Identifying the Necessary Skills to Equip Drama Therapists in Professionally Facilitating

Anti-Oppression

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ABSTRACT

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Rowena Tam

This study is a theoretical inquiry investigating the ethical urgency to unlearn complex modern ideologies constructed on oppressive principles, and the skills that drama therapists possess to address this. Experiential learning, which consolidates anti-oppression, education, psychotherapy and theatre praxis offers critical insight apropos the skills learned by drama therapists through their training to teach anti-oppression. However, current literature indicates a limited account of cultural competencies within drama therapy research in Canada and the United States. Research findings in this paper illustrate how anti-oppression workshops, campaigns, conferences, clinical practice, and performances facilitated by drama therapists are occurring, albeit often absent from the public eye. An examination of the literature delineates an account of cultural response/ability, drama therapy techniques and the clinical role as recommended conditions into facilitating anti-oppressive pedagogy. With proper drama therapy training and continuing personal development, drama therapists could potentially develop the robust aptitude and skills to professionally facilitate teachings related to social justice and oppression.

Keywords: anti-oppression, cultural response/ability, drama therapy, experiential learning, praxis, power, privilege, oppression, skills, social justice, pedagogy

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this is the oppressor's language

yet I need it to talk to you

<div style="text-align: right">– Adrienne Rich, *The Burning of Paper Instead of Children, 1968*</div>

Chapter 1. Introduction

Drama therapists employ an active and experiential approach consolidating theatrical, educational and psychological disciplines in their practice (Emunah, 1994). The acquisition of interdisciplinary skills through rigorous training provides drama therapists the aptitude to expand their vocation, transcending clinical, cultural, educational and socio-political fields. Licensed and organized by the North American Drama Therapy Association (NADTA, 2019), accredited training programs engage in experiential learning through combined coursework in drama/theatre, psychology, and supervised practice, offering intellectual, emotional and social approaches. Registered drama therapy professionals are mandated to fulfil continuing education (CE) credits in their career to maintain best practices in the field (NADTA, 2019). Drama therapists are unique in that their adoption of dramatic medium inherently encompasses process-oriented methodologies, allowing for physical and emotional attunement, connection, and pleasure (Wiener, 1994). Drawing parallels within the clinical scope, psychotherapy facilitates didactic approaches to safety, containment and therapeutic alliance among interpersonal relationships (Yalom, 1995). To deeply understand the concepts introduced, an extrapolation of dramatic, psychotherapeutic and pedagogical scholarship will offer insight into the distinctive skills that drama therapists must foster to facilitate anti-oppression work.

Recent literature shows the mental health field calling for an increase in the materialization of interdisciplinary ideologies (Mayor 2012; van der Kolk, 2014; Sue, 2007). Studies demonstrate a significant relationship between oppression of marginalized populations and interrelated psychological stressors (Ali & Lees, 2013). A demand for the integration of intersectionality theory, social justice advocacy, feminist theory, and anti-oppression praxis are gaining widespread attention within the clinical field, illuminating the critical effects of societal inequity and imbalance of power on mental health (Aldarondo, 2013; Ballou & Brown, 2002; Brown, 2018; Morrow & Weisser, 2012; Warner, 2008). In response, the clinical landscape in the medical, social work, mental health, and academic fields are seminally shifting to recognize and focus on responding to oppressive systems. It is imperative to acknowledge that remodeling the fields to include anti-oppressive practice will not produce a panacea for eradicating oppression, nor fully equip service providers with all the skills. Discourse on power, privilege, and oppression are complex and sensitive subjects that bear a motley of social, political,

emotional, and institutional implications, upholding heterodox beliefs. Therefore, the method by which discourse is communicated to its audience is paramount, with a large portion of the responsibility shouldered by facilitators.

Among the occupations within counselling and psychotherapy, drama therapists continue to be overlooked, lacking visibility, status, and credibility. Renée Emunah (2016), a prominent figure within the drama therapy field succinctly synthesizes how more than ever, emerging generations are increasingly cognizant of the necessary cultural competency required when working with a diverse range of clients in a pluralistic society. Therefore, through an examination of anti-oppression literature drawn from various social justice approaches, this research inquiry aims to identify the necessary skills drama therapists must possess in order to professionally facilitate issues related to oppression.

Chapter 2. Methodology

This qualitative research inquiry intends to explore the philosophical literature surrounding the role of drama therapists as professional facilitators in anti-oppression work. Engaging in philosophical research involves investigating archival literature, drawing connections between past and present findings, and making predictions about the future (Straaten, Wilschut, & Oostdam, 2016). A theoretical framework serves as a foundation from which all knowledge is constructed, providing an inductive method for the literature review, critique, and analysis of findings (Grant & Osanloo, 2014). An inductive research approach studies existing literature to explore a phenomenon, identify themes, and create a generalized conclusion (Liu, 2016). The literature collected and examined for the current study will ground itself in drama therapy theories, with potential biases and limitations from the researcher's intersectional identities further discussed below. The study in this paper corresponds to a theoretical context by providing "an advocacy perspective that shapes the types of questions asked, inform[ing] how data are collected and analyzed, and provides a call for action or change" (Creswell & Creswell, 2017, p. 251). A review of this data will propositionally generalize, and feed into formulating an analysis with a synthesis of the researcher's interpretations and claims (Stake, 1995).

Data Collection

The research procedure conducted is as follows: (a) Identification and relevance of research topic; (b) review of literature on drama therapy training, anti-oppressive pedagogy, and the necessary qualifications to facilitate anti-oppression work; (c) further reading on professional development for drama therapists, social activism, clinical practice, and drama therapy theories (d) research on why anti-oppression praxis in drama therapy is relevant; (d) identification of an anti-oppression facilitators' skills and competencies; (e) inquire whether drama therapists are equipped to facilitate anti-oppression work and its existing limitations.

Theoretical data will be collected from the fields of drama therapy training, education, and intersectionality theory. Sources of data include online research articles, electronic books and dissertations accessed through the online Concordia University library, CLUES, EBSCO, ERIC, Google Scholar, JSTOR, PsycINFO, PsychNET, ProQuest, PubMed, SAGE, ScienceDirect and Spectrum repositories. Searches consist of the following keywords: "Theatre for change," "political theatre," "social change and theatre," "counselling programs in Canada," "counselling

programs in United States," "creative arts therapies and oppression," "art therapy and ethics," "dance/movement therapy and ethics", "drama therapy," "drama therapy training," "drama and education," "drama therapy and oppression," "anti-oppression practice," "anti-oppression theory," "anti-oppression and drama therapy," "drama therapy and social justice," "creative arts therapy and social justice," "anti-oppressive pedagogy," "experiential learning," "experiential learning in clinical practice," "critical race theory," "feminist theory," "multicultural training and psychology," "multicultural counselling," "cultural competency in counselling," "music therapy and ethics," "diversity and psychology," and "social justice in mental health." Additionally, raw data examined from NADTA-accredited graduate program websites, creative arts therapy association ethical guidelines and online event listings on workshops facilitated by drama therapists are explored, offering insight into the academic and professional development criteria in the creative arts therapies. Further theoretical research recommendations in the form of books, articles, online periodicals, and websites are acquired from faculty members, colleagues, and workshops. Note-taking and summaries are drafted from these texts to identify relevant concepts and themes in relation to the research question. Concurrent with the recording of contextual data gathered, notes in the form of memos are documented to support the researcher in their personal, conceptual, and theoretical processes through the development of their research (Creswell & Creswell, 2017; Van den Hoonaard, 2012). The culmination of the data collected from the literature is curated into categorical themes. Results from this qualitative research will help understand the connection between drama therapists and their training to facilitate anti-oppression.

Data Analysis

The initial organization involves grouping the data gathered according to thematic relevance. The researcher's immersion with the phenomena is further analyzed through various methods of coding. In this research paper, *open coding* concretely represents the analytical thinking and guides the materialization of key patterns and concepts uncovered in the raw data (Marshall & Rossman, 2016). *Axial coding* utilizes intersecting points from the open coding, and clusters them into conceptual categories by working between induction and deduction processes of the literature examined (Marshall & Rossman, 2016). Further coding includes

selective coding, to stipulate the principle arguments found in the data, systematizing the classification of core categories and subcategories (Marshall & Rossman, 2016).

To ensure validity, research advisors are consulted for feedback to thoroughly analyze the literature and counter the researcher's bias. Cho and Trent (2006) find that "qualitative research can be more credible as long as certain techniques, methods and/or strategies are employed during the conduct of the inquiry" (p. 322). A further extension of the research procedure will compartmentalize recurring major themes, drama therapy theories, and counterarguments of the research question to formulate the paper. Through a review of current literature, the discussion will integrate data on the contemporary stance of anti-oppression within the clinical fields of psychotherapy and drama therapy as well as inquire the positionality of drama therapists to facilitate this work. A discussion expanding on the prospective course of the aptitude of drama therapists will lead to additional research bridging social justice, psychotherapy, pedagogy, drama therapy, and clinical training. To acknowledge the unknown gender identity of individuals referenced in this paper, no assumptions will be made and the pronouns "they" and/or "them" are adopted.

Position of Researcher

As a social justice advocate and drama therapist trainee with a background in teaching, this research paper is a culmination of the researcher's personal and vocational experiences. Practicing self-reflexivity engages recognition that the researchers' intersecting social locators play a role in researcher bias. The researcher uses she/her pronouns and identifies as a an educated, middle-class, neurotypical, cis-gender, able-bodied, racialized, model minority, second-generation settler in Canada. The researcher's intersectional identities carry privileges and oppressions, as well as an understanding that her experiences can pose biases and assumptions that drama therapists have the capacity to facilitate issues related to oppression.

Holding a bachelor's degree in devised theatre with past involvement working in independent socio-political theatrical productions, the researcher is trained in experimental theatre, playmaking and collective creation. From personal experience, the researcher holds a salient belief that theatre is capable of evoking therapeutic catharsis. The researcher possesses intersectional, feminist, anti-racist, and social justice beliefs, believing that systemic oppressions are ubiquitous, and that recognition of oppression and inequity is necessary within all scopes of

practice. The researcher understands that historical literature consists of colonial, racist, gender discriminatory and oppressive writing, influencing her desire to research perspectives that support anti-oppression, equity and multiculturalism.

Since entering the master's drama therapy program at Concordia University, the researcher developed a critique toward the lack of understanding surrounding power, privilege, and oppression among the program curriculum, fellow colleagues, and educators, contributing to the incitement of this research project. Considering the researcher's locus of learning and drama therapy network is positioned in Montréal, the references and endeavours communicated in this paper may be potentially skewed to reflect this reality. This bias may influence the theories, workshops, and literature interpolated in the research. Furthermore, the researcher's assumptions on the lack of cultural competency in drama therapy training chronicles the impetus and agenda for this paper. Finally, it is important to acknowledge the limitations within theoretical research, as the researcher relies on research from historical and current literature to form connections and conclusions. To counter researcher bias, this paper engages critical feedback from supervisors and counterarguments found within the literature to juxtapose predisposed concepts and personal beliefs.

Chapter 3. Literature Review

The NADTA (2019) defines drama therapy as "the intentional use of drama and/or theater processes to achieve therapeutic goals." Drama therapy is the coalesced byproduct of the dramatic medium within the clinical space, offering clients a dynamic, expressive, and meaningful approach to self-organize goals, problem solve idiosyncratic issues, and promote self-improvement. Examples of devices employed by drama therapy interventions entail spontaneous play, performance, storytelling and movement. In North America, popular philosophical advancements in drama therapy are predicated by role theory (Landy, 1994, 2001, 2009), developmental transformations (Johnson, 1982), psychodrama (Moreno, 1946), theatre of the oppressed (Boal, 1993), core processes (Jones, 1997), and the five-phase model of drama therapy (Emunah, 1994). In tandem with the expansion of drama therapy theory and practice, the NADTA was founded amidst the emerging theories in 1979, followed by the establishment of the professional board, code of ethics, accreditation of drama therapy programs, licensure to become a Registered Drama Therapist (RDT) and the inauguration of the official peer-reviewed journal, *Drama Therapy Review (DTR)* (NADTA, 2019). Through extensive training in psychology, theatre, and drama therapy, drama therapists are trained to be proficient at working with clients in individual and group settings, possessing transferable skills to navigate trust, build interpersonal relationships, and create a space where clients can express their ideas, similar to the role of a facilitator. With each new client, drama therapists are met with diverse intersecting identities and social locators, thrusting them into challenging conditions clashing personal identities alongside power, privilege, and oppression. A further analysis into the training outlined by the NADTA and engagement with social justice endeavours will provide greater insight into the skills acquired by drama therapists in their program and practice.

