the application of the research process) (Harnden, 2014; Reed-Danahay, 1997; Wall, 2008), this methodology allows the researcher to explore issues of personal importance within the lens of an explicitly acknowledged social context (Holt, 2001; Sparkes, 2000) or critique existing literature in relation to personal experiences and emotional struggles (Muncey, 2005) allowing deeper integration of theories found in research (Ellis, Adams & Bochner, 2010).

With the additional performative element, the performance autoethnography becomes a method of criticism through public pedagogy (Alexander, 2000) and the foreground of the intersection of politics through bringing culture and the person into play (Denzin & Lincoln, 2018; Alexander, 2000; Smith, 1993). The act of performing research challenges the dominant obsession of objectivity, validity, truth, and generalizability which often decontextualizes the subject of research (Crawford, 1996; Denzin, 2018; Ellis & Bochner, 1996; Ellis & Flaherty, 1992; Goodall, 1998; Neuman, 1996; Reed-Danahay, 1997; Secklin, 1997). This is achieved by situating the body as a central site of meaning making (Spry, 2001), and emancipating the voice and body from the “impersonal, non-emotional, unrhethorically charming idiom of representation” (Goodall, 1998, p. 6).

Hervey's Five Step Arts-Based Process (2000)

The creation of this performance autoethnography followed Hervey's (2000) five step arts-based process: Initial awareness, decontextualization and intentional re-creation, appreciation and discrimination, refinement and transformation and re-contextualization.

The Initial awareness step is when ideas, images or theories are selected out from its original context for aesthetic reasons (Kapitan, 2017). This step took a year as I explored the ideas of making a self-revelatory performance about my intergenerational trauma, developing a psychodrama intervention around reconnecting with ancestral lands and taking a trip to reconnect

with my own ancestral lands in Guangdong, China. I struggled to find a research focus that would address the multiple curiosities I had about processing through my own intergenerational trauma, working with Indigenous clients and developing research I felt would contribute to the drama therapy field. In November of 2018, I discovered response-based practice and performance autoethnography methodology and decided to bring the two together. After each clinical and supervision day, I reflected on the prompts through journaling and art making, “What are my clients teaching me about colonial violence today?” and “What are my clients teaching me about resistance today?”. I created art inspired by my experience in Guangdong, China and my clinical experience where I used a response-based practice approach to drama therapy. I also collected physical artifacts that I felt were significant to my experience, such as a Chinese tea set, animal figurines I would use in sessions, photos of my family and edited video montages of free association images I had.

In the decontextualization and intentional re-creation step, the researcher takes the image or idea and re-creates it in an artistic medium to reveal an inner experience (Kapitan, 2017). Through a “systematic focusing of attention, creative action, and measured reflection” (Kapitan, 2015, p. 219), I took the ideas chosen to be explored and recreated it into artistic mediums and asked, ‘what is the artwork telling me?’ Inspired by the journal and art making, I created short scenes that I felt could be part of the performance autoethnography. I also began the process of working with Emilie Cormier, my director. Together, we further analyzed the data of journals, art responses and theoretical articles to create scenes based on the data collected. We also created videos based on images and scenes of colonial violence in China and in Turtle Island, and developed movement responses to these videos, most of which were integrated into the show.

The appreciation and discrimination step is described as the process in which the researcher takes a backward glance (Levine, 2013) at what was created to analyze the data produced (Kapitan, 2015). Here we decided on what material to continue to pursue and what to let go. We curated the material and made aesthetic choices based on the following criteria: “Is it engaging and accessible? Does this expose the violence of perpetrators? Does this celebrate the resistance of victims?” Based on this criteria, we decided to include the concepts of social responses, operations of effects, response-based language, Reynold’s (2011) burnout literature, response-based interviewing and critiques of trauma literature in drama therapy. We also looked to utilize various projection and metaphor mediums to further explore the theoretical material’s

implicit tacit knowledge (Sela-Smith, 2002), revealing knowledge outside of conscious awareness, exposing various images, beliefs, values, memories and emotions.

The refinement and transformation step is described as a cyclical process of creative inquiry where the artwork is adjusted and transformed (Kapitan, 2015). This was achieved through sharing the work with others, responding to the work through further creation, sharing again, analyzing the effects, refining the work and continuing this ‘performance reflection’ until the group was satisfied (Kapitan, 2015). For two months, I presented a new draft of the script bi-weekly to Emilie and she provided research and theatrical feedback. When the actors joined our process, they provided additional feedback to the script, impressions and line changes. For example, an Indigenous actor suggested that the ‘perpetrator’ animal should be a foreign animal from Turtle Island so that the story can also be interpreted as a metaphor of the colonial violence of Turtle Island itself, the animal the Tiger was chosen because it was an animal not native to Turtle Island, thus representing an invasive species.

The last step called Re-contextualization is when the completed artwork is performed to an audience (Kapitan, 2015). This performance took place June 26 and June 27, 2019 in the Visual Arts building of Concordia University in Tiohtià ke. Classmates, faculty and the general public were invited to this performance. The piece performed included a drama therapy projection storytelling, shadow puppets and a staged reading (refer to Appendix A for script of the performance).

Working with a Director and Actors

I could not have done this work without the help of my director Emilie Cormier. At first, I grappled with whom I wanted to direct this show. On one hand, I could ask an Indigenous director who would provide invaluable advice and triangulation through the process. On the other hand, I had no money and no tangible way to compensate an Indigenous person for helping a settler decolonize his own work. It felt that the ethical thing to do was to ask another settler to direct this show with me, someone who may be grappling with the same inquiries I may have. I asked a former cohort member and friend to direct the piece with me who joined the process mid-February 2019. She played a pivotal and invaluable role in holding me accountable to my timeline, giving feedback about my interpretations of theory and personal experiences, facilitating embodied improvisational exercises, providing a second opinion and providing much

needed emotional and spiritual support. She also helped frame the research data into a performable script and found a way to lift the script off the page with the limited time and resources we had available.

I had anticipated being the only actor in the show, however as we workshopped we had discovered there were multiple roles in my experience: critic, perpetrator/settler, victim, and ally and that I couldn't portray by myself. Knowing that it was a shorter time commitment, we decided to invite two Anishinabek actors to be part of the process. Unfortunately, due to health reasons, one of them had to stop the process and we could not find an actor until the week prior to performance. Having written the role for an Anishinabek actor, we had to rethink the structure and specific lines of the show. Lines such as "So... What kind of Native are you?" did not feel appropriate for a settler actor who had replaced the original actor. In addition, it made the need to emphasize what the actors were saying and doing were my own words, which informed the costume choice of having everyone dressed up as myself and start the show with unison dialogue (refer to 'Introduction' section in Appendix A). In addition, most of the scenes developed came from initial improvisations between the director and I, which the actors felt needed to change to fit their unique speech patterns and perspectives. This paper will be using the 'we' pronoun throughout the paper, this pronoun includes myself, my director, and the actors working on this project

Discoveries about Performance Autoethnography

There were two significant discoveries we made about performance autoethnography methodology. This methodology facilitated the integration of my personal and clinical experiences with drama therapy and response-based practice theories to make some sense of a "biographic past" (Alexander, 1999). It held the raw emotions, inquiries and memories of my experience while "converting simultaneous perceptions and behaviours into a logical, temporal order that necessarily simplified complexities and contradictions" (Harter, 2007, p. 174). We found that art-based methodologies opened avenues of emotional and physical possibilities that further enhanced our initial language based written and verbal explorations. This is further supported by the literature, which suggests that access to tacit knowledge results in further empathic understandings, self-reflection in both researcher and audience resulting in longer lasting learning experiences (Ellis, Adams & Bochner, 2010; Kapitan, 2017).

