

**THEATRE FOR HEALTH:
“PLAYING” THE PRICE OF COLONIALISM ON THE HEALTH OF
INDIGENOUS PEOPLES IN SAIK'UZ TERRITORY**

by

Lisa Striegler

B.A., Simon Fraser University, 1994

THESIS SUBMITTED IN PARTIAL FULFILLMENT OF
THE REQUIREMENTS FOR THE DEGREE OF
MASTER OF SCIENCE
IN
COMMUNITY HEALTH SCIENCES

UNIVERSITY OF NORTHERN BRITISH COLUMBIA

April 17, 2014

© Lisa Striegler, 2014

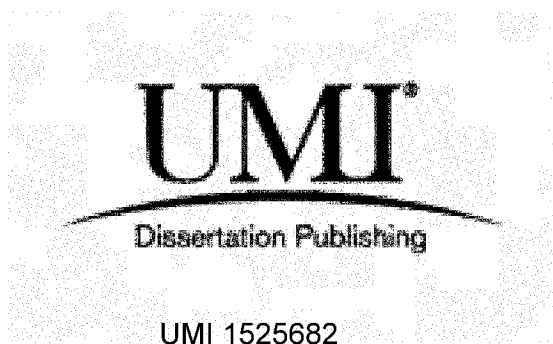
UMI Number: 1525682

All rights reserved

INFORMATION TO ALL USERS

The quality of this reproduction is dependent upon the quality of the copy submitted.

In the unlikely event that the author did not send a complete manuscript and there are missing pages, these will be noted. Also, if material had to be removed, a note will indicate the deletion.

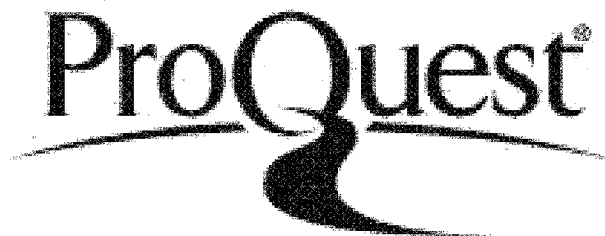


UMI 1525682

Published by ProQuest LLC 2014. Copyright in the Dissertation held by the Author.

Microform Edition © ProQuest LLC.

All rights reserved. This work is protected against unauthorized copying under Title 17, United States Code.



ProQuest LLC
789 East Eisenhower Parkway
P.O. Box 1346
Ann Arbor, MI 48106-1346

ABSTRACT

Strong evidence exists that anti-Indigenous racism is built into the fabric of Canadian society and that it is a determinant of Indigenous peoples' health. Colonial policies that historically de-humanized and dislocated Indigenous peoples in order to open territory for European settlement continue to have a negative impact on Indigenous health status today. A mixed methods study combining data from focus groups, individual interviews, participant observation field notes, and surveys explored the use of community-based theatre as a means to ameliorate racism-based health inequities in Saik'uz territory in Northern British Columbia. The findings suggest that community-based theatre provides an effective means for enhancing trust and building relationships within community, and between the traditionally racially divided communities of Saik'uz and the neighbouring District of Vanderhoof. Relationships of trust are crucial elements that contribute to greater well-being for those living in Saik'uz territory.

TABLE OF CONTENTS

Abstract	ii
Table of Contents	iii
List of Tables	v
Acknowledgement	vi
Introduction	1
Chapter One: Place of the Research and Placing Myself	
1.1 Introduction	5
1.2 The Context of this Place: an historical example	8
1.3 Geography and History	10
1.4 Settlement Policy	12
Chapter Two: Power as it Plays out in this Place	
2.1 Introduction	17
2.2 Neo-Colonialism	18
2.3 Research as Neo-Colonialism	21
2.4 Social Determinants of Health	23
Chapter Three: Process - Theoretical Frameworks and Research Methods	
3.1 Introduction	27
3.2 Theoretical Frameworks	29
I Decolonizing methodologies	29
II Intersectionality theory	31
III Decolonizing words	34
3.3 Research Methods	37
I Forum Theatre	39
II Community-Based Participatory Research	44
III Stepping Ethically into Data Gathering	47
IV Recruitment and Sampling	54
V Data Gathering	58
3.4 Conclusion	63
Chapter Four: Product - Research Findings and discussion	
4.1 Introduction	65
4.2 Data Analysis	66
I Focus Groups	68
II Workshop Process	69
III Play Development	71
IV Performance and Audience Interventions	73
V Surveys	76

VI Personal Interviews	77
4.3 Conclusion	79
Chapter Five: Progress - Research conclusions and where to go from here	
5.1 Introduction	80
5.2 Insights	85
5.3 Significance of Findings	87
5.4 Summary	89
References	94
Appendix 1 Map of Saik'uz traditional territorial use	103
Appendix 2 Letter of consent from Saik'uz First Nation	104

LIST OF TABLES

Table 1 Steps, Events, & Ethical Considerations in the Data Gathering Process	49
Table 2 Data Gathering	59
Table 3 Theatre Workshop Activities	59
Table 4 Ethnicity and Residency	76
Table 5 Ethnicity and Gender	77

Acknowledgements

My husband always encouraged me to complete my Masters. He told me not to worry about money, even when my one source of reliable income rode off into the sunset. He also told me I could go to Ireland when I was all finished. We can't afford it, but it was nice of him to say all the same.

My oldest daughter is herself graduating from university this year and she has been a constant support to me. I'm grateful that she's a skyper and was available to me whenever I needed a break from thinking.

My son and youngest daughter put up with my seemingly endless hours at the computer. They also put up with lectures from me about what I was learning. I thank them for their patience and love.

My friends Mel, Pris, Syl, Colleen, Sarah and Geraldine; and old friend Stanley; and fabulous improv actors Jeremy, Harrison and Giz, inspirations all. Thanks for the friendship, and thanks for the stories, and thanks for trusting a white girl like me.

The women and men who participated in Theatre for Health workshop and play – thanks for your willingness to take risks.

And Sarah, my supervisor, who called me up on the last day of a job I'd enjoyed for 14 years, and asked if I would be her student, thanks for getting me through this. It's a lot of work taking on an old dog like me.

Introduction

My interest in the relationship between anti-Indigenous racism and wellness for Saik'uz Dakelh stems from a deep personal connection with place. I was born, grew up, and continue to live, work and raise my children in Saik'uz traditional territory. Since 1995, I have worked in the field of problem substance use counselling and prevention. This has prompted me to consider how issues like problem substance use, which adversely affects individuals' and communities' health, may be linked to much larger issues of social cultural power imbalances (Alexander, 2001). The community of Vanderhoof has a history of exclusionary and divisive interpersonal, health, education and business processes (see the Good Neighbours Committee sponsored "Community Accord" developed in response to this history)¹. My research posits that these divides were and are borne out of particular colonial ideologies and circumstances. A critical and tragic example of this occurred in 1976. A differential and inferior treatment of Dakelh by health, education, business and justice systems in Vanderhoof resulted in the death of Coreen Thomas – a young, pregnant Saik'uz woman struck and killed by a car driven by a local white man (Moran, 1990; Nechako Chronicle, 1976). The incident was given provincial and national media attention. During the inquest, the Coroner recommended working toward ameliorating tense relations between Indigenous and non-Indigenous people in the area. The Coroner suggested, for instance, the establishment of an "Indian Friendship Centre" in Vanderhoof (Nechako Chronicle, 1976, p.2). This has never been accomplished.

¹ The Community Accord was developed by the Good Neighbours Committee in 2010 for the Spirit of Vanderhoof Diversity project. The Good Neighbours Committee came to be in response to a number of concerns about racism in local schools, social services and businesses – not the least of which was when respected Elder Mary John Sr. was told she could not "loiter" in the Co-op Mall while she was waiting for someone to come and pick her up from shopping. (http://cms.cnc.bc.ca/Assets/Nechako+Campus/Posters/Sprit_of_DiversityJAn2011.pdf).

I was 9 years old when this inquest took place. I recall my 9 year old self experiencing anxiety upon hearing conversations about “restless Indians on the war path”. When I think back on this now, I suspect these comments, reflecting a territory of racism, were on one hand rooted in defending the position of the settler community and, on the other, blaming the victim, quite possibly, in order for settlers to avert shame. This shame lives on in the settler community, in part anchored in our community’s ongoing non-response to the coroner’s recommendations. I also suspect, and my research in part addresses, that the lack of response may be one piece of the gamut of injustices that contribute to poorer health status of Indigenous peoples in Saik’uz territory. In sum, then, a deep experience of, and connection to Saik’uz territory drives my interest in undertaking research about creative ways to address health inequities that may be linked to anti-Indigenous racism.

The purpose of my research was to explore how theatre might open spaces to creatively re-imagine health for Indigenous and settler peoples in Saik’uz territory, the former who continue to endure the negative effects of long term anti-Indigenous racism. I formulated the following questions as anchors for this research then:

- How does anti-Indigenous racism affect health for Indigenous peoples in Saik’uz territory?
- What are the potential community health benefits of using Forum Theatre to explore experiences of anti-Indigenous racism?

The objectives of this project were to explore the effects of anti-Indigenous racism on the health of Indigenous peoples in Saik’uz territory and to explore how community-based

theatre might help to ameliorate the negative health effects of racism. Specifically, Forum Theatre was used as a method for exploring themes of anti-Indigenous racism and individual and community health in a play development workshop. The plays were ultimately performed in front of a diverse audience at Saik'uz First Nation. The findings from this research support the use of theatre as a method of exploration and as a method for creating a community experience that promotes health and well-being.

This thesis, a presentation of the research just outlined, is divided into five chapters. Chapter One provides an introduction to the place of the research, including the historical movements of settlers to the Nechako Valley, the economies of the Dakelh' peoples and how they changed with non-Indigenous settlement policy, and the negative effects of non-Indigenous settlement on the individual and community health of Saik'uz Whut'en over generations. Furthermore, it is important to understand the privilege I wield as a settler researcher in Saik'uz territory, which has afforded me the ability to question, with little discomfort, the power relations between local settler populations and Indigenous peoples. Therefore, in Chapter One I also place myself, as a settler great-granddaughter, in relation to Indigenous peoples in Saik'uz traditional territory. Chapter Two provides a review of the literature, in which the power imbalances imposed by colonialism are demonstrated to still exist, in altered form, causing poorer health outcomes at the individual and community level for Indigenous peoples living in Saik'uz territory. In Chapter Three, the process of the research, including theoretical bases underlying the methods for exploration and analysis, are discussed. Decolonizing methodologies provide the basis for a community-based participatory research (CBPR) method anchored in intersectionality theory and using primarily a qualitative approach to data gathering.

Chapters four and five deal explicitly with the research process and the findings.

Chapter four explicates the process involved in the recruitment of participants, the rolling out of the workshop, and the public performance for the Forum Theatre pieces that were created. The production of theatre pieces and the use of Forum Theatre presented interesting and revealing challenges in the context of a CBPR project. Finally, chapter five discusses the findings of the research and how progress might be made in using theatre as a means for community expression in Indigenous communities, thereby improving individual and community health in those populations.

Chapter One: Place of the Research and Placing Myself

Fr. Horan	It's just that you don't understand the Irish yet.
Captain	What?! But I am Irish, stupid priest! And don't speak until you are spoken to ...My family goes back several hundred years.
Fr. Horan	To some time of conquest, no doubt, Your Honour.
Captain	Yes, but I didn't steal your land, boy.
Fr. Horan	It was stolen! It was stolen! And time won't make the theft right!
Captain	...Must I give it back? ... To primitive man?
Fr. Horan	To the people! To the people!

From *Famine* by Tom Murphy

Introduction

My research was influenced by my personal experiences growing up in Vanderhoof, the primary municipality situated in Saik'uz traditional territory, and shaped by experiences from my work in addictions and community development as well as community theatre. I was in primary school – populated primarily by white² children - when I first became aware of racial divisions where I lived. One recess, a mob had gathered out on the play field to throw rocks at students from the local Catholic school (and mostly from Saik'uz First Nation), which abutted the fields and forest of the public school I attended. I worried that it was only because the students from the Catholic school were Natives³ that this fight had begun. Later, when I was nine years old, I witnessed racial tensions in the community and in my own family during the time of the inquest into the death of Coreen Thomas, a young pregnant woman from Saik'uz First Nation, who was killed when she was hit by a car driven

² I use “white” because that is the language I had in my head as a child. In other instances I use “settler”.

³ I use “Natives” because that is the language I had in my head as a child, and these memories are from my childhood.

by Richard Redekop – a local white resident. The tensions made me feel ashamed although I did not understand why. As I grew older, I saw Native people generally as poor, underprivileged, and not treated very well in town, while white residents, in comparison, seemed more likely to be financially secure and enjoying social status within the broader community. When I moved back to Vanderhoof after finishing my Bachelor's degree, I worked at a social service agency in a program that supported children with FASD and their families. This program was part of a regional coalition. In the initial proposal phase, each community's program had to identify the targeted population. The proposal put forth by the agency from Vanderhoof indicated that 100% of the children affected by FASD in our community were Aboriginal⁴. I found this a bold statement and was surprised that the agency was never called to account for this statistic. However, it was an indicator that race-based assumptions continued, even in social service agencies deemed to provide equitable, culturally aware services. The aggregation of these experiences caused me to question how racialization of Indigenous peoples through colonialism had affected their health.

While working at Vanderhoof Alcohol & Drug Services, an addictions counselling and community prevention program funded by Northern Health, I had the opportunity to train as Forum Theatre "Joker"⁵ with Headlines Theatre⁶ in Vancouver. Subsequent to my training, I began to use Forum Theatre as a community engagement tool and I noticed the power it had to reach audience and participants on an emotional level. My theatre work in

⁴ "Aboriginal" is the term used in the funding applications and business of the agency I worked for.

⁵ In Forum Theatre, *joker* is a term used to describe the facilitator of the Forum event. The joker is a "wild card" on stage whose job is to facilitate the critical evaluation of values of the surrounding society. The joker does this through questioning the actions and reactions of the actors on stage, and debriefing with the audience and actors about the impact of interventions.

⁶ In the fall of 2013, Headlines Theatre changed its name to Theatre for Living to more accurately reflect the work the company is doing. I have kept the original name in this thesis as that was the name of the company when I undertook the literature review and project work for this thesis.

community motivated the College of New Caledonia (CNC) to contract me to write and direct a play about the history of Vanderhoof for the Spirit of Vanderhoof Diversity Project. Here I was given the opportunity to show the experiences of many in the Nechako Valley, including Indigenous peoples. The broader project was endorsed by Saik'uz First Nation and CNC contracted with them to provide a liaison for the project. The liaison stated that this project, including the play, was very important for Saik'uz because they had not had a play or book written about life and history in Saik'uz with the larger Saik'uz community involved. The importance of her statement reinforced my goal to show that history. The numbers of people from Saik'uz who came to the performance gave testament to the value of seeing one's story (or one's community's story) on stage. In my experience with community theatre (by and large "settler" theatre) in Vanderhoof, it is atypical to see Dakelh' people participate, so their attendance indicated the importance of this story being told. Feedback⁷ from one cast member from Saik'uz First Nation demonstrated this significance:

"The whole experience was positive in that it brought many people of diverse backgrounds together toward a common focus of telling a story that has historical meaning and significance. A bond was formed amongst all participants." (Striegler, 2011, p. 24)

Evaluations of this theatre project support the argument that a bond was formed amongst audience members as well. These experiences with theatre made the possibility that theatre might be useful to re-create community health for Indigenous peoples living in the traditional territory of Saik'uz First Nation.

⁷ Directly following the performances of Saik'uz & Settlers, attendees and actors were invited to stay and partake in food provided by the Newcomer committee, and participate in interviews about the play and the impact it had on them.

The Context of This Place: An Historical Moment as Example.

Thirty-five years ago in Vanderhoof, after an evening of community celebrations commemorating the 50th anniversary of the incorporation of the Village of Vanderhoof, a young, full-term pregnant woman from Saik'uz named Coreen Thomas was struck by a car and killed while she walked up Kenney Dam Road with a group of friends in the middle of the night. The driver claimed to have left the scene to fetch the police. It took 30 minutes for the police to respond and a further 10 minutes after that for the ambulance to arrive (Union of BC Indian Chiefs [UBCIC], 1976). By this time, nothing could be done to save the life of the young woman or her unborn child. The chain of events that followed the young woman's death (and that of her full-term baby) brought into question whether responses from the ambulance service, doctor-on-call, the coroner, the hospital and the RCMP were affected by the fact of the victim's Indigeneity (Moran, 1990; UBCIC, 1977). These questions gave rise to national media attention about the health, education, employment, and housing inequities experienced by Saik'uz Whut'en (Moran, 1997; Nechako Chronicle, 1976; UBCIC, 1977). An inquest into Coreen's death took place in the fall of that year.

As a result of the inquest, many recommendations were made to improve justice and health care responses. They included that better systems of emergency services callouts be established (by police, ambulance, hospital). No person should be placed in the morgue before issuance of a medical certificate of death. Efforts should be made to establish a resident doctor at St. John Hospital. Breathalyser tests should be obtained as soon as possible after an accident. Parents or guardians should be present when questioning witnesses under 16 years old. Finally, it was recommended that "the Village of Vanderhoof

and Stoney Creek Reserve⁸ work toward the establishment of an Indian friendship centre” (Nechako Chronicle, 1976, p. 1). This final recommendation was the only one specific to Indigenous/non-Indigenous relationships and to this day, has not been implemented. In his final statements, Coroner Glen MacDonald said, “I hope the death of Coreen Thomas brings a new atmosphere, a new environment. I hope that any feelings engendered here of which we have heard may be, if not entirely dispelled, certainly reduced and enjoyable for the community. ...I think indeed that a friendship centre...a living together centre is what you [are] after” (Nechako Chronicle, 1976, p. 2). The feelings to which Coroner MacDonald refers were the tensions in the community that I argue are rooted in anti-Indigenous racism, which is a result of colonialism. Indeed, even today there is strong community frustration about a lack of a friendship centre: “I was driving by the Seniors Friendship Centre with [my friend] yesterday afternoon and she made a comment: we need a native friendship center in our region!” (John, S., Personal Communication, 2012), prompting questions about why a centre has never been built. The death of a young Saik’uz woman and her unborn child, and the lack of community response to recommendations stemming from the coroner’s inquest about the incident, demands attention and engenders questions about the role of racism and the impacts of colonialism upon the contemporary lives and well-being of Indigenous people in Northern BC.

Well-being is affected by multiple factors - well established by a social determinants of health framework (Public Health Agency of Canada [PHAC], 2011). Social determinants of health always take place within a spatial context over time, between individuals, and within communities. Well-being refers to being in a satisfactory state of health and

⁸ Stoney Creek Reserve refers to the community of Saik’uz First Nation, which reclaimed its Dakelh’ name in the 1990’s.

contentment (Swannell (ed.). 1992) thereby encompassing wellness, which is “the quality or state of being healthy in body and mind, especially as the result of deliberate effort” (Dictionary.com, 2012). It stands to reason that one must have a clear understanding of the geographical, historical, and socio-economic context to research well-being with Saik’uz Whut’en. What follows is a description of the physical geography of Saik’uz traditional territory, the historic socio-economic relations of Saik’uz Whut’en and the settler population, and neo-colonial relations from past to present.