Drama therapy and theatre processes

Drama is a fundamental aspect of drama therapy, propagating major interventions and tenets of theory and practice (Jones, 2007). Incorporating dramatic and theatrical processes renders unique training and skills that traditional psychotherapists may not possess, adding value to the methods of practice learnt by drama therapists. Doctrines in drama and theatre are deemed a basic need for living; next to air, food and sex (Brook, 1968; Evreinov, 1926; Schechner, 1988). Spectacle, drama and performance have long commanded the stage, creatively re-

imagining realities, concurrent with the staging of everyday realities. As cited by Fischer-Lichte (2002), theatrologist Max Hermann (1918) believes that drama and theatre are "such extreme opposites that their symptoms will always reveal themselves; the drama is a linguistic-artistic creation by an individual; the theatre is something achieved by the audience" (p. 5). Drama therapy capitalizes on the distinct similarities and differences between the pre-existing social, psychological and physical paradigms found within drama and theatre, transforming their principles into practice. Currently, theatre rooted in social and political issues stem from acclaimed theories developed by Bertolt Bretcht's politically-driven *epic theatre,* Jonathan Fox and Jo Salas' improvisational *playback theatre* and Augusto Boal's *theatre of the oppressed*; a manifesto for social change.

        Epic theatre. Bertolt Brecht's notion of epic theatre uses drama/theatre praxis to address social and political issues. An avid proponent of Marxist thought, German theatre practitioner Bertolt Brecht deviated from Stanislavski's method acting, forming a distanced approach to acting, known as *epic theatre* (Eddershaw, 2002). Following the First World War, a new wave of acting took precedence among German theatres, exiting conventional forms. As a result, epic theatre is a dialectical process that harmonizes theatre and politics to draw audience participation into critiquing a play and its presenting problem (Carlson, 2018). This change brings forth the understanding that the actor is a dissociated entity from the character played, subjecting the audience to ruminate on the everyday realities and its implications (Brecht, 1950). Two methods used to aesthetically detach the audience in epic theatre are *alienation* and *breaking the fourth wall*. *Verfremdungseffekt,* otherwise known as the alienation/distancing technique, hinders the audience from connecting to the characters on stage, wherein distancing them to "assault the imagination and emotions of the audience with direct impact" (Steer, 1968, p. 640). Alienation thrusts audience members into a disrupted assembly where their political, economic and social realities are confronted (Steer, 1968). The audience's imagination is therefore "assaulted," bridging the once separated spectator-performer relationship (Steer, 1968). Likewise, breaking the fourth wall, now identifiable as a popularized expression in theatre, interrupts the play with actors directly addressing the audience, and traversing the imaginary wall. Brecht's focus on politicizing theatre and performance aesthetics is a result of rejecting subjectivity in drama (Steer, 1968). Through the integration of active audience participation, forms of epic theatre

have exerted influence on current drama and drama therapy approaches exercised, including playback theatre.

Playback theatre. Created in the mid-1970s by Jonathan Fox, Jo Salas and other founding members from the original troupe; playback theatre is an interactive, non-scripted improvisation, performing material drawn from stories volunteered by audience members (Park-Fuller, 2003). Actors, musicians and a conductor are collectively involved in creatively disseminating an audience member's story using improvisation. Responsible for leading the interviews, the conductor welcomes audience members one-by-one to share a story from their personal life, while the company of actors and musicians listen, absorb, and "play it back" to them (Park-Fuller, 2003). Spontaneity anchors the framework for playback theatre, however pre-established rules are imposed to sensitively regulate the performed oral histories. The improvisational performance engages iterations of collaborative movement, coupling vocal, facial, and physical expressions to capture the essence of the story. In the re-enactment, performers offer multiple interpretations of the story as they play it back to the audience, curating various perspectives from the single story.

Playback theatre can be empowering for the audience, as participants witness their stories chewed, digested, and regurgitated before them, engendering them with autonomy and control in their performed narrative (Cohen, 2005; Park-Fuller, 2003). This form of improvisation is extensively applied in social change as a vehicle for communal sharing, opportuning individual stories and exploring avenues toward reconciliation (Premaratna, 2018). Additionally, Cohen (2005) claims that playback theatre can be powerfully integrated among populations of ethnic minorities strengthening mutuality to better understand cultural conflicts. Playback theatre is recognized as an agent in social activism, training drama therapists to embody the skills to conduct participatory interaction, organic re-enactments of stories, and contain space for community and healing on issues related to oppression (Fox & Leeder, 2018). Today, playback theatre is widely used in drama therapy as a clinical tool converging storytelling, action, and improvisation to explore client experiences (Keisari, Yaniv, Palgi & Gesser-Edelsburg, 2018).

Theatre of the oppressed. Theatre of the oppressed, a form of applied theatre, is commonly used in drama therapy addressing structural barriers and tools to enact social change. Theatre of the oppressed is a community-based educational movement committed to promoting

dialogue in a "rehearsal for revolution" (Boal, 1979, p.122). Boal's practice first developed in Latin America after witnessing lower-income workers exploited by their employers (Boal, 2000). Boal developed a method called *forum theatre*, where workers were invited to act out their stories of power, control, and inequality by creating short scenes. The facilitator or director of the process is called the *joker* – and the joker invites audience members to role-play different possibilities, changing the original scene in a way that might prevent or address the inequities occurring (Singhal et al., 2003). Boal perceived audience members to be passive beings, and the forum theatre structure systemized their roles into active ones, recasting them into actors rooted in dramatic action. This platform transforms the spectators to spec-actors (Boal, 2000).

Theatre of the oppressed is composed of multiple participatory techniques including: *Forum theatre, image theatre, invisible theatre* and *legislative theatre* (Singhal, Cody, Rogers & Sabido, 2003). Image theatre asks participants to use their bodies, facial expressions and props to create a still image portraying an experienced pervasive issue. The activity is followed by an ideal image of the outcome they wish to see, concluding with a transitional image between the current image and ideal image (Singhal et al., 2003). Invisible theatre has the "explicit goal of capturing the attention of onlookers who do not know they are watching a planned performance" (Singhal et al., 2003, p. 388), as actors create a scene in public without revealing that they are actors. Audience members believe that they are interacting with other people outside of the structure of theatre. The invisibility of the performance thrusts members of the public into the role of spec-actors to critically act on their own discomfort and problem-solve presented issues (Singhal et al., 2003).

Operating similarly to forum theatre, legislative theatre examines a particular experience, inviting spectators (turned spec-actors) to iterate new interpretations of the problem (Boal, 2005). Rather than wrapping up the exercise there, spec-actors in legislative theatre become legislators, and are prompted to proactively suggest policy changes, rethink equitable actions and draft laws applicable to the problem (Boal, 2005).

Theatre of the oppressed outlines visceral social and political techniques grounded in theatrical processes to offer constructive ways to rehearse possibilities for change. Shared suffering elicited Boal's critical response to local concerns, provoking the audience to analyze and hypothesize measures to bridge disparities. The ethos of theatre of the oppressed is embedded in drama therapeutic practice, instructing practitioners with interactive methods to

engage social justice by resisting ontologies of power and oppression. Expertise in Boal's theatre of the oppressed equips drama therapists with contemporary skills to navigate anti-oppression (Österlind, 2008).

Drama therapy and social justice

Arredondo and Rosen (2007) claim that ''enacting social justice leadership involves active listening, truth-telling, having difficult dialogues, risk-taking, and applying collective empowerment strategies to combat systems of oppression'' (p. 453). There are a number of different drama therapy approaches that prioritize social justice responding to the aforementioned qualities. In addition to the NADTA's Cultural Humility, Equity and Diversity Committee (CHEDC), Emunah's theatre for change (TfC) model (1994), Litwak's the FEAR project (2018), Mayor's theoretical framework playing with race (2012), Powell's embodied multicultural assessment (2016), Sajnani's critical pedagogy in the arts therapies (2018), Silverman, Smith and Burns' multicultural and arts-based suicide awareness project (2013), Williams' drama therapeutic tools to challenge biases (2016) and Volkas' healing the wounds of history (HWH, 2019) are all drama therapy approaches that focus on social change. This section will briefly describe elements of these approaches.

Cultural Humility, Equity and Diversity Committee (CHEDC). CHEDC formerly known as the Diversity Committee, is a codified response committed to learning, understanding and sharing knowledge on the complex experiences of diverse communities (NADTA, 2019). Culturally ethical practice is prioritized by the CHEDC, guiding drama therapists with the development of *diversity dialogues*, *position statements*, and a campaign of resources protesting white supremacy entitled #DramaTherapistsAgainstWhiteSupremacy (DTAWS).

Supplementary to the NADTA's Code of Ethics, the CHEDC (2015) created the "Guidelines on Cultural Response/ability in Training, Research, Practice, Supervision, Advocacy & Organizational Change", to foster cultural competency and cultural humility in drama therapeutic practice. Cultural competency equips individuals to perceive and oppose implicit and explicit biases, advancing self-awareness and understanding sensitive to populations from diverse groups (Arredondo et al., 1996; NADTA, 2019). Cultural humility refers to the lifelong work of critical self-reflection, awareness, and deep understanding towards the differential interplay of powers at hand (Tervalon & Murray-Garcia, 1998 as cited in Gallardo, 2014).

The CHEDC engages cultural humility through *diversity calls* – web-based conversational platforms exchanging knowledge and shared experiences about inequity (NADTA, 2019). Previous diversity dialogues include topics on: Racial and ethnic microaggressions, white therapists practicing anti-racism, overcoming stigma, and size discrimination (NADTA, 2019). Position statements are another CHEDC cultural humility initiative where the committee expresses their public decry of unjust matters and solidarity for oppressed groups in written public position statements, prioritizing education, support and anti-oppressive efforts. For instance, the Black Lives Matter position statement reviews the racist epidemic perpetuated by colonial domination and the consequential aftereffects. Black lives are victim to murder, violence, mass incarceration, experiences of police brutality and othering (Jee-Lyn García & Sharif, 2015; NADTA, 2019). To proactively tackle sociopolitical concerns, a further list of public resources emboldening affirmative action to fight oppressive colonial underpinnings are compiled in the #DramaTherapistsAgainstWhiteSupremacy survey campaign conceptualized by Jessica Bleuer and Adam Stevens. The CHEDC vehemently supports social justice concepts in drama therapy training, research, practice, supervision and advocacy and organizational change cultivating drama therapists with the potential for proficiency in anti-oppression.

Theatre for Change (TfC). TfC is a project part of the California Institute of Integral Studies (CIIS) drama therapy program that tackles issues related to oppression. TfC seeks to educate and develop performer and audience awareness to unpack institutional power, privilege and oppression on social and personal platforms. The performance pieces originate from improvisation, drama therapy techniques, theatre of the oppressed, self-revelatory performance, educational theatre and critical community dialogue (CIIS, 2019). Overseen by Renée Emunah, CIIS drama therapy program chair and leader in the field, TfC is an amalgamation of current socio-political issues embodying documentary processes, research and performance. In Fall 2018, a new troupe performing *Consent, Dissent, Reinvent* was conceived and showcased, tackling issues related to discrimination on gender and sexuality experienced by women, racially marginalized women and non-binary folks (CIIS, 2019). The show pays homage to the #MeToo movement and society's normalization of sexual harassment. The pervasive real-world phenomenon is encapsulated in performance via active listening of survivor experiences, and subsequent advocacy for communication and consent (CIIS, 2019). Theatrical and drama

therapeutic techniques are deliberately employed to contextualize, communicate and creatively acknowledge prejudicial realities, encouraging audience members to brainstorm measures to reinvent structural barriers. As a recipient of the 2012 NADTA Raymond Jacob Memorial Diversity Award (NADTA, 2019), TfC is passing its torch to newer generations in drama therapy, continuing their commitment to raising students to engage in discourse on representation, inclusion and diversity through performance.

Embodied multicultural assessment. There are a handful of drama therapy models that examine pluralism. Responding to the shortcomings of research interventions confounding embodiment and multicultural exploration in drama therapy training, Powell (2016) developed the embodied multicultural assessment model, distilling the ADDRESSING framework (Hays, 2008) and role theory (Landy, 1993). The ADDRESSING framework (Hays, 2008) is a self-assessment examining identity characterized by social locators, whereas role theory developed by Landy (1993), examines the harmonious co-existence of one's dominant and subservient roles. Rather than eliminating roles that appear impeding, role theory negotiates ambivalence and seeks to stabilize predominantly existing roles (Landy, McLellan & McMullian, 2005). Adapting to multicultural identities, "the very act of naming and identifying roles acknowledges and validates the whole person in the present moment" (Landy et al., 2005); fusing drama therapy rhetoric with intersectionality. The first part of the model invites individuals to complete three applications: (1) Self-assessment using Hays (2008)' ADDRESSING framework, (2) self-assessment using the taxonomy of roles and (3) written questionnaire and/or sociometric embodiment of one's privileged and disenfranchised identities, and experience sharing within a group (Brown, 2012; Hays, 2008; Powell, 2016, p.117). Participants are then given an opportunity to create an embodied group response (i.e., writing a monologue) before migrating into a discussion on their roles and embodied developments grown from their self-assessment process (Powell, 2016). Subsequently, a discussion facilitated by the instructor is espoused to deconstruct the approach's efficacy in addressing identity, self-knowledge and its applicability to clinical topics (Powell, 2016). The embodied multicultural assessment drafts a drama therapy model emphasizing the importance of knowing oneself, the influence of visible and invisible identities, and the transformative value conjured through embodiment.