A significant tool used in the process was aesthetic distance (Bleuer et al., 2018; Glass, 2006). Aesthetic distance is described as the point in which someone has access to a balance of their feelings and an observer role (Glass, 2006). It allows the researcher to use all of their cognitive and affective resources to develop empathic responses and cognitive clarity (Bleuer et al, 2018). This tool helped address ethical questions of confidentiality by anonymizing clients through the use of metaphors (refer to the ‘Turtle and Tiger’ section in Appendix A) and provided a medium to play an observer role with this material. This metaphor/story became the impetus and base of the rest of our exploration.

Another discovery was that performance autoethnography placed my experience on a broader socio-historical context within the research (Spry, 2001), kinaesthetically activating and synthesizing an embodied understanding of the research findings (Kapitan, 2017). Our hope was to evoke an “embodied social action” that opened emotional responses, connections and transformation of the research data (Karcher & Caldwell, 2014) and to spur people into social action (Bagley & Castro-Salazar, 2012). We wanted to challenge the dominant colonial ‘effects-based discourses’ in drama therapy literature. We also wanted the audience (mostly made up of colleagues, teachers of drama therapy, and general public interested in decolonizing mental health) to take this experience and reflect on their own practices as mental health professionals and how they too might integrate response-based practices as social responders to Indigenous clients.

Discoveries of Self-Revelatory Performance

Although it was not the primary methodology, we found ourselves utilizing elements of self-revelatory performance in this process. Self-revelatory performance is defined as a “form of drama therapy and theatre in which a performer creates an original theatrical piece out of the raw material of current life issues” (Emunah, 2014, p. 93). In reflecting on the process, I had numerous issues about my settler guilt and personal intergenerational trauma that I started to address with this research. I will frame this process through Emunah’s (2015) “Methods of Working Through” (p. 76), listed below.

We *embodied parts of myself* through interacting multiple voices of myself, perpetrator, critic, drama therapist, social activist and cultural being (my own healing journey), played by myself and auxiliary actors. We *took on the roles of others* by recounting my family’s history of

escape from political persecution and represented clients' stories through the metaphor of the Turtle story and a dialogue that followed. We *integrated dramatic healing ritual* at the beginning and end of the performance. For example, one of the Anishinabek actors prior to the show burned Sweetgrass to cleanse and acknowledge the ancestors of the performance space. At the end of the performance, I shared a significant healing ritual of tea from my own culture where I honoured and gave thanks to the many Indigenous peoples who have resisted the rape of Turtle Island and emboldened me to reconnect with my own land and culture. We *confronted the perpetrator* of myself in the piece and how I have come to understand this work as I place myself as a settler and perpetrator of the colonial history. We also name the ways in which drama therapy literature perpetrates the dominant discourses of 'Psycholonization' through 'effects-based languages' (Dhudhwal & Sheehan, 2011) in the "Drama Therapy Literature" section of the script, which starts on page 47 of this paper. Lastly, we *integrated an internal nurturing figure* by honouring mentors and clients in my performance who have emboldened me to further connect myself to my ancestral lands and within this work.

Performance

There were several moments in the show that came as a surprise. For example, we did not anticipate how long it would take the water to boil for the tea ceremony which resulted in a long pause during the performance. The pause allowed me to take a moment to emotionally and spiritually prepare for the tea ceremony (refer to 'Journey' section in Appendix A). Another discovery involved our 'colonial violence video' which featured a video montage of the Oka Resistance, Tibetan resistance, Chinese Cultural Revolution, 60s Scoop and Residential Schools. The actors felt a collective need to have an embodied response during the video by creating a movement sequence called "the humiliation of force cutting hair", this also allowed us to take a pause before introducing the response-based practice theoretical concepts in the subsequent section.

CHAPTER 4: FINDINGS

After reflecting on our journey with this research, we have come to this conclusion: drama therapy has the potential to be a helpful tool for Indigenous clients, however, the current drama therapy literature is ill-equipped to do so. We as a field need to look at our own collective

ethics if we are to stop the unethical ways we further colonial violence by pathologizing Indigenous forms of resistance through ‘effects-based dialogues’.

Drama therapy has the potential to be a helpful tool for Indigenous clients, however the current drama therapy trauma literature’s is ill-equipped to do so.

There is extensive literature suggesting the efficacy in using creative modalities in working with Indigenous clients (Brady, 2015; Khashaba, 2019; Leveton, 2010; Smith, 2002; St. Germain, 2011; Whyte, 2018). Drama therapy incorporates the body (Jones, 2007; Emunah, 2014), the creative spirit or ‘soul’ (Khashaba, 2019; Pendzik, 1988) that permeates the “social, personal and transpersonal” (Pendzik, 1988, p. 90), and can also incorporate interventions that increase self-sovereignty, leadership trust, cooperation and communication (Khashaba, 2019; Yuen et al., 2013). These unique qualities are significant elements in many decolonial approaches to mental health (Blackstock, 2011; Brady, 2015; Ermine, 1995; Linklater, 2014; Solomon & Wane, 2005). In addition, St. Germain (2014) articulates how Jones’ (2007) core processes correlates with the four elements of the Metis Medicine Wheel and proposes how drama therapy might be able to meet the Truth and Reconciliation Calls for Action.

The disturbing lack of Indigenous literature in drama therapy however is a significant concern, considering the significant need for mental health services within Indigenous populations as shown in the literature review. Another concern is the dominant use of ‘effects-based language’ (Dhuwdall & Sheehan, 2011; Todd & Wade, 2004) found in the majority of drama therapy literature about trauma which pathologizes the victim’s resistance to mistreatment. Johnson and Sajanani’s (2014) *Trauma-Informed Drama Therapy* highlights how mainstream drama therapy approaches typically use aesthetic distance or desensitization methods in their practices, but omits any consideration of how the victim might have been active agents of resistance towards trauma and violence. For example, Frydman & McLellan (2014) authors in the *Trauma-Informed Drama Therapy* anthology write about the CANY (Creative Alternatives of New York) model and describe their clients as having “pervasive disorganization, behavioral aggression, and impaired self-regulatory abilities” (p. 153) where the “individuals [are] either too emotionally rigid or reactive to play” (p. 153). Pitre (2014) describes a child victim of sexual molestation’s actions as “extreme aggressive outbursts” (p. 247) where the therapist through repeated representation of the perpetrator by the therapist in the playspace attempts to desensitize

the child's fear. These examples neglects any mention of how the child might have resisted the violence or how the perpetrator might have overcome the child's resistance and instead focuses on the effects the sexual violence had on the child. Doing this portrays the child as a "socially conditioned, passive recipient of abuse" (Todd & Wade, 2004, p. 145) and places the blame on the victim, viewing the behaviour as a deficit to desensitize as opposed to understanding the behaviour as a form of resilient resistance to perpetration (Coates & Wade, 2007).