Geography and History

Highway 16 cuts the province of BC nearly in equal halves of north and south. Vanderhoof is situated approximately halfway through the province on that highway, in the middle of the traditional territory of the Saik’uz Whut’en. Thirteen kilometres south of Vanderhoof – about a ten minute drive away - is the Village of Saik’uz First Nation, also known as Stoney Creek Indian Reserve #1 (Aboriginal Affairs and Northern Development [AAAND], 2008). In total, the Saik’uz First Nation is made up of 10 reserves that were mapped out and established by Commissioner Peter O’Reilly in 1892 (UBCIC, n.d.; Village of Fraser Lake, n.d.). However, Saik’uz traditional territory is much broader than the reach of these reserves (See map of the territory in Appendix 1) (Carrier Sekani Tribal Council [CSTC], 2012). Historically, the many waterways in this territory enabled easy trading between local Indigenous groups and included a major trading route along the Blackwater River to the west coast Nuxalt peoples (CSTC, 2012). This huge territory provided rich hunting, gathering and fishing grounds that sustained the Dakelh for centuries before colonial settlement.

The Nechako River is the main waterway in Saik'uz territory. Its valley forms part of the interior plateau of British Columbia and is where "kilometer high glaciers scoured the earth and the woolly mammoths once grazed" (Roberge, 2011). Upon the recession of the glaciers, high ridges and valleys of gravel, sand and clay deposits left a plateau of moraines, lakes and rivers behind (Roberge, 2011). Before European colonization, the plateau was covered with much dense mixed forest, which was home to a variety of small and large mammals and many varieties of berry-bearing bushes and other flora that the Dakelh relied on for food and medicinal sources (Young & Hawley, 2004). Furthermore, the lakes and rivers of the plateau provided abundant supplies of white fish (Jacks, 2000) and salmon. In years when the salmon runs failed, communities – such as Nadleh Whut'en on Fraser Lake faced starvation (Roberge, 2011). The Dakelh' of the interior plateau hunted, trapped, fished and gathered plants at various locations in the territory depending on the season (Jacks, 2000; Moran, 1997; Roberge, 2011). The availability of vast territories for the Dakelh' to use was of integral importance to the maintenance of their economies, spirituality and communities (Canada, 2010).

The Indigenous population of BC prior to European contact is estimated to have been close to 300,000 – the largest density of Indigenous people north of Mexico (Tennant, 1990). With the arrival of explorers, fur traders (and accompanying diseases) and then settlers, that population is estimated to have diminished by approximately 90% (British Columbia, 2009). Fur trading and mining opportunities in central British Columbia motivated initial exploration and some settlement of the area but with the completion of the Grand Trunk Pacific Railway on April 7, 1914, opportunities for colonial settlement of the area became abundant for European settlers.

Settlement policy.

Agent You see, what we first of all tried to make our Government see is the recurring hopelessness here while all the while prosperity is there for the taking in other parts of the world.

Priest What?- For who?- What are you saying? ...

Agent I'm saying, your reverence, the world is opening out. New continents with untold natural wealth are waiting to be reclaimed by the brave pioneer ... Huge tracts of land waiting to be tilled, to produce food, unlimited food for everyone...

Priest Yes... yes ...they're poor people, ignorant, demoralized and dirty, moulded and shaped that way by England, and by England's tools, the landlords, over the last five or six hundred years. Colonization and poverty! And all we can see after all those centuries of British rule is a Union flag flying proud over an empty Government meal depot up the road there and a mob of howling peasants around it.

From Famine by Tom Murphy, pp 58-59

European colonization of Eastern Canada had been firmly entrenched by the turn of the 19th century; however, in Saik'uz territory the contact with permanent settlers was just beginning. The creation of reserves in Saik'uz territory in 1897 was a direct reflection of the Indian Act, which stated that reserves were "to be held for use and benefit of Indians...of the respective bands for which they were set apart, and subject to this Act and to the terms of any treaty or surrender, the *Governor in Council may determine whether any purpose for which lands in a reserve are used or are to be used is for the use and benefit of the band.*" (emphasis added) (Canada, 2013, p.10). The determination of use and benefit was under the power of the Governor in Council to decide. Though Indigenous peoples in Saik'uz territory had been hunter/gatherers, and lived, hunted, fished and gathered at various locations within their territory, the land in the territory was seen as "unused" by colonial standards, which privileged agricultural imperialistic values (Brody, 2000). Agricultural values stemmed from Euro-colonial views of agriculture as superior to hunting and gathering because of the domination and control of the environment to provide products for consumption. Those

products provided profit for imperialist countries and later for the colonial governments and industry that followed (Brody, 2000). Despite the Royal Proclamation of 1763 guaranteeing nation to nation negotiation on all social, political and economic matters pertaining to Indigenous peoples, the Indian Act was designed to address “the Indian problem” by displacing Indigenous peoples so that land could be usurped by the Crown. Consequently, Indigenous peoples were relegated to reserves and the land outside reserve boundaries became available for settlement.

Colonial settlers came for this land under the policy of pre-emption (British Columbia, 2006), which was intended to develop land for agriculture – an industry that Hugh Brody argues was dependent upon the continual appropriation of land from hunter/gatherer societies (2000). Cole Harris (2002) reinforced this theory stating: “[w]hatever else it may also [have been], colonialism – particularly in its settler form – [was] about the displacement of people from their land and its repossession by others.” (p. xxiv). In order to appropriate land, policies in the Indian Act acted as devices to inhibit the proliferation of traditional Indigenous economies - integral to the colonial project of land acquisition and cultural assimilation. These devices were intended to restrict access to traditional territories, economic opportunities, and spiritual and cultural activities. All of these devices were policies within the Indian Act, some of which have now been changed or altered to reflect a change in colonial attitudes about what was right to impose upon Indigenous peoples (See Bill C-31, for example). It can be imagined and expected that many of the settlers that came to Saik’uz territory in the early 20th century, however, believed that the agriculture they practised was a more modern form of land use than hunting/gathering and thus that they were a more modern human entitled to dominate

Indigenous cultures (Brody, 2000). Pre-emption, then, made its mark on the territory when settlers began to permanently cultivate vast sections of land. Indigenous peoples were relegated to wage labourers in service of farmers and logging contractors and as domestic servants.

There is little written history about the relations between Saik'uz Whut'en and the early settlers who came to the Nechako Valley in great numbers during the early 20th century. However, stories shared in community tell of the displacement of traditional rich trapping grounds by the development of the municipal town site of Vanderhoof, incorporated in 1926 (Field note, lines 31-36). Moreover, having no recourse for developing their own business contracts due to restrictions imposed on them through the Indian Act (Statutes of Canada, 1895), Saik'uz Whut'en were subject to the Euro-colonial settlers' labour demand, whether industrial or domestic (Moran, 1988). Settlers in the Nechako Valley relied heavily on agriculture and forestry as the primary industries in the local economy (Vanderhoof Chamber of Commerce [VCC], 2009). Indeed, my paternal great grandparents came to the Nechako Valley between 1912 and 1918 to acquire land through pre-emption. They cultivated feed crops, and raised beef, swine and lambs. Lumber was sold off their parcels to make room for crops and pasture and future generations later became loggers. Saik'uz men and women worked for local farmers, loggers and other contractors, clearing hectares of land (by hand) (Moran, 1990, Field notes, lines 36-39). Furthermore, in my own experience, I have learned that, up until the 1960s, Saik'uz Whut'en were segregated in most restaurants and even barred from entering the local Silver Grill (Striegler, 2011). It was accepted by the settlers at the time that this was a "normal" arrangement of social relations between Indigenous and non-Indigenous people (Striegler,

2011). Furthermore, though in much different fashion than earlier times, Saik'uz traditional territory continues to provide fishing, hunting and gathering recreational and sustenance opportunities for Indigenous and non-Indigenous peoples alike (VCC, 2009). Nevertheless, Saik'uz Dakelh experience greater health, education, employment and income inequities than non-Indigenous peoples (British Columbia, 2009; Northern Health, 2011). These inequities demand response.

The results of inequities play out in the lived experiences of Indigenous peoples in Saik'uz territory. An example in local Saik'uz context can be seen in the following story: I was invited to become part of the Good Neighbours Committee that was developed in response to several incidences in local businesses in which Saik'uz Whut'en were mistreated or misjudged due to their Indigeneity. One such episode was when Elder Mary John Sr., a recipient into the Order of Canada for her work in Education and Advocacy for language literacy, was asked to leave the shopping mall in Vanderhoof by the mall's security guard. She was considered to be loitering while she waited for a ride. Individuals from Vanderhoof and Saik'uz were invited to be part of the committee to help steer activities towards building bridges between the two communities. To begin the process of becoming a committee that could work together, we were invited to share with each other our interest and motivation for joining the group. One Saik'uz woman shared her story around the table that day: she was an RCMP member and came from a family of professional knowledge keepers and sharers. She lived at Saik'uz with her husband and their two daughters. Yet, whenever she drove the 13 kms into Vanderhoof, a feeling of anxiety came over her during the last two kilometres because she did not know how she was going to be treated that day. She attributed this to her Indigeneity and the general racism exhibited towards people from

Saik'uz in the town of Vanderhoof. Although it was within my consciousness that treatment sometimes differed for me because of my gender, my outward ethnic identity had never come into the picture. When I heard this story, however, I was awakened to a new understanding about my place of privilege as a settler woman in Saik'uz territory, and the responsibility I had to always be aware of this in my work to ameliorate power inequities that contribute to health inequities.

Chapter Two - Power as it Plays out in this Place

Anti-Indigenous racism is a product of colonialism and contributes to health inequities experienced by Indigenous peoples, including those in Saik'uz territory (Cannon, & Sunseri, 2011; de Leeuw et al., 2012). If we understand racism to be the belief that different traits in human racialized⁹ groups justify prejudice and discrimination, and that prejudicial or discriminatory acts may occur between individuals, or socially, through the mechanisms of institutions (Gregory, Johnston, & Pratt, (Eds.) 2009), then any act which discriminates or prejudices people based on their Indigeneity, can be called anti-Indigenous racism. In addition, colonialism might be understood as beliefs, practices and processes that systematically rationalized the disempowerment and dislocation of (typically) Indigenous peoples from their territories so that others (typically European in origin) could possess or inhabit those territories (principally to exploit the associated resources therein) (Harris, 2004). Colonialism was a powerful ideological driver that legitimated late 19th and early 20th century colonization in BC (Cannon, & Sunseri, 2011; de Leeuw et al., 2012). It was predicated on the need to expand financial interests beyond the borders of home countries of Spain, Portugal, France and England and also on the ideology that superiority of nation lay in conquering “new” lands, such as those in the Americas, parts of Asia, Australia, and Africa (Gracey & King, 2009). Economic interests were expanded in the process of colonizing, as Indigenous inhabitants were killed, forced into slavery, hired for cheap labour, or herded onto reserves to make way for colonial European settlement (Cannon, & Sunseri, 2011; Gracey & King, 2009). Laws, education, religion, family structure,

⁹The word “racialized” is used to show my understanding of the concept of ‘race’ as being socially constructed. As such ‘race’ becomes a process that must be explained rather than an attribute that is solely biologically determined (Gregory, Johnston & Pratt, 2009, p. 617).

governance and health services of the colonizing countries became the dominant structures of society, attempting to displace the socio-economic and political systems of Indigenous cultures in order to assimilate them (Cannon, & Sunseri, 2011; de Leeuw et.al, 2012; Gracey & King, 2009). Indigenous people were considered uncivilized by colonizing countries, and Canada was considered “‘terra nullius’, a land imagined as empty and unoccupied” (Cannon, & Sunseri, 2011, p. xvi). In Northern BC, colonial efforts at appropriating land for European settlement resulted in the dislocation of Indigenous peoples who were segregated onto reserves and “managed” by law enacted through the Indian Act (British Columbia, 2009; Statutes of Canada, 1895). This specific colonial mandate was underscored by a belief that conferred the superiority of Euro-colonists over Indigenous peoples - in other words, anti-Indigenous racism.

Neo-Colonialism

Captain No, sir! No, sir! And half the countries of the world have been conquered as long ago as Ireland has, and conqueror and conquered have managed to work together and prosper without any fine-cut distinctions of nationality or unending vicious conspiracy.

Priest There's no conspiracy. I'm not going arguing nonsense with you. But I'll say one thing, the fine-cut distinctions you talk about might be due to the fact that men like you still behave like conquerors.

From Famine by Tom Murphy, p 56

Anti-Indigenous racism, which arguably began with the establishment of complex socio-cultural discourses, positions Indigenous peoples as lesser beings because they are Indigenous and, more precisely, not Euro-colonial settlers. Anti-Indigenous racism is not

something that ended once colonies were established and Indigenous peoples were moved to reserves. In Canada, the Indian Act was created to provide guidance for colonial governments to “manage” Indigenous peoples (de Leeuw & Greenwood, 2011). Laws governing education, religion and spiritual practice, political governance, economy and re-distribution, family and tribal organization and administration, and geographic mobility were enacted to change the nature of, and suppress the strength of Indigenous cultures (Cannon, & Sunseri, 2011). Strict regulations regarding enfranchisement in the Indian Act demonstrated how colonial legislators deemed Indigenous people to be inferior thus needing to achieve a certain level of “civilization” to become enfranchised. The Act stated it would

“...authorize some competent person to report whether the applicant is an Indian who, from the degree of civilization to which he or she has attained, and the character for integrity, morality and sobriety which he or she bears, appears to be qualified to become a proprietor of land in fee simple...” (S.C. 1876, S. 86).

A belief that European society was superior to the Indigenous peoples in Canada underpinned the colonial project. The majority of Euro-colonial newcomers settled permanently and many of their descendants remain. The Euro-colonial presence is now, materially, embedded and etched into Saik’uz traditional territory. Some changes have taken place to address inequities experienced by Indigenous peoples in Saik’uz territory. For instance, segregation is no longer an overt practice in restaurants, as it was as late as the 1960s. Indeed, many people of Euro-colonial descent today might abhor the ideas behind the initial colonial project and may work together to try to rectify the injustice (see goodneighbours.wordpress.com/gnc-history). Nevertheless, the education, health, and

justice institutions of early Euro-colonial settlement, and the discursive foundations they were premised on, remain (de Leeuw et al., 2012; Fiske & Browne, 2008).

A local example of neo-colonialism can be seen in the story of my settler family, some of whom continue to farm in Saik'uz territory. These are the Pooles - two brothers who came to the territory in 1912 to begin their farm. This makes them some of the earliest permanent settlers to the area (coming even before the railway). In February 2013, Poole Farms Ltd. was awarded the Century Farms Award by the Province of British Columbia to commemorate “their dedication and the contribution they've made to British Columbia's long legacy of food production and agriculture” over the last one hundred years (British Columbia, 2013). While it is nice for the family to get recognition for their way of life, this particular kind of recognition exemplifies neo-colonialism. The original pre-emption was for 160 acres of land and the farm's holdings have now reached 3,500 acres (British Columbia, 2013). One hundred years of farming and ranching has required continued accumulation of land – non-treaty land that would not be available without the displacement of Indigenous peoples who once hunted and gathered there.

Furthermore, jurisdictional barriers remain a persistent example of neo-colonial legacy (Blackstock, 2008). A scenario, drawn from my experience in the substance use field, illustrates this legacy. In the treatment of problematic substance use, an individual may present at an outpatient clinic where he or she will be put through an intake process to come up with a plan for treatment. Treatment might include attendance at a residential treatment facility. If the individual seeking treatment is a Status Indian then one must secure funding for treatment through the federal health system to attend a National Native Alcohol and Drug Abuse Program (NNADAP) treatment centre (Health Canada, 2006). However, if the

individual is non-Status, that individual may apply for funding through the provincial health system and attend any number of provincially accredited residential treatment facilities (British Columbia. Ministry of Health, 2011). Sometimes, though, a Status Indian may prefer to attend a non-NNADAP facility. Depending on the individual seeking treatment, distance from home may be a factor – either too close to home or too far away. Culture may also be a factor, considering not all Status Indians wish to attend a cultural camp, which most NNADAP treatment centres are (See, for instance, http://www.hc-sc.gc.ca/fniah-spnia/substan/ads/nnadap-pnlaada_dir-rep-eng.php#bc-cb). Furthermore, a cultural camp based in the traditions of the Coast Salish on Vancouver Island, for example, may not be as relevant for a Saik'uz person from central British Columbia. Although culture is important to healing, only an essentialist view of Indigenous peoples makes it mandatory. The classifying of Indigenous peoples, which began with the Indian Act in Canada, lead to jurisdictional divisions, which place health funding for Status Indians under a federal banner while health funding for non-Status is under provincial banners. This may cause barriers for some Indigenous people seeking health services. These barriers continue today in a legacy of neo-colonialism resulting in less equitable treatment for Indigenous peoples.

Research as Neo-Colonialism

In addition to institutions of health, education, justice and government systems operating in neo-colonial fashion (Aikenhead & Michell, 2011; Brody, 2000; Tang & Browne, 2008), academic research has also been identified as an off-shoot of colonial practices (Smith, 2012). In the field of Aboriginal Health, for instance, some research has been identified as exploitative of Indigenous peoples. Academics have spent time and been welcomed into Indigenous communities, studied mostly the negative aspects of their lives

(ie. Substance use rates, rates of sexual abuse), then reported those negative aspects in ways that reinforce stereotypes about Indigenous communities and populations (Smith, 1999). Consequently, these studies have perpetuated a discourse that assumes non-Indigenous (specifically “white”) cultural superiority (Smith, 1999). In response to this, the Government of Canada has instituted ethical guidelines that must be adhered to specifically for research in Aboriginal communities (Canada, 2013). Being a student at a Canadian university, I was obliged to adhere to these ethical guidelines and could not have proceeded with this project without the approval of the University’s Research Ethics Board. Furthermore, the history of neo-colonial research influenced my choice of research design and implementation in order to ameliorate imbalances of power I might wield as a settler researcher in Saik’uz territory.

Neo-colonial research practices are borne out of an underlying belief that dominant social structures – including education, health, justice and economic institutions - at work in Canadian society are the best ones to govern the lives of Indigenous peoples. This enforced notion of Euro-colonial “righteousness” appears to work for the majority of Canadians, as evidenced in a report on the health status of Canadians (Public Health Agency of Canada [PHAC], n.d.). The report states that “[good] health enables individuals to lead productive and fulfilling lives. For Canada as a whole, a high level of health contributes to increased prosperity and overall social stability.” (PHAC, n.d., p.12). This mainstream social structure provides the framework for the Social Determinants of Health (SDH) – now broadly recognized as major influences on health equity in Canada. If, therefore, the SDH arise out of current social structure, it is possible to understand Indigenous health inequities through

understanding the ways that detrimental social determinants behave as negative drivers in Indigenous peoples' health and well-being.

Social Determinants of Health

Addressing social determinants of health may be key in improving the health statuses of Indigenous peoples (Bryant et al., 2011; King, Smith & Gracey, 2009). Education level, employment and working conditions, income level, housing conditions, early childhood education, and affordable childcare are some of the variables that fall within a social determinants of health framework. Indigenous peoples in Northern BC have lower education outcomes, higher unemployment, lower income level, poorer housing conditions (including more overcrowding and more water quality issues) and fewer opportunities for early childhood education than non-Indigenous people in this region (British Columbia, 2009). Bryant et al. (2011) provide an extensive critique of the Canadian government's response to research asserting the efficacy of the SDH model. The authors argue that in order for social determinants to be addressed, broad political will at the federal and provincial levels must precede the change in policy/strategy to address inequitable health. Education, housing, employment and training programs, and early childhood education programs all need to be working together with health systems to address inequities in a holistic manner. According to Bryant et al., there is no shortage of research regarding the need to address social determinants of health if we wish to ameliorate inequitable health outcomes in Canada (2011). This research has been shared with governments and policy makers, yet little movement has been made to respond to the research on the part of government (Bryant et al., 2011). Instead, Canada operates in a liberal-democratic political climate concerned with marketing Canada as a "business-friendly" state. Policy-makers

need to keep taxes low, and keeping taxes low ultimately means paying minimal attention to the social determinants of health (Bryant et al., 2011). Lack of political will in addressing Indigenous health inequities through a SDH framework may be one reason why Indigenous peoples continue to experience inequitable health status in Canada.