The FEAR project. The FEAR project is a drama therapy model that embodies assessment through the staging of interview responses. Fear is a ubiquitous feeling when discussing issues related to racism and racial intolerance. Influenced by The H.E.A.T. (Healing, Education, Activism and Theatre) Collective, the FEAR project is a theatrical response to uncover the rationalization for xenophobia and its underlying dimensions of fear (Litwak, 2017). The trajectory of this project formulated by Litwak (2018) socially engages performance ethnography and community to craft a script from the audience's narrative following these twelve steps:

1. Gather collaborators within community.

2. Training interviewers.

3. Interviews.

4. Choral poem.

5. Reading/discussion/improvisation.

6. Writing family scenes and monologues.

7. Reading/discussion/improvisation.

8. Write additional scenes.

9. Rehearsal: Character development, staging, et cetera.

10. Interviews.

11. Performance.

12. Audience discussion.

The FEAR project begins with Litwak's preparation process of training the company of artists on their roles, responsibilities and sensitive nature of this work. Next, interviewees are verbally informed about their anonymity in the play conducted either in-person or on the telephone prior to the show. Interviews typically last from fifteen to thirty minutes, flowing through a series of thirteen questions about fear, forming a tangible skeleton of the show. "What are you afraid of?," "who is the stranger?," and "what is home?," (Litwak, 2018, p. 254) are

examples of questions posed to the interviewees. Data collected from interviewee responses are then rendered into a choral poem produced by Litwak and disseminated among the artists. The team collectively discusses the poem and contributes ideas, transforming the piece into a rough draft of the play stacked with scenes and monologues, thereby commencing the rehearsal process. The audience may then potentially experience an emotional and intellectual attunement by witnessing their story performed, leaving room for a post-performance critical discussion to follow. Finally, the FEAR Project collaborates with individuals by magnifying their personal stances on a public podium, to debrief a collective understanding of the fears and worries immersed within. Seeing that the personal is political, the FEAR project has touched on community and international social issues, with past performances in India, the Czech Republic and the United States (Litwak, 2019). This project offers a structured model facilitated by Jessica Litwak, an educator, theatre practitioner, and drama therapist, along with trained artists, to collectively use theatre as an avenue to incite social change.

Playing with race. Drama therapists are recommended to uphold equity in clinical practice. Christine Mayor addresses an absence of discourse on race in drama therapy research and practice by developing the *playing with race* framework to encourage creative arts therapists to utilize critical race theory and performance in-session. Race plays a significant role within the therapeutic relationship that must be acknowledged as *performed*, *encountered* and *embodied.* Growing up as a white woman in Bermuda, Mayor (2012) explicitly encountered the visible notion of colonialism and need for personal recognition of positionality. Whiteness is a dominant symbol bracketed with nuances in racism and privilege amid the historical narrative of injustice. The first of three factors in this framework distinguishes race as performed – constantly in flux and dictated by societal norms (Mayor, 2012). As a result, caution must be taken when specific roles relational to the individual's culture are suggested or stressed to avoid potentially othering and/or stereotyping (Butler, 1988). Racialized bodies in relation to one another imposes a duality distinctive of dominant and dominated identities. Knowing that race is inevitable, creative arts therapists must adapt and develop a mutually respectful playing dynamic within the client-therapist relationship.

The creative arts therapies transcend conventions, as exemplified in the use of touch, notably within drama and dance/movement therapy. Meanwhile, embodying race incorporates touch and movement, typically classified and coded with culturally assumptive patterns. The

bodies of Black, Indigenous, and people of colour (BIPOC) are attached with idiosyncratic associations, perpetuated as "more natural, primitive, and exotic than the White body" (Mayor, 2012, p. 216). To exemplify the characteristic codes, people read as Arab for example, are affiliated with terrorism whereas people coded as Asian, are pegged with weakness (Puar, 2007). In understanding race as performed, encountered, and embodied, Mayor's framework provides creative arts therapists with training to notice cultural nuances, insight into white versus BIPOC bodies, the power differences in the client-therapist relationship, and establishment of safe spaces to perform social change. Familiarity and comfort with discussing and acknowledging race informs drama therapists on their clients' critical dialogue surrounding power, privilege and identity in their play.

  Critical pedagogy in the arts therapies. The *critical pedagogy in the arts therapies* is a public educational forum percolating "necessary dialogues, resistance and hopeful action" (Critical Pedagogy in the Arts Therapies, 2018). Piloted by drama therapist Nisha Sajnani and a team of art therapists, dance/movement therapists, drama therapists, and music therapists, this approach draws on the arts therapies to confer and attempt to rewrite the perpetually unequal and oppressive powers (Critical Pedagogy in the Arts Therapies, 2018). Since its 2018 inauguration, the platform has hosted a public consortium and two conferences titled "Think Tank & Conference" in New York City and Chicago, respectively. Framing the creative arts therapies in an educational context serves a powerful resource offering mentorship, instruction and research to address inequity. Critical pedagogy in the arts therapies is a radical approach, symbolic of the possibilities and current developments paved by creative arts therapists to transform systemic barriers.

  Multicultural and arts-based suicide awareness project. Drama therapy offers a critical examination into the intersection between multifaceted identities and mental health concerns. In 2010, a two-day multicultural and arts-based suicide awareness project was organized by Concordia University full-time professor, drama therapist and dance/movement therapist Yehudit Silverman, assisted by drama therapist Mary Burns and art therapist Fiona Smith (Silverman, Smith & Burns, 2013). Inuit, Mohawk, Jewish, Christian, East Asian, Bahá'í, seniors, adolescents, and LGBTQ+ (lesbian, gay, bisexual, transgender, queer) communities participated in this two-day interactive research workshop investigating suicidality through the

creative arts (Silverman et al., 2013). Suicide brings about thoughts and feelings bearing stigma, shame and misunderstanding, which differs among each group. Results indicated that participants found the integration of creative mediums (art, drama, movement, music, and writing) beneficial to support a more safe, distanced, multicultural and reflective space where art could transform complex forms of communication absent from verbal discussion (Silverman et al., 2013). The creative arts therapies encourage the use of artistic mediums to explore inner challenges and struggles, and to have it witnessed and validated in a communal approach.

The process began by inviting participants to creatively exhibit suicide in their group's cultural context with the use of gesture, movement and theatrical devices. In one instance, individuals from the LGBTQ group held their bodies in seemingly arduous positions, as someone narrated: "There is a perception from the outside that being queer is a handicap and we internalize it...We have to compartmentalize ourselves into little pieces. We feel isolated and ashamed and this leads to suicide" (Silverman et al., 2013, p. 218). Shared witnessing of the vulnerable pieces elicited non-verbal creative responses from the facilitators and observing participants using gesture and movement. Facilitators then shifted participants into examining intersectional identities, with respect to the topic of suicide. From this progression, new groupings related to the brainstormed identities were formed, matriculating participants into their next activity. The first day concluded with participants delving into the available materials to collaboratively create an artistic piece depicting their reasoning for attending the workshops.

The second day of the symposium involved the groups' active participation in creating an artistic banner incentivized by the themes emerged. These banners were subsequently paraded in a ceremonial custom, upheld by hands grasping the mounted banner poles. The symposium ended with a post-procession group debrief to brainstorm ways of applying their newly explored ideas on raising widespread awareness on suicide. Facilitated by creative arts therapists, the multicultural and arts-based suicide awareness project compounds the exploration of cultural identity, suicidality and social change discourse enriched by artistic processes (Silverman, Smith & Burns, 2013).

Minding our biases. Educational curricula, research and best practices counteracting racism and other "isms" and "phobias" (i.e., antisemitism, dis/ableism, classism, sexism, Islamophobia, homophobia, transphobia and xenophobia) are lacking in drama therapy literature (Williams, 2016). Drama therapy contains a myriad of techniques potentially effective in

reforming ontologies of power. Placing emphasis on the incessant crises of cultural misunderstanding and pathological fear, Britton Williams (2016) curated three drama therapy exercises taking embodiment, projection and roleplay to raise awareness on unconscious and conscious biases. The drama therapy interventions are entitled: (1) "What's the first thing you see?," (2) "what's the story?," and (3) "roles and reverse" (Williams, 2016, p. 15-19). Inspired by Ross' (2014) concept acknowledging people's tendencies to notice recognizable imagery, "what's the first thing you see?," begins with the facilitator distributing four pictures, allotting participants five seconds to glance at each image to jot down their initial thought.

Exercise two titled "what's the story?," incorporates storytelling using six images of racially diverse individuals wearing various attires, presenting diverse gender expression, as well as gestural and facial expressions (Williams, 2016). Participants are asked to create stories choosing the name, vocation, conduct and any other salient attributes of each person presented. Throughout the process, participants are encouraged to identify moments where they find themselves adjusting, changing or suppressing certain thoughts experienced during the exercise. Once all the stories are written, the facilitator discloses that there are in fact, only three individuals represented in the six images, with each individual appearing twice in different clothing and contexts. Time is given for participants to modify their story as needed. In analyzing this exercise, participants engage in critical dialogue dissecting how bias plays a role in the exercise, and whether learning about there being three individuals instead of six individuals changes the narrative of their piece.

In the third exercise, each participant is given a picture of a person. Like the previous exercise, participants are instructed to write an invented name, age and history for the person in the image. Participants then embody the character developed and perform monologues from the perspective of their new character. The images are later shuffled, and re-distributed among the group. The exercise is repeated with new images re-performed through the perspective of another participant. The exercise concludes with a debrief to acknowledge the internalized biases and assumptions weaved into the roleplays, recognizing the complication with interpretations.

Williams' (2016) identifies how natural bias is, the difficulty with eliminating them, and our obligation to relinquish perpetuations of "isms" and "phobias" driven by internal bias. Participant responses evoked from the exercises covered often include personal biases,

stereotypes and preconceived ideas about groups of people. These three exercises are opportune pathways for communal healing, in the hopes of transforming bias in order to tackle oppression.

Healing the Wounds of History (HWH). Healing the wounds of history uses drama therapy processes to transform groups experiencing intercultural conflict. Creator Armand Volkas (2009), is a celebrated psychotherapist, drama therapist, recipient of the 2002 NADTA Raymond Jacobs Memorial Diversity Award and clinical director of the Living Arts Counseling Centre. Volkas' impetus to confront provocative intercultural conflict arose from witnessing cultural tension, stigma and unhealed scars exposed by intergenerational trauma (HWH, 2019; NADTA, 2019). Historical events marred by violence and bigotry become a part of a shared familial narrative, furthering rivalry and contention from generation to generation. Shaken by the deep-rooted adverse impact of the Second World War, in 1979, Volkas conducted the first HWH process with children of both Jewish Holocaust survivors and Nazis. This process involved pendulating drama therapy techniques to transform suffering and guilt into mutual understanding and reconciliation (Volkas, 2009). HWH is described as a "a psychological state shared by any group of people and can affect an entire society," (Volkas, 2009, p. 146) linking oppression and its influence on mental health. Living through historical, intergenerational, familial and cultural trauma can have lasting effects on individuals, influencing the way they think, act, and behave. Volkas (2009) suggests that a potential perpetrator lives within each person, holding the capacity for ownership and dehumanization of this role. Drama therapists facilitating the HWH approach must sensitively incorporate anti-oppression practices.

Warm-ups are vital, as they offer a general assessment of one's level of tolerance for critical dialogue within the space (Volkas, 2009). Through this assessment, drama therapists can flexibly cater their responses in an improvisational manner, employing aesthetic distancing processes (Jones, 1997). Volkas (2009) reiterates that drama therapy can powerfully foster transformation, eradicating the vicious cycle of re-traumatization. HWH is a transformative concept embodying a social activist approach in drama therapy, which bridges the wounded conflict divide among two opposing groups (Volkas, 2009).