Based on response-based practice literature, misrepresentation of information, such as 'effects-based' descriptions of clients "promotes negative and even malicious social responses" (Coates & Wade, 2015, p. 179). Negative social responses refer to responses that harm victims and collude with perpetrators (Coates & Wade, 2015). Negative social responses result in victims avoiding authorities and being less likely to report abuse (Andrews, Brewin & Rose, 2003), a significant higher chance of experiencing long term distress, victims blaming themselves, and a higher likelihood of receiving a mental disorder diagnoses (Richardson & Wade, 2008). A significant amount of decolonial literature suggests that in order to decolonize our practice, we must contest these "depoliticized and medicalized language[s] of trauma" (Reynolds, 2019 p. 3) found within dominant Eurocentric psychology practices used to subjugate Indigenous peoples by reframing pathologies as resistance (Reynolds, 2019; Riel, 2019; Linklater, 2019; Coates & Wade, 2015; Todd & Wade, 1994).

If drama therapists are to work against mental health's contribution to colonial violence and cultural genocide, we must begin to reverse what many authors describe as discursive operations of language (Dhawdall & Sheehan, 2011; Todd & Wade, 2004). We can shift our 'effects-based language' towards a 'response-based dialogue' and challenge our outdated notions of resistance rooted in colonial ideologies (Linklater, 2014; Todd & Wade, 1994). We might reframe "extreme aggressive outbursts" to "attempts to regulate" or "call for help" and focus our inquiries based on what the child had done to resist sexual violence. Instead of asking, "what's wrong with our client?", we can ask "how can we reveal how our client resisted the mistreatment of the perpetrator's violence?" Placing the symptoms of trauma not on the hearts and minds of the clients, but within the violent social realities in which they are in (Todd & Wade, 1994) and allow clients to "experience themselves as stronger, more insightful, and more capable of responding effectively to the difficulties that occasioned therapy" (Wade, 1997, p. 24).

It is unethical to continue to use an ‘Effect-Based lens’ and not decolonize our work.

Considering the findings that the use of ‘effects-based language’ found in the majority of psychotherapy (Todd & Wade, 1994; Smith, 2002) pathologizes Indigenous worldviews and responses to colonial violence (Todd & Wade, 1994), I believe we have an ethical obligation to investigate our own literature and practices to ensure that we are not further perpetrating acts of cultural violence. Here are a few sections from our ethical codes that explain why.

The Canadian Counselling and Psychotherapy Association Code of Ethics (2007) and Standards of Practice (2015) provides a guide to laws, regulations and policies relevant to the professional conduct of counsellors and psychotherapists among which many drama therapists belong to (personal communication, Bleuer, October 2018). In every category of these documents, there is a section that states that clinicians have a duty to “work to understand the diverse cultural background of the clients with whom they work, and [not to] condone or engage in discrimination based on age, colour, culture, ethnicity, disability, gender, religion, sexual orientation, or marital socio-economic status” (Code of Ethics, 2007, p. 9). These ethical standards also call for counsellors to “deepen their understanding of their own worldview and appreciate how their cultural and other life experiences have influenced their values, beliefs and behaviours, including any stereotypical and prejudicial attitudes” (Standards of Practice, 2015, p. 26), “seek out educational, training and other experiences to avoid imposing their values on their clients and to increase their competency to work with clients from cultural and other life experiences different from their own” and “consider how the clients’ cultural worldviews and environmental contexts shape the concerns of the clients and potential interventions” (Standards of Practice, 2015, p. 27).

The ‘Competence’ section of the North American Drama Therapy Association (NADTA) Code of Ethical principles (2019) states that “drama therapists limit their practice and services to those which are in their professional competence by virtue of their education and professional experience” (p. 1). A subsection of this states that “A drama therapist takes adequate steps, through supervision or personal psychotherapy to prevent personal circumstances from interfering with the quality of service offered to others” (p. 1) and “refrains from initiating any drama therapy activity if there is a substantial likelihood that personal circumstances will prevent them from performing work-related activities in a competent manner” (p. 1).

In both these documents, if we replaced the words ‘personal circumstances’ with ‘western worldviews’ which are closely linked (Howell-Jones, 2005), we see how our lack of literature and problematic ‘effects-based languages’ rooted in our Western colonial worldviews is unethical. This lens of framing our client’s trauma continues to become the means to place the blame of colonial violence on our Indigenous clients (Todd & Wade, 1994) instead of looking at how our own practices might be rooted in a colonial agenda. We have an ethical duty to consider our field’s worldviews and how we might adapt it to consider the cultural and socio-political contexts in which our Indigenous populations exist.

Our work in decolonizing drama therapy requires a look at our collective ethics.

I have learned that sustainability within this work requires a collective approach. Clinically, Indigenous healing happens in connection to spirituality, family and community (Brady, 2015; Linklater, 2014). As a therapist I found myself looking for ways to connect clients with the services and members of the urban Indigenous community of Native Montreal and Native Friendship Centre or the nearest Mohawk Reserve, Kahnawake. As a Chinese settler, I acknowledge that I am not connected to the spiritual practices of many of my clients and it became imperative that I found connections and followed protocols of Elders within the community. I also found that it was also important to work in conjunction with multiple disciplines, such as social intervention workers, educators, and lawyers, knowing like Howell-Jones (2005) suggests that psychotherapeutic service is only a part of a larger healing process. I began challenging individualistic and neutral assumptions about burnout, shifting my understanding of burnout as being caused by individuals minds and bodies and understanding burnout’s roots in the injustices of society. We can combat burnout through collective and relational acts of solidarity against oppression (Reynolds, 2011, p. 27). In my time at Native Montreal, I have had the privilege of working with front line staff that valued collective care and worked in solidarity to address the many layers of colonial bureaucracy, lack of resources and burnout to change the social contexts of colonial oppression that many Indigenous populations live within (Reynolds, 2011).

It is hard to not wonder if the lack of Indigenous research and training within our drama therapy education institutions is a systemic problem of our field. Reynolds (2011) writes about the need for fields to consider what their collective ethics are. In reflecting on this question, I

have come up with a few questions for our drama therapy field. *Does the drama therapy field truly value acknowledging it's colonial make up and will it prioritize decolonizing its practice, research and literature?* And if the field does acknowledge its colonial make up, it may need to reallocate some of its resources to this endeavour and potentially face backlash from certain funders or members within the field. Reynolds (2019) writes about how white settler privilege “makes it easy to abdicate [from] collective responsibility and to leave or ignore anti-imperial and anticolonial struggles” (p. 616). *Is a field made of mostly settlers with Western European lineage willing to relinquish its power as ‘knowledge keepers’ of mental health? Is our field willing to take this risk? Is it willing to live with the consequences of not taking this risk? Is it willing to allow Indigenous led practitioners and researchers as suggested by the Truth and Reconciliation Commissions Calls for Action (2015) and Murdered and Missing Indigenous Women, Girls Calls for Justice (2019) to lead the initiative of decolonizing drama therapy education and literature? If not, does this field truly have a collective ethic of fiduciary care when it relates to its colonial history and its service of Indigenous clients?*

Decolonizing the mental health field and drama therapy doesn't just benefit Indigenous peoples, but settlers too.