Seeking to understand the role determinants of health play in Indigenous health equity is critical to ameliorating inequitable health status of Indigenous peoples. Richmond and Ross (2009) extend determinants of health to include environmental dispossession. The authors undertook a narrative analysis of interviews with 26 Community Health Representatives (CHRs) from First Nations and Inuit¹⁰ communities in Canada in order to explore links between environmental dispossession and the health of Indigenous peoples. There were six determinants of health identified in the narrative analysis of the interviews: balance, life control, education, material resources, social resources and environmental/cultural connections (p. 406). Of these six determinants, five were deemed by the authors to be closely related to those found among the larger Canadian population; however the sixth – environmental/cultural connections – is one that weaves both environment and culture together, unlike the Canadian list which has them separated. Richmond and Ross argue that research into Indigenous health inequities must take into account the complex historical, political, social and cultural/environmental contexts which are precursors to poorer health status for Indigenous peoples (2009). We might understand cultural/environmental determinants more holistically through arguments that Euro-colonialism created a different “human geography” upon the landscape of British Columbia (Harris, 2004), resulting in dispossessions of land that affected expressions of culture. If

¹⁰I use First Nation and Inuit as these are the terms employed by Richmond and Ross in this study.

dispossession of land (environment) and cultural expression (culture) are interconnected as one determinant, through the perspectives of those providing health services in First Nations and Inuit communities, then the “great grandchildren” of colonial policies/ideology *experienced* through the mainstream SDH framework may indeed be rife with anti-Indigenous racism masked in politically correct language (Chavez et al., 2003). For example, the *language* of child welfare policies in British Columbia has changed over time to reflect understanding that it is imperative to the well-being of Indigenous children that they be connected to their families and culture. However, the *practice* of child welfare in BC has resulted in more Indigenous children in care than at the height of Residential School mandates (de Leeuw, 2014). Therefore, seeking to understand these languages and the ideas that support their uses may contribute to a deeper understanding of the relationship between racism and Indigenous health inequities.

The historical, political, social, and cultural/environmental contexts to which Richmond and Ross refer can be seen as woven into current Canadian social structures (like health systems) sustained through pervasive neo-colonial ideologies that may continue to disconnect Indigenous peoples from their environment and culture. De Leeuw et al. (2011) argue that there are health determinants specific to Indigeneity, most notably colonialism, that need to be examined if a social determinants of health framework is ever to be meaningfully applied to the health inequities lived by Indigenous peoples. For example, the manner in which health services are delivered through the mainstream health care systems might be generally understood in Canadian society as a “right” way to provide those services. On the other hand, for marginalized populations, including Indigenous peoples, the manner of mainstream health service delivery may preclude the realization of Indigenous

health equity (Fiske & Browne, 2008; Marrone, 2007). For instance, Tang and Browne (2008) conducted a study in an urban hospital emergency department investigating the perceptions of care giving and receiving for urban Indigenous patients presenting in that department. Indigenous emergency room patients were asked about their perceptions of how they were treated by the medical staff in the emergency department. As well, medical staff were asked about their perceptions of how they treated Indigenous patients presenting in the hospital emergency department. The results were different for each stream of inquiry: the Indigenous patients, overall, felt that they were treated “differently”, meaning they felt they were treated as inferior and assumed to be “drunks” by the medical staff. On the other hand, the medical staff felt, overall, that they were treating everyone “the same”, meaning they gave the same kind of care to everyone who walked through the door regardless of social status, perceived race or ethnicity. Tang and Browne argue that this response from the medical staff indicated a pervasive ideology throughout the medical system that their service is neutral. However, to not understand the colonial history of Indigenous persons when they walk in for emergency care may well ignore a crucial variable of their health (see for instance Gobble, 2009). Understanding the health inequities lived by Indigenous peoples requires a broader lens - one that can encompass the many variables at play for the health of Indigenous peoples in Canada.

One or many of the aforementioned variables at play in the health of Indigenous peoples in Saik’uz territory may be understood more deeply, and considered more critically, through the use of creative expression in community based theatre practices. In the next chapter, I provide theoretical bases for the method of inquiry I chose for this project – Forum Theatre – and then discuss the methods themselves.

Chapter Three - Process: Theoretical Frameworks and Research Methods

*I've walked this stage a thousand times before
Then why do my lines come so halting
They stick; I cannot make them flow
Uneasy because my part feels so wrong
Cannot play myself even for one show*

*Audience says I'm different, not like one of those
Maybe it's my laugh, so swift my pain to cover
Must not make them feel uncomfortable, that would never do
Show them little bits of me but why can they pick and choose
When I must accept whole heartedly what is all of them*

*The review is intense and not often kind
They question even the littlest thing of me
My lines, my part, the places where I'm from
Do not say the names properly; laugh at my accent if I do
I've walked this stage a thousand times before
Then why do they treat me like I'm new*

I've Walked This Stage by M. Colleen Erickson
Summer 2010

Introduction

For Indigenous peoples in Saik'uz territory, navigating the health system can be fraught with tensions over jurisdictional responsibility for health coverage and delivery coupled with tensions dealing with health service personnel who may provide service imbued with prejudice based on racialized stereotyping (de Leeuw et al., 2012). For example, an Indigenous woman of prominence in Saik'uz territory, Carina¹¹, had been dealing with some serious health issues. She typically did not use hospital emergency services but with her emergent health issues, she had to one day. When she arrived at the ER at St. John Hospital in Vanderhoof, the ER nurse stood over her with her arms crossed and she felt the nurse spoke to her critically. The nurse did not call the doctor in to check on

¹¹ Her name has been changed to protect her privacy.

her. When she visited her family doctor the next time, she told him this story and said she did not want to go back to the hospital again. On a different day, Carina had to get an important prescription filled. She went to the Saik'uz Health Centre to get it filled but was told they did not have the prescription and would have to order it in. So, she was told to go to the health unit in Prince George where they had stock of the prescription. She drove to Prince George (113 km trip) and after she explained her predicament, felt she was treated as though she was “drug-seeking”. In the end, she could not get her prescription filled at the pharmacy because of her Indian status and was told she would have to get it through the health centre on reserve. Consequently, she went back home to wait for the medication to be ordered and come in.

This story demonstrates how remnants of neo-colonial policies, specifically jurisdictional funding issues that situate the health care of Indigenous peoples under federal auspices while non-Indigenous peoples are under provincial mandates, play out in the realities of the lives of Indigenous people in Saik'uz territory. It is Carina's feelings about being racially categorized in a negative way that form the backbone of my research, an undertaking framed by particular methodologies (philosophical lens that compelled ways of thinking about the work) and specific methods (ways of doing the research) to respond to power inequities and explore my research questions in an ethical manner.

Theoretical frameworks inform decisions about how research is done. In this case, decolonizing methodologies and intersectionality theory were the two primary theoretical or methodological frameworks guiding the research process. In what follows I outline and explain both the research methodologies and methods.

Theoretical Frameworks

The Transformative Change Accord envisions a response to neo-colonial health policy and practice (First Nations Health Council [FNHC], 2012). In many ways, my research responded to a call for action on several strategic directions in the Transformative Change Accord. My research takes seriously ‘Strategic Direction J’, that “the effects of intergenerational and other forms of trauma for First Nations and Aboriginal people...[should be] addressed in a culturally relevant manner” (FNHC, 2012, p. 21). I was also invested in “develop[ing] new or expand[ing] existing policies, programs and services to break the cycle of intergenerational trauma” (FNHC, 2012, p 21). Community-based theatre can be a culturally relevant, creative strategy that can be applied as a new program or service that might intervene or even break the cycle of intergenerational trauma. It responds to the overall goals of holistic wellness, delivered in a community as an integrated and specialized response to intergenerational trauma indicated in the Transformative Change Accord (FNHC, 2012).

Decolonizing methodologies. Understanding that intergenerational trauma is a result of the historical trauma caused by colonialism and its present-day manifestations (Czyzewski, 2011) is to put decolonizing methodologies into action. These decolonizing methodologies guided a research process aimed at reducing and even ameliorating this trauma in the research process. I thus sought research methods that could respond to power imbalances between researcher and subject and I endeavoured to do no harm (and indeed do good¹²). Research methods informed by theories of de-colonization that empower

¹² I hesitated to use this language because of a conversation I had with my supervisor about CBPR and “do-gooders”: well-meaning and forthright white researchers who really, really wanted to help in Indigenous communities. Nevertheless, I did (and still do) want to “do good”, therefore I decided to use this language.

Indigenous communities seemed more likely to improve the health and well-being of Saik'uz Whut'en and other Indigenous people living in Saik'uz territory (Evans et al., 2009; Smith, 1999). Given that anti-Indigenous racism is a product of colonial enterprises that contribute to poor health status for Indigenous peoples, it follows that de-colonizing research methods may be useful in addressing the complexities of anti-Indigenous racism and health. De-colonizing research methods are those which seek to deconstruct power relations that marginalize Indigenous peoples (Evans et al., 2009). Consequently, my choice of research methods was informed by de-colonizing methodologies.

Complex intersecting and overlapping social, historical, environmental and cultural variables can be seen in the effects of intergenerational trauma (Czyzewski, 2011). Because of this complexity intergenerational trauma is not easily addressed. Consequently, creative processes that allow room for multiple intersections to unfold may provide means for understanding and responding to intergenerational trauma caused by colonialism and anti-Indigenous racism. Creative processes – found, for instance, in writing, painting, singing, dancing, playing and theatre to name just some – can contribute to improvements in health and wellness (Archibald & Dewar, 2010; National Health Service, 2000). The Aboriginal Healing Foundation found that, when given options for activities in their community healing programs, Aboriginal participants overwhelmingly chose creative activities as part of their healing processes (Archibald & Dewar, 2010). Forum Theatre is one creative process that has received worldwide attention for its emancipatory framework that is organically derived through community-based workshops (Headlines Theatre, 2012; Pratt & Johnston, 2007). Forum Theatre, with roots in storytelling, narrative, and embodiment of expression, was a promising fit as a method with which to explore healing and wellness for Indigenous

peoples in Saik'uz territory. My research then, explored the fit of Forum Theatre as a means of addressing anti-Indigenous racism in northern BC. Using Forum Theatre as a research method to explore and understand intergenerational trauma and anti-Indigenous racism is, ultimately, also a community-based, action-oriented research project: one that dialogues productively with intersectionality theory.

Intersectionality theory. When looking at Indigenous health inequities, it may be useful to apply the lens of intersectionality (de Leeuw & Greenwood, 2012), and to then seek methods which complement the multi-factorial confluences influencing Indigenous health. This can apply in Saik'uz traditional territory and elsewhere. Intersectionality acknowledges that many factors meet, merge, and/or diverge at various points influencing the next set of factors that may play a part in Indigenous health (Cannon & Sunseri, 2011; de Leeuw et al., 2011). For example, an Indigenous, substance-using mother living in an abusive relationship in Saik'uz traditional territory may have many culturally constructed categories that may affect her health including race, gender, class, geography and religion. She may want to seek counselling services, but has no safe ride from Saik'uz village to Vanderhoof, where more services are offered, and does not want to seek them in Saik'uz village because she does not trust the people who work in the clinic. Or, she may be afraid to talk about her abusive relationship for fear a social worker may learn what she had disclosed and remove her children from her if she stays in the relationship. If she is a religious woman, she also may feel that she must “suffer like Jesus” and stay in the relationship because to leave her husband means breaking a covenant with God¹³. These differing factors may oppress her on multiple levels, and likely at different intensities at

¹³ Throughout my counselling career in Vanderhoof, I have encountered women who have been strongly influenced by fundamentalist Christian beliefs, the interpretation of such putting them in grave danger.

different times in her life, to affect her health in a negative way. She may drink more to deal with depression from the abuse. She may feel she deserves the abuse because she has internalized the patriarchal, racist attitudes that women, especially Indigenous women, are inferior in society. Looking solely at gender, or Indigeneity, or poverty, weakens the examination of the marginalizations experienced by this woman. Seeking to understand her life through a lens of intersectionality provides a richer understanding of the social forces at play. It also makes the investigations of these forces more complex. Such complexity requires new and innovative models of investigation.

There are risks of Euro-colonial settlers undertaking research about anti-Indigenous racism as a contributor to Indigenous peoples' poor health status. Good evidence exists that Indigenous peoples should own, control and undertake their own research about their community (Smith, 1999). This is supported by thinking that Indigenous researchers are less likely than settler researchers to behave in exploitative ways in Indigenous communities (Evans et al., 2009). However, in keeping with theories of intersectionality, lives and experiences meet, merge and diverge over time and across place. Relationships change.

My experience working and living in community in an ethical manner with Saik'uz Whut'en over the last 18 years has lent me credibility¹⁴. Nevertheless, this research project and thesis writing has been a reflexive process of decolonizing my mind and questioning any assumptions that enter in. One of the ways I did this was to develop a Forum play – in partnership with two community members from Saik'uz and one from Vanderhoof - about the complexities of undertaking research in Saik'uz territory as a settler researcher.

¹⁴ I have been invited to do presentations at Saik'uz First Nation in the Probation program, the Pre-employment program; and for youth health days, women's health days, FAS Awareness workshops, and Gang prevention programs. I am friends with several women and men from Saik'uz. I will always be a settler, and will always represent colonialism in that way, but I am also a trusted friend. There is no "right" person to be; I am accepted for who I am.

In September 2012, the four of us undertook a workshop process to develop a Forum play that showed the methodological struggles inherent in conducting a research project as a settler researcher on Saik'uz First Nation. The play was a fiction based on some of the real-life methodological and ethical challenges I was facing as I began to think and prepare for my master's research. It was also based on the experiences and perceptions that the two actors from Saik'uz (one was a former Saik'uz Councillor; the other was an Aboriginal liaison program planner for CNC) had with researchers, educators, and economic developers/corporations coming into Saik'uz wanting to "partner" in programs that were ultimately set up to serve their needs over the community's needs. The actor from Vanderhoof was an administrator of a local social service agency providing outreach and services to Vanderhoof and Saik'uz thus had that experience to bring to the play development. Though I facilitated the play development and directed the rehearsals, I did not write the play myself – the play developed out of the experiences of the specific actors involved. The play they developed reflected clearly my own methodological and ethical struggles, which indicated the strength of the similarities between my research and community-based work. In October 2012, we presented the play at the 11th Conference of the Canadian Rural Health Research Society in Lévis, QC (Rural and Remote Health Research: Creative Approaches) where Forum interventions from the audience provided further practical expertise in responding to some of the struggles I faced.

I believe the process of questioning the very fabric of doing research was a decolonizing effort, and one of the most poignant learning moments for me was during rehearsal one day. The play was comprised of three scenes. The first showed Michelle, a settler researcher meeting with her Indigenous friend, Sandra, to talk about undertaking

research in Sandra's home community of Saik'uz. At this meeting, Sandra had brought along Marlene, a councillor on the Band. The meeting starts off okay but ends badly with Marlene storming out of the restaurant because she feels uncomfortable meeting there due to the restaurant's historical exclusionary practices against Saik'uz Whut'en. The second scene shows Marlene and Sandra outside arguing with each other about the upset, which concludes with accusations of one being 'not Indian enough' because she did not grow up on reserve, while the other was "too Indian" because she could not let go of historical wrongs. The final scene shows Sandra circumventing Marlene by getting Michelle's project on the Band Council agenda. Marlene is taken aback by this and grills Michelle about her project and vows to block it. During the rehearsal of this scene, I became overtly embarrassed at the improvised response Michelle had to Marlene's questions – they sounded like me. I saw and heard myself as though in a mirror. That moment offered me clarity on the assumptions I might go into the community with and in doing so, I was able to adjust my approach. It also reinforced for me the power that language has to disempower, reminding me to always be cognizant of the language I used and the power I wielded by doing so. It is to a discussion of language, and how to understand and respond to language as a tool for empowerment, through a decolonizing framework, that I now turn.

Decolonizing Words. Words are powerful. Certainly this is a lay teaching of both de-colonizing and anti-racist methodological frameworks. For research to be meaningful in the assistance of anti-oppressive work, words need to be carefully considered. Indeed, given that Forum Theatre relies on language, I had to give a considerable amount of thought to the process of words in service of powerful discriminatory systems, and in service of efforts to address links between anti-Indigenous racism and health and well-being. Words can

exclude and dismiss, or include and engage. Theories of intersectionality and critical decolonizing theory informed the methods chosen for this research, and also informed the language used throughout the research process and in this thesis.

Since the early 19th century, Saik'uz Whut'en and neighbouring Dakelh peoples have been identified by the word Carrier. Carrier is the English translation of the Sekani word for the Dakelh (Yinka Dene Language Institute [YDLI], 2006). It was thus translated by Fur Traders such as Alexander MacKenzie who first encountered the Sekani before arriving in the central interior of BC (YDLI, 2006). Other words used more generally to indicate Indigenous peoples, including those in this territory, include Indian, native, aboriginal, and First Nations¹⁵. Indigenous peoples refer to themselves using all of these descriptors - although the use of aboriginal is minimal. Of the four words used, Indian echoes the historical mistake of Europeans who landed at the Americas thinking it was India. This word is often used by local Indigenous people, a practice described by some as a political act to reclaim the word (field note, line 23). Native is also commonly used locally by Indigenous and non-Indigenous peoples. It holds negative connotations, however, because of pervasive anti-Indigenous racist arguments that point to anyone being born in Canada afforded the label – a tactic used by some settlers to lay claim to land disputed by First Nations (UBC, 2009). Aboriginal is another term that seems to be mostly neutral, and is sometimes used interchangeably with Indigenous (see Pattnaik, 2005). However, it also has negative connotations (University of British Columbia [UBC], 2009). Indigenous, when referring to peoples, communities or nations, are those which have “a historical continuity with pre-invasion and pre-colonial societies that developed on their territories, [and]

¹⁵ First Nations refers to individuals “recognized by the federal government as being registered under the Indian Act” (Canada, 2013)

consider themselves distinct from other sectors of the societies now prevailing on those territories, or parts of them.” (United Nations, 2004, p. 2). This reflects its global appeal – an appropriate word to use in the context of Canada - a state that is made up of peoples from nations around the world, including people indigenous to its landscapes.