A brief review of theoretical and intervention approaches in drama therapy and social justice generates insight into the training and skills drama therapists possess to facilitate social change. Emunah's theatre for change (TfC) model, Litwak's the FEAR project, Mayor's

theoretical framework playing with race, Powell's embodied multicultural assessment, Sajnani's critical pedagogy in the arts therapies, Silverman's multicultural and arts-based suicide awareness project, Williams' drama therapeutic tools to challenge biases and Volkas' HWH are all examples of existing ways that drama therapy engages in multicultural topics.

Drama therapy training

There are several ways to meet the educational requirements to become a registered drama therapist (RDT). The master's degree track preconditions drama therapy candidates to possess drama and/or theatre and psychology coursework alongside practical clinical experience, prior to entering the program. The NADTA currently has five recognized master's programs in drama therapy at: Antioch University Seattle (Seattle, WA), California Institute of Integral Studies (San Francisco, CA), Concordia University (Montréal, QC), Lesley University (Cambridge, MA), NYU Steinhardt (New York City, NY), and are in the process of evaluating Kansas State University (Manhattan, KS) as their sixth (NADTA, 2019). Public information accessible by Adam Reynolds, the education chair for the NADTA, describes how each university operates independently, with their own set of curricula, and is re-evaluated every ten years (personal communication, May 11, 2019). Among all accredited universities, the drama therapy programs concretely blend performative and psychological modalities with coursework in clinical counselling, studio work, research, assessment, and supervision. The implementation of teachings on issues of oppression, equity, and inclusion has seen a greater push in recent years, spearheaded by the NADTA's Cultural Humility, Equity and Diversity Committee. The five accredited universities, including the sixth under review, offer courses concerning multicultural contexts. However, they respectively differ on the course material, number of credits, and length of study.

Academic training. Cultural competency is necessary to professionally train clinicians facilitating anti-oppression work. A closer analysis into the graduate programs and their institutions with respect to teachings on issues of power, privilege, and oppression will attempt to highlight the potential proficiency and limitations in a drama therapists' academic training. The percentages in parentheses below depict how much the cultural diversity course weighs in comparison to the entire program load. At Antioch University Seattle, the drama therapy specialization is combined with the M.A. in counseling and clinical mental health counseling

(CMHC) concentration or offered as a joint couple and family therapy program. Both tracks require students to take COUC 5040: Multicultural perspectives and creative arts therapy, accounting for three out of the total ninety-credit course load (3.33%). In comparison, California Institute of Integral Studies (CIIS) offers a mandatory one-day diversity training for first-year students, and MCP 6013: Multicultural counseling and the family, somewhat similar to Concordia University's one-day CATS 639: Interdisciplinary topics: Cross cultural studies course that covers one out of sixty credits (1.6%). It is important to acknowledge that topics pertaining to cultural humility may be woven throughout other courses, however only one course or training date is dedicated to the topic itself. Moreover, students at Lesley University undergo a sixty-credit degree, with 3 units (5%) focused on GEXTH 6105: Examining power, privilege and oppression. This is nearly equivalent to NYU Steinhardt's full-time students who are enrolled in the three-credit course MPADT-GE 2105: Cross-cultural awareness for creative arts therapy and arts education (5%).

These courses are not total representations of the institution's application of cultural competency. For instance, aside from the one-day training at CIIS, the admissions counsellor's public knowledge of the program, asserts that cultural diversity is interwoven throughout their program (S. Hall, personal communication, May 17, 2019). Additionally, from personal experience, some course readings and class exercises at Concordia University uphold anti-oppression values. Thus, through the acknowledgement of missing information and raw data extrapolated above, it can be deduced that 5% or less of the drama therapy programs in North America are committed to formally integrating learnings on cultural diversity. Nonetheless, the percentage of how much is covered in other courses is both unknown and not mandatory. This means that from yearly transitioning among instructors, the amount of cultural humility content can be more or less present.

Another track to become a registered drama therapist is the alternative training (AT) program for individuals external to the graduate programs. There is an absence of cross-cultural courses from the NADTA's Handbook of Alternative Training in Drama Therapy for Alternative Training Students and Board Certified Trainers (RDT/BCT). This is made evident by such courses being merely recommended and not mandated as a core psychology or drama therapy course (A. Reynolds, personal communication, June 11, 2019). Therefore, depending on the idiosyncratic interest of the student or trainer, the course load can differ. In both the current

graduate master's programs and alternative training, the NADTA (2019) has no official requirement of cultural topics, but rather recommendations. It is also important to consider that the courses listed above were not always available, as cultural diversity was not previously recognized as a critical component, denoting that drama therapists from previous generations may not share the same skillset and academic understanding with today's graduates on issues related to oppression.

A major component and commonality shared throughout the drama therapy programs is the hands-on practicum experience, where students must fulfil a specific number of agency and direct client-contact hours. Through an experiential learning process, drama therapy students weave theory and clinical experience at their internship sites under the supervision of a professional, developing their competency as skilled drama therapists. In the clinical setting, students and professionals are bound to work with a myriad of intersectional identities in relation to power, privilege, and oppression, which expands their vocational experience and facilitates therapeutic services among diverse client populations. Blott (2008) communicates how "culture, difference, and power are constantly present in the therapeutic encounter, [and] therapists have an ethical responsibility to acknowledge these forces and confront them explicitly" (p. 438). Depending on the educational institution, drama therapy students begin their practicums at different times in the program. The mandatory clinical practice exposes students to unexpected tensions, ruptures, heightened awareness, and personal accountability in the therapeutic space, strengthening their ability to navigate challenging situations. Being able to traverse complexities is fundamental for drama therapists, as the therapeutic environment can foster vulnerability, analogous to the facilitation of critical dialogues on anti-oppressive practice. The practical therapeutic division trains drama therapy students to work with diverse client populations, handle difficult scenarios, understand differences, acknowledge personal privileges, communicate safety needs, and empower clients as they unpack their inner struggles (Hill & O'Brien, 2014; Sander et al., 2016; Simons et al., 2012).

Cultural and ethical competencies. Human dignity, diversity, and multiculturalism play an integral part within clinical and counselling fields (Allison, Crawford, Echemendia, Robinson & Knepp, 1994). Professional associations govern equitable clinical practice by regulating ethical codes and best practice guidelines around issues surrounding cultural competency. The American Psychological Association (APA), Canadian Counselling and

Psychotherapy Association (CCPA) and NADTA are exemplary organizations overseeing psychologists, psychotherapists, counsellors and drama therapists, providing insight into the necessary cultural training accredited mental health clinicians must undertake in their practice.

American Psychological Association (APA). Clinicians are urged to implement ethical conduct related to multiculturalism. In 1998, the American Psychological Association's Board of Ethnic Minority Affairs assembled a task force to address the pressing need in raising the awareness of clinicians on cultural diversity and understanding (APA, 1993). In addition to the Ethical Principles of Psychologists and Code of Conduct, the APA (2017) presently procures the Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality, an extensive public document over two hundred pages discerning ten guidelines intersecting stratifications of multiculturalism and diversity. APA (2017)'s cultural competencies strive to understand historical power, privilege, identity and oppression addressing systemic inequities that repress human rights, justice, as well as fair access to services. As such, this association stipulates the necessity of pedagogical content to train clinicians on the multiplicity of individual realities (APA, 2017).

Canadian Counselling and Psychotherapy Association (CCPA). Akin to the APA, the CCPA has two established documents decreeing a Code of Ethics and Standards of Practice supporting cultural sensitivity. Notable Standard of Practices guidelines adhering to cultural competency include: Guidelines A10, B9 and D10 outlined below:

Guideline A10: Sensitivity to Diversity. Counsellors strive to understand and respect the diversity of their clients, including differences related to age, ethnicity, culture, gender, disability, religion, sexual orientation and socioeconomic status (CCPA, 2015, p. 8).

Guideline B9: Respecting Diversity. Counsellors actively work to understand the diverse cultural background of the clients with whom they work, and do not condone or engage in discrimination based on age, colour, culture, ethnicity, disability, gender, religion, sexual orientation, or marital or socio-economic status (CCPA, 2015, p. 26).

Guideline D10: Sensitivity to Diversity when Assessing and Evaluating. Counsellors proceed with caution when judging and interpreting the performance of minority group members and any other persons not represented in the group on which the evaluation and

assessment instruments and procedures were standardized. They recognize and take into account the potential effects of age, ethnicity, disability, culture, gender, religion, sexual orientation, and socio-economic status on both the administration of, and the interpretation of data from such instruments and procedures (CCPA, 2015, p. 52).

Together, these guidelines encourage practitioners in Canada to take direct action toward understanding pluralism and diversity. Knowledge of oppressive powers offer insight into the everyday barriers faced by clients, thus obliging counsellors and psychotherapists to be mindful of how their actions may be culturally perceived. The CCPA recognizes that clinicians have an obligation to grasp diverse issues affecting the cultural landscape of themselves and their clients (CCPA, 2015).

North American Drama Therapy Association (NADTA). In 2015, the Diversity Committee within the NADTA inaugurated a set of guidelines making an effort to enable cultural competency in drama therapy training and practice. The document is intended to be used next to the NADTA Code of Ethical Principles, articulating the cultural response/ability drama therapists are recommended to commit to, in order to avoid discrimination, and provide a space where the dignity of all persons is upheld (NADTA, 2019). Drama therapists are encouraged to actively inquire about personal discomfort, be flexible in adapting to various cultural values and be prepared for possible resistances that may emerge. In the pursuit of ethical and dignified conduct, drama therapists should take initiative in fostering self-improvement through supervision, personal psychotherapy, relevant resources and clinical consultations to critically examine aspects of themselves. Relevant resources such as the NADTA (2019) Code of Ethical Principles weaves cultural competency into its codes as cited in article 2g., 4b., 5a. and 7a.:

Code 2g. Competence. A drama therapist keeps up to date with new clinical developments related to practice, continues to develop professional skills and cultural competence, and maintains credentials through continuing education (NADTA, 2019, p. 1).

Code 4b. Informed Consent. A drama therapist uses culturally and developmentally appropriate language on the consent form that is understandable to the person(s) providing the consent (p. 1).

Code 5a. Professional Relationships. A drama therapist does not engage in unfair discrimination based on, but not limited to, age, gender, identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status, physical appearance or attributes, or any basis proscribed by law (p. 1).

Code 7a. Principles of Physical Contact, Role Play, and Other Drama Therapy Activities. A drama therapist uses physical contact, movement, and/or role play: 1) when they are consistent with the client's therapeutic goals, 2) with the client's informed consent, and 3) in a safe, respectful, and culturally sensitive manner. A drama therapist never engages in any behavior that is intended for sexual stimulation nor makes intentional contact with any private area of the client's body, and communicates that objective at the beginning of the professional relationship (p. 2).

The aforementioned codes stipulate the necessary decrees concerning culture. Drama therapists must adhere to culturally sensitive practice through an increase in self-knowledge, appropriate communication practices and awareness of corporeal contact to maintain responsive and responsible in their profession.

Social service and mental health fields have been relying on various critical pedagogies that provide the underpinnings for their respective ethical codes. Amongst these theories are anti-oppressive pedagogies, critical race theory, feminist theory, and intersectionality theory.

Anti-oppressive pedagogy

Anti-oppressive pedagogy is an educational praxis in opposition to a motley of intersecting oppressions (Kumashiro, 2000). According to Dominelli (2008), oppression is defined as "a system of domination that denies individuals dignity, human rights, social resources and power" (p. 10) barring individuals from enacting social change (Stahl, 2017). Historically, oppressive powers have pervasively operated to marginalize disadvantaged groups, perpetuating current unjust outcomes (Stahl, 2017). Embedded in anti-oppressive pedagogy, anti-oppressive practice (AOP), is a radical response resisting prejudicial and oppressive systems. Founded on intersectional approaches, AOP comprehensively blends facets of anti-oppressive theory, critical race theory, feminist theory, pedagogy, psychology, and social work theory and interventions (Corneau & Stergiopoulos, 2012; Dominelli; 1996). Considering that modern discourse is enabled by bio-psycho-social models, Corneau & Stergiopoulos (2012)

believe that adopting an anti-oppressive framework is crucial to countering hegemony in its efforts to dismantle partisan practice.