Through this research, I am learning the process of decolonizing my drama therapy practice. This decolonization process has included researching and privileging Indigenous perspectives of mental health, recognizing the iterations of colonial violence found within mental health, struggling with drama therapy's unethical lack of Indigenous perspectives in both my training and within the literature, challenging drama therapy's 'effects based' tendencies, being inspired by Indigenous resistance, and learning and doing my best to follow guidelines of Indigenous activists, scholars, Elders and clients. This process of decolonizing my drama therapy practice has benefited both myself as well as my Indigenous clients.

As a settler doing this research, I have found this process to be a healing one. As a newcomer to Tiohtià ke and to the mental health field, I have connected with the most nurturing and supportive colleagues, mentors and friends that have taken me to Pow Wows, Crafting Circles, shared meals and car rides to Kahnawake, reflected with me and supervised me. I have also had the privilege of meeting and receiving knowledge from Elders that have provided invaluable lessons about the world and our relation to the Land. I have learned that this collective

care (Reynolds, 2011) is how I am going to combat the immense feelings of isolation commonly felt within the helping profession and within my program.

I have also discovered that honouring my clients' resistance emboldens me to honour all the different ways my family has and continues to "expose, withstand, repel, stop, prevent, abstain from, strive against, impede, refuse to comply with and oppose" (Wade, 1997, p. 25) the cultural genocide and human rights violations that continue to be perpetrated by the People's Republic of China (Campbell, 2019; Chung, 2018; Clarke, 2015; Friedrichs, 2018; Girouard, 2008; Le, 2016; Powers, 2018). Lifton (1986) writes about a phenomenon of how many people who often find research into their own family and community histories too painful are led instead to explore the injustices of others. I have found that through working as a drama therapist at Native Montreal and witnessing numerous Indigenous clients resist hundreds of years of cultural genocide, I too have become emboldened to look at my own intergenerational shame and reconnect with my own family's historical and intergenerational resistance to cultural genocide. This work has allowed me to begin placing myself within the colonial history of my own ancestors (Herman, 2018; Nuzzo, 2018) and the colonial violence they continue to perpetrate today to the people of Tibet (Le, 2016; Powers, 2018), Uyghur (Chung, 2018; Clarke, 2015; Friedrichs, 2018), Hong Kong (Campbell, 2019), in Africa (Girouard, 2008) and across the world (Didier & Koenig, 2019). I am inspired by the incredible acts of resistance by Indigenous peoples in these areas, fighting to preserve their dignity and basic human rights despite incredible physical, emotional, psychological and spiritual violence by Chinese oppressors (Campbell, 2019; Powers, 2018; Clarke, 2015; Friedrichs, 2018).

CHAPTER 5: DISCUSSION

"Doubt. Think about it. Create. Move forward. Back up. Start again. Finding the work is important. Despite its weaknesses. Because of them. Realize the importance of taking the time to doubt, reflect, create, move forward, go back and start again until the eve of the presentation" (personal communication, Emilie Cormier, June 25, 2019). This quote by my director encapsulates my experience and the significant doubts I had throughout the process. Doubting my assumptions, doubting my findings, doubting the purpose of this research, the impact it might have, the validity of performance autoethnography, or my own position to make such claims.

Leavy (2015) contests the conventional positivist concepts of reliability and validity as criteria of legitimacy in qualitative research and proposes that trustworthiness, aesthetics and authenticity as a more appropriate criterion for arts-based research. Seeking feedback from multiple sources and perspectives supports the trustworthiness of one's research (Jones, 2010; Leavy, 2015; Rolling, 2013). As such, I worked with two research advisors, one director and two actors from both settler and Indigenous communities to address the validity and accessibility of the research. They let me know when the parts that we originally thought were funny or evocative didn't make sense anymore, or when the script was confusing and overwhelming. Taking their feedback, we added new sections, changed parts and cut out certain parts of theory that felt repetitive. We kept making changes to the script until our collective felt satisfied with the validity of both the content and aesthetic choices. The process was a constant conversation about the legitimacy of our claims and the cultural and political impact it had personally and within the community. Doubting became the fuel of our research.

One of the ethical considerations was the delicate nature of confidentiality. Much of the research was based on my personal and clinical experiences which meant that there was the potential of implicating clinical and personal relationships. We had a duty to protect the confidentiality of others within the work. This was achieved through utilizing aesthetic distancing (Bleuer et al., 2018) as mentioned before by creating the "Turtle and the Tiger" story. The story allowed us to alter identifying characteristics such as circumstance, topics discussed, or characteristics like race, gender, name, place or appearance (Ellis, Adams & Bochner, 2010). The metaphor became a way to respect the confidentiality of my clients, but also served as a prototype to describe the specific behaviours perpetrators use to enact violence, how victims respond and resist and how response-based practice dialogue might be integrated through developing a hypothetical scenario of a client working with a drama therapist.

A limitation we had was time. A significant part of the dissemination and analysis took place immediately after the completion of my internship at Native Montreal. Due to the intensity of the drama therapy program, my clinical internship and graduation deadlines, we did not have significant time to "retreat from the intense, concentrated, conscious focus on the question to allow the inner tacit dimension to wrestle with the new input gained during immersion [of the research], re-organizing and re-forming wholes and clusters of wholes, creating new meaning, new behaviours, and new findings" (Sela-Smith, 2002, p. 67). I feel that if I had time to fulfill

this ‘incubation phase,’ I might have been able to make further and deeper discoveries as Sela-Smith describes.

Contributions to Professional Development and Relevance to the Field

This research exposes the problematic ‘effects-based languages’ our field continues to use and proposes response-based practice as a possible solution to that phenomenon (Dhudhwal & Sheehan, 2011). I believe that this literature furthers conversations about how drama therapy might begin to work more ethically through decolonial discourses and honouring our client’s resistance. I hope that this literature might inspire further research on specific drama therapy interventions that illicit these types of dialogues. It also provides a framework in how a settler drama therapist can begin to come to terms with their own collective identity to better serve Indigenous clients. I believe as settler therapists, we have an ethical obligation to set intentions to stop implicating ourselves to the ongoing colonization and genocide of Indigenous people. We do this by honouring Indigenous resistance and centering our practices on Indigenous perspectives and leadership of mental health. On a personal level, this research also provided a new perspective of intergenerational trauma that has brought me closer to my own culture and family history. I am grateful for this research.

CONCLUSION

My hope with this research is to bring drama therapy to a higher ethical standard. I did this research not undermine its efficacy but to strengthen it. I believe that the unique multi-faceted dimensions of drama therapy with the proper cultural safety has the capacity to meet the demands of our Indigenous populations. I hope that we might be able to look at our research and practice with intergenerational trauma with a more ethical lens and I believe the principles of response-based practice can be of great help. I hope to be able to start a conversation about how settler therapists can begin decolonizing our practice and I believe that this will not only strengthen our field but put it at the forefront of mental health. For this to happen, we need to work together to honour Indigenous resistance rather than pathologize it. We need to do better.