In keeping with decolonizing methodologies, it follows that settler language descriptors are part of a colonial legacy. To fully decolonize research processes, one would use Indigenous words. In a community suffering substantial loss of language – in 2011, only 8% of the Saik’uz population could speak or understand some or all of the language, and only 8% were current learners of the language (First People’s Heritage, Language & Culture Council, 2013) – using Dakelh’ words was part of a decolonizing research strategy. Getting feedback from Dakelh’ individuals was necessary in order to know which words to use in different circumstances. For instance, Dakelh’ refers to people who share the same language group and geography of the central interior plateau. Saik’uz refers to people from that specific community and where this project unfolded. People specifically from Saik’uz are called Saik’uz Whut’en¹⁶. Indigenous peoples in Saik’uz territory are from diverse geographical territories, just as the non-Indigenous peoples have come from different geographies and landscapes. For example, Indigenous peoples living in Saik’uz territory might originate from Nak’azdli, Lheidli’ or eastern Cree territories. While they are not Saik’uz Whut’en, their experience as Indigenous peoples in Canada, British Columbia, or specifically on Saik’uz territory is influenced by their Indigeneity. In a research project guided by decolonizing, anti-racist methodologies, I tried to use language to include the

¹⁶ Whut’en is translated from Dakelh’ to English as “people of”. Saik’uz Whut’en, then, are people of Saik’uz territory. There could be other Dakelh’ people living in Saik’uz territory that are not Saik’uz Whut’en (for example, Nadleh Whut’en – people of Nadleh).

multiple Indigenous people who partook. Finally, even though most of the Indigenous peoples in the study area identified as First Nations, this term was identified by a Saik'uz Elder as also being colonial in origin (Field notes, line 25). Though widely accepted as appropriate to use, the term "First Nations" is not without its colonizing effects. "First" implies "old" to some Saik'uz Whut'en, and "nation" is seen by some as equivocal to "band" – a word developed via the Indian Act for regulating and segregating Indigenous groups to reserves. As such, the phrase "First Nations" can be seen as a neo-colonial construct masking the colonial intent of assimilation behind the Indian Act. In this thesis, then, and guided by decolonizing and anti-racist methodologies, Indigenous is used in order to encompass peoples who may be Dakelh', Cree, Dene or any other tribal group or nation – any of which may be living in Saik'uz territory.

Research Methods

Working in the counselling field for 18 years has exposed me to a variety of therapeutic methods for working with people to sort through their lives. One such broad category of methods is the creative arts. That creative arts have therapeutic potential is not surprising considering humans have been creating art, dance, stories, and songs to express their experiences dating back at least as far as 50,000 years ago (Mithen, 1998). The use of creativity in therapeutic counselling and psychotherapy is not new (Hill in Danneker, 2003) and recognition of the creative arts-based programs for increasing well-being at the community level is becoming more prevalent (National Health Service [NHS], 2000). In the United Kingdom, the National Health Service (NHS, 2000) surveyed programs that used arts-based programs (visual, dance, etc.) as a means to improve health and well-being. Although evaluation of the efficacy of creative expression and health and well-being have

not provided “hard” evidence of causality (Hamilton, Hinks, & Petticrew, 2003) there is much qualitative evidence that asserts the link between creative expression and better health and well-being (NHS, 2000; Stuckley, & Nobel, 2010). Stuckley and Nobel (2010) posit that globalisation, which increases dislocation and disconnection, has led to a need for humans to seek out more effective ways to create and share meaning about the relevance of our daily experiences. This need is an impetus in artistic creation and engagement. When arts-based programs are offered in group formats, as opposed to therapeutic arts in individual counselling or therapy, there are increased benefits experienced by the participants (Stuckley, 2010). Arts creation processes in the group format provide ways for participants to connect and identify with each other breeding feelings of inclusion important for a sense of community (Stuckley, 2010). In other words, feeling you are a part of community improves well-being. Indigenous peoples have always known this, and a sense of connection to community and family are evidenced in the Royal Commission on Aboriginal Peoples as fundamental to individual well-being (1996).

While arts creation processes in group formats contribute to a sense of connection and build community, they also build health through the holistic experience that arts creation produces. Drawing on the understanding of health not being merely the absence of disease or infirmity, but mental, physical and social well-being (WHO, 2003), arts creation can open up spaces for the integration of physical, mental, social and spiritual domains (Cooley, 2003; Margolin, 2014). With reference to Forum Theatre then, the *active* participation of actors and audience members might contribute to holistic integration. The physical movement of improvisation, the mental focus involved in improvisation, the social support

in the community setting, and the spiritual aspect of sharing and making new meaning together in the forum may well provide holistic integration that contributes to well-being.

On the other hand, in an investigation of the effectiveness of arts-based programs, Guetzkow (2002) had some cautions. The author outlined some of the claims made by arts-based programs. For instance, claims are made that they improve academic performance and student discipline; they revitalise neighbourhoods and promote economic prosperity; they improve physical and psychological well-being; and they build social capital and attainment of community goals (p. 2). In each case, Guetzkow is able to assert that benefits are experienced by those involved in the process, to a greater or lesser degree depending upon level of involvement (i.e., passive, as in audience members or art show attendees, or active, as in participants in a visual arts group or actors in a play). There are also differing levels of impact depending on the number of people involved in the programs, the audiences, or who happens to hear about and support a particular program (as in a government decision-maker). Guetzkow argues that these variables make it difficult to say anything definitive about arts-based programs on an aggregate level. Also, Guetzkow questions the safety of arts-based programs that have not been effectively evaluated for this liability (such as large scale concerts and festivals) and cautions researchers and program developers not to ignore potential negative effects of arts-based programs. Such cautions about my chosen research methods were always considered.

Forum Theatre. According to Guetzkow, improvement of health and well-being at the community level may be dependent upon reaching larger numbers of people both in an active and a passive way. Community-based theatre provides an opportunity for this through the active participation of the actors in the performance, and through the passive

audience participation in attending the performances (Guetzkow, 2002). Forum Theatre further capitalizes on this through the active participation of the actors in *developing* the play, performing it, and then having the audience actively participate in changing the outcome of the play through *audience improvised interventions*.

In Brazil, in the 1960s, Augusto Boal developed Forum Theatre in response to the oppression of the people via the military coups in that country during that time (Paterson, n.d.). Built on Paulo Freire's Pedagogy of the Oppressed (Diamond, 1991), Forum Theatre was a way to incorporate audience ideas directly into the drama of the performance, in order to "practice" change and embody the results in social change outside the theatre (Headlines Theatre, 2001). The birth of Forum Theatre happened as a result of a spontaneous incident at the end of one of Boal's plays. Boal had developed a process whereby audience members could stop a performance and suggest different actions for a character, and the actor playing that character would then act out those suggestions. Once, however, a woman in the audience was so frustrated that the actor could not understand her suggestion that she went on stage and improvised herself. Paterson (n.d.) suggests this was the birth of the "spect-actor" in Forum Theatre. Boal discovered that through the participation of audience members on stage, they became empowered to "imagine change... to actually practice that change, reflect collectively on the suggestion, and thereby [became] empowered to generate social action." (Paterson, n.d.). Forum Theatre, then, seemed likely to provide opportunities for creating well-being on a personal level for participants, through their participation in the play-making and performance process. It was also likely to build social capital, described by John Field as "a way of conceptualising the intangible resources of community, shared values and trust upon which we draw in daily life" (2003, p.i) and might facilitate "solutions

to collective action problems” (Rubenson, 2011, p. 612). Social capital may also be built by creating opportunities for participants to collaborate in a creative process resulting in a collective experience and public expression (Guetzkow, 2002). Finally, Forum Theatre was likely to increase the well-being of audience members who connected to the plays presented, and may have a more holistic/embodied effect on audience members who express their ideas through improvising on stage as “spect-actors”. Overall, if an audience showed up to performances, the potential for Forum Theatre to increase well-being on the community level could be significant. Nevertheless, in light of Guetzkow’s cautions about negative consequences of arts-based programs, I undertook a deeper examination of the process of Forum Theatre in order to consider potential negative consequences, particularly as they might manifest in a small, northern community when being made use of to understand and address anti-Indigenous racism¹⁷.

Safety in Forum Theatre. The topics enacted during Forum plays are usually emotionally charged, dealing as the plays do with challenging issues deeply embedded in culture and society. Although sometimes conflated, culture and society may be understood differently. Culture is a complex and difficult to define concept; it is by no means static and is used in many different ways in many contexts (see Online Dictionary of Anthropology, n.d.). For this project, culture was understood as the self-identifiable traits of Indigenous peoples in Saik’uz territory linked to customs and beliefs that colonialism might have tried to extinguish: spirituality, creative expression, and connection to family and community (Cannon & Sunseri, 2012; Tylor, 1958). Society, on the other hand, is broader in its definition, encompassing those social interactions we have with one another that might not

¹⁷ I address ethics later in this chapter.

be contingent upon cultural connection. For example, Canadian society is considered multi-cultural yet identifiable as a society with a particular set of ideals with which it is governed – largely ideals borne out of the colonial ideology which supported historical colonial settlement and governance. Understanding power differentials embedded in the interplay between culture and society in Canada was crucial to collaboration with Saik’uz on research about anti-Indigenous racism and health (Chavez et al., 2003). Culturally, an important part of who I am is a settler researcher in Saik’uz territory and an outsider to Dakelh culture. As such, I came to the research process from a socio-cultural place of privilege and power. Forum Theatre, as a mode of creative expression, allows for redressing power differentials – a necessary process considering the impact that anti-Indigenous racism has on health.

Forum Theatre developed out of the lived experiences of marginalized, oppressed peoples in Brazil. Augusto Boal was committed to creating theatre that represented the experiences of peoples in struggle and to engaging audiences in participating in the solutions to those struggles (Paterson, n.d.). Several years ago, I participated in Forum Theatre training workshops offered via Headlines Theatre in Vancouver. David Diamond, the Artistic Director of Headlines, was trained by Boal. Forum plays are developed through a workshop that has a theme decided by the group together or given as a starter by a sponsoring organization. For example, my project began with the broad theme of “anti-Indigenous racism and health”. This was later re-defined more succinctly through collaboration with community and workshop members – an indicator of community participation. Group building games, trust-building exercises, and improvisational theatre exercises are part of the workshop process. These prepare participants to understand and work with deeply felt emotions and experiences in order to create plays. The resulting

play(s) created out of the workshop are not representative of any single person's real life story. Rather, they are a fiction based on the realities of the amalgamation of participants' experiences around the workshop theme (Diamond, 1991). This creates a level of personal safety in the play. People do not "play" themselves, and do not risk their own story in public. It also distances the facilitator, or Joker, from steering the content of the plays.

There were four plays initially created using this process by the workshop participants in my research project. In the end, the four plays were condensed into two performance-ready plays that reflected some of the current community health issues pertinent to the lives of the workshop participants.

Headlines Theatre has produced plays about racism, violence, suicide, gangs, language reclamation, environmental issues, and more (Headlines Theatre, 2012). When these plays are performed in community, the potential to trigger or heighten audience anxiety and/or trauma exists. At any Forum Theatre performance facilitated by a Headlines Joker, at least two trusted and community-known counsellors are required to be in the audience as support people for anyone who might need to talk in a more personal way with someone after the performances. The counsellors are pointed out to the audience at the onset of the performance for everyone's information (Diamond, 1991). While there may be risk involved in participating in the workshop, in the play performance, or as an audience member improvising with the actors to make change in the play, the potential of benefits for all involved are significant.

Power differentials within the workshop process may also be a reality. Participants in the room may be seen as privileged. Some may be perceived as colonizers and others as

colonized. Nevertheless, Malchy, Johnson and McBride (2011) describe three major themes gleaned from investigating the use of Forum Theatre as knowledge translation in addressing tobacco use in community psychiatry. First, the shared group experience was perceived as a space in which to belong and to give and receive social support – it was perceived as “safe”. Second, it leveled the playing field for participants redressing power differentials between clients and service providers involved in the plays. Third, it had a positive impact on decisions around smoking, both for clients and service providers. Using Forum Theatre to investigate anti-Indigenous racism and its effect on health had the potential to provide the social support, belonging, and authenticity necessary to answer the questions posed in this research. Forum Theatre, being community-based, was also a natural fit as an investigative tool for community-based participatory research (CBPR). It is to a discussion of CBPR as a research method, as opposed to primarily a community participatory event, to which I now turn.

Community-based participatory research (CBPR). In designing a project focused on ameliorating some of the negative health effects of colonialism and anti-Indigenous racism for Indigenous peoples in Saik’uz territory, a community-based participatory research (CBPR) framework seemed most appropriate. I have had the privilege of working with Saik’uz Whut’en in a variety of collaborations over my 17 year career in substance use counselling and prevention. Through the combination of this experience and my academic pursuits, I have learned that cultural autonomy and Indigenous sovereignty are linked to wellness – a link well supported by scholarly research (British Columbia, 2009; Cannon, & Sunseri, 2011; Katz, 2004). Historically, scholarly research in Indigenous communities has largely been undertaken by white researchers coming from a place of privilege and

prosperity who reproduce the colonial power relations potentially sought to be exposed and remedied by their research (Chavez et al., 2003; Evans, et al., 2009). In essence, white researchers have come into Indigenous communities to “do research on” them, then taken their findings and their results back to academia with them without sharing with the community, thereby reinforcing the status quo of power relations (Brant Castellano, 2004; Tuhiwai Smith, 1999; Turner, 2003). CBPR provides a framework for entering into research in Saik’uz territory that acknowledges the pervasiveness of neo-colonial power and privilege of the researcher, and seeks to redress that by collaborating more fully with community.

Considering my specific position in Saik’uz territory, it does not seem possible that I could do any research project in Saik’uz territory that was not CBPR. I have, after all, a long history with Saik’uz Whut’en. For instance, my high school boyfriend was the younger brother of Richard Redekop – the driver of the car that killed Coreen Thomas. These relationships are not forgotten, as I learned when attending a workshop at Saik’uz where I was introduced to Susan Thomas, who said, “I know you, you went out with that Redekop boy”. Memories are long – high school had ended 20 years before. For me, CBPR provided the most natural way of working with Saik’uz Whut’en because I have already established relationships with community members and people in leadership positions. Mine is a complex position where I am at once outsider, because I am not Saik’uz Whut’en, and insider, because my life is interwoven with them. CBPR provided a method with which to navigate this complexity.

CBPR provided a framework within which to undertake my research in such a way as to attempt to ameliorate some power imbalances. It could not completely rectify the

privileged position I was in as a white researcher in Saik'uz territory but I worked toward this. Therefore, a process of reflexivity – “thoughtful, self-aware analysis of the intersubjective dynamics between researcher and the researched” (Finlay & Gough, 2003, p. ix) was also integral to my research process. For example, Dodson and Schmalzbauer (2005) discuss the “hidden transcripts” that do not become evident in working with multiply marginalized, impoverished women. They found that economically marginalized mothers “have long standing habits of hiding their lives in response to punitive authorities and stigma” (p. 949). Economically marginalized mothers are cautious of sharing their true realities with researchers in case information shared may be used to identify them. Economically marginalized mothers feared that revealing their truly impoverished state, immigrant status, substance use, or lack of available child care might implicate them with authorities who could come in and remove their children, deport them, or cause them to lose their job or child care. Therefore, economically marginalized mothers hid vulnerable parts of their lives to protect themselves and their families. Similar circumstances may have been present for Saik'uz women particularly if health issues of research participants included substance use or violence in relationships. I understand that to reveal these aspects of their lives may have put them at risk for Child Protection interventions that typically do not work to support them, but are punitive in nature involving the removal of children from their homes and the care of their mothers (de Leeuw & Greenwood, 2011; Dodson, & Schmalzbauer, 2005). Minkler and Wallerstein (2011) assert that, “the greater the disparity in power between two parties, the greater the proportion of the full transcript that is likely to be concealed” (p.286). For my project then, CBPR was a method to *lessen* the disparity in power between the two parties by including community members in the development of

relevant health variables (British Columbia, 2009), project implementation, and analysis of research (Chavez, et al., 2003). Nevertheless, power dynamics pervade most social relationships and it was my intent to be observant of this and reflexive in my responses and interpretations, even within a CBPR framework.

Reflexivity has been infused throughout the entire research process, beginning with the literature review and ending with collaborating on analysis. In my research journal, I kept track of how I was feeling about particular processes, what new ideas emerged for me, and particularly I paid attention to times when I was frustrated. Being frustrated was an indication to me that things were not “going my way” – an indication of wanting to exert some power rather than responding to what I perceived as the resistances (or, resistances) of members of the Community Collaborating Committee, the workshop participants or community members with which I happened to be in contact. This provided me with very useful reminders of how to remain true to the CBPR process and the needs and values of the community, all the while balancing these with my own need to see the project through.

Stepping ethically into data gathering. Guided by Forum Theatre protocols and CBPR frameworks, both of which were research methods on this project, a series of steps and events unfolded during data gathering. During the planning and operationalizing of each step and event, careful consideration was given to each in order to redress issues relevant to conducting research with Indigenous individuals and communities (Fletcher, Baydala, Letendre, et. al. 2011). The steps are clarified in Table 1 (p. 49) and followed by the ethical considerations levelled at each turn. First, however, the discussion begins with a

description of the Community Collaborating Committee – a community-based group integral to advising and working with me at every stage of my research.

Community collaborating committee. After receiving ethics approval from the UNBC Research Ethics Board, I recruited and confirmed members for the Community Collaborating Committee (CCC) from Saik'uz. Over the years in community development work in Saik'uz territory, I have developed personal and professional relationships with some key members of Saik'uz community. While developing my research idea, I often talked with different people from Saik'uz that I was working or socializing with. This led to the fostering of ideas and commitment towards what would eventually become my thesis project using theatre for health. Formally, I approached five individuals from Saik'uz to participate on the committee. Although all were interested and supported the project, only three were able to make the longer term commitment for the project. Nevertheless, having three CCC members allowed for flexibility in feedback as the project proceeded. It was usually possible to meet with at least one member at any given time. Two of the members were quite involved in the visioning of the project, a different combination of two were very involved in the participant recruitment phase of the project. One member acted as a mentor to me personally, and was involved in data analysis of one of the personal interviews. All three (in fact, all five that I originally contacted) participated in the theatre performances and survey distribution and collection. It was a long term commitment to be involved and sometimes, especially over the summer months, it was difficult to connect with the CCC. On the other hand, it was invaluable to have their support and guidance, and integral to the trustworthiness of my research in community.

The CCC supported the data gathering steps and events and provided guidance on many ethical aspects of my research. Ethical considerations were given to screening, informed consent at its various intersections, workshop participation and play performance, and sharing findings with the community of Saik'uz and the workshop participants. (See Table 1.)

Table 1 Steps, Events and Ethical Considerations in the Data Gathering Process

Step	Event	Ethical considerations
One	Screening	Workshop participants
Two	Informed Consent	Saik'uz Community Consent Community Collaborating Committee Workshop Participants Audience Survey Participants
Three	Workshop	Workshop participants
Four	Performance	Workshop participants Audience members
Five	Research Dissemination	Saik'uz Community, Workshop Participants, Audience Members at the Performance

Step 1: Screening. Forum Theatre workshops invite participants to think about struggles in their lives. For Indigenous peoples, who might experience multiple marginalizations and potential mistrust of non-Indigenous researchers (Smith, 1999), asking them to think about struggles with anti-Indigenous racism and well-being had the potential to be emotionally stressful. Recruitment methods used in my research included full disclosure of this possibility and invited potential participants to reflect on: their level of comfort with it; and external supports they had outside of the workshop process. With the assistance of the Collaborating Committee I recruited only participants with some measure of stability and support in their lives.

Step 2: Informed Consent. Informed consent is a necessary piece of ethical research with human subjects. With research in Indigenous communities, there are protocols that must be met, the first of which is “to seek engagement with the formal leaders of the community” (Gov Can, 2012, Art. 9.3, par. 1) for permission to engage in research in their community. Upon completion of this protocol, there were further issues of informed consent to occur at the individual and community level. Fletcher, Baydala & Letendre et al. (2011) discuss ethics consent processes as an ethical dilemma in themselves in Indigenous communities. While Research Ethics Boards (REBs) require individual consent forms to be signed by each participant, Fletcher et al. still found that the format of individual consent forms, and some of the language in them, was alienating for the research participants (2011). For example, the use of the word “risk” in the forms was problematic for both the community-based researcher and the participants. The word “risk” has been negatively associated with child apprehensions and “risk” assessments and with signing documents with governments and educational institutions that did not end up benefiting the community (Fletcher et al., 2011). Furthermore, ‘signing a paper’, in and of itself, was described as potentially risky in a way that giving one’s word orally, accompanied by personal knowledge of the integrity of the researcher, was not.” (Fletcher et al., 2011, p. 334). I used consent forms for each phase of the research; however I presented the forms in a manner more consistent with relational ways of giving consent. Nevertheless, there were challenges in the consent processes.