Critical race theory (CRT). Critical race theory is central to anti-oppression practice. In the 1970s, a group of racial minority academic law scholars and social activists convened to develop a theory that could challenge racism and racial profiling evident in American society (Delgado & Stefancic, 2017; Ladson-Billings & Tate, 1995). The academic scholarship outlines race as a socially constructed concept rooted in beliefs that society upholds and reinforces in the interest of the white population through unequal treatment of non-white races (Curry, 2018). This arbitrary treatment contributes to inequities in social, economic, political and legal rights, perpetuating white supremacy. To counter bias, CRT was advanced through theoretical studies in law, politics and sociology focused on radical Black figures such as Martin Luther King Jr., W.E.B. Dubois and Malcom X as opposed to notable white theorists in the likes of Karl Marx and Sigmund Freud (Curry, 2018). CRT is grounded in tenets of critical legal studies and radical feminism, and fixates on socio-political and cultural agents impacting race, racism, ethnicity, nationality, historical trauma, cultural appropriation and erasure of marginalized groups (Delgado & Stefancic, 2017). CRT is no longer exclusive to legal studies, but rather found in a multitude of subjects such as social activism work, distinctly in gender and women's studies, education, American studies, and sociology (Curry, 2018; Delgado & Stefancic, 2017).

Feminist theory. Feminist schools of thought are fundamental to tackling oppressions related to gender and sex as its ideologies contend patriarchal worldviews exacerbated within theoretical and educational approaches (Kuk & Holst, 2018). In relation to men (in particular, white, cisgender, heterosexual settler men), women experience a disparity of social discriminations (MacKinnon, 1989). Objectification, subordination, socioeconomic imbalance and pervasive feelings of inferiority are all examples of sexism upheld by the patriarchy (MacKinnon, 1989). As such, some women's movements aim to dismantle sexist oppressions by attending to intersectional identities, development of awareness and discursive mobilization, collectively banding women to produce organizational change (Ferree & Mueller, 2004; Snow, Soule & Kriesi, 2004). Feminism today has broadened into various horizons to encapsulate specific cultural needs. Liberal feminism, radical feminism, cultural feminism and Marxist feminism exemplify the diverse range of subsidiary perspectives from the original wave of

feminist spearheaded by the suffragettes battling for their democratic right to vote (Ferree & Mueller, 2004; MacKinnon, 1989; Tong, 2013). Increasingly recognized on the Western frontier, a feminist lens has gained widespread attention in the fields of clinical and counselling psychology (MacKinnon, 1989).

Intersectionality theory. Coined by Kimberlé Crenshaw (1989), the original concept of intersectionality evolved from feminism to depict the injustices faced by African-American women. Intersectionality is comprised of "intersections" – an interplay of dominant and marginalized identities operating in tandem. Presently, intersectionality is recognized as a theoretical approach that analyzes the ontology of power associated with multidimensional social identities (Severs, Celis & Erzeel, 2016). Social identities and social locators may refer to: Race, ethnicity, nationality, Indigenous status, immigration status, refugee status, age, class, socio-economic status, dis/ability, gender, sexuality, religion, faith, spirituality, language, family composition (blended, foster, single parent, parentless child[ren] and other salient identities), level of education, mental health, and trauma. By no means is this enumeration exhaustive, as it is intended to provide insight into the varying identities functioning together in ways that form individual power and privilege. For instance, the life of a white, trans-gender, neuro-diverse, heterosexual, middle-class, atheist woman will differ greatly from an Indigenous, cis-gender, neurotypical, heterosexual, middle-class, 2-spirited woman. Both women carry oppressive and oppressed identities. The absence of an intersectional lens will erase critical nuances and homogenize the identity, history and lived experience of these women. Intersectional discourse is therefore essential to countering the singular, homogeneous narrative when engaging with anti-oppression work (Snow, Soule & Kriesi, 2004).

Developing the anti-oppressive drama therapist

Studies show that facilitating anti-oppression work must include a commitment to personal development, cultural response/ability, commitment to self-actualization, social justice advocacy (Chalmers, 1997; Freire, 1970; hooks, 1994; Hussain et al., 2009). By reviewing the Cultural Response/Ability Guidelines in Training, Research, Practice, Supervision, Advocacy and Organizational Change (2016) along with anti-oppression, psychology and pedagogical principles, the research examined will attempt to identify the skills required to engage as an anti-oppressive drama therapist.

Cultural awareness. It is unethical to professionally facilitate anti-oppression without an instructor's basic skills and commitment to improve their self-awareness, knowledge and understanding in cultural humility and self-actualization on issues related to oppression.

bell hooks (1994) emphasizes Buddhist pedagogue Thich Nhat Hanh's statement that "the practice of a… healer, therapist and teacher should be directed towards themselves first otherwise they cannot help others" (p. 15-16). Awareness is operationalized as the ability to know, perceive and be cognizant of processes, broadly understood as one's state of consciousness; whereas self-awareness is the recognition of one's capacity for awareness (Hussain, Aleksander, Smith, Barros & Chrisley, 2009). Acknowledging the necessity for self-awareness, educational theorist Freire (1970) coined "conscientization," as the construction of critical consciousness and comprehensive understanding toward prejudicial social stratification propagated by oppressors. Critical consciousness is a fundamental concept in anti-oppressive education that supports the development of self-awareness with the aim of producing social change (Freire, 2005). Social change is enacted through one's increased awareness, acceptance, and effort to dismantle oppressive systems (Mayor, 2012; McIntosh, 1989).

Cultural awareness of drama therapists. Drama therapy encourages fostering self-awareness of one's cultural identity. The NADTA Guideline One: Commitment to Cultural Awareness and Knowledge of Self and Others of the NADTA's Cultural Response/ability in Training, Research, Practice, Supervision, Advocacy & Organizational Change supports the expansion of cultural awareness. Building awareness requires a degree of knowledge and understanding of cultural differences, discrimination and oppression in society (Lago, 2011). The importance of self-awareness is also mirrored by Tudor and Tudor (1994) contending that "we need to be aware of and be explicit both about our views of human nature and about the essence of phenomena in order to be clear about our clients" (p. 392). It is plausible to believe that the more aware drama therapists are, the more prospects there are for change, possibility and creativity (Mayor, 2012).

Commitment to self-actualization. In addition to self-awareness, hooks (1994) predicates that educators aspiring to empower students are obligated to pursue self-actualization. In Maslow (1943)'s hierarchy of needs theory, self-actualization is the pinnacle tier of the pyramid once all basic physical and psychological needs are met (see Figure 1). The acquisition of

knowledge, skills and identity development contribute to efforts in transformative learning that can be done through self-actualization, realizing one's full potential (Gleitman, Fridlund & Resiberg, 2004; Hart & Montague, 2015).
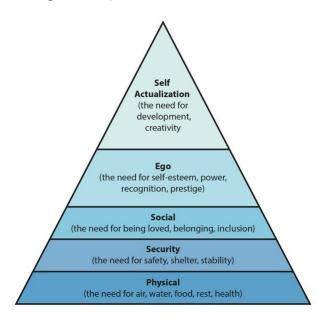

Figure 1. Maslow's hierarchy of needs (Neel Burton, 2012)

To depart from eurocentric views, the theory of self-actualization is analogous to the Buddhist notion of surmounting suffering to reach enlightenment. Buddhist disciplines offer new teachings to anti-oppressive pedagogy, affirming that the sense of "self" must be eliminated, as all beings are ephemeral and in a constant state of flux (Hane, 1986). The realization of one's greatest potential can facilitate emotional intelligence, open confrontation to imbalanced structures, knowledge over time, and identity formation, supporting the growth of a self-actualized anti-oppressive facilitator (Burczak, 2011; Dominelli, 2002; Hart & Montague, 2015). Self-actualization reflects the cultural response/ability concepts of cultural humility, as "a lifelong commitment to self-evaluation and critique" (Tervalon & Murray-Garcia as cited in Gallardo, 2014, p. 123) that should be embedded throughout all aspects of ethical and competent drama therapy practice (Sajnani et al., 2016).

Cultural humility. Cultural humility is defined as the "ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the client" (Hook, Davis, Owen, Worthington Jr. and Utsey,

2013, p. 354). Maintaining an other-oriented stance can be difficult. It is often said that those who have the desire to enact social change and follow anti-oppression praxis have some experience with marginalization. Social activists may appear to be acting on their own egotistical self-interest, lack of empathy, and lack of open-mindedness when the core sensation is pain (Burczak, 2011). Burczak (2011) explains how "most of the people working to end oppression are working to end our own oppression. Unlike conservative activists, we're not just trying to increase the power we already have, we're fighting for our lives" (p.35). Oppressive systems, for those experiencing it, does not vanish overnight. People from both dominant and dominated groups experience defenses. Understanding the defenses and resistance to engage in an other-oriented stance is essential to culturally humble practice. Defenses are the bodies' natural way of navigating stress.

    Defenses and resistance. Recognition of power, privilege, and identity of both the clinician and clients' worldviews are crucial within a clinical scope of practice (Sue, 2007). Moreno (1953) believes that "a truly therapeutic procedure cannot have less an objective than the whole of mankind" (p.147), stipulating that all human drives must be considered. Working with oppression asks individuals to face their role as both an oppressor and victim of oppression, creating space for biases, defenses, and resistance. Deriving from the psychoanalytic term, a *defense mechanism* is defined as "a mental operation, usually unconscious, directed against the expression of drives and impulses" (Granieri, La Marca, Mannino, Giunta, Guglielmucci & Schimmenti, 2017, p. 1). Blame, punishment, shame, indignation, and contempt predispose a few examples of defensive feelings experienced by oppressors (Stahl, 2017). Consequently, those in the helping profession can potentially rectify these feelings with comfort, empathic understanding and therapeutic support (Hill & O'Brien, 2014).

    New learning can create discomfort, shift ways of thinking, and may alienate individuals as they abandon their older schools of thought (hooks, 1994). As a response to potential discomfort and pain, anti-oppression facilitators need to privilege compassion, and validate the resistance, self-effacement, and emotional demand that individuals experience when dealing with sensitive material. For instance, when an individual experiences a crisis, in addition to teaching, the facilitator must have the capacity to hold space, navigate conflict and offer constructive guidance (Kumashiro, 2000). Felman (1995) argues that the exchange of learning will only occur when an individual processes their experienced crisis, moving through different stages of

intellect, emotions, and politics. Only then will the individual's newly gained insight allow for critical reflection to facilitate making connections and examining issues at hand (Fook, 2002; Fook & Gardner, 2007).

The creative arts therapies depart from a traditional psychotherapeutic practice by integrating creative measures to support clients. Drama therapists are trained to "work around defenses and manifest the subconscious through creative means" (Butler, 2017, p. 32) using conventions such as play, improvisation, movement, characterization, and dramatic projection. Improvisation is a technique that can be used to identify individual resistance and limitations (Wiener, 1994). It can also offer a spontaneity, adventure and pleasure within a social structure (Wiener, 1994). Through drama therapy, individuals are transiently offered an alternative medium to oscillate their defenses and resistance, to help regulate their emotional and physical processes.

Drama therapy skills. Working with power, privilege and oppression can activate unconscious and unresolved feelings of vulnerability and dysregulation. Since drama therapists undergo mutual training in psychotherapy, it is important to examine how clinical skills can transform creative education. There are a number of drama therapy approaches unique to the field that facilitates experiential learning. Drama therapists have the capacity to combine psychological, theatrical and pedagogical schools of thought to promote self-regulation, go beyond intellectual thinking and deepen sensorial experiences.

Experiential learning. Traditional forms of learning centred around intellect do not always account for different learning styles (hooks, 1994; Kolb, 1984; Schon, 1987). Experiential learning has been conceptualized as "learning from experience" reinforcing how learning should be an active process (Newns, Paul & Creedy, 2015; Kolb, Boyatzis & Mainemelis, 2001).

Learning is an experiential process that cannot rely solely on "intellectual pursuit" (Elkind, 2012; Whiting & Cutri, 2015; van der Kolk, 2014). The act of learning is a complex process involving how one thinks, feels, and behaves (Merriam & Bierama, 2013). Kuk and Holst (2018) explicate three major components fundamental to experiential learning, claiming that it follows a trajectory of retention, reflection, and renewed learning. Experiential retention occurs when comprehensive material pertinent to one's experience is cognized, thus endorsing a

deeper understanding. In the second frame, the experience amassed is followed by a reflection of existing knowledge, and an occasion to build on one's philosophical threshold. Reflection plays a significant aspect within experiential learning, serving as a transition to the result of what is learned. Facilitators are encouraged to weave context into the reflection process, to cultivate the most optimum learning experience. The eventual outcome in experiential learning can be transformative. Kuk and Holst (2018) iterate that facilitators should find ways to weave context within the reflection process to cultivate an affluent learned experience. Akin to the work of instructive teachings, drama therapists exercise experiential learning through the stimulation of reflexive thinking, immersive participation, and transformation. Profound transformation through lived experience is embedded within drama therapeutic practice detailed in Jones (2007)'s framework on drama therapy's core processes.