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Appendix A Performance Script

This script was a general idea of what the performance was. Some parts of the show were improvised, however I have documented what was said and happened the best I can below.

Introduction

Everyone: Welcome to Bill Yong's Performance Autoethnography. My name is Bill and we are this show.

Bill Yong is a twenty-nine year old, CIS male second generation Chinese settler. He speaks the colonial languages English, Cantonese and little bit of Mandarin. His parents are from the Guangdong region of China. He was born and raised on Treaty 6 Territory, the traditional lands of the Cree, Blackfoot, Metis, Nakota, Sioux, Iroquois, Dene, Ojibway/ Saulteaux/Anishinaabe, Inuit peoples.

Bill is a participant in multiple colonial systems: Drama psychotherapy, academia, Autoethnographic, Heuristic, Self-Revelatory methodologies. He is a high-functioning/neurotypical/able-bodied, educated human being. In a Masters of Drama Therapy program and clinical supervision with Wayne Robinson and Dr. Cathy Richardson/Kinewesquao, a psychologist who introduced him to Response-Based practice.

His research supervisors are Jessica Bleuer, first generation Argentinean-Canadian settler, Jewish, family forced migration during dictatorship from Argentina, MA. M.Ed, RDT, OPQ, and Dr. Stephen Snow, first generation American-Canadian settler, whose ancestors arrived in New England and Nouvelle France in the 17th-century and was radicalized by the Vietnam War and the 1960s in USA, Ph.D., RDT-BCT.

Katey: Bill Yong also had a very negative interaction with David Read Johnson in his first year of Drama Therapy, which has tainted his bias against David's research.

Emilie: This performance will integrate theories of Drama Therapy, Response-Based practice, his own experiences and his internal experiences. This show contains scenes of colonial, sexual, and physical violence. Feel free to do whatever you need to keep yourself safe.

Everyone: Thank you.

Emilie: I'd like to invite you all to take a piece of the tarp as Bill tells a story through a Drama Therapy technique of projection.

Audience is invited to take a piece of tarp

Soy Sauce Story

Bill: Before we begin the show, I wanted to start with a Drama Therapy technique called projection. Projection is a tool we use where objects from our world might open up our imaginations, associations, or metaphysical world. As I tell the story, I will be putting objects in the tarp, your job is to hold the objects in the tarp and allow your minds to wander with the objects. Here we go.

Bill puts a Person figurine in the tarp.

Bill: When I was a kid my grandma used to baby sit me.

Bill puts a tiger figurine in the tarp

I loved going to grandma because she had the greatest thing a child would ever want, cable television.

Bill puts a television figurine in the tarp.

The best part of cable was the food network. I would spend hours every night watching Iron Chef. I was determined to figure out a mystery of this show... the French Iron Chef.... He won every. single. time. And for some reason everyone kept challenging him. I didn't get it... How is that good?

I sometimes wonder why I'm so obsessed with food.

Bill puts chopsticks in the tarp.

And I look back to the most common sayings in my house hold, "Hey! You're lucky you're eating at all!", "you finish that cake or I'm going to smack you", or my favourite one, involved a theory that if I don't finish all the rice in my bowl that I was going to marry somebody ugly. I lived this narrative that at any point all our food could be taken away. Which didn't make sense as a kid because I thought we lived in a first world country and it seemed like we were kind of well off.

Then my grandmother turned off the food network one night and gave a me a glimpse.

My family were soy factory owners in China.

Bill puts a bottle of soya sauce in the tarp.

Which meant that we made variations of soy products: tofu, bean curd, and a lot of soya sauce. she described in detail how there would be huge vats of soya sauce in the courtyard basting in the sun, and the intricacies of what making soya sauce was. the longer the sun, the lighter it was and more dense the flavour was.

My family also lived in a Communist era.

Bill puts a hammer in the tarp.

Which meant we were considered capitalist dogs. So the family was to spend the rest of their lives in a labour camps.

After four years, the family decided that it was enough, and they came up with a plan. Grandma had convinced the official to allow her to take her daughter to Hong Kong, while the men of the family stayed and would leave in contingents of four so that the guards wouldn't notice.

Bill puts four markers in the tarp.

My dad was to lead one of the contingents out. Which included his youngest brother and two family friends. They packed their bags with food. and in the middle of the night they snuck out of the camps and ran to the shore. When day came, they would hide in rocks until night came, in which they would run into the shore and start swimming. The dream was to make it to a European colony. Macao or Hong Kong.

Bill puts a toy gun in the tarp.

There was one time they ran up a shore in the middle of the night thinking it was refuge only to find out it was still Chinese territory to be shot at as they fled.

When they arrived in Macao, three of his contingent remained. Himself and his two classmates.

Bill puts a Chinese tea box in the tarp.

My father describes to this day, that while in prison he realized that leaving his home was the right choice. He was eating like a King even as a prisoner in this foreign land.

Bill puts a fork in the tarp.

I think a lot about belonging. How painful it is to feel like you don't belong to the land that you are from. I also think about the people of this land and how this happens every day. I also think about how people make this happen as well. This has inspired me to do this research. Welcome to my performance autoethnography.

Music starts with projections of various images of resistance. Katey, Micah, Bill pull the tarp up and place the tree stumps down.

The Set Up

Katey: Before we go on with any more of this show, We'd like to be as completely transparent as we can: In the forty minutes you will be sitting here, watching us bimbos talk, we will be/

Micah: /Spewing our agenda at you

Katey: Our agenda being that...

Micah: We would like to deconstruct the dominant discourse that the mental health field,

Katey: Specifically the Drama Therapy field, specifically David Read Johnson...

Micah: Just David Read Johnson.

Katey: Does so well in pathologizing victims while letting perpetrators get away.

Micah: We were joking about the David Read Johnson part. Or are we?

Katey: I mean, what would happen if we asked our clients about their responses to violence?

Micah: What our clients did to restore and maintain their dignity?

Katey: Who was there to support them?

Micah: Perhaps demean for resisting? Pathologize? Schizophrenic, anxious, depressed, drunk, homeless

Katey: Native.

Bill: Response Based Practice theory suggests that if we paid attention to responses, we might find signs of mental wellness.

Micah: And that people will respond in specific ways to specific social responses for the same situation.

Katey: If I walked into the police station and said someone attacked me, what would the response be?

Micah: How about me?

Katey: Because, the quality of social responses is the strongest single predictor of victim distress after violence.

Micah: In addition to trauma, we will also be looking at the impacts of historical and colonial violence of a beginning Drama Therapist.

Katey: Whose parents left China. Unwillingly.

Micah: How does this affect his counter-transferences?

Katey: Or rather, how does he respond to the history of his colonial violence?

Bill: And how might he be responding as a perpetrator?

*Katey, Bill and Micah come downstage and sits to watch the video
Video of Violence.
Humiliation of force cutting hair dance.
Silence. Sound of birds chirping sounds.*

Response Based Practice

Bill: In every situation of violence or oppression, there is a perpetrator and a victim. The perpetrator is a person who chooses to commit unilateral acts of violence.