To gain consent from the community of Saik’uz, I began by having personal conversations with then Chief Jackie Thomas of Saik’uz First Nation to explain the project. This was followed up with a formal letter to the Chief and Council asking for permission to

do the project in their territory. While I had been assured that the project was very likely to be approved, it was challenging to get the formal letter due to lack of quorum at a series of Council meetings. However, at a community workshop that Chief Thomas and I both attended, she informed me that Council had approved the project and a letter was forthcoming. Still, I grappled with knowing how often to follow up on the letter when after a week it still hadn't arrived. Finally, I received confirmation that the letter (See Appendix II) was ready and happily exchanged home pickled beets for it at the Administration office in Saik'uz. Nevertheless, my own time frames for completing my work were challenged from the beginning of the research process. Further steps in the process of consent proved to be in line with challenges experienced by other researchers (Fletcher et al., 2011).

To acquire the requisite approval by the UNBC Research Ethics Board (REB), the forms for Informed Consent had to conform to strict specifications required by the REB (see Canada, 2011). However, similar to what Fletcher et al. found, the forms for my project were somewhat alienating for participants. For instance, some participants did not understand "colonialism" (Field Note, line 84). Fortunately, I met all potential participants face to face where I was able to answer questions and explain some of the problematic language. In another instance, one potential participant was not interested in paperwork at all and had no means to afford a telephone for contact. I found this a challenge when I had to postpone the workshop by a week. When the potential participant showed up and nobody was there, he made his way to the Health Station and got them to call me. When we spoke on the phone, he was very agitated. I calmly explained the situation including that I had no way to effectively reach him when the scheduling changed. He replied, emphatically, "but I gave you my word!" and hung up. He did not return the following week. This was a

response that I reflected on at length. He *had* told me that he would be there. But I did not truly believe him. I did not understand that he had given me his word. So I did not make the effort I should have to contact him after I knew the workshop dates had to be changed.

Though I was aware that Fletcher et al. found that participants' relationships with the researcher were more important for consent than the paperwork required to confirm it, I neglected to extend that notion to include the participant contact form. Had I truly embraced this concept, I may have made better efforts to locate the potential participant to notify him of the workshop date changes. There are, in other words, many lessons to be learned when working in a CBPR process, especially when reflecting on what one is learning.

On the other hand, further relational steps were taken for the audience performance. Members of the collaborating committee (likely to be more familiar with audience members than I) introduced a survey I incorporated as a data collection method to audience members as they arrived and made themselves available for questions from potential survey participants before and after the performance. This went smoothly with all audience participants taking part in the pre- and post-performance surveys.

*Steps 3 and 4: workshop and performance safety and containment*¹⁸. Further to the ethical considerations within the workshop process, there could have been risks associated with audience participation at the Forum event. Anti-Indigenous racism is an emotionally charged topic with the potential to trigger upsetting memories. The first measure of safety for both the workshop and performance was thus to have a counsellor present so that

¹⁸ Containment is a term used in counselling and therapy (particularly trauma therapy) that refers to keeping the emotional work in a "container". Opening and closing circles are "containers" that allow participants to enter the workshop space or home life emotionally intact. They provide a boundary to the emotional work of the day.

participants and audience members could have someone to debrief with if needed.

Secondly, as a means of containment during the 4 day workshop, each day began and ended with a sharing circle so that participants could talk about any issues arising from the day before or the present day. Both of these containment measures are included in any Forum workshop or performance of Headlines Theatre (Diamond, 1991) and are included in the Forum Theatre training delivered through that organization. At least one of the workshop participants connected with the counsellor through the workshop process. I followed up with another participant and provided support to him about a month after the workshop ended.

Step 5: sharing findings with community. Feedback was garnered from the Collaboration Committee throughout the research process and immediate feedback was requested proceeding from any meetings about the research, after personal interviews, and after focus groups. These were all incorporated into the body of data. However, sharing the final picture of the project is a crucial element of the collaboration (Flicker, Travers, Guta, et al., 2008). Drawing on the relational methods of working in CBPR, and as a verification and validation method, I have shared the findings in face-to-face meetings with some community members and workshop and audience participants. To reach a broader cross-section of Saik'uz community, I organized an open community gathering at Saik'uz – but invited workshop participants specifically - where I showed the DVD of the plays, shared the findings of the research, and invited feedback from the group.

Despite its many positive elements, and the way it worked well for this project, some critics of CBPR assert that power might be veiled behind the CBPR research method to achieve results for specific stakeholders either inside or outside the community (Brown,

2004). In response to this, I offer a detailed description of the process of data gathering to clarify the evolution of the project and make transparent my connections and motivations along the way. This approach is encouraged by Creswell (2013), who asserts that “thick description” is one of the elements of qualitative research that increases the trustworthiness of the findings. In the following section, then, I recount in detail the process of recruitment, sampling, and data gathering and link these processes to CBPR project informed by decolonizing methodologies and intersectionality theory.

Recruitment and sampling. The CCC was fundamental in the final recruitment phase of the project. Nevertheless, the path to garnering enough research participants was long and winding. In my research, however, it was a productive and necessary path to follow. In consultation with the CCC for the design and delivery of recruitment strategies, we began by designing a poster and distributing it via email and in person to storefronts and bulletin boards around Vanderhoof and Saik’uz village. In addition, we posted on the “Saik’uz Community Events” Facebook page. Next, I arranged for meetings with the Saik’uz Elders’ Society and the Saik’uz Health Centre. I was invited to share the project at events at both places: at an Elders’ luncheon at the Elders’ Centre; and at the Health Centre at a Women’s Health Day. The Elders’ luncheon was about two hours in length including lunch. First we ate, and then I talked about the project and was asked questions. The topic of anti-Indigenous racism inspired two of the Elders to talk about their experiences with the Lejac Indian Residential School. Also, during my time at the Elders’ Centre, a community member came in with a load of Burbot (colloquially known as Ling) to share with the Elders. This was an interesting exchange to witness for me as it reflected a community intimacy I had never witnessed in person. The community member took orders for Ling

from people in the village and then went out fishing very early in the morning to fill his orders. I witnessed no exchange of money between the Elders and the community member. It appeared Ling fishing was simply his role in community. When the exchange was done, the Elders returned to lunch and some of them proceeded to critique the catch – apparently the fish were rather small for Burbot! Afterward, when I had finished speaking about the project, two Elders signed up to be part of the project.

At the Saik'uz Health Centre, the Women's Health day was organized around the travelling nurse practitioner and the health nurse's schedules. I was invited to set up an information booth in the Health Centre and also to participate in the women's health workshop being offered that day. This was a great opportunity to meet women from the community that I had previously not known very well. By participating equally and fully in the women's health workshop, I was perhaps seen by the group as a trustworthy person with regular issues just like everybody else. During this day, two women shared their stories of racism with me and one of them signed up and participated in the theatre workshop.

Intersectionality is richly witnessed in the lives and realities of the two women from the health clinic. The first woman, who I will call "Marlene", is a Dakelh' woman originally from Nak'azdli. She married into Saik'uz and has lived and raised her children and grandchildren in this territory. The second woman, who I will call "Laurie", is a woman of Scottish descent who lived with Marlene's son and was helping to raise his children from a different relationship. She had been living at Saik'uz with him for fifteen years. Both women have had different experiences of racism – Marlene's because she is a Dakelh' woman and attended Lejac Indian Residential School so is living with the ramifications of that trauma of early life. Laurie's experience is different because she is, to some extent,

ostracized in community. She claims this is because she speaks out about cyclical trauma she has witnessed in the form of child abuse and neglect. Marlene's story provides context for the silence. She says at residential school, the children learned to be silent and not talk. Speaking got them in trouble. There was nobody who could help them so they learned to stay silent. This is one negative health factor that has carried forth through the generations. Both women must navigate the issues in their community through their specific experiences and perspectives. For one, theatre proved to be a useful way to do that. For the other, telling me her story provided further context for the research.

Marlene passed by my table at the Health Centre in the afternoon. I had not had much interest from the women who had come in (although there were not many of them either). Marlene asked if I could come and talk to her in her office there. When we were settled, she asked me about my project, which at that time I was promoting with the question: Has racism affected your health? She asked what the connection between racism and health was and also if I was getting much interest. So I explained to her the premise upon which my thesis exploration was built and said that people seemed to be interested but that I only had one person commit so far. She said I should change the word "racism" because it might be inhibiting people from getting involved. Instead, she suggested, I should use the word "colonization". In keeping with CBPR processes that respond to the direction from community members, that night I went home and changed the word on my advertising from "racism" to "colonization" just in time for Bingo.

At the health centre earlier that day, I asked the women what would be the best way to reach a lot of people in Saik'uz to let them know about the theatre project. One of the women organized a weekly Bingo fundraiser so she suggested I go to the Bingo and set up

my table. This was outside my comfort zone as I had never played Bingo before. I asked questions about what happened at Bingo and arranged to have one of the CCC members join me. Unfortunately, she ended up not being able to make it so I took my husband instead. When we arrived, it was obvious we were outsiders. However, true to Saik'uz form, we were welcomed and a couple of local women took us under their wings to learn how to play Bingo. While I set up my table, my husband took instruction on all the options for buying cards and how the games worked. I sat by my table during the pre-game time, and had only one or two people come by. Nobody took any pamphlets. When the games began I took my place and let the table to speak for itself. I noticed that people were more apt to go and look at the theatre project table when I was not sitting there, so I stayed and played Bingo. During one of the breaks, a young man (whose word I had not taken seriously) came to tell me about his interest in the project. I now had my second participant somewhat officially signed up.

Spending time in community-based activities like the Health Day and Bingo proved to build community trust in me. This was integral to implementing a successful research project. However, even with this outreach and the efforts the CCC were making in the community on my behalf, by the week before the workshop date, I still had only four participants – not enough to make the workshop happen. One of the CCC members then suggested I talk to the Skills Link Program offered through the College of New Caledonia. Skills Link was an employment readiness program for young adults, although there were two youths in independent living situations who were also part of the program. The majority of the participants in the program were from Saik'uz. After talking with the program coordinator, it was decided that the Skills Link program participants could benefit from

participating in the theatre workshop. It was arranged for me to go and speak about the project to the program participants. Some program participants were worried about having to act in public; others were not sure what colonialism was. After taking some time to explain the workshop in detail and the theoretical bases for the project, all of the program participants agreed to participate. It was understood that the two youths' information would not be part of the research data. This brought the total number of participants in the workshop to 12. I now had enough recruits to proceed with the theatre workshop. Without the help of the CCC and my own commitment to really engaging in the community and integrating feedback about recruitment, this part of the research process (and all others that stem from it) might have been difficult to complete. Employing the CBPR method honoured the existing relationships I had within the Saik'uz community and strengthened the trustworthiness of the research in the data gathering process I now turn to.

Data gathering: theatre workshop, play building and performance. To gather information on how theatre could open new spaces to think about the relationship between anti-Indigenous racism and health in Saik'uz territory, multiple sources of data gathering were employed. Table 2 shows what data was gathered, when, and with whom. Making field notes at breaks in the workshop and at the end of the day provided abundant opportunity to reflect on the responses of the group throughout the process. Clearly there were many sources for data gathering. One rich source was the theatre workshop itself, providing opportunities for reflection at every turn. Table 3 shows the specific tasks throughout the theatre workshop and how the focus groups fit into that process.

Table 2 Data Gathering

Participant Observation Field Notes	Focus Group Interviews	Audience Surveys	Play performance	Personal interviews
Recruitment & Screening Process Observations	Initial Sharing circle-theatre workshop	Pre-performance	Audience interventions	2 in-depth interviews
Theatre workshop observations (<i>see Table 3.3</i>)	Final sharing circle- post-play performances	Post-performance		
CCC meetings observations				
Reflexive notes and observations				
Personal Interview observations				

Table 3 Theatre workshop activities

Day One	Day Two	Day Three	Day Four
Initial Sharing Circle Focus Group 1	Sharing Circle	Sharing Circle	Sharing Circle
Group Building games	Group Building games and theatre exercises	Play development	Play rehearsal
Lunch	Lunch	Lunch	Forum rehearsal
Trust Building exercises	Sharing Circle	Sharing Circle	Performance
Image theatre work	Image theatre work	Trust exercises and play refinement	Audience Interventions
Closing Circle	Closing Circle	Closing Circle	Closing Circle Focus Group 2

The first three days of the theatre workshop were focused on exploring themes of racism and health and well-being, building group trust, developing improvisational theatre

skills, and developing plays. The final day of the workshop was used for play rehearsal, Forum rehearsal and the final performance. Throughout the four days, data was gathered through focus groups with the workshop participants, participant observation field notes, Forum Theatre audience interventions, and audience entrance and exit surveys facilitated by the Collaborating Committee at the performance. A final data gathering point occurred by way of audience survey participants responding to the final survey question asking if they wished to be interviewed in greater detail. The following sections describe each process of data gathering starting with focus groups, Forum audience interventions, audience entrance and exit surveys, personal interviews, and finishing with participant observation field notes because they run through all points of the research process.

Focus groups. The workshop was a four day process. The first three days were the workshop and play building process. The fourth day was rehearsal and performance. Each day began with an opening sharing circle and ended with the same. The focus groups for the project were conducted via the initial sharing circle on the first workshop day and at the last closing circle after the performance on the fourth day. The first focus group went very well, with lively discussions and many stories. The final focus group was not as rich - this was likely because participants were tired after the busy workshop week and the stress of a public performance. In hindsight, I wish I had arranged for the final focus group to be on a subsequent day. On the other hand, the Skills Link participants already had a full program and it might have been difficult to schedule with everyone there.

Forum audience interventions. The performance consisted of two Forum plays developed out of the lived experiences of the workshop participants. The audience watched the plays once, while being invited to pay attention to moments of struggle within the plays.

If they had an idea about how characters might interact differently in order to have a healthier or more positive outcome in the scene, they were invited to take note of those. Then when each play was performed a second time, members in the audience were invited to yell “stop” at the moment when their idea could come into play. The audience member who yelled stop was invited to come into the “play” area and replace one of the actors to try his or her idea by improvising with the workshop actors. Following the intervention, the new scene was debriefed with the audience member, the actors, and in some cases, the broader audience. The Forum interventions and debriefing were video recorded and became part of the data for analysis.

Audience surveys: entrance and exit. Audience surveys were conducted at the play performances, which were held on the fourth day of the workshop week at the Saik’uz Band Office Gymnasium (which used to be a school). A member of the CCC greeted all audience members as they came in to the Gym. She explained the purposes of the performances and the accompanying surveys to be filled out before and after the performances. Audience members that participated in filling out the exit survey were invited to put their name in for a number of door prize draws. Every audience member participated in taking both surveys and putting their name in for the draws. There were 19 participants in total for each survey and the survey responses formed another set of data.

Personal interviews. Of the nineteen surveys collected for both entrance and exit surveys, one survey from each was spoilt. Five respondents indicated they wished to participate in an in-depth one-to-one interview. One of the three Indigenous respondents did not respond to messages left via contact information. Two others agreed to meet for interviews but did not show for the appointments. The two non-Indigenous respondents

completed personal interviews. A member from the Collaborating Committee helped analyze one of the transcripts from these interviews, which provided rich context for the study.

Participant observation field notes. The multiple sources of data gathering were woven together by my participant observation field notes that I took throughout the research process. Notes were made after meetings (in person or on the phone) with the CCC, Saik'uz Chief, potential workshop participants, and other community members. Additionally, after workshop days, performances, and other conversations that happened in community after the performances I also made notes. Reflexive notes were included in the field notes to bear light on why and how I changed processes to respond to the participant community.

Making reflexive notes after meetings offered me an opportunity to include myself in the data (Richards, 2005). Richards asserts, “[t]hinking about reflexivity alerts you to the need to reflect on the baggage you take in, the biases and interests and areas of ignorance. But it also alerts you to the fact that you yourself are part of what you are studying.” (2005, p. 42). A key turning point for the theatre workshop came as a result of working reflexively within a community-based participatory research framework. As discussed earlier, Forum Theatre plays are developed out of the struggles of the participants in community. However, in my workshop, by the middle of the second day, it became very clear that the workshop participants did not want to focus on their struggles. Some of the participants talked about how they were trying to focus on the positives in their lives rather than the negatives and asked if we could do plays about something positive instead of focusing on struggles. This possibility was one I had not encountered in any previous Forum Theatre workshop so I was not sure it could be done. However, the project, being community-based, needed to respond

to the workshop participants' needs. By sincerely placing myself in the project, and being reflexive about how I wanted to do things a particular way and how that did not match up with the needs and wants of the group, I was able to find a new way to make Forum plays that were drawn from the positive experiences of group members. Reflexivity, in this way, contributed to a process akin to generative curriculum (Pence, Kuehn, Greenwood-Church, & Opekokew, 1993). The participants gave meaningful feedback that allowed for their own community needs to steer the delivery and process of the workshop. Finally, reflexivity allowed for me to see the role I played in creating the stories with the group (i.e., the power I had as the facilitator), and thus the responsibility I had to give space to the group to steer its own direction.

Conclusion

The methods for this study were chosen based on their fit with decolonizing methodological theory and intersectionality theory. The decision to use theatre was reinforced by the efficacy of the creative arts to increase well-being for those who engage in it. Forum Theatre, specifically, fit well within a de-colonizing methodology and allowed for the complexities of participants lives to emerge throughout the workshop play-making process. Within a Community-Based Participatory Research framework, de-colonizing research practices were employed throughout the research undertakings, from the development of the Community Collaborating Committee through the process of recruitment, workshop and play development, performance, audience surveys and interviews to, finally, the sharing of data analysis tasks. Reflexivity was an integral tool infused throughout the research process that allowed for the researcher (me) to diligently reflect on my role and the power I had as the researcher/workshop facilitator in order to work toward

ameliorating neo-colonial research practices traditionally embedded in academic research.

The findings from this whole process are discussed in detail in Chapter Four.

Chapter Four: Research Findings and Analysis

FACILITATOR: We noticed a big change from your character with that intervention. How did that make you feel?

PARTICIPANT: [big smile] That felt pretty good, actually!

Introduction

Although there is sufficient evidence available that demonstrates Indigenous peoples in Canada (and worldwide) suffer a greater burden of disease than their non-Indigenous counterparts (Health Canada, 2014), it is useful to understand local contexts of that experience because not all Indigenous communities are alike (Chandler & Lalonde, 2008). My research explored the local context of anti-Indigenous racism and how it was perceived to affect the health and well-being of Indigenous peoples specifically in Saik'uz territory. Then, I analyzed how the experiences of health and well-being were affected by the creation and performance of plays borne out of the experience of anti-Indigenous racism. The data provided rich information on the intersections of intra (Saik'uz) and inter-community (Saik'uz and Vanderhoof) experiences of racialized individual behaviour and racialized systemic responses resulting in the experience of poorer well-being for Indigenous peoples there. Furthermore, Forum Theatre in particular provided an experience for participants that promoted well-being through the safety and trust that developed in the group, allowing for the taking of risks in performing improvisational theatre. Forum Theatre provided an opportunity to practice change that had immediate and positive effects felt viscerally by participants. The theatrical performance in general was experienced as a more interesting way (than presentations, for instance) of sharing cross-cultural experiences. It provided a

“mirror” for the non-Indigenous audience members to see themselves in community and how they, generally, might perpetuate anti-Indigenous racism. Conversely, the Forum interventions provided opportunity for all to practice how they could change their personal responses in order to have healthier outcomes for everyone. In Saik’uz territory, then, theatre provides a rich alternative for creating community and sharing cross-cultural experiences connected to anti-Indigenous racism, and this promotes well-being.