 Core processes. Drama therapy is the intentional application of dramatic medium to achieve emotional and physical actualization, as well as personal growth, as a way for participant material to emerge in a safe and contained way (Emunah, 1994). The core processes are an important contribution to drama therapy, merging together the healing and transformative aspects of dramatic processes and psychotherapy. The core processes are also described as therapeutic factors present across all drama therapy methods. These factors make change possible. Navigating difficult subjects, defenses, emotional dysregulation, and overture for alternative expressive outlets equip drama therapists with the competency to facilitate laborious and sensitive matters. The core processes set a frame for visceral techniques connecting the vocation of drama therapists to experiential learning, and issues related to oppression.

 Jones (2007) outlines eight basic principles that are fundamental within each drama therapeutic technique. The core processes expanded below are: (1) Dramatic projection, (2) dramatherapeutic empathy and distancing, (3) role-playing and personification, (4) active witnessing, (5) embodiment, (6) playing, (7) life-drama connection, and (8) transformation (Jones, 2007, p. 81).

1. *Dramatic projection* is the expansion of psychological projection, where individuals unconsciously express qualities of oneself or emotions onto others or dramatic mediums. The projective technique can further develop through an externalization of one's internal world.

2. *Dramatherapeutic empathy and distancing* refers to the modulation between emotional connection distancing that invites more cognitive reflection.

3. *Role-playing* or *role-taking* speaks to individuals playing themselves or their invented characters. Personification selects qualities from individuals which are dramatically performed through the use of objects.

4. *Active witnessing* is the essence of being there, as an observer either for others or for oneself.

5. *Embodiment* engages the body through physical enactment to communicate one's inner world through gesture, expression and voice.

6. *Playing* is a spontaneous process that engages imaginary and make-belief spaces

7. *Life-drama connection* is the connection between the fictional world created through the drama therapy process and one's real life. This process makes the connection to one's unconscious selves, bringing the covert overt and is necessary for the instillation of change.

8. *Transformation* is the condition of change individuals experience through their personal drama therapeutic process (Jones, 2007).

Developmental transformations (DvT). The eight core processes are responsible for change and can be used when facilitating anti-oppression work. Some elements of the core processes can be found in every drama therapy method. This includes David Read Johnson's (2009) Developmental Transformations (DvT). DvT is an uninhibited, free improvisational play that helps clients with their unconscious desires and impulses. Clients use play to share their self-expression through words, feelings, actions and impulses with the facilitator/therapist. The facilitator then responds to these actions using techniques such as mirroring, reflecting, abstracting and other dramatic actions. A facilitator must be flexible while concentrating on the subtleties that reveal themselves, helping clients bring their material to consciousness by expanding the improvisation (Butler, 2017). The freedom of play embedded within DvT often explores topics of identity, politics and other social issues.

DvT can be used to explore intersectionality, power and differences (Butler, 2017). DvT ideology removes preconditioned agendas and theoretical structures from the facilitator, thus challenging them to act on personal knowledge and instinct. Allowing the play to naturally

unfold forces the facilitator to be well-versed in confronting encounters, therein making drama therapists and other trained DvT facilitators highly skilled in spontaneity, empathic understanding, leadership, and play.

Psychodrama. Another adjacent drama therapy method that equips drama therapists with skills to address anti-oppression work, is the practice of psychodrama. Founded by Jacob Moreno, psychodrama uses spontaneity and creativity to access the unconscious in a surplus reality, developing awareness through acting (Watersong, 2011). Surplus reality, coined by Moreno, is a vital technique in psychodrama where an individual enacts aspects of their imagination and subjective reality to concretize their experience (Moreno, Blomkvist & Rützel, 2013; Watersong, 2011). A protagonists' narrative typically frames the psychodrama with the rest of the participants playing actors or witnesses within their story (Ter Avest, 2017). When executing psychodramatic sessions or techniques, the facilitator, otherwise known as the director, must have seasoned training in artistically handling, playing and facilitating the inner struggles experienced by participants (Ter Avest, 2017; Moreno, Blomkvist & Rützel, 2013). Through skilled facilitation, participants can go beyond non-verbal communication using psychodrama to creatively confront inner conflicts and realities (Ter Avest, 2017). Psychodrama acknowledges cultural differences and believes "its specific playful and non-verbal techniques seem to answer lecturers' needs for *deep reflection* and at the same time to be more suitable for students with different cultural backgrounds" (Ter Avest, 2017, p. 74). The entry into surplus reality forces material from participants' past, present and future to surface, promoting personal change through creative exploration (Ter Avest, 2017). Psychodramatic techniques have gained widespread attention and are found netted into drama therapy theories (i.e., dramatic reality and healing the wounds of history), cultivating self-confidence, self-discovery, self-efficacy and problem-solving (Pendzik, 2008; Volkas, 2009).

Social justice advocacy. Both developmental transformations and psychodrama create opportunities to engage in social justice. Social justice seeks to reform dominant societal constructs with the intention to meet the needs of individuals from diverse social identity groups (Adams, Bell & Griffin, 2016). Departing from canonical knowledge, social justice advocacy imbues a collaborative, respectful and dignified method for social change, believing that any individual should feel safe, recognized, and included (Adams, Bell & Griffin, 2016; hooks,

1994). Anti-oppression theorists firmly believe that everyone has the capacity to detect and enact change with regards to inequality in socio-political and economic oppressions (Freire, 1994; hooks, 1994; McIntosh, 1989). To effectively facilitate anti-oppression, clinical and educational practitioners must actively learn, teach, and advocate for social justice in their professions (Ali & Lees, 2013; hooks, 1994). Social justice advocacy and cultural competency are urged within the drama therapy scope of practice. Guideline Six: Commitment to Cultural Response/Ability in Advocacy and Organizational Change from the *Guidelines on Cultural Response/ability in Training, Research, Practice, Supervision, Advocacy & Organizational Change* calls for drama therapists to engage in social justice advocacy by standing in solidarity with targeted communities (Sajnani et., al, 2016).

Drama therapists who have engaged in social justice work. In Canada and the United States, there are numerous drama therapists at the forefront of social justice and cultural responsibility research. Prominent contributions have been made by: Mark Beauregard, Jessica Bleuer, Jason Butler, Renée Emunah, Norman Fedder, Craig Haen, Maria Hodermarska, David Read Johnson, Eva Marxen, Christine Mayor, Dixie Meyer, Daphne Milioni, Susana Pendzik, Alexis Powell, Nisha Sajnani, Nadya Trytan, Britton Williams and Armand Volkas. Furthermore, United Kingdom-based researchers, Ditty Dokter, Dafni Milioni, and Sue Jennings, have also made significant advancements within the field of cultural competency. Detailing the non-exhaustive yet prominent list of researchers exemplifies the limited account of drama therapists focusing on social justice work in the field. Aside from research, alternative acts of socially innovative drama therapy practices are executed in the form of professional development workshops, involvement in conferences, proposed interventions, campaigns, and NADTA diversity calls.

Many drama therapists have a longstanding commitment to tackling power, privilege and oppression by facilitating workshops and training independent from clinical practice and research. By no means exhaustive, the following are a few examples, among many registered drama therapists (RDT) who further critical discourse relevant to multiculturalism.

In the United States, past NADTA president (2003-2005), recipient of the NADTA's 2006 Raymond Jacobs Memorial Diversity Award and licensed attorney in the state of California, Sherry Diamond, presents workshops and courses on ethics and cross-cultural issues

in clinical practice and intersectional identities impacted by their "bi-racial, bi-cultural and bi-sexual" identities (Holloway, 2014; NADTA, 2019).

Britton Williams focuses on identity and the encounter asking workshop participants to recognize bias and prejudice and how it may be unlearned. Williams presents at a number of different conferences in addition to managing The Healing Stage, a drama therapy centre offering training to communities, companies and organizations (The Healing Stage).

In Montréal, drama therapists participate in making social change a regular part of their practice. Cooperating with Canadian union ACTRA (Alliance of Canadian Cinema, Television and Radio Artists) Rosaruby Glaberman, an actor, director, group facilitator and part-time instructor at Concordia University (Red Body Productions), led a workshop with drama therapists Marie-Émilie Louis and Shyam Anandampillai called: "Speak Out Against Harassment." In the wake of sexual harassment, bullying and discrimination, the workshops are an ardent response to implicit and explicit disturbances in the workplace (ACTRA Montréal).

Fellow Concordia University colleague and drama therapist Jessica Bleuer is a full-time faculty instructor, past NADTA diversity chair (2013-2018), 2018 recipient of the NADTA's Raymond Jacobs Memorial Diversity Award and an active member of the NADTA. Bleuer's experiential trainings are widespread in the Montréal community concentrating on power, privilege and oppression in both educational, mental health and community settings. Bleuer's work often focuses on microaggressions and the use of forum theatre in practicing how to address microagggressions in workplace, clinical and educational settings. With support from Adam Stevens, Jessica Bleuer, co-created and co-led the #DramaTherapistsAgainstWhiteSupremacy (DTAWS) Campaign together. DTAWS is an ongoing survey and living document that serves as an advocacy and educational platform to encourage drama therapists to inform themselves about racial inequities and engage in anti-racist work. During their time as NADTA Diversity Chair, Bleuer founded Diversity Calls and Racial Justice Dialogues, virtual conversations about the role of drama therapists in addressing inequities.

Nisha Sajnani is a recipient of several accolades by the NADTA for their pivotal contributions in research, education and service. They were past-president of the NADTA (2011-2013), past recipient of the NADTA's Raymond Jacobs Memorial Diversity Award (2015), and is currently working as an associate professor, and program director at NYU's drama

therapy program. Sajnani has founded multiple social justice initiatives including the annual Critical Pedagogy in the Arts Therapies Conferences, the creation of the NADTA's Cultural Response/Ability in Guidelines in Training, Research, Practice, Supervision, Advocacy & Organizational Change, collaborating extensively with "Montreal Life Stories," an artistic collective that creatively disseminates the "life stories of Montrealers displaced by war, genocide and other human rights violations" (Dean, Meerzon & Prince, 2014; Life Stories Montreal, 2015), Sajnani has worked with Rwandan, Haitian, Cambodian and Jewish communities (Dean, Meerzon & Prince, 2014). Additional pursuits with playback theatre can be found in their 2007 workshop: "Playback Theatre and Social Justice – What's at Stake Relative to Diversity and Anti-Oppression," divulging topics of collective trauma, diversity and oppression (Sajnani, 2007). In 2018, Sajnani presented at the Reykjavik conference as a keynote speaker and workshop facilitator on "Embodying the Spaces Between Intersecting Identities Through Drama Therapy" (Nordic Arts Therapies Conference). This workshop offered participants an opportunity to address their intersectional identities and socially reinforced biases exercised using image theatre processes (Nordic Arts Therapies Conference, 2018).

From the mid-2000's and onward, the tireless work of Diamond, Williams, Bleuer, Sajnani, Glaberman, and other notable practitioners missing from this section indisputably recognizes that there are drama therapists in North America who have been, and continue to facilitate anti-oppression workshops in the hopes of creating social change. While often omitted from drama therapy research, the workshops discussed mark the versatility of a drama therapists' skillset to transform into a facilitator, educator and social activist.

Counterarguments to drama therapists teaching anti-oppression

Drama therapists engage a diverse range of skills that lend themselves well to anti-oppression work. This section will offer a few brief examples of cultural humility initiatives engaged in adjacent mental health fields. It is beyond the scope of this paper to report a thorough comparison of the differences in cultural competency trainings offered in the fields of psychology, art therapy, dance/movement therapy and music therapy and will instead focus a more specific comparison on NADTA-accredited drama therapy programs.

Education and training. Educational systems uphold several limitations when it comes to clinically addressing anti-oppression. First, critical and intersectional thinking is a proponent

to propel confrontation and resistance. Stewart, Cappello and Carter (2014) comment on the importance for higher education institutions to create space for anti-oppression dialogue to exist. Research shows that psychotherapy schools are beginning to incorporate cultural competency within theoretical approaches, with most of the content focused on intervention techniques (Sue, Zane, Nagayama Hall & Berger, 2009). However, Bassey and Melluich (2013) oppose this singular focus on interventions and techniques, emphasizing the obligation to build on the personal and professional learning capacity of the therapist. Findings suggest that education on multiculturalism and diverse populations is centralized into one course in each of the NADTA-accredited drama therapy programs. This information displays that less than 5% of the overall program is committed to developing courses related to culturally responsible drama therapy, emphasizing a shortcoming in training students. The cultural humility requirement for alternative track students is even more nebulous than that of the NADTA-accredited programs. NADTA education chair Reynolds, reiterates the public knowledge that trainees in the Alternative Training (AT) route are subjected to culturally relevant learning, either predisposed through personal interest, or by their supervisor (personal communication, June 11, 2019). The challenge is that NADTA (2019) Code of Ethics 6d., surmises that drama therapists do not teach areas by which they have not been adequately trained on, and drama therapy programs where supervisors may have trained were only offered three credits of training on these topics.