Micah: Unilateral means it's one directional.

Katey: A perpetrator will try to conceal or avoid responsibility for their actions, obscuring the distinction between victim and perpetrator.

Bill: Violence is the exertion of unwanted force or power by the perpetrator and can manifest itself, physically, mentally or spiritually.

Micah: Violence is the tool of the perpetrator

Bill: The victim is a person who has been wrongfully and purposely harmed by the unwanted actions of the perpetrator. Resistance is any sort of act, either behavioural or emotional which the victim attempts to...

Micah: expose,

Katey: withstand,

Micah: repel,

Katey: stop,

Micah: prevent,

Katey: abstain from,

Micah: strive against,

Katey: impede,

Micah: refuse to comply with;

Katey: or oppose any form of violence or oppression or humiliation or conditions that make such acts possible.

Micah: To minimize harm of the violence.

Katey: See what this show is going to be about?

Micah: Resistance is the reaction of the victim.

Katey: We use the term ‘victim’ instead of the word ‘survivor’ for our purpose to contextualize the directionality of violence.

Micah: and of the resistance.

Bill: Inside a therapy room, these interact, interchange in an attempt to have conversations about dignity.

Katey: About what the client has done in the face of injustice.

Micah: Big or small.

Katey: Overt or covert.

Drama Therapy Literature

Bill: A lot of the Drama Therapy trauma literature—

Katey: Like a lot—

Bill: Uses languages of effects to describe victims of trauma or violence.

Katey: Which means, describing how trauma or violence might affect a person.

Projection of the Trauma Informed Drama Therapy book cover.

Micah: Let’s look at this book.

Bill: In this Trauma Informed Drama Therapy book, David Read Johnson

Everyone: *Gasp!*

Micah: Describes trauma as “distortions in cognition, emotion, behaviour, interpersonal relations that occur as a result of the impact of fear or horror.”

Katey: He describes victims as being avoidant, with incomplete trauma narratives, emotionally dysregulated, unaware of the nature of trauma and its effects.

Micah: Armand Volkas in highlighting Healing Wounds of History describes transgenerational transmission of trauma as a phenomenon where descendants inherit their ancestor’s burden of unexpressed grief, rage, or hurt, often out of their conscious awareness.

Katey: Frydman and McLellan, describes complex trauma as exposure to prolonged and repeated trauma in early childhood, impairing healthy development of attachment, biology, affect regulation, dissociation, behavioural regulation, cognition and self-concept.

Bill: The dangers of such effects based descriptions of trauma, is that it

Micah: Doesn't tell the full story.

Katey: And erases the victim's pre-existing ability to make constructive behavioural choices to/

Together: resist.

Micah: People don't passively receive violence.

*Allan Wade Video – "Story of Charlene" - Retrieved from
<https://www.youtube.com/watch?v=e2LFB4fINrM>.*

Bill: In a chapter about writing Self-Revelatory performance, Emunah says,

Katey: "resistance is often played within the process of developing a self-revelatory performance, and is sometimes made transparent and creatively utilized or represented within the piece, which typically adds humor and immediacy, heightening authenticity"

Bill: Intrinsic in this is the notion that the client's resistance is often:

Micah: Not transparent,

Katey: Not creative,

Micah: Not funny,

Katey: Not immediate,

Micah: Inauthentic.

Bill: Redfern, while describing a client says,

Micah: "he shifted from passive avoidance to leaping on his therapist's back and with her support his resistance was transformed into further engagement."

Bill: In this text, the client's resistance is:

Katey: Passive avoidant,

Micah: And Disengaged.

Bill: Johnson.

Everyone: Ahh! David Read!

Bill: Describes this avoidance as something to overcome through brief desensitization methods. And ultimately, resistance is meant to be transformed. In this book.

Katey: The word victim was used 48 times.

Micah: The word violence was used 66 times.

Bill: Perpetrator was used 92 times.

Katey: 92 times.

Micah: Resistance was used 11 times.

Katey: What then is the focus of this book?

Bill: The danger with language of effects as Alan Wade and Linda Coates would say is that it,

Micah: Obscures violence,

Katey: Hides the perpetrators responsibility,

Micah: Hide's the victim's resistance,

Katey: And blames victims.

Micah: When in actual reality, "whenever people are badly treated, they always resist".

Everyone blows a horn.

Projection "whenever people are badly treated, they always resist" - (Wade, 1997)

Bill: and It seems that mental health discourses tend to overlook most types of resistance to violence. But if we honoured and engaged clients in conversations about resistance;

Micah: We recognize that victims are not passive recipients of violence.

Bill: Shifting dialogues of victim blaming to

Micah: Exposing the full extent of violence

Katey: Clarifying responsibility

Micah: Revealing resistance

Bill: and creating a therapy process that aligns with the victim. We might be able to see what we label as symptoms of mental illness may actually be signs of mental wellness.

Micah (as therapist): So how many beers did you have last night?

Katey (as client): About 10 beers

Micah (as therapist): Okay. Tell me about the last beer, what stopped you from having the 11th beer?

Katey (as client): My head was spinning, I couldn't see straight no more.

Micah (as therapist): So your body was reacting to the alcohol.

Katey (as client): I mean I just stopped.

Micah (as therapist): What'd you do after?

Katey (as client): Went for a walk, found a spot. Grassy enough, went to sleep.

Micah (as therapist): So in your drunken state, you had enough spatial awareness of what place was good enough to spend the night.

Katey (as client): Yeah. Once my head stopped spinning, I was able to fall asleep. Stopped thinking about my past.

Projection: Todd, N., & A. Wade. (1994). Domination, Deficiency and Psychotherapy. Calgary Partecipator (Fall).

Bill: Nick Todd and Allan Wade write about how psychologies have become tools of assimilation. They call it 'Psycholonization'. For example, Indigenous people have been described as being savage, uncivilized and deficient, which became the justification for acts of conquest, annihilation and genocide. People being mistreated might be also be cast as being mentally ill, neurotic or lacking self-esteem, casting a need for guidance and becoming the rationale for psychological pathologies. Where their resistance is something to be worked through.

And social problems are understood as individual problems, requiring no questioning of the social order. So as socially conscious therapists, we have an ethical obligation to challenge these languages of deficiencies. Or we might sound something like this:

Micah (stand up): You are deficient. I am proficient. Therefore I have the right, duty, privilege, and responsibility to perform prescribed operations upon you, with or without your consent.

Bill: and we wouldn't want to do that.

Micah and Katey go behind tarp to enact shadow puppets, Bill sits up front narrating, Emilie is doing sound.

Turtle Story

Pond sound.

Bill: There once were two turtles that lived in a pond. There was a Mama Turtle and a Little Turtle. They had beautiful shells. Mama Turtle always told the Little Turtle: “Your shell is your home, it carries everything you need. If you get lost, look to your shell. But be careful, one day this shell might put you in danger.” Little Turtle never understood what mama meant by that.

Until the Tiger arrived. This Tiger was envious of the Turtle’s shell, he always wanted to be able to swim, so he decided to befriend the Little Turtle and trap her.