This chapter will explore the themes that arose out of the analysis of the data gathered through multiple research methods. The chapter begins with an analysis of the data from the focus groups and theatre workshop. I then proceed with data from the Forum interventions at the performances and audience survey responses. Reflexive analyses - borne out of the participant observation field notes from throughout the research process - are peppered throughout this chapter. The chapter ends with a synthesizing of the analysis. First, however, I begin by explaining the process of data analysis.

Data Analysis

Using a General Inductive Approach (Thomas, 2003) to uncover themes across the multiple sources of data gathered, I started by reading and re-reading the data. I highlighted anything that spoke about racism, colonialism, colonization, prejudice, and discrimination and categorized this under the heading of *Anti-Indigenous Racism*. Discussion about health, well-being, wellness, disease, depression, anxiety, and “feeling bad” fell under the broad category of *Health*. It appeared that community health was no different than personal health in the focus groups, perhaps because it is recognized that many people struggle individually with, for example, addictions, and participants intuitively recognized that as a community

health issue. With regard to theatre, distinctions in the analysis were made between the experience of *creating* theatre in the workshop (gleaned from only the workshop participants and reflexive notes), and the experience of *participating* in the Forum Theatre during performance (gleaned from workshop participants, reflexive notes, audience interventions, audience entrance and exit surveys, and personal interviews). I also re-read the data for new themes in relation to those listed above. Survey questions were open ended, therefore survey data was analyzed in this way, too. To “open up the data” (Richards, 2005, p. 71), reflexive memos were made about phrases or passages that were interesting from all data sources and included reflective questioning about why it was generally interesting and in particular why it was interesting to me (what Richards calls “moving up from the data” (2005, pp. 71-72)). Through this process, I was able to uncover similar themes among and between multiple data sources, which strengthened the trustworthiness of my findings (Creswell, 2013).

Furthermore, throughout the research project I engaged in a process of reflexivity. This enabled me to place myself in the analysis and check my motivations and possible biases. I could adjust my approach as needed. The self-reflections were embedded within my participant observation field notes throughout the recruitment, workshop and performance processes. Reflecting on these helped to guide my next steps during recruitment and planning for and during the theatre workshop. This resulted in further development of insights about my role as a settler researcher in Saik’uz territory, and specifically one that is also a settler great granddaughter from this area. These insights form part of the learning in this project and are included in the discussion at the end of this chapter.

Focus groups. Within the framework of anti-Indigenous racism and health, the findings from the focus groups are not surprising. They align with other studies that have explored this question (Czyzewski, 2011). Anti-Indigenous racism is perceived as being at the root of addictions, poverty, poor education for Saik'uz Whut'en, lateral violence, discriminatory practices in businesses in Vanderhoof and intergenerational dysfunction in the Saik'uz community. One respondent lamented the lack of education about colonialism in the public school system and intimated this was purposive: "it's missing from our schools too. That's what I noticed in high school the education, what's missing is what happened to us every day... it should be there to help us heal ourselves ... but they'd rather close their eyes to it, right?" (FG1, line 184). It was also seen as a disservice to non-Indigenous students getting a well-rounded historical education, as seen in a statement from a non-Indigenous respondent, "it's perpetuating white people not knowing what's going on. I was ignorant too and I remained ignorant until a month...ago" (FG1, line 189). Historical trauma was discussed as something that negatively affected individual well-being and motivated reactive racism towards non-Indigenous individuals, which then caused guilt:

I feel like *I* have a responsibility to ... defend [my family]. I'm never gonna let somebody be that racist to me... It's always there so if you be racist to me, you're gonna get it back like vice versa but like I try not to be so racist all the time, only when it happens, but yeah, it does hurt peoples' lives. (FG1, lines 252-257)

Lateral violence, as demonstrated in intra-community violence and exclusion, was described as contributing to poor community health. The origins of community lateral violence were unclear for the workshop participants from Saik'uz.

Generally speaking, findings from the focus groups pointed to the power of theatre to present information in a more meaningful way that would engage audiences in learning

about the realities of the effects of anti-Indigenous racism. The focus group participants were concerned that there was not awareness about the realities of living with anti-Indigenous racism, but that if education about this was imparted in an engaging way, through theatre, that this might effect change on a community level: “With theatre, you can make it real, instead of just writing it down or ... having to explain it like that. Whereas with the theatre you can actually put yourself in that position.” (FG2, lines 26-28). Furthermore, theatre performance was identified as a meaningful way to get the two communities together to bridge understandings. It was seen as safe. The Forum event, in particular, was heralded for the ability of people to intervene to practice change.

Workshop process. The workshop process was integral to building the safety necessary for vulnerable participants to take risks and resulted in the development of a cohesive group of participants of varying ages and ancestries that respected and cared for each other. The workshop process began with the focus group circle, and then proceeded with theatre games, trust building exercises, improvisational theatre skill development, and play development and rehearsal. Each day began and ended with an opening and closing circle that allowed for sharing thoughts and feelings about the process. These also offered me immediate feedback about the process, which I was able to reflect upon in my notes and make adjustments, as needed. The process involved in developing Forum plays, then, allowed for the building of social capital that contributed to the well-being of the group. It also allowed for a reflexive process on the part of the researcher that honoured the community-based approach in the delivery of the workshop.

The themes that emerged from the workshop data were those of *safety* and *communal experience* contributing to well-being and social capital. All participants expressed positive

outcomes from participating in the theatre workshop regardless of whether they acted in the plays or not. Most of the group knew each other beforehand because of their involvement together in the Skills Link program; however, most expressed how this theatre process had enabled them to learn more about each other and each other's vulnerabilities, which created safety in the group, and allowed them to take risks. Some of the participants shared how they struggled with even talking in the circle to begin with, but were able to participate fully by the end of the workshop. One participant, who had 'sworn' he would not be able to act in a play, ended up doing so for the final performance. Furthermore, as one respondent put it, "this week was really amazing like I had a lot of fun especially with all the trust...our group came that much closer to each other, pretty much like family ...[and] Everyone was there to give a hug or something, a pat on the back when somebody slows down." (FG2, lines 102-104). Another key aspect contributing to the group process was the effect of playing and laughing together within the workshop process. Playing theatre games and laughing together was identified as something of worth within the group. While the participants were mostly young adults, none of them had played running games¹⁹ for many years and these brought back fond memories for many. In addition, the laughter involved in the circles and in the games provided further motivation for participation and feelings of well-being and connectedness to grow. Consequently, the group process built a bond that created connections resulting in feelings of well-being for the group, which increased social capital for people who identified as previously isolated individuals.

¹⁹ Running games include variations on "tag" that usually involve cooperative methods for "safety" ie. Fox in the hole. Other running games, such as Fear/Protector, aid in creating understanding about the complexities of lived experiences. In Fear/Protector, individuals choose someone in the room to be "afraid" of, and another to be their "protector". When the joker says "run", the individual must keep his/her 'protector' between themselves and the person they are afraid of. The result is typically that someone that one person is "afraid" of ends up being somebody else's "protector" – a scenario that is often played out in real life.

Play development. The workshop group developed two plays that demonstrated the issues most close at heart for the majority of the group in relation to the effects of anti-Indigenous racism on health. Both plays had substance use and violence in them; however these were not their core themes. Nevertheless, this fact represents the acute issues of ill-being at play in community, and by which Indigenous peoples may feel they are judged by non-Indigenous peoples in Saik'uz territory.

The play entitled “The Guys” depicted a relationship between two men: one Indigenous and one non-Indigenous, and the effect had by a third man joining the two. Initially, the first two young men talked about how they “used to be racist” toward each other when they were in school, calling each other derogatory race-based names. Now, however, it is clear they were friends, although their friendship seemed to be tentative and based on shared use of alcohol and other drugs. When a third man – an Indigenous man – joined them, a jealousy erupted from the non-Indigenous friend, who then tried to force alcohol on the newcomer. The play ended with the third man yelling, grabbing the bottle and throwing it forcefully to the ground.

The second play, entitled “The Store”, showed a non-Indigenous woman and Indigenous man driving to the store to get some alcohol for the evening. They have a playful and relaxed relationship. Once they arrive and prepare to go into the store, they bump into an older non-Indigenous woman, who was distracted, clearly irritated and thus overreacted. She yells at the man to “go home and look after your children”, which prompts a violent reaction from him and lands her on the ground. His non-Indigenous girlfriend has backed away and said nothing. Three Indigenous women are passing and go to her.

Both plays seemed straightforward, but upon reflection, demonstrate the complex interplay of socio-economic and cultural inequities in community. For instance, the participants from the Skills Link Program were part of an employment readiness and training program, while the non-Skills Link participant was living on income assistance. Therefore, a similarity between all workshop participants was that they may have been living with financial challenges. This factor may contribute to a 'poverty mindset' (Payne, 2005) within the group that *came out* in the plays that were developed. Payne asserts that one of the features of the poverty mindset is the "significance of entertainment: When one can merely survive, then the respite from the survival is important. In fact, entertainment brings respite." (2005, p. 51). Substance use may be seen as effective "respite". Payne further adds that for men living within a poverty mindset, identity is tied to the "lover/fighter role" (2005, p. 51); touch and space are used to communicate (2005, p. 52) and individuals live "in the moment" with future consequences not being considered (2005, p. 53). In both plays, these indicators are played out and attest to the impact that poverty may be having on the lives of the workshop participants.

On the other hand, the effects of colonialism are apparent in both plays as well. In "The Guys", the scene begins with the two friends reminiscing about how they used to call each other race-based derogatory names. Clearly, the boys grew up learning about difference based on racializing others – a product that can be effectively argued is one outcome of a colonial project intent on defining and categorizing people of Indigenous descent. The effects of colonialism are further realized in "The Store" when, after the woman has bumped into the couple she yells, "Go home and look after your children!" to the Saik'uz man. The assumptions in this line are that he is not providing for his children,

that his children are not being looked after by anyone else, and that he should not be going out and buying alcohol when he has children at home. The ramifications of this line go deep, and he is blinded with a rage that motivates him to push the woman down onto the ground. These assumptions are also and importantly located in a colonial project (de Leeuw et al., 2012) wherein Indigenous children were taken from their families and communities and sent away to Residential School or, in the present day, are apprehended (de Leeuw, 2014). The disconnection from their families began here and the recovery from this historical trauma is slow and complicated. Nevertheless, some Saik'uz Whut'en perceive they are judged from many sectors of the Vanderhoof community about their ability to parent as parenting is perceived through the eyes of the settler population (Field notes, lines 228-230). Consequently, colonialism and its negative effect on the well-being of the participant group is a dominant factor in these plays.

Performance and audience interventions. The workshop process ended on the final day when the performance of the plays took place in front of an audience. The audience was comprised of nineteen individuals that came from Saik'uz, Vanderhoof, and Prince George. In the first play- "The Guys"- there were two audience interventions; in the second play -"The Store"- there were three audience interventions. Two themes emerged out of the data from the interventions: the first was *avoiding racism*; the second was *needing interpersonal connections*.

The first intervention in "The Guys" involved the audience member coming into the action of the play from the beginning, when the two original actors were reminiscing about being racist to each other when they were younger. The intervening audience member changed the initial dialogue to exclude talking about prior racist behaviour and instead

focused on current relations. During the debriefing of the intervention afterwards, the audience member stated, “I didn’t want to bring up racism. I just wanted to be like “hey how’s it going’ and stuff” (Forum Play video, 2013). The outcome of that scene was transformed because actors and interveners *did* something together that was not connected to substance use. However, it did not address the underlying reality of racist tensions. The second intervention was more involved and had deeper ramifications for change. In this intervention, the audience member talked about the racism, but decided to pass on smoking the joint and offered an alternative instead – going for coffee. Then, when the third man joined them later in the scene, the three had a more meaningful exchange about the tensions they used to experience and how, now, they really just wanted to be friends. During the debriefing afterwards, the actor who originally finished the play by smashing the bottle said that he felt “pretty good, actually” with the change in scenario. His whole body stature had changed, he looked relieved. The power of this intervention demonstrated the deep need we all have to feel connected to each other: this is what people look for, and what helps their well-being.

The first intervention in “The Store” was done by replacing the non-Indigenous girlfriend just before the couple bumps into the woman leaving the store. When the couple bumps into the woman and she reacts, the girlfriend intervener steps in between the two people and holds up her hands. During the debriefing of this intervention, the original actor said she could never have acted that way. Also, this intervention worked to diffuse the situation perhaps because the intervener was a strong and assertive Indigenous woman. The second intervener offered something different that demonstrated our need for interconnectedness: she replaced the non-Indigenous woman coming out of the store and

when she bumped into the couple and the man reacted, she apologized, said she was distracted about something. The Indigenous man replied with “what about?”. This inspired laughter from the audience but was a take off point for much discussion in later interviews and analysis. The situation was diffused and nothing bad happened. In the debriefing of this intervention, the man said that once the intervener was able to “talk me down” he was able to not be so “pissed off at the world” (Forum Play video, 2013). This intervention was about relationship to and ownership of our own behaviour. When we do that, we can be in relationship with others and feel better. The final intervention in this play came at the beginning of the play. The intervener replaced the girlfriend when it is just the couple driving in the car to the store. She says she doesn’t want to drink tonight and gives reasons why he should not either. Then she suggests an alternative – going to a movie – and after some cajoling, he agrees. The violent scene at the store never happens because the entire situation was avoided.

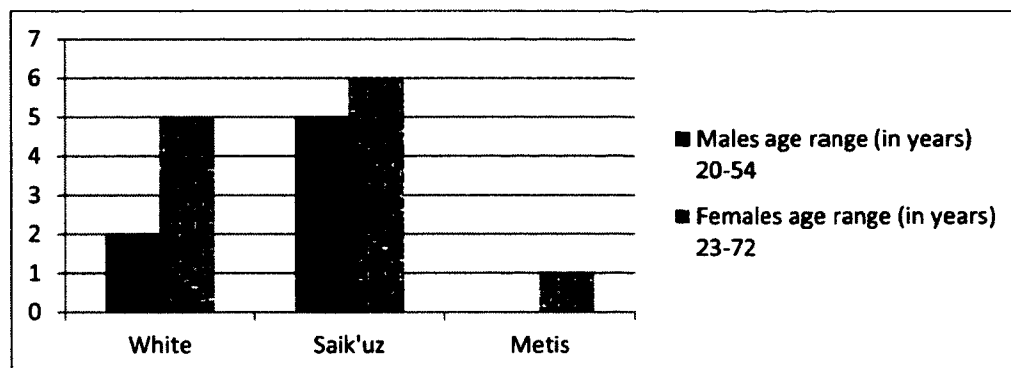
The theme of avoiding racism in this play emerges, interestingly, from the *lack* of response on the audience’s part to addressing or intervening at the point in the play when the woman yells, “Go home and look after your children”. This is in keeping with data from other sources, indicating that the topic of racism turns people off. They do not want to talk about it (Field note, lines 58-59; Forum Play video, 2013). It may also indicate that most of the people in the room, including other actors, presume that the man does have children who he’s not taking care of and disapprove of his drinking. This may be an indication of internalized racism (Chavez et al., 2003) within the community of Saik’uz, a product of the colonial project in Saik’uz territory.

Surveys. Audience members completed surveys when they arrived at the performance venue, and then again after the performance and interventions wrapped up. Tables 3 and 4 show the demographic information for the audience survey participants. The majority of survey respondents (12) were living at Saik'uz First Nation, with all but one (Métis) being Saik'uz Whut'en. The rest of the survey respondents (7) were of European settler origin with most (5) from the Vanderhoof area and two from Prince George. The ages of the survey respondents ranged from 20 to 72 years, with more females (12) than males (7) attending. In my theatre experience, this size of an audience is small; however, because the audience was not homogenous by gender or culture the survey data was still useful to include in the data analysis. Furthermore, the survey data corroborated categories and themes from other data sets, which added to the consistency (Guba, 1981) of the findings of the research.

Table 4 Ethnicity and Residency

	Live at Saik'uz	Live in Vanderhoof/Area F excluding Saik'uz	Live outside area F
Saik'uz Whut'en	11		
Settler origin		5	2
Metis	1		

Table 5 Ethnicity & Gender



Following demographic questions, two open-ended questions were asked about how anti-Indigenous racism affects health and how theatre might help to re-create community health. Themes connected to racism and health that emerged included: that *health is viewed holistically*, affecting individual minds, bodies and spirits at the family and community level; and that colonialism and anti-Indigenous *racism have negatively affected the whole health* of the Saik'uz community. The outstanding theme that emerged with regard to theatre re-creating health (viewed holistically) was that theatre was an effective educational tool. In the exit surveys, however, the major theme that emerged was that theatre created *relationship*. Thus, these themes support the idea that indeed colonialism has caused negative health effects on the whole health of the community, stemming from harms to individual health of mind, body, and spirit en masse; and that theatre re-creates health by providing education in an engaging way about the effects of colonialism and, most importantly, re-storying relationships particularly between Indigenous and settler peoples.

Personal interviews. In-depth personal interviews were completed with two of the audience survey respondents. Each interview respondent (one male; one female) was of settler origin and lived in Vanderhoof. Themes that arose from these interviews were *safety*

and *community building*. Both respondents spoke at length about the strength of Forum Theatre to enable vulnerable individuals to take part in creating theatre in a safe way; and were exuberant about the benefits of theatre for creating community while also acting as a mirror for community. Theatre worked to create community by the *very act* of the audience and cast participating and experiencing the performance in person, together. This was juxtaposed to, for instance, seeing a movie, wherein the performance is separated from the audience's experience of it because the cast is not in the theatre. Furthermore, according to participants of the in-depth interview, the Forum event provided an even richer experience because of the ability of audience members to get into performance mode and improvise ideas for change with the actors. On the other hand, one respondent felt that the Forum event might put too much pressure on audience members who are not comfortable with making interventions: "if they know that they are being asked to emotionally participate... you lose a lot of people I think." (II1, line 49-50). Interestingly, the same respondent had this to say about theatre acting as a mirror for the community:

"I find Forum Theatre... really moving and long-lasting...it's impacted me in ways that I take into my work... I saw myself [in the play]; I thought "Oh! My God! [laughter] I've done that!" I think theatre helps you recognize the (really obvious to some people) mistakes we all make in relationship building and just the dynamics of relationships, it's helped me see myself better. " (II1, lines 72-82)

Thus, Forum Theatre provided an opportunity for audience members to see themselves reflected in the action of the play, and to practice change within the safety of the artificial environment of the theatre.

Conclusion

Analysis of data from multiple sources revealed five thematic categories. First, anti-Indigenous racism can be understood as a root cause of ill-health in community. Second, health is understood as an holistic concept encompassing physical, social, emotional and spiritual domains individually and at the community level both separately and also together at the same time. Third, a need exists for interpersonal connections. Fourth, avoidance of talking about racism is an issue. And, finally, theatre is an educational tool that can create safety build community. All of these categories relate to an overarching theme of *relationship*. I now turn to the final section of this thesis, in which I detail these findings as well as some of the insights I gained through the reflexive process. I tie the data sets, and my analysis of them, all together for a discussion about the implications of my research.