Moreover, research shows that marginalized communities are often subjected to the responsibility of teaching their privileged counterparts on their experiences with oppression (Burczak, 2011). In drama therapy, multiple pragmatic approaches exude this practice, leading to possible detrimental emotional, psychological and intellectual experiences (Garran, Gelman and Miller, 2015).

Cultural competency training in other clinical programs. Multicultural training is crucial in clinical and counselling psychology training. Implemented in the 1960s, Yutrzenka (1995) observed that "nearly every conference on the education and training of professional psychologists for the past 2 decades has addressed the issue of cultural and ethnic diversity" (p. 197). Without multicultural perspectives, eurocentric values and teachings remain the primary proprietor for knowledge disseminated in psychology (Yutrzenka, 1995). While proper data for an actual comparison of the counselling psychology and drama therapy field cannot be illustrated in this paper, a few examples of counselling psychology programs across Canada and the United

States will be contrasted with NADTA-accredited drama therapy programs in the table on page 40 (see Figure 2). A review of master's-level counselling psychology programs in Canada and the United States at McGill University (Montréal, QC), Adler University (Vancouver, BC), NYU Steinhardt (New York City, NY), and Lesley University (Cambridge, MA) will offer understanding into the cultural competency courses external to drama therapy.

It is important to preface that multicultural training could potentially be interwoven throughout all courses of these educational institutions; however, the following raw data merely surveys the course titles and course descriptions provided online. At McGill University, the M.A. Counselling Psychology (Non-Thesis) program mandates students to study EDPE 622: Multiculturalism and Gender, accounting for three credits out of the total sixty (5%), equivalent to NYU Steinhardt's M.A. in Mental Health Counseling's course APSY-GE 2682: Cross-cultural Counseling (5%). With a slight increase in percentage from McGill and NYU, students at Lesley University pursuing an M.A. in the Counselling Psychology program dedicate three credits out of forty-eight to GCOUN 6030: Psychology of Culture and Identity: Power, Privilege and Oppression (6.25%). Lastly, Adler University's M.A. Counselling Psychology degree uniquely diverges from the abovementioned curriculum with their implementation of SJP-202: Social Justice Practicum 1 and SJP-203: Social Justice Practicum II. The latter mentioned courses are one-credit each, encouraging students to "learn how to work alongside the community as agents of social change and serves as a catalyst for students to realize and understand their own strengths and responsibility to contribute to social equity" (p. 79). In addition to the social justice practicums, the three-credit course MACP-641: Multicultural Counselling for Diverse Populations is compulsory in the successful completion of the fifty-five-credit hour program (9.09%), ergo illustrating a stronger emphasis placed on cultural sensitivity at Adler University. While recognizing the great subjectivity present in measuring the limited number of counselling psychology programs, the brief degrees explored are intended to provide a glimpse into the auxiliary applications of cultural competency training in educational institutions outside of drama therapy.

Some examples of teaching models that have taken precedence in facilitating growth in cultural diverse topics include the use of experiential exercises, lectures, discussions, roleplay, video simulations, self-assessments, readings and increased interactions with individuals from multiethnic backgrounds varying in duration from one-day workshops to eight-week programs

(Aggarwal et al., 2016; Benuto, Casas & O'Donohue, 2018; Merta, Stringham & Ponterotto, 1998; Paradis, 1981). Out of all the training and assessments administered, 33.3% of clinicians in the training conducted by Aggarwal et al. (2016), found behavioural methods incorporating mediums such as roleplay, and discussions most beneficial in their learning (Aggarwal et al., 2016, p. 588). Furthermore, as opposed to clinicians without cultural sensitivity training, Yutrzenka (1995) explicates that practitioners with thorough training are deemed more trustworthy, empathetic, knowledgeable and positively regarded by clients. It can be said that psychologists adopting behavioural stimulations such as roleplay, are heavily borrowing techniques rooted in drama therapy practice.

Educational institution	Number of course credits	Total program credits	Percentage
Drama therapy			
Antioch University Seattle	3	90	3.33%
CIIS	0	60	0%
Concordia University	1	60	1.6%
Lesley University	3	60	5%
NYU Steinhardt	3	60	5%
Total	Mean: 2.98%	Median: 3	Mode: 3
Counselling psychology			
Adler University	5	55	9.09%
Lesley University	3	48	6.25%
McGill University	3	60	5%
NYU Steinhardt	3	60	5%
Total	Mean: 6.33%	Median: 3	Mode: 3

Figure 2. Sample of cultural competency courses in drama therapy and counselling psychology programs.

Data gathered from the educational institutions are intended to illustrate a rudimentary perception of how other fields compare to drama therapy. Indeterminable for a full comparison, examining the mean, median and mode of the limited counselling psychology and drama therapy programs discussed alongside their percentages, can provide some insight on the matter (see Figure 2). The two disciplines observed share the same median and mode, however, differ at their mean, where drama therapy totals 2.98% and counselling psychology at 6.33%. It is important to note that these numbers may potentially be skewed due to the 0% course credit found at CIIS, and the quantity of cultural competency netted within the entirety of the program aside from the one-day training. Advancements of multiculturalism within the coursework of psychology training are similarly established, with slightly greater inclusion demonstrated by a mean of 6.33% compared to a mean of 2.98% in drama therapy. To obtain a comprehensive connection between the counselling psychology and drama therapy programs, further research must be pursued to formulate an accurate comparison.

Cultural competency training in other creative arts therapy modalities. Increasingly, art, dance/movement, drama and music therapy in Canada and the United States are demonstrating a greater demand for the integration of cultural competency as evident in the educational standards developed (AATA, 2007; ADTA, 2015; AMTA, 2015; CATA, 2015; NADTA, 2015). Due to the limitation of this paper, this section will not delve into the cultural competency courses offered by other creative arts therapies institutions but rather briefly investigate the guidelines from the American Art Therapy Association (AATA), Canadian Art Therapy Association (CATA), American Music Therapy Association (AMTA), Canadian Association for Music Therapy (CAMT) and the American Dance/Movement Association (ADTA). The data presented will not be used as a contrast due to the missing data required to research such a comparison. A glance into the coursework information is intended to provide insight into the commitments of these associations. As outlined in the CATA (2015) educational guidelines, the required curriculum found in section 4.0h., includes cultural and social issues in art therapy for Canadian art therapists. Similarly, the AATA (2007) has a set of educational standards for master's programs, requiring music therapy program directors to deliberate on how they will implement 1e., culture in assessment and art-making, 1h., knowledge of culturally diverse theories and social justice, 2b., understanding of cultural and environmental influences on development, and 2d., self-improvement through an acquisition of multicultural counselling

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theories and cultural self-awareness regarding social locators of the self and others. The standards mentioned are not exhaustive of the in-depth set of regulations, providing a brief introductory to the AATA concepts.

In the field of music therapy, the American Music Therapy Association Non-discrimination And Equal Opportunity Policy (AMTA, 2015) expands on their ethical guidelines with specific respect to cultural diversity, reverberating the promotion for fairness in their learning and profession, whereas the Canadian Association for Music Therapy (CAMT, n.d.), generalizes cultural respect, without specifically mentioning education and training. Far more developed groundworks with a comprehensive focus is embedded in the American Dance/Movement Association code of ethics (ADTA, 2015). Section 3.1.C., Educator Obligations, decrees that "dance/movement therapy educators provide culturally competent education that facilitates the development of student multicultural awareness, knowledge, and skill" (p. 12) integrating multiculturalism in coursework. A review of the ethical and educational principles developed by other creative arts therapy modalities insinuates the critical need for progressive advancements made among all accredited associations. However, in comparison to the AATA, CATA, AMTA and ADTA, there is a shortage of accountability and obligation within the NADTA and CAMT when it comes to cultural competency, education and training.

Position of the drama therapist as an anti-oppressive facilitator. An extrapolation of literature indicates that anti-oppression education cannot be sufficiently facilitated by drama therapists without properly developed cultural competency. Facilitation with individuals and groups are fundamental in drama therapy training. Despite the firm encouragement for drama therapists to commit to cultural response/ability, the NADTA code of ethics does not mandate cultural humility, equity and diversity, presupposing that not all drama therapists are equipped to perform this work. Drama therapists require a strong body of knowledge, resources, and confidence on anti-oppression, linking critical race theory, feminist theory and intersectionality theory to understand how to unpack racist, sexist, classist, ableist, ageist, heterosexist, nationalist, sizeist and religious intolerance born from colonial, historical, social and political dominance.

Considering that NADTA-accredited educational institutions are lacking a presence in multicultural discourse, it can be argued that many students being trained are incognizant of the complex multifaceted identities affecting various cultural communities. Therein lies the question

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that if drama therapy students are not mandated to be taught anti-oppression, how can they adequately coach others?

Responsibility of oppressed groups. Often, social activists are vigilant in the fight against oppression as a reflection of their own (Burczak, 2011). As taxing as it may be, oppressed communities are aware that it is imperative to educate individuals with privilege, assembling empathic understanding, mutual struggle and a collective responsibility. Burczak (2011) argues that "if we don't find a way to do those things — to mentor new leaders, build community, and persuade those who disagree with us, we will lose" (p. 36). Building alliances within communities cannot happen on its own. Privileged individuals must be confronted with their own power and recognize how they benefit from dominant systems. For instance, drama therapist Christine Mayor (2012), acknowledges that they were made aware of their whiteness early on, having grown up in Bermuda. Otheres, however, may never come to this awareness. Oppressive structures explain the emergence for theoretical bodies such as critical race theory, feminist theory and intersectionality theory previously mentioned.

Drama therapeutic approaches are not exempt from ethically grey practice. Some drama therapy practices, such as forum theatre and playback theatre apply structures that ask for marginalized groups to expose their vulnerabilities for dominant groups to learn about oppression. Other drama therapy methods engage in cultural appropriation, citing shamanism and its elements of ritual, healing and performance as the major genesis of drama therapy (Landy, 1994; Pendzik, 1988). In opposition to this worldview, Garran, Gelman and Miller (2015) argue that "it is not up to people who are oppressed to educate their oppressors about their experience and oppression" (p. 13). The facilitation of oppressed groups sharing their trauma can be harmful, with the potential to re-traumatize, alongside a degree of emotional, psychological and intellectual challenges (Garran, Gelman and Miller, 2015).

Lack of recognition. Despite the numerous drama therapy workshops, initiatives and intervention approaches available to contest hegemonic norms, the current workshops and educational training grounded in social advocacy work appears to be overlooked. Excluding academic discourse, most of the raw data collected on drama therapists pursuing social activist work is made common knowledge through word of mouth. A lack of attention and accomplishment on these endeavors is indicative of the disregard of these topics in the drama

therapy field. Likewise, the establishment of the NADTA Cultural Response/Ability Guidelines is an astute resource, however it remains voluntary and secondary to the NADTA Code of Ethical Principles. The perpetual discount of drama therapists vigilantly upholding social justice standards in practice, supervision, research and professional development can be generalized as a reflection of the field as a whole.

Chapter 4. Discussion

A compound of drama therapy, social justice, and pedagogical phenomena offers a dynamic and experiential means to educating participants on power, privilege, and oppression. Not measurably exhaustive, this inquiry was intended to provide a small glimpse into existing counselling and creative arts therapy implementations of cultural humility in Canada and the United States. There are a myriad of drama therapy approaches devoted to social change, illustrating a possibility for the profession's unique place in anti-oppression facilitation. The robust skills learned through drama therapy training, cultural humility, and passion to reform de facto methods of injustice exemplifies drama therapists as capable facilitators to teach anti-oppression under certain conditions.

This philosophical inquiry infers that without the three following conditions, drama therapists cannot competently facilitate anti-oppression work. (1) Developing personal and professional skills on cultural competency and cultural humility, (2) engaging drama therapy techniques specifically aimed at facilitating anti-oppressive pedagogy and (3) transforming clinical skills in the service of anti-oppression facilitation (see appendix for a more detailed breakdown of the summary below).

1. **Developing personal and professional skills on cultural competency and cultural humility**

An idiosyncratic set of professional skills regarding cultural competency and cultural humility equips drama therapists to be active learners on international and local oppressions, as well as trained in drama therapy and educated to confidently facilitate groups on anti-oppression. To conduct anti-oppressive pedagogy, drama therapists must fully understand and commit to the NADTA guidelines on cultural response/ability and possess an informed understanding of the advocacy undertakings organized by the NADTA Cultural Humility, Equity and Diversity Committee. It is also imperative for drama therapists to endure the lifelong journey of building their toolkit of drama therapy approaches that employ social justice theories.