One day, when the Little Turtle was traveling alone beside the pond. *Forest sound.* The Tiger followed, offering her food and kindness, the Little Turtle so moved by his kindness decided to befriend the Tiger.

But as time progressed, the two traveled far away from the pond, the Tiger stopped treating Little Turtle with any kindness at all. He called her names, made her feel small and when she asked to go home to her mama, he would say,

“You could leave if you wanted to, nobody is keeping you here”

The Tiger knew that Little Turtle was trapped—he knew that she did not know how to get back to the pond. “Give me your shell” he demanded.

The Little Turtle so shocked by this cruelty decided to leave the Tiger. When the Tiger fell asleep, she made a break and found a sanctuary for Animals, she had heard that these places were refuges for animals who were suffering.

However she soon found that it wasn’t the case for Turtles. The sanctuary too wanted her shell for themselves, and when she wouldn’t give it up, they too humiliated her.

So she left. Feeling helpless and isolated, she became very careful with whom she would tell her story to.

“Maybe nobody will help me. Maybe they are right, maybe I deserve this cruelty. Maybe I need to go back” she thought.

So she went back to the Tiger, thinking, “Even if the Tiger was a monster, at least he was kind to me once”.

And when she returned, the Tiger was delighted and began to show her kindness again. But that soon changed.

He cut off her feet and began to starve her.

“I’m not letting you get away this time” he said.

Without her limbs, the Little Turtle went inside her shell and began to sing a song by her mama.

Play Moe Clark’s ‘Namoya’ song.

For he could trap her body, but never her mind.

After many years, the Little Turtle found her way back to her mama. Little Turtle, feeling confused, did not know what to say to her mama and mama was dying. Mama Turtle didn’t recognize her; she wasn’t little anymore. And when she started to sing her song, mama with her last breath said,

“I knew you would come back.”

Katey comes back to the tarp as a client. Bill as therapist sets up turtle and tiger figurine and exits.

Projection of therapy room

Turtle Dialogue

Katey and Bill go down to floor

Bill (as therapist): Let’s imagine this toy turtle is you. Can I ask you some questions?

Katey: Sure.

Bill (as therapist): What brought the Turtle in today?

Katey: She’s having a hard time feeling safe in her pond.

Bill (as therapist): Sounds like safety is important to her.

Katey: Yeah. She’s pretty weak.

Bill (as therapist): What makes her weak?

Katey: She doesn’t have feet anymore, so predators seem to target her now.

Bill (as therapist): Well that not really fair. What does she use for protection?

Katey: Her shell.

Bill (as therapist): What’s her relationship to her shell?

Katey (as client): If she didn't have this shell, she wouldn't have all these problems. For some reason this shell is the source of everything wrong with her.

Bill (as therapist): Sounds like a complicated shell.

Katey (as client): Her mama taught her that the shell is the source of her strength and sometimes it protects her, but not always.

Bill (as therapist): So she's holding these two pieces with her shell, One that protects and one that causes all these problems.

Katey (as client): Yeah.

Bill (as therapist): What did the Turtle have that you think the Tiger wanted?

Katey (as client): Her shell. The Tiger was new to the pond and knew that he needed it in order to survive.

Bill (as therapist): What was the Tiger like in the beginning?

Katey (as client): Well he was actually really nice at first. He bought her nice worms to eat and would sometimes polish her shell.

Bill (as therapist): When did the Turtle realize that the Tiger wasn't good for her?

Katey (as client): When they weren't working together, and the Turtle was giving more to the Tiger than the Tiger giving to the Turtle.

Bill (as therapist): How did the Turtle know that?

Katey (as client): The Turtle realized when the Tiger stopped asking for things and started demanding.

Bill (as therapist): So what did the Turtle do then?

Katey (as client): She wanted to leave. But the tiger wouldn't let her and he started starving her.

Bill (as therapist): That sounds horrible.

Katey (as client): Yeah.

Bill (as therapist): Was there anybody around?

Katey (as client): There was an Animal sanctuary close by.

Bill (as therapist): I get a sense that it wasn't a positive experience.

Katey (as client): No, they also made her feel bad.

Bill (as therapist): So how did the Turtle respond to that?

Katey (as client): She had nowhere to go, so she went back to the Tiger.

Bill (as therapist): So the Turtle went somewhere that advertised itself to help animals and they did the opposite.

Katey (as client): I guess.

Bill (as therapist): How did the Turtle get away?

Katey (as client): She could sense a flood coming and she knew that Tigers couldn't swim. So she went in her shell and waited.

Bill (as therapist): Wow. That's pretty amazing.

Katey (as client): Yeah I guess.

Bill (as therapist): Being able to sense the elements. I don't know a lot of animals that can do that. Where did she learn that from?

Katey (as client): Yeah. Her mama taught her that water was her friend. She knew that the flood was gonna take her home.

Bill (as therapist): Where does the Turtle get her faith from?

Katey (as client): Her mama.

Continue to play Moe Clark's 'Namoya' song

Social Responses

Project statistics of police brutality against Indigenous.

Bill: The form of resistance and the victim's ability to recover from violence is directly linked to/

Katey: Social responses.

Bill: Social responses refers to reactions the victim receives after violence is perpetrated onto them. If a victim knows they will receive a positive social response, they are more likely to display overt ways of resistance.

Micah: Hey Katey, want to go to the ice cream store after the show?

Katey: NO! GO AWAY!

Bill: and recover from the violence.

Katey: Phew, I can feel safe enough to regulate.

Bill: But if a victim receives negative social responses,

Micah: Katey, If you didn't want to go the ice cream store, you shouldn't have worn suggestive clothing.

Bill: or

Micah: If you didn't have so much fertile land, the colonizers wouldn't have come.

Bill: or

Micah: If it was that bad, why didn't she call the police?

Bill: They are more likely to receive a mental health diagnosis, less likely to disclose or collaborate with authorities, which sets the stage for further re-victimization. So a mental health professional could say:

Katey: With the social responses you had available, you responded this way. Wow! Where did you learn that from?

Bill: Or a mental health professional could say:

Katey: Sounds like the Turtle has an avoidant attachment disorder—she can't seem to trust anyone.

Micah: Borderline Personality Disorder—she doesn't know how to regulate her emotions.

Bill: When we consider a client's social responses, their resistance, and the ways in which the perpetrators overcome the victim's resistance.

Katey: We get a fuller picture.

Micah: Because often perpetrators rarely own up to their violence.

Katey: Even when they are forced to by the supreme court.

Video of Stephen Harper's apology.

Bill: As drama therapists we serve as an integral social response for our clients. We can take a big step in restoring our client's dignity.

Micah: Providing a positive social response, showing them that we recognize that they are active agents of their own well-being.

Katey: Not a passive recipient of the violence that they have encountered.

Projection of model .

Bill: Blood First Nation scholar Billy Wadsworth's model of hierarchy of needs emphasizes community self-actualization and transcendence instead of individual experience.

Katey: That community, spirituality and ancestral knowledge comes first in our hierarchy of needs.

Katey: Which means that our clients actually have everything they need within themselves,

Bill: if people are allowed to connect to their community, spiritual and ancestral wisdom.

Katey: Kind of what Bill's teacher, Bonnie says, taking it from the "me" to "we".