Chapter Five: Findings, Insights and Implications for Future Community-Based Work and Research

“If you look at the history of theatre... it has for centuries been not only the possibility for escape but also the possibility of really looking at the human condition... but in our current culture... it really provides an opportunity for more communal reaction and that’s part of the thing that I like about the theatre. Especially in a small knit community looking for community health, more opportunities [are needed] for people to be getting together and you know, dropping down their guard, experiencing fun things but also difficult things together.” (II2, lines 227 – 232)

The power to create relationships - or more importantly to change the kinds of relationships we have with each other, i.e. *re-create* relationships - in Saik’uz territory is important to community health because of the history of colonialism and the ongoing barriers to acknowledging and addressing racism between and within Saik’uz and Vanderhoof. Indeed, as one audience member noted, “[t]he memories reside in all of us and the health of our community is dependent on sharing the memories and acknowledging each other completely.” These memories may be at the root of “intergenerational dysfunction” (FG1, line 55) manifesting itself in the Saik’uz community as poverty, addictions, lateral violence, and family disruption. The power of theatre to re-create community health in Saik’uz territory resides in Forum Theatre’s ability to create relationships. The practice brings people together into a space where they safely create and share story and drama communally. Forum Theatre also acts as a mirror for the community so that we see ourselves in relation to each other. The various facets of Forum Theatre provide opportunity to practice restoring relationships in the Forum interventions. Finally, Forum Theatre allowed participants to share our experiences through theatre as a means to educate

ourselves and others who are unaware and bring us all into relationship. Theatre is seen as an interesting and provocative means to bring about social change by opening up understanding between divergent audiences, and that creates new relationships, which ultimately fosters well-being in community.

Community health might be improved for Indigenous peoples in Saik'uz territory through theatrical presentations. They may serve to educate the public about the issues Indigenous people live that negatively affect their health. Theatrical presentations may elucidate the role that the non-Indigenous community could play in maintaining the status quo that is oppressive to the Indigenous community's health, and may envision a new, anti-oppressive way. Several respondents in both the focus groups and the audience surveys stated that theatre could raise awareness about historical trauma caused by colonialism in a more interesting way than traditional homiletic educational presentations. There appeared to be a strong sense that lack of awareness about the effects of colonialism contributed to ignorance and racist behaviour by the settler population in Saik'uz territory. Additionally, some in the focus group criticized the public education system that excluded these stories from public schooling in BC – an act criticized as being deliberate exclusion to keep the general public unaware and inactive on issues affecting the lives of Indigenous peoples. Furthermore, the gaps in education systems were seen as a loss for Indigenous students, too, who may have little knowledge about the history of their people and families in the region. Consequently, theatre was seen as an effective tool to bridge this gap in community.

The gap in understandings and relationships between Vanderhoof and Saik'uz, and the neo-colonial social and health structures, which function in the presences of that gap, may have created a sense of fear for many Indigenous peoples in Saik'uz territory of being

perpetually misunderstood by the settler population. Theatre was seen as a *safe* way to mitigate this fear, as the play development and performance processes provided safe avenues to explore issues related to inequitable community health experienced by Indigenous peoples in Saik'uz territory. One reason for this may be connected to the experience of Carina (from Chapter 3) who, though she was a professional working person with status in the Saik'uz community, felt anxiety when going in to Vanderhoof because she felt she could not depend on being treated fairly and respectfully in local businesses and health organizations. This experience, I argue, is directly related to neo-colonial ideas about Indigenous peoples, particularly in a geography that depends on the availability of vast hectares of land that can be exploited for agricultural, timber and mining purposes (see Brody, 2000) but which also are non-treaty lands in Saik'uz territory. The power that I wielded as a settler researcher was mitigated by adopting a community-based theatrical approach via Forum Theatre. The stories for the plays came directly from within the workshop group, and the process of the workshop was consistently checked on with participants during the sharing circles, creating safety. This is exemplified in a comment from one of the workshop participants: "... first of all, there was a lot of us dealing with issues of being freaked out about being in front of people and stuff, so I think we dealt with a lot of good issues there." (FG2, lines 60-61). Furthermore, both the workshop and the performances were held at Saik'uz First Nation, allowing for comfort for Saik'uz whut'en to be able to easily participate in either the workshop or as the performance audience. Upon reflection, this likely created the confidence needed for those in the group to take risks in the workshop and on stage, and may be a contributing factor to the positive effects theatre had on the workshop group and audience.

Another contributing factor to the positive effects theatre had on the workshop group and audience was the “playing” in both arenas. Many of the workshop participants spoke about the value of playing games. They were reminded of being children again and this made them feel “well”. In addition, the performance also involved “play”. Since any member of the audience may later decide to intervene in one of the plays, the audience was “warmed up” for that potential participation with a few short theatre exercises done while standing at their seats. Although no one was obligated to do the exercises, everyone in the audience participated, creating lots of laughter and getting the blood flowing. Theatre, understood this way, is a healthy endeavour. Finally, the act of intervening also involved “play,” although only in the sense that the intervention was not happening in real life, but as “practice” for real life. Sometimes the interventions ended up being humourous, adding to the playfulness of the performance experience. These factors may have contributed to the emergence of play as important to both the workshop group and audience, and to the confidence each group had in the processes before them, thus enhancing overall well-being.

For the workshop participants specifically, creating plays based on their own experiences surfaced as an integral part of forming a positive view of theatre as an effective means for re-creating community health in Saik’uz territory. Nevertheless, there was resistance to forming plays out of the struggles of the group; rather, they wanted to focus on the positive things in their lives. Consequently, I developed a loose script for them, based on many of the stories they had shared already in the workshop. Given the option to do a play that was written for them or do plays that they created, the group chose to do the plays they created. This reinforced creative autonomy and led to a sense of pride – two factors that likely contributed to well-being. Thus, creating their own plays proved to be a powerful

process that may have influenced the group to see theatre as an effective means for re-creating community health in Saik'uz territory.

Finally, the Forum interventions were identified by both audience members and workshop participants as an empowering process. One of the workshop participants in the final focus group stated, “it just seems like those Forum kind of situations... people could just do that in their life... They could take, you know their regular kind of person,... their regular mode out of that situation and ...do something different. And make it positive.” (FG2, lines 63-65). For the workshop group, this was the first time they had ever participated in a Forum Theatre event, so to be the actors on stage improvising with the audience members for new outcomes to the problems presented in the original plays, and viscerally feeling the effect of the interventions, was a very exciting and empowering experience. Audience responses to the Forum play and interventions echoed those of the workshop participants. Audience members identified theatre as a “vehicle to move us through our emotions, memories and values. It can allow us to reframe based on a new experience” (Exit Survey, line 33). Furthermore, theatre was experienced as a safe place to give voice to people and to help the community “imagine something different” for itself (Exit Survey, line 37). The majority of Exit Survey responses indicated that theatre was a powerful and culturally safe medium for reaching the broader community in a way that cooperatively worked toward finding solutions that were within the realms of the everyday lives of those living in community, whether settler or Indigenous.

Insights

In keeping with a CBPR approach, I invited Collaborating Committee members to participate in some of the data analysis. One member of the Collaborating Committee responded to the invite. She used the same approach to “move up” from the data when analyzing one of the two individual interview transcripts. She shared her observations with me and I incorporated them into the broader analysis. Her observations about the interview data added richness to the analysis. The interview she analyzed was with a non-Indigenous man from Vanderhoof. I chose to share that interview with her because the other respondent might have been more easily identified through the transcript and I did not want the CC member to surmise who that respondent was. Her observations about the interview included sharing some history about the traditional use of theatre in local Indigenous communities (e.g. Nak’azdli and Saik’uz – her two home communities); and learning that what she saw as a “natural” response in one of the play interventions was not perceived that way by the respondent. He attributed it to a difference in cultural response. Because she was unaware of this difference, showing a gap in cross-cultural awareness that could be useful to incorporate into further cross-cultural awareness. Had I not been fortunate enough to have a CC member who wished to participate in some of the data analysis, this feature of the learning would not have happened. Consequently, the CBPR approach allowed for a richer contextualized analysis.

The context of the analysis came into play with connections made in my reflexive notes between this research and a previous play I had written on the history of the peoples in the Nechako Valley – Saik’uz & Settlers (Striegler, 2011). One of the outcomes of the evaluation of that project was that community members wanted the show to be produced

again in a few years, because so many people who live in Saik'uz territory do not know its history. Like any public awareness campaign, the messages may need to be experienced often in order to have a broad impact on behaviour change. Considering the power of theatre to bring people together in a safe environment to explore emotionally reactive issues of anti-Indigenous racism in a respectful and meaningful way, it follows that more opportunities to present Forum plays in community may result in a greater likelihood of change resulting in increasing health and well-being for individuals involved and the broader community.

The final insight I wish to include as part of the findings of this research is one that stems from my own struggles as a settler researcher in Saik'uz territory. Only through the development of honest and humble relationships was I able to complete this project. During the data analysis phase of the project I began to feel heavily weighted with the question of what business I, a settler, had doing this work with Saik'uz Whut'en. I arranged to have tea with one of the CCC members to talk about some of the analysis. I bewailed, "What am I doing this for? I was not invited in; I *invited myself* in." She responded, "And you were given permission." She reminded me that it was not only Saik'uz Whut'en that this research served, but also the settler population. There had been settler participants in the workshop and in the audience that benefited from participating and learning more about the realities of anti-Indigenous racism and benefited from participating in a theatre event to explore these issues. We must be careful not to homogenize ourselves into exclusive geographies that leave no room for the relationships that might be built or, as in my case, already exist.

Significance of Findings

These findings came out of the use of a specific form of theatre in a specific setting where the settler and Indigenous populations share a history and geography that has resulted in unhealthy racist relations that can convincingly be understood as determinants of poorer health status for Indigenous peoples in Saik'uz territory. Consequently, these findings are significant particularly for Saik'uz territory and may not transfer to other geographies with equal impact. Nevertheless, while there is vast variation between Indigenous groups in BC, North America, and worldwide, Indigenous populations that have experienced colonialism and continue to be governed by nation-states that do not recognize and respond to the sovereignty of Indigenous nations share experiences with Indigenous peoples in Saik'uz territory. These findings may thus translate into other Indigenous communities. Further research on the impact of theatre in other Indigenous territories may be useful to explore this possibility.

In Saik'uz territory, the significance of the findings indicate that more theatre to create awareness about the issues faced by Indigenous peoples there would be a useful endeavour to re-create community health that is affected by interactions with institutions in the neo-colonial present, including the hospital, medical clinic, local schools, local employers, RCMP and other arms of the justice systems including probation, child welfare and income assistance. For example, Forum Theatre could be used as a “mirror” for a local health institution, such as the hospital, to bring to bear the kinds of relationships staff and administration have with Indigenous people who use their services, and through the Forum interventions and debriefings, offer safe opportunities to explore the creation of new ways of

relating that could culminate in greater well-being for Indigenous peoples in Saik'uz territory. One of the respondents saw the benefit this way:

I'm definitely very passionate about theatre and its ability to connect to community. So I think that this, as one form of theatre, is one that not only has the ability to connect the community like ... regular forms of theatre do but in much stronger ways between the actors and the people watching much more so just because of the ability to actually get up on stage and bring your own story into the story. (II2, lines 284-288)

Seeing ourselves “in the mirror” allows us to see ourselves in relationship to one another, rather than merely looking out from where we are. The Forum event offers opportunities for dialogue and change that may benefit Indigenous populations by responding more fully to their lived experiences. Forum Theatre events may benefit the settler population through the opportunity to re-create equitable relationships with the Indigenous community, ultimately benefiting community health.

Moreover, Forum Theatre, as a useful method for exploring relationships particularly in geographies where health inequities exist, could be used as an effective evaluative tool for health organizations (or any organizations wishing to consult with communities they are involved in and/or mandated to serve). Health and social service organizations dedicated to collaborating with and serving Indigenous populations could employ Forum Theatre within community. The plays produced by the community or population would yield outcomes for the organization with regard to how its services, practices, and/or policies are affecting (in positive, negative or other ways) the community. The forum interventions would supply actions for improvements between the organizations and community. Consequently, Forum Theatre could be a fruitful method for truly engaging community feedback.

Likewise, engaging the community through Forum Theatre Knowledge Translation events may also provide effective dissemination of knowledge between academia and community. As a “front line worker” in the Addictions field, for instance, I have experienced the frustration (and heard the same from other front line workers) of working in isolation both as a rural practitioner and outside the reaches of current research that might help my practice. Sometimes research can seem not accessible “on the ground” when it is written for an audience of other academics (i.e. for academic journals). Forum Theatre provides an opportunity for sharing applicable research findings in community. Forum Theatre offers space for actively engaging community in the creation of plays about the research in question; and activating community responses to that research and how it might be applied in community through the forum interventions. In this way, Forum Theatre could be used as a safe way to effectively translate research knowledge to the community and provide an opportunity for community to respond to the research.

Throughout these processes of community evaluation or Knowledge Translation, Forum Theatre offers opportunities for relationship-building in a safe environment, which is essential for de-colonizing institutional policies and practices, and enhancing well-being for Indigenous peoples in Northern British Columbia and other geographies.

Summary

Anti-Indigenous racism affects the whole health of Indigenous peoples in Saik’uz territory. In this research, respondents emphasized that their lived experiences of health and well-being, and that of their community, played out via poverty, addictions, and violence because of intergenerational trauma caused by colonialism and its present day

manifestations. The gaps between the health status of Indigenous peoples in Northern British Columbia (including Saik'uz territory) and the rest of the population demand attention. Though strides have been made to lessen the gap, more is still needed to increase health and well-being for Indigenous peoples at the community level. My research explored health and well-being for Indigenous peoples in Saik'uz territory, and sought to analyze the efficacy of Forum Theatre as a method of exploration.

As a settler researcher, whose great grandparents came to Saik'uz territory in the early 20th century on pre-emption claims, and who shares in the history of divisive and exclusionary relationships between Saik'uz Whut'en and the settler community in Vanderhoof, I was motivated to employ anti-colonial and anti-racist research methods to respond to, and even to ameliorate, some of the effects of colonialism and anti-Indigenous racism experienced by Indigenous peoples in Saik'uz territory. Intersectionality theory and decolonizing methodologies provided the theoretical bases for my research, which used Forum Theatre to explore the effects of anti-Indigenous racism on the health and well-being of Indigenous peoples in Saik'uz territory. Creative expression has a multitude of benefits for health and well-being on individual and aggregate levels. In Saik'uz territory, where storytelling has traditionally been augmented by active role-playing, theatre was a fitting form of creative expression with which to explore the effects of colonialism and anti-Indigenous racism on health and well-being. Furthermore, community-based participatory research (CBPR) offered an appropriate framework in which to use theatre as a method informed by decolonizing and intersectionality theories.

A critical component of CBPR, and arguably any research arranged with Indigenous communities, is the engagement of the community with the research project. The

Community Collaborating Committee (CCC) from Saik'uz was essential to the success of my research project, because of the commitment of its members to assist in the design, promotion, recruitment, deployment and analysis of the research. Members' assistance added context to the research and richness to the findings. Additionally, my daily reflexive practice during all phases of the research kept me grounded in decolonizing and intersectionality frameworks and was elemental in maintaining CBPR principles throughout. These aspects were especially important during the recruitment, deployment and analysis phases of the research.

A Forum Theatre workshop with twelve participants was the catalyst for the development of two plays about the effects of anti-Indigenous racism on the health and well-being of Indigenous peoples in Saik'uz territory. The workshop process involved sharing circles, theatre games and play development exercises – all of which contributed to an increase in group building and trust within the group. The building of trust in the group allowed members – some of whom were initially anxiety-ridden about performing – to take unusual risks in becoming improvisational actors in front of an audience. Moreover, risks also involved sharing their experiences of anti-Indigenous racism with each other so that they could create plays together to perform in public. For many group members, this involved allowing themselves to feel exposed and vulnerable – an emotional state that many of them struggled with. Nevertheless, the safety established in both the Forum Theatre workshop and the play performance venue, coupled with the elements of “play” in making and experiencing theatre together, permitted group members to take those risks and also encouraged the Forum audience to do likewise. Two separate plays were performed that showed different circumstances and struggles related to anti-Indigenous racism in Saik'uz

territory. Five audience members improvised interventions during various points of struggle in each play, resulting in much laughter, some silence, and the growth of insight for cast and audience members alike. In response to the Forum Theatre experience, themes arising from the focus groups, audience surveys, and personal interview respondents reinforced that Forum Theatre was an engaging way to create awareness and educate settler populations about the realities of living with anti-Indigenous racism for Indigenous peoples. Further, and most importantly, the findings from my research indicated that Forum Theatre, in both the development of it, and its performance, created *relationship*.

While there is much research that points to the benefits that creative expression and the arts have on health and well-being, it may be a challenge to articulate specifically how the arts do so. My research findings indicate that Forum Theatre might do this by creating relationship on three levels. The first is the relationship developed within the play development workshop, which builds trust and safety and promulgates social capital through a common shared experience. The second is the relationship developed between the Forum play actors and the audience members who intervene in the Forum. This relationship is developed together, when audience members intervene to change the action of the play and bring their own stories into the story with the Forum actors. Finally, relationship that is developed with all audience members regardless of whether they intervened, is done so by experiencing the plays communally and in person together, responding and reacting to each other's laughter and silence and allowing themselves to be changed by what they see.

What remains is where to go from here. Since colonialism worked to divide Indigenous peoples from their relationships with their lands, their families, and their culture, and anti-Indigenous racism continues this work, it follows that re-storying relationships

through theatre may be one way to redress the effects of these divisions on the health and well-being of Indigenous peoples in Saik'uz territory. Re-storying relationships between the broader health system and Indigenous communities using Forum Theatre for evaluation of health systems, and for Knowledge Translation in community, has the potential to improve health and well-being in Indigenous communities as well. Further exploring the effectiveness of Forum Theatre to ameliorate and re-story the effects of anti-Indigenous racism in other Indigenous territories may lend support to its broader application. For my part, as a permanent settler in Saik'uz territory, I will continue to do community-based work in order to be able to answer the question, "When's the next theatre project?".