2. **Engaging drama therapy techniques aimed at facilitating anti-oppressive pedagogy**

There is an array of creative methods that could potentially be important to build the expertise of drama therapists in facilitating anti-oppressive pedagogy. A shortened outline of the drama therapy skills can be found in the appendix. (1) Aesthetic distance, (2) storytelling, (3)

roleplay, (4) improvisation, (5) active witnessing, and (6) life-drama connection are six dramatic techniques necessary when engaging with power, privilege and oppression.

Aesthetic distance. Rather than positioning participants into an authentic simulation of the oppressive real-world experience, drama therapy uses aesthetic distancing to titrate the intensity, duration, and space from the emotional, intellectual, and physical processes embodied. Aesthetic distance is an approach unique to drama therapists facilitating anti-oppression, and allows space for self-regulation and safety when addressing sensitive topics. *Verfremdungseffekt*, coined by Brecht (1950) and adapted into the core processes (Jones, 1997), emphasizes that drama therapists must be capable of guiding participants with an in-depth exploration of their trauma, while effectively oscillating them between feelings of security and vulnerability.

Storytelling. Storytelling is an important dramatic technique when working with anti-oppression pedagogy, as it lays the groundwork for the narrated experiences told. Often, stories organically surface, and other times, they emerge through active facilitation and participation directed. For instance, in forum theatre, audience members or "spec-actors" are committed to following the story where they are positioned into a conflictual situation and asked to proactively contemplate alternative endings (Boal, 2002).

A more recent intervention conceived by drama therapist Williams (2016) invites participants to introspectively understand their biases and create a story based on the image of six individuals simply based on their appearance. The act of collective storytelling is a powerful tool that can conjure up predisposed assumptions.

Roleplay. Roleplaying is an experiential technique that invites participants to embody diverse qualities and characterization. Roleplaying is adapted and used to self-assess, teach, increase awareness on bias and examine existing intersections of roles, while re-envisioning a roleplay of what the world should be (Powell, 2016; Williams, 2016; Yutrzenka, 1995).

Landy (2005), the founder of the role taxonomy believes that naming one's cosmos of roles can be validating. Employing roleplaying techniques serves as an impetus for participants to develop new insights into their own multifaceted roles and identities, archetypes, secure and insecure roles, and those of others. Improvisational play is enlaced into roleplay, as voicework and physicality generally emerge spontaneously.

Improvisation. Independent from roleplay, improvisation is a universal phenomenon in dramatic and theatrical processes, transcending social structures by drawing on unconscious and instinctive play. Developmental transformations, epic theatre, healing the wounds of history, playback theatre, psychodrama, theatre for change, theatre of the oppressed and the FEAR project are examples of drama therapeutic approaches that use improvisation.

Active witnessing. Active witnessing is a core process essential to drama therapeutic ethos, to collectively see, hear and validate all participants experiencing the drama exercise. Infused in this study's body of literature, active witnessing leads to an increase of awareness and empathy, absorption of new knowledge and stimulation of critical dialogue (Daccache, 2017; Emunah, 2015; Mayor & Dotto, 2014; Sajnani, 2011; Snow & D'Amico, 2015; Wood, 2018; Pendzik, Emunah, & Johnson, 2017).

Life-drama connection. Life-drama connection relishes in many forms including dramatic reality, roleplaying alternative endings and bridging intercultural groups evident in drama therapy processes. Using what Boal calls a "rehearsal for revolution" (Boal, 1979, p.122), dramatic processes inherently encompass familiar symbols, imagery, stories, and events, distinctively illustrating a fictional world based off reality. Therefore, life-drama connection bridges the fictional world with the real world, necessary to reimagine ways of challenging oppression and instilling change into social dimensions (Jones, 2007).

3. Transforming clinical skills into the role of a facilitator

Drama therapists are a unique by-product of psychological and drama/theatre phenomena, conjoining the roles of performer, facilitator and clinician. Drama therapists are equipped with clinical skills to reflect new perspectives to facilitate social justice education. Discussing topics of anti-oppression can bring up fervent emotions, unbridled passion, fear, and anger. Therefore, it is incumbent for drama therapists to possess salient group facilitation and leadership skills to securely contain a group while moving the narrative along. Defenses may naturally appear; thus, drama therapists can employ their creative and culturally sensitive techniques such as aesthetic distancing, to navigate, regulate and confront defenses and resistances as safely as possible. Moreover, the acquisition of unconditional positive regard through seeing, listening and validating the shared stories from both the oppressor and oppressed

are important for drama therapists to communicate to participants. The drama therapist will need to be flexible, as they meet an array of roles, transforming their skills to accommodate the role of the director (psychodrama), joker (theatre of the oppressed) and conductor (playback theatre) while maintaining their identity as a drama therapist. Finally, drama therapists must be comfortable in their position as a clinician in conducting closures to critically debrief, de-role and discuss new developments from the experiential process. It is imperative that the transition from creative and dramatic realities is sensitively directed to ensure participants exit the play in a contained manner.

Implications

A comprehensive investigation into the literature delineates a plurality of new insights in the drama therapy field. While often overlooked from the public, drama therapists possess a strong aptitude to transform their expertise using dramatic and clinical topics to counteract oppressive worldviews. With a set of competencies committed to personal and professional development, and acquisition of drama therapy techniques and clinical skills outlined above, drama therapists can professionally and competently facilitate anti-oppressive pedagogy.

Findings from this investigation inform contemporary research by drawing links to the multitude of ways drama therapists can exercise their range of expertise. As demonstrated above, the drama therapy profession acquires various roles ranging from a teacher, facilitator, social activist, and helper in addition to their role as a drama therapist. The theoretical literature examined ascertains that drama therapists embody a diverse range of skills, creating new topics of research to be developed. To promote best practices in drama therapy and social justice, further attention must be paid to spearheading critical dialogues on social change, in addition to surveying the specific skills, courses, and training deemed most effective.

Further Considerations

Identity, power and oppression assert themselves into societal constructs, shaping the fabric of human experiences. On account of prioritizing the human condition, by working with clients in drama therapy, it is highly recommended that students enrolled in accredited educational institutions unlearn ways in which drama therapists have the potential to oppress, by learning about anti-oppression in all their courses. Students are obligated to work with varying

intersectional identities, in tandem with their own, thus making it critical that they gain personal insight within their training. Therefore, drama therapists can conduct anti-oppressive pedagogy under a select multitude of skills. As an expansion of this paper, an intervention and set of guidelines are developed to address how drama therapists can potentially weave anti-oppression into their practice (see appendix).

Furthermore, it is recommended that a survey be distributed to drama therapists to uncover those who are undertaking and/or are aware of social justice work, projects, interventions, and literature. Survey results can help determine whether drama therapists perceive anti-oppression as necessary within the field and offer insight into the multifaceted ways anti-oppression is being conducted by drama therapists. In addition, results from the study have the potential to present a critical outlook to the severity of cultural competency required in drama therapy training beyond graduation. To increase the limited exposure of drama therapists conducting anti-oppression workshops, drama therapists are encouraged to learn, research, and commit to sharing the endeavours undertaken by their colleagues (i.e., workshops, interventions, response/ability guidelines). Because this paper is restricted in its brief review, the community, population, theory and facilitators investigated in this inquiry do not provide a comprehensive perspective on the anti-oppressive work being done. Therefore, it is recommended that an in-depth study with drama therapists be completed to further divulge a detailed representation.

Limitations

Drawing from historical literature, the methodology selected for this paper is grounded in theory, reflecting a limited account of linkages and findings. With a heavy dependence on online scholarly articles and books, the theoretical approaches investigated do not provide a solid foundation to the necessary skills drama therapists require to facilitate anti-oppressive pedagogy. In addition, the researcher's preconceived knowledge, subjectivity, personal lens, bias, and partisan concepts, posits researcher bias.

Further limitations include the need for more research, and an intersectional analysis on mental health and specific multifaceted oppressions that permeates the everyday. As a result of the maximum page count and time allocated to complete this project, two bodies of theoretical literature were intentionally omitted. The first being, drama exercises using warm-ups and closures conceptualized in the five-phase model of drama therapy (Emunah, 1994) and the

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second on collective responsibility in social justice. Moreover, an expansion into the interconnections of oppression, trauma and symptoms of trauma can frame clearer conclusions. It is hypothesized that these subjects can be presently researched and interwoven to draw coherent connections on cultural competency in drama therapy.

Chapter 5. Conclusion

This study used a philosophical research method to examine the necessary skills drama therapists require to professionally facilitate issues related to oppression. Research disseminated demonstrates the strength of experiential learning, and the dramatic exercises conducive to facilitation.

A small number of drama therapists have previously conducted research, workshops, interventions and theoretical approaches concerning anti-oppressive practice. Three basic principles that inform the drama therapy skills necessary in teaching issues related to oppression are: (1) Specialization in personal and professional development on cultural competency and cultural humility, (2) engagement of certain drama therapy techniques, and (3) transformation of clinical skills. Drama therapists are encouraged to actively seek knowledge, training, and education on issues related to oppression, and comfortably understand basic frameworks on social justice pedagogy. Furthermore, a robust apperception of aesthetic distance, storytelling, roleplay, improvisation, active witnessing, and life-drama connection are crucial when engaging dramatic medium.

Finally, transforming the clinical skills of drama therapists into anti-oppressive pedagogy contextualizes their ability to be flexible, validating, and critically aware of potential dysregulation as they confront this work. In a society inherently and systematically propped up on systemic oppression, it is imperative that drama therapy associations, accredited educational institutions, and constitutional policies are positioned in solidarity with social justice. These systems uphold colonial, capitalist and racist laws and power. Drama therapists must hold themselves accountable to engineer their skills to create social change and community.

This paper concludes by acknowledging how the terminologies of "oppression" and "anti-oppression" are toned down descriptors that act as benchmarks without necessarily naming specific targeted oppressions. The usage of softened terms within this paper may neglect to illustrate the veracity of the deep-seeded wounds inflicted by violent, painful and traumatic experiences. Oppressive experiences rife with racism, white supremacy, cultural genocide, misogyny, transphobia, and more. Knowing that social constructs are compartmentalized within a hierarchy of powerful systems, it is both a paradox of uncertainty and hope that efforts paved by past, present, and future drama therapists will continue to advocate for social justice. The field of drama therapy requires skilled drama therapists who will commit to re-imagining ways in

which we can dismantle the institutionalization of white supremacy in theory, praxis and clinical practice – the unjust systems that our profession built its back on.

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Appendix

Identifying the necessary skills of drama therapists in facilitating anti-oppression

This document could potentially be used as a set of guidelines for drama therapists who wish to gain the skills to be able to facilitate anti-oppressive pedagogy.

Three critical areas of skills are highly recommended for drama therapists teaching anti-oppression.

1. Personal and professional development.

2. Drama therapy techniques.

3. Clinical skills.

1. Developing personal and professional skills on cultural competency and cultural humility

a) The drama therapist is encouraged to seek knowledge, training and education to be confidently equipped to teach anti-oppression.

b) The drama therapist is encouraged to understand and commit to the cultural response/ability guidelines as outlined by the North American Drama Therapy Association's Cultural Humility, Equity and Diversity Committee.

c) The drama therapist is encouraged to commit to building their toolkit employing drama therapy approaches and have a basic knowledge of exercises framed in social justice pedagogy.

d) The drama therapist is encouraged to actively seek out resources pertinent to current events, historical and environmental trauma, power, privilege and oppressions that may affect the lives of their participants.

e) The drama therapist is encouraged to seize an advocacy standpoint organizing social change.

2. Engaging drama therapy techniques aimed at facilitating anti-oppressive pedagogy

a) Storytelling.
b) Roleplay.

c) Improvisation.

d) Active witnessing.

e) Mirroring.

f) Life-drama connection.

3. Transforming clinical skills into the role of a facilitator

a) The drama therapist is encouraged to understand that their role is often reflected as a director, facilitating the play and the direction it follows. In certain approaches, the drama therapist will play the Joker (TOT, Psychodrama), Conductor (Playback), and must be well-versed and prepared to flexibly move the narrative along.

b) The drama therapist is encouraged to be adequately trained and experienced with group facilitation as audience participation and interactivity is often employed

c) The drama therapist is encouraged to see, listen and validate the experiences of participants shared.

d) The drama therapist is encouraged to communicate consent in an articulate manner where participants clearly understand their involvement, boundaries and trajectory of teachings.

e) The drama therapist is encouraged to culturally and sensitively navigate, regulate and confront defenses and resistances as safe as possible.

f) The drama therapist is encouraged to feel comfortable and qualified to conduct closures to critically debrief, de-role and discuss the transpired insight or new developments from the experiential teaching, alongside methods to carefully transition participants from the dramatic reality into the real world.