Micah goes to the back, grabs the giant tiger and puts it in Bill's arms. Katey and Micah And stands downstage off the tarp (as if they are observing Bill)

Therapist

Micah: (say the line behind the tarp as you get tiger): So what if the therapist is a Tiger in the story?

Katey and Micah come down to the front observing Bill

Katey: A settler.

Micah: Someone whose parents are immigrants of this land?

Katey: Whose family was saved because Hong Kong was a British colony.

Micah: Who didn't know what a Residential school was until he was seventeen.

Katey: Who didn't acknowledge that he was a settler until he was twenty-two years old.

Micah: Who is able to speak his native tongue and visit the land in which it originated from.

Katey: Someone who is from Alberta.

Micah: And doesn't speak Kanien'kehá ka or Plains Cree.

Katey: Even though he grew up in Treaty 6 territory and is currently residing in Tiohtiàke.

Katey: Sometimes he takes pizza from Native Montreal when he's not even part of the event.

Micah: Or take their pens.

Katey: Like a lot of their pens.

Bill: I read an article written by Dr. Catherine Richardson, a Métis psychologist and co-founder of the Centre of Response Based Practice:

Projection: Richardson, C., & Reynolds, V. (2014). Structuring Safety in Therapeutic Work alongside Indigenous Survivors of Residential Schools. Canadian Journal of Native Studies, (2), 147-164.

Katey: Bill's clinical supervisor!

Bill: And Dr. Vikki Reynolds, a settler, and colleague of/

Katey: Bill's clinical supervisor!

Bill: They talk about the importance of structuring safety, especially in work alongside of Indigenous people talking about their experiences of violence.

Katey: They contest the binary of "safe or unsafe" therapeutic relationships.

Micah: That therapists are meant to create enough-safety, or some safety.

Projection of "Settler" arrow pointing to Bill.

Katey: Because with settler privilege, there is a power imbalance,

Micah: And power is risky.

Bill: What I can do is try to prevent myself from replicating oppression by taking an overt stand of naming the political violence of

Katey: The prison camps for Indigenous children, known as Residential Schools.

Micah: It's continuation in the 60's Scoop

Katey: Missing and Murdered Indigenous Women, children, LGBTQ and 2Spirit folks

Bill: our history of genocide.

Project: Red Dress Video
Katey and Micah come back to stumps

Bill: I can continually negotiate permission and participation.

Micah (as therapist): What do you know about yourself that might allow you to say ‘no’ if I ask you something that is not okay?

Katey (as client): I know that if there is something wrong, my stomach will tell me.

Bill: I can Invite clients to think of who supports them, who have been witnesses and in solidarity with them.

Micah (as therapist): Is there anyone you’d like to have in the room to come with you on this journey today?

Katey (As client): I’d really like my mama to be here. She’s my pillar.

Bill: I can Guard against violations of people’s dignity.

Micah (as therapist): What do I need to understand in order to respect you, make space for you, and not transgress against you in our relationship?

Katey (as client): Don’t talk at me. Listen to what I have to say. And most importantly respect me when I tell you to stop.

Pause Katey and Micah take things away from Bill as he responds ‘incorrectly’

Emilie: So have you done all this work?

Bill: I try to...

Emilie: Have you read the Truth and Reconciliation in its entirety?

Bill: No...

Emilie: Have you read the recent Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls?

Bill: I have started to.

Emilie: Do you regularly talk with Elders?

Bill: Not as much as I would like to...

Emilie: Have you committed acts of cultural oppression in sessions?

Bill: Probably...

Emilie: What was the repair like?

Bill: Um...

Emilie: Was there repair?

Bill: It's kind of hard to tell if...

Emilie: Do you find ways to include cultural artifacts in sessions to make it feel a bit safer?

Bill: Well.

Emilie: Let's get specific. Did you make that cold call to the police?

Bill: Not yet, but I will this week.

Emilie: Have you inquired from the DPJ about your 6 year old client?

Bill: That I did.

Emilie: Are you prepared to go to court for this client?

Bill: What? Who said anything about going to court?

Emilie: Do you think you could see her brother too?

Bill: uh..

Emilie: Could you write a letter for them for the school board?

Bill: Sure, can you tell me more about this letter?

Emilie: Also, his dad is dysregulated, I think maybe it might be useful for you to see them as a dyad

Burnout

Bill: I'd like to take a moment to talk about burnout.

Everyone stands in a line on the tarp

Micah: or vicarious trauma;

Katey: or transmission of traumatic stress;

Micah: or Secondary Traumatic stress;

Katey: or Compassion fatigue;

Micah: or Empathic stress disorder.

Bill: Dr. Reynolds/

Katey: There she is again!

Bill: Talks about resisting burnout through justice doing. She suggests that what harms us isn't our clients. What harms us is our inability to change the unjust structures our clients. But those of us who are in this business, do it because we care about people. We feel there is a need for collective care.

Katey: Why do you keep coming back?

Micah: How can I not come back? My clients are people that deserve to be treated with dignity.

Bill: When we feel overwhelmed. Like everything you're doing is coming to no fruition.

Katey: Your funding ran out, and your client is in the hospital, they didn't show up, I can't guarantee you'll have a job next year, oh, he got arrested for being Native last night.

Bill: Causing us to act outside our ethics due to the amount of resources that we have. It's a product of isolation; of oppression. My favorite thing that Vikki says is,

Katey: "we can keep having broken hearts but continue to do the work, as long as we are able to enact our collective ethics"

Pause. Stand beside each other.

Micah: *(talking to the audience)* So is Bill vicariously experiencing his client's experiences because his intergenerational trauma with the soya sauce is unresolved?

Katey: Maybe.

Micah: *(talking to audience)* Is it getting in the way of his work?

Katey: Probably. But maybe this is his response to the history of colonial violence in his own family.

Bill: On another note: If my focus in therapy is not on violence, torture, and rape but on how people survived these horrible things. My time will be spent listening to inspirational stories and experiences.

Katey: Vicarious resistance, so to speak.

Wait for water to boil. EMILIE Bring kettle to table. Everyone but Bill moves to back of room

Journey

Bill: When I first came into this research, I wanted to understand more about intergenerational trauma. About my own intergenerational trauma. Inspired by Jesse Thistle's story, I went back to China for the first time to reconnect to my ancestral land.

When I first started my internship at Native Montreal, I shared this idea with my clinical supervisor, Cathy. In her home office, she shared something profound that completely changed my research. She said,

Katey as Cathy: I often think of trauma as a metaphor. I think the word trauma has lost its meaning, and what's even more dangerous, is when people say the word trauma, they actually mean violence. In a way, I think trauma is kind of a good thing. It's the thing someone might do to recalibrate after something was done to them that they did not sign up for.

Bill: I've come to understand that what I was looking for wasn't an understanding of intergenerational trauma, but intergenerational resistance to violence. That this work will keep me alive.

Bill pours the tea in three cups.

I'd like to take this moment. To honour—the beautiful, the dignified, the continual—resistance *pour tea as mentioning* that people have taken to injustice, oppression and rape of this land. Of Turtle Island. You lift us up.

Bill walks off the stage and out the door. Music is playing.