References

- Aboriginal Affairs and Northern Development. (2012). Retrieved on March 30, 2012 from: http://pse5-esd5.ainc-inac.gc.ca/FNP/Main/Search/FNRegPopulation.aspx?BAND_NUMBER=615&lang=eng
- Aikenhead, G. & Michell, H. (2011). *Bridging Cultures: Indigenous and Scientific ways of Knowing Nature*. Pearson Canada, Toronto.
- Alexander, B. K. (2001). The Roots of Addiction in Free Market Society. *Canadian Centre of Policy Alternatives*. Vancouver, BC. Retrieved on April 18, 2012 from <http://www.cfdp.ca/roots.pdf>.
- Archibald, L., & Dewar, J. (2010). Creative arts, culture and healing: building an evidence base. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health*, 8(3), 1 – 25.
- Blackstock, C. (2008). Jordan's Principle: Editorial Update. *Paediatrics & Child Health*. 13 (7) 589-590.
- British Columbia. (2013). 100 Years Later, Poole family is still raising beef. Retrieved on October 24, 2013 from: <http://www.newsroom.gov.bc.ca/2013/02/100-years-later-poole-family-is-still-raising-beef.html>.
- British Columbia. (2006). http://www.bcarchives.gov.bc.ca/general/guides/preemptions-homesteads_research_guide.pdf
- British Columbia. Ministry of Health (2011). Service Model and Provincial Standard for Adult Residential Substance Use Services. Retrieved on September 1, 2012 from: <http://www.health.gov.bc.ca/library/publications/year/2011/adult-residential-treatment-standards.pdf>
- British Columbia. Provincial Health Officer. (2009). Pathways to health and healing –2nd report on the health and well-being of Aboriginal people in British Columbia. *Provincial Health Officer's Annual Report 2007*. Victoria, BC: Ministry of Healthy Living and Sport.
- British Columbia. Vital Statistics Agency. (2011). Status Indian Report: Regional Analysis of Health Statistics for Status Indians in British Columbia, 1992 – 2002. Retrieved on August 20, 2012 from: <http://www.vs.gov.bc.ca/stats/indian/index.html>.
- Brody, H. (2000). *The Other Side of Eden: Hunters, Farmers and the shaping of the world*. Douglas & McIntyre, Vancouver.
- Brown, D. (2004). "Participation in Poverty Reduction Strategies: Democracy Strengthened or Democracy Undermined?", in S. Hickey and G. Mohan (Eds.) *Participation - From Tyranny to Transformation? Exploring New Approaches to Participation in*

Development. Zed, London, pp. 278–283.

- Canada. (2010). *Aboriginal Affairs and Northern Development Canada: Highlights from the Report of the Royal Commission on Aboriginal Peoples*. Retrieved on October 20, 2013 from: <http://www.aadnc-aandc.gc.ca/eng/1100100014597/1100100014637#chp3>.
- Canada. (2013). *Aboriginal Affairs and Northern Development Canada: Indian Status*. Government of Canada. Retrieved on January 13, 2014 from <http://www.aadnc-aandc.gc.ca/eng/1100100032374/1100100032378>.
- Canada. Panel on Research Ethics. (2012). Chapter 9: Research Involving the First Nations, Inuit and Metis Peoples of Canada. Retrieved on August 30, 2012 from: <http://www.pre.ethics.gc.ca/eng/policy-politique/initiatives/tcps2-eptc2/chapter9-chapitre9/>
- Canada. (2013). *Research involving the First Nations, Inuit, and Metis peoples of Canada*. Retrieved on October 29, 2013 from: <http://www.pre.ethics.gc.ca/eng/policy-politique/initiatives/tcps2-eptc2/chapter9-chapitre9/#toc09-1>
- Canada. (2011). TCPS2-2nd edition of Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans. Panel on Research Ethics. Retrieved on November 12, 2013 from: <http://www.pre.ethics.gc.ca/eng/policy-politique/initiatives/tcps2-eptc2/Default/>
- Canada, (2013). The Indian Act. R.S., c. I-6, s. 18. Retrieved on October 22, 2013 from: <http://laws-lois.justice.gc.ca/eng/acts/i-5/page-10.html#h-13>.
- Cannon, M. & Sunseri, L. (2011). Not Disappearing: An Introduction to the Text. In *Racism, Colonialism and Indigeneity in Canada: A Reader*. Oxford University Press; Toronto: xvii: 29 – 36.
- Carrier Sekani Tribal Council. (2012). Retrieved on April 3, 2012 from: http://www.carriersekani.ca/images/docs/saikuz/Saikuz_First_Nation.pdf.
- Chandler, M. J. & Lalonde, C. E. (2008). Cultural Continuity as a Protective Factor against Suicide in First Nations Youth. *Horizons --A Special Issue on Aboriginal Youth, Hope or Heartbreak: Aboriginal Youth and Canada's Future*. 10(1), 68-72.
- Cooley, N. (2003). *Arts and Culture in Medicine and Health: A Survey Research Paper*. Cooley & Associates: Embracing Change Creatively, Inc., Victoria, BC.
- Creswell, J.W. (2013). *Qualitative Inquiry & Research Design: Choosing Among Five Approaches*, 3rd Edition. Sage Publications, Thousand Oaks, CA.

- Czyzewski, K. (2011). Colonialism as a Broader Social Determinant of Health. *The International Indigenous Policy Journal*, 2(1) . Retrieved on August 31, 2012 from: <http://ir.lib.uwo.ca/iipj/vol2/iss1/5>
- de Leeuw, S. (2014). State of Care: The Ontologies of Child Welfare in British Columbia. *cultural geographies*. 21(1) 59–78.
- de Leeuw, S., & Greenwood, M. (2011). “Beyond Borders and Boundaries: Addressing Indigenous Health Inequities in Canada through Theories and Methods of Intersectionality.” In *Health Inequalities in Canada: Intersectional Frameworks and Practices*. Ed. Olena Hankivshy et al. Vancouver: UBC Press. 53- 70.
- de Leeuw, S., Maurice, S., Holyk, T., Greenwood, M., & Adam, W. (2012). “With Reserves: The Geographies of Colonialism and First Nations Health in Northern-Interior British Columbia”. *The Annals of the American Association of Geographers*. Special edition on health.
- Diamond, D. (1991). *Theatre for Living Joker Manual*. Headlines Theatre. Vancouver, BC.
- Dictionary.com (2012). Retrieved on August 20, 2012 from www.dictionary.com.
- Dodson, L., & Schmalzbauer, L. (2005). Poor Mothers and Habits of Hiding: Participatory Methods in Poverty Research. *Journal of Marriage and Family*, 67(4), 949-959.
- Evans, M., Hole, R., Berg, L.D., Hutchinson, P., & Sookraj, D. (2009). Common Insights, Differing Methodologies: Toward a Fusion of Indigenous Methodologies, Participatory Action Research, and White Studies in an Urban Aboriginal Research Agenda. *Qualitative Inquiry* 15(5), 893-910.
- Field, J. (2003). *Social Capital*. Routledge: London.
- Finlay, L. & Gough, B. (2003). *Reflexivity: A practical guide for researchers in health and social sciences*. Blackwell Science Ltd, Oxford.
- First Nations Health Council. (2012). Priority Setting: A Future First Nations & Aboriginal People’s Mental Wellness & Substance Use Ten-Year Plan. Retrieved on August 20, 2012 from www.fnhc.ca/pdf/MWSU_Report_-_final_for_web.pdf
- First People’s Heritage, Language & Culture Council. (2013). Retrieved on November 7, 2013 from: <http://maps.fphlcc.ca/dakelh>.
- Fiske, J., & Browne, A.J. (2008). Paradoxes and contradictions in health policy reform [electronic resource]: implications for First Nations women. *British Columbia Centre of Excellence for Women's Health*. Vancouver, B.C. <http://www.bccewh.bc.ca/publications->

resources/documents/Paradoxes_and_Contradictions.pdf

- Fletcher, F., Baydala, L., Letendre, L., Ruttan, L., Worrell, S., Letendre, S., & Schramm, T. (2011). "No Lone Person:" The ethics consent process as an ethical dilemma in carrying out community-based participatory research with a First Nations community. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health* 9(2).
- Flicker, W., Travers, R., Guta, A., McDonald, S., & Meagher, A. (2008). "Ethical Review of CBPR: Considerations for Institutional Review Boards" In In Minkler, M. & Wallerstein, N. (Eds.), *Community Based Participatory Research for Health: From Process to Outcomes*. San Francisco: Jossey- Bass.
- Good Neighbours Committee. (2010). Good Neighbours Committee & Community Accord. Retrieved on August 31, 2012 from: <http://www.vanderhoofchamber.com/pdf/GoodNeighboursCommittee.pdf>
- Gray, N., Ore de Boehm, C., Farnsworth, A., & Wolf, D. (2010). Integration of creative expression into community-based participatory research and health promotion with Native Americans. *Family and community Health*, 33(3), 186- 192.
- Gray, N., Wolf, D., Mays, M., Equihua, M., Gomez, R., Tellez, A., Tellez, Al., Rappa, B., Jirsak, J., & Nye, P. (2008). A Culturally Based Wellness and Creative Expression Model for Native American Communities. *Journal of Equity in Health*, 1(1), 52 – 60.
- Guba, E. (1981). Criteria for assessing the trustworthiness of naturalistic inquiries. *Educational Technology Research and Development*, 29(2), 75-91.
- Guetzkow, J. (2002). How the arts impact communities: An introduction to the literature on arts impact studies. *Princeton University Center for Arts and Cultural Policy Studies*, (Working Paper series 20). Retrieved from <http://www.princeton.edu/~artspol/workpap/WP20%20-%20Guetzkow.pdf>.
- Harris, C. (2004). How Did Colonialism Dispossess? Comments from an Edge of Empire. *Annals of the Association of American Geographers*, 94(1), 165-182.
- Harris, C. (2002). *Making Native Space: Colonialism, Resistance and Reserves in British Columbia*. Vancouver, BC, CAN: UBC Press.
- Headlines Theatre. (2012). Retrieved on April 3, 2012 from: www.headlinestheatre.com.
- Headlines Theatre. (no date). Retrieved on September 28, 2012 from: http://www.headlinestheatre.com/past_work/GTK/index.html

- Health Canada. (2006). National Native Alcohol and Drug Abuse Program. Retrieved on September 1, 2012 from <http://www.hc-sc.gc.ca/fniah-spnia/substan/ads/nnadap-pnlaada-eng.php>.
- Health Canada. (2014). First Nations & Inuit Health. Retrieved on January 16, 2014 from: <http://www.hc-sc.gc.ca/fniah-spnia/index-eng.php>.
- Health Officers Council of BC. (2008). Health Inequities in British Columbia: Discussion Paper. Retrieved on August 20, 2012 from: http://www.phabc.org/files/HOC_Inequities_Report.pdf.
- Hill, A. (2003). Art versus Illness. In: Dannecker, K. (ed.). *International Perspectives of Art Therapy*. Graz, Austria: Nausner & Nausner.
- Jacks, T. (2000). *The Warmth of Love: the 4 seasons of Sophie Thomas*. Video Pub. Group, Vancouver.
- Katz, D. L. (2004). Representing your community in community-based participatory research: Difference made and measured. *Preventing Chronic Disease* [serial online], http://www.cdc.gov/pcd/issues/2004/jan03_0024.htm
- Kelm, M.-E. (1998). A 'Scandalous Procession': Residential Schooling and the Reformation of Aboriginal Bodies. In *Colonizing Bodies: Aboriginal Health and Healing in British Columbia* (pp. 57-82). Vancouver, BC: University of British Columbia Press.
- King, M., Smith, & Gracey, M. (2009). Indigenous Health Part II: The Underlying Causes of the Health Gap. *The Lancet*. 374. 76-85.
- Koerber, A., & McMichael, L. (2008). Qualitative sampling methods: A primer for technical communications. *Journal of Business and Technical Communication*, 22(4), 454---473.
- Loppie Reading, C. & Wien, F. (2009). Health Inequalities and the Social Determinants of Aboriginal Peoples' Health. National Collaborating Centre for Aboriginal Health. Retrieved from :http://www.nccah-ccnsa.ca/docs/social%20determinates/NCCAH-Loppie-Wien_Report.pdf.
- Malchy, L. A., Johnson, J. and McBride, S. (2011). This is the embodiment of empowerment: use of forum theatre to address tobacco use in community psychiatry. *Arts and Health*, 3(1), 61 - 72.
- Margolin, I. (2014). Bodyself: Linking dance and spirituality. *Dance, Movement & Spiritualities*, 1/1, pp. 143-162.
- Marrone, S. (2007). Understanding barriers to health care: A review of disparities in health care services among Indigenous populations. *International Journal of Circumpolar Health*, 66(3), 188-198.

- Mathias, J. & Yabley, G. (1991). Conspiracy of Legislation: The suppression of Indian rights in Canada. *BC Studies*, vol 89, pgs 34-47.
- Minkler, M. & Corage Baden, A. (2008). "Impacts of CBPR on Academic Researchers, Research Quality and Methodology, and Power Relations" In Minkler, M. & Wallerstein, N. (Eds.), *Community Based Participatory Research for Health: From Process to Outcomes*. San Francisco: Jossey- Bass.
- Minkler, M. & Wallerstein, N. (2008). "Introduction to Community-Based Participatory Research: New Issues and Emphases." In Minkler, M. & Wallerstein, N. (Eds.), *Community Based Participatory Research for Health: From Process to Outcomes*. San Francisco: Jossey- Bass.
- Moran, B. (1988). *Stoney Creek Woman: The Story of Mary John*. Vancouver: Arsenal Pulp Press.
- Moran, B. (1990). *Judgement at Stoney Creek*. Vancouver: Arsenal Pulp Press.
- Muirhead, A. & de Leeuw, S. (2012). Art and Wellness: The Importance of Art for Aboriginal Peoples' Health and Healing. *National Collaborating Centre for Aboriginal Health*. Retrieved on September 1, 2012 from: http://nccah.netedit.info/Publications/Lists/Publications/Attachments/26/art_wellness_EN_web.pdf
- Murphy, T. (1977). *Famine*. Methuen, London.
- National Health Service: Health Development Agency. (2000). Art for health: A review of good practice in community-based arts projects and initiatives which impact on health and wellbeing. Retrieved from http://www.nice.org.uk/niceMedia/documents/art_mono.pdf
- Nechako Chronicle. (1976). *Jury Rules Negligence*. Retrieved on April 3, 2012 from <http://207.6.12.94/NechakoChronicle/1976/19760930.pdf>
- Northern Health. (2011). Annual Report 2010 – 2011. Available at http://www.northernhealth.ca/Portals/0/About/NH_Reports/documents/NHAnnualReport2010-2011.pdf
- Paterson, D. (no date). A Brief Biography of Augusto Boal. Retrieved on April 3, 2012 from: <http://www.ptoweb.org/boal.html>.
- Payne, R. (2005). *A Framework for Understanding Poverty, 4th Revised Edition*. Aha Process, Inc. Highlands, TX.

- Pence, A., Kuehne, V., Greenwood-Church, M., & Opekokew, M. (1993). Generative Curriculum: A model of university and First Nations co-operative post-secondary education. *International Journal of Educational Development*, 13/4, 339-349.
- Pratt, G. & Johnston, C. (2007). Turning theatre into law, and other spaces of politics. *cultural geographies* 14, 92-113.
- Public Health Agency of Canada. (no date). *Chapter One*. The Health Status of Canadians: Toward a Healthy Future. Retrieved on April 18, 2012 from http://www.phac-aspc.gc.ca/ph-sp/report-rapport/toward/pdf/chapter_1.PDF
- Racism Free Edmonton. (2012). Experiences and Perceptions of Racism in Edmonton: A Survey of Residents. Retrieved on August 30, 2012 from: http://edmonton.ca/05_17_ReportRFESurvey_Findings_2012.pdf
- Reading, J. (2009). The Crisis of Chronic Disease Among Aboriginal Peoples: A Challenge for Public Health, Population Health and Social Policy. *Centre for Aboriginal Health Research*, University of Victoria.
- Richards, L. (2005). Handling Qualitative Data: a practical guide. *Sage Publications*, London.
- Richmond, C., & Ross, N. (2009). The determinants of First Nation and Inuit health: A critical population health approach. *Health & Place*, 15, 403-411.
- Roberge, M. & the Good Neighbours Committee. (2011). *In Sight of Sinkut Mountain*. College of New Caledonia Press.
- Rubenson, D. (2011). Social Capital. In Dowding, K. *Encyclopedia of Power*. Sage Publications, Inc. Retrieved on September 28, 2012 from: <http://knowledge.sagepub.com.ezproxy.library.ubc.ca/view/power/n338.xml>
- Smith, L. T. (1999). *Decolonizing Methodologies: Research and Indigenous Peoples*. Zed Books Ltd. London.
- Statistics Canada. (2007). Vanderhoof, British Columbia (Code5951007) (table). 2006 Community Profiles. 2006 Census. Statistics Canada Catalogue no. 92-591-XWE. Ottawa. Released March 13, 2007. Retrieved on March 30, 2012 from: <http://www12.statcan.ca/census-recensement/2006/dp-pd/prof/92-591/index.cfm?Lang=E>
- Statutes of Canada.(1895). The Indian Act. S.C. 1895, S. 35.
- Stickley, T. (2010). The arts, identity and belonging: a longitudinal study. *Arts and Health*, 2(1), 23 - 32.

- Stuckley, H., & Nobel, J. (2010). The connection between art, healing and public health: a review of current literature. *American Journal of Public Health, 100*(2), 254 - 263.
- Striegler, L. (2013). Field notes.
- Striegler, L. (2013). Focus Group 1 (FG1) Transcript.
- Striegler, L. (2013). Focus Group 2 (FG2) Transcript.
- Striegler, L. (2013). Forum Play Video Recording.
- Striegler, L. (2013). Individual Interview 1 (II1) Transcript.
- Striegler, L. (2013). Individual Interview 2 (II2) Transcript.
- Striegler, L. (2011). *Saik'uz & Settlers: A Weave of Local History* (DVD). College of New Caledonia Press. Prince George, BC.
- Swannell, J. (ed.). (1992). *The Oxford Modern English Dictionary*. Clarendon Press. Oxford.
- Tang, S.Y., & Browne, A.J. (2008). 'Race' matters: Racialization and egalitarian discourses involving Aboriginal people in the Canadian health care context. *Ethnicity & Health, 13*(2), 109-127.
- Tennant, P. (1990). *Aboriginal peoples and politics: the Indian land question in British Columbia, 1849-1989*. Vancouver. UBC Press.
- Thomas, D.R. (2003). A general inductive approach for qualitative data analysis. School of Population Health, University of Auckland. Retrieved on August 31, 2012 from: http://www.fmhs.auckland.ac.nz/soph/centres/hrmas/_docs/Inductive2003.pdf
- Turner, E. (2003). Life, death, and humor: Approaches to storytelling in Native America. *Arctic Anthropology, 40*(2), 23 - 29.
- Union of BC Indian Chiefs. (1977). Retrieved on March 30, 2012 from <http://gsdl.ubcic.bc.ca/collect/nesika1/import/augsep76/txt/Nesika-augsept1976-Pg004.txt>
- Union of BC Indian Chiefs. (no date). Retrieved on August 20, 2012 from: <http://www.ubcic.bc.ca/Resources/timeline.htm#axzz25R7VwTCm>

- United Nations. (2004). *The Concept of Indigenous Peoples. Workshop on Data Collection and Disaggregation for Indigenous Peoples*. New York.
- University of British Columbia. (2009). Terminology: So, which terms do I use? Retrieved on November 8, 2013 from: <http://indigenousfoundations.arts.ubc.ca/?id=7400>
- Vanderhoof Chamber of Commerce. (2009). Retrieved on January 16, 2012 from: <http://www.vanderhoofchamber.com/Pages/Sites/Visitor/Vanderhoof.html>
- Village of Fraser Lake (no date). Retrieved on August 20, 2012 from: <http://www.fraserlake.ca/default.aspx?PageID=1046>
- World Health Organization. (2003). WHO Definition of Health. Retrieved November 1, 2013 from <http://www.who.int/about/definition/en/print.html>.
- World Health Organization. (2012). *The Health of Indigenous Peoples* (October 2007). Retrieved April 3, 2012 from <http://www.who.int/mediacentre/factsheets/fs326/en/>.
- Yinka Dene Language Institute. (2006). *The Dakelh Language*. Retrieved on January 16, 2014 from: <http://www.ydli.org/langs/dakelh.htm>.
- Young, J. & Hawley, A. (2004). *Plants and medicines of Sophie Thomas: Based on the Traditional Knowledge of Sophie Thomas, Saik'uz Elder and Healer*, 2nd ed. N.p.

APPENDIX 1

