Racial Equity for Registered Drama Therapists: A Community Engagement Project

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Racial Equity Training for Registered Drama Therapists: A Community Engagement Project

Capstone Thesis

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Drama Therapy

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Abstract

Mental health professionals are currently faced with an increased need to meet the demands of clients of color who are disproportionately impacted by the COVID-19 global pandemic. Disparities in mental health care for people of color are an ongoing problem stemming from the fact that Western Psychology, the dominant approach to mental health care, is limited by the Eurocentric Worldview. Practitioners who intend to create inclusive therapeutic approaches must consider the unique cultural orientations and historical, social and political realities of clients of color. As of 2021, The North American Drama Therapy Association (NADTA) requires that 50% of all continuing education courses which Registered Drama Therapists (RDTs) take to maintain their credentials, focus on cultural humility, equity and diversity (CHEDCEs). This community engagement project was a pilot continuing education course on racial equity for NADTA members. This course was developed based on my experience as a VISIONS Inc. Diversity, Equity and Inclusion (DEI) consultant, personal interviews with NADTA members, my research on Worldview and theories related to racial equity within psychology and drama therapy. The frameworks and strategies for exploring racial equity within the context of drama therapy that were included in the curriculum for this pilot continuing education course were: Worldview, dialogue and naming as a tool for racial equity, unconscious bias and internalized oppression through the lens of the drama therapy core processes.

Keywords: drama therapy, racial equity, Worldview, continuing education
Racial Equity for Registered Drama Therapists: A Community Engagement Project

Introduction

In the wake of 2020, a year marked by the COVID-19 global pandemic and a remarkable uprising of demands for racial justice under polarizing political leadership in the United States, and beyond, mental health care providers are faced with an urgent set of challenges. One glaring issue is a constantly evolving need for culturally sensitive approaches to their practice. “In order to begin to adequately understand and combat the pervasive, and inevitably long-term social and psychological consequences of the global pandemic, social and behavioral scientists need frameworks and methods equipped to capture the complexity of the novel coronavirus’s wrath” (Granzka et al., 2020, p. 2). Further, the public health care systems response to the pandemic must be “sufficiently attuned to the intersections of inequality that existed before COVID-19 and will persist in its wake” (Granzka et al., 2020, p.2). While there have been efforts to address the gaps in treatment for Americans who are not of European descent, people of color are still drastically underserved by the mental health care system and specifically by practitioners (Williams, 2016).

As awareness of the need for mental health professionals who can effectively serve a multicultural client base grows, the North American Drama Therapy Association (NADTA) is taking on the responsibility of educating their members. In order to maintain their credentials, Registered Drama Therapists (RDTs) must complete thirty hours of continuing education credits every two years. As of January 2021, the NADTA required that fifty percent of those credits must be related to cultural humility, equity and diversity (CHEDCEs) (A. Powell and D. Trottier, personal communication, February 1, 2021). This new requirement, initiated by Alexis Powell and Dana Trottier, members of the NADTA Cultural Humility, Equity and Diversity Committee
(CHEDC) and adapted by the NADTA board, invites RDTs to continually commit themselves to the work of creating a field where all people are treated with dignity. This new requirement is an opportunity for interested parties to shape and direct the theoretical framework and clinical practice of drama therapy. Inspired by this new continuing education requirement for NADTA members, the purpose of this thesis is to embrace the momentum created by this focus on education, through a community engagement project in the form of a pilot continuing education course for RDTs on racial equity. The intention is that this community engagement project will evolve into a formal continuing education course and be made available to RDTs.

Author’s Introduction

Valerie Batts PhD., an African American woman from rural North Carolina and John Capitman PhD., a White Jewish man from New York, are pioneers in the field of Diversity, Equity and Inclusion consulting. They are also my parents. They founded the non-profit, VISIONS Inc, back in 1984, when the popular name for this work was “multicultural consulting.” I watched my parents apply a psychology lens to the problem of racism. I was raised in a village made up of people from around the world who were united by their desire for social justice. I was taught to understand myself as a catalyst for change. My parents’ love and commitment to multiculturalism is living proof that race, as we know it, is a social construct. People who are from different racial and cultural backgrounds can be equals who live, love and work together, finding harmony and collective strength in their differences. While the reality of race based oppression impacts each of us on a daily basis, we can choose our own narratives and in doing so, create a world where people’s value is not determined by the color of their skin. We can recognize, celebrate and leverage our differences, rather than using them as a means for exclusion and oppression, or ignoring them.
I have been a VISIONS Inc. consultant for the past 20 years. Highlights of my career have included establishing the VVISIONS Inc. Legacy Project, a youth development program which combines the performing arts and the VISIONS Inc. model. I have also worked as an educator in my role as the Director of Multicultural Student Programming at Milton Academy. I am a graduate of the African American studies program at Temple University, where my perspective as an “Africologist” was formed. The Africentric Worldview is a lens that I bring to my work as a drama therapist. The Africentric Worldview, (further explained in the literature review), led me to drama therapy as a medium for social justice work. Theatre has always been my art form and for me, art is never just for art’s sake. Theatre, for me, is a way of building community, acknowledging the human spirit in relationship to the universe, and healing. Emerging as an RDT and Provisionally Licensed Mental Health Counselor (LMHC) puts me in a position to center the experiences of communities and individuals who are not traditionally considered in western psychology and art. Drama therapy, for me, is the intersection of the art that I love and the legacy that was passed on to me from my family through VISIONS Inc.

VISIONS Inc. teaches a series of frameworks, or “tools”, for dismantling oppression. One of these frameworks is the “Levels of Oppression of and Change” which shows that racism and other forms of oppression happen on the personal, interpersonal, institutional and cultural levels. As a drama therapist, I have a responsibility to work, not only interpersonally with my clients, but also institutionally and culturally by intentionally engaging with the field at large. My capstone thesis is the beginning of that intentional work.

Developing a community engagement project in the form of a pilot course on racial equity for RDTs, gave me an opportunity to explore the current work that is being done in the NADTA around issues of diversity, equity and inclusion. The process of recruiting participants
for the pilot and connecting with members of the NADTA through drama therapy workshops and performances, all informed this community engagement project. The community engagement project was structured using a combination of themes that came out of conversations with NADTA members, a literature review on the intersection of drama therapy, psychology and racial equity, methods of diversity, equity and inclusion consulting from VISIONS Inc. and a curiosity about challenging traditional Western approaches to therapy. One goal of this thesis is to decentralize the narrative of Whiteness while lifting up voices and perspectives of diasporic Africans and other marginalized ethnic groups. The remainder of this paper is broken into 5 sections; Literature Review, Interviews with NADTA Members, Methods, Results and Discussion. In the literature review, I discuss some of the relevant theories that informed the curriculum of my community engagement project, I share findings from research on disparities in mental health for people of color in the United States, and explore existing literature about the intersection of DT and racial equity. In the Interviews section I highlight the voices of NADTA members who have been involved in the development of the new Cultural Humility Equity and Diversity Education (CHEDED) requirements. The methods section describes the community engagement project and the process of making it happen, while providing theoretical justification for the curriculum. The results section describes what actually happened during the community engagement project. The discussion section includes limitations, future projections for developing a formal pilot study, and my conclusions about this community engagement project.

Countless approaches have been taken to the attempt to explain race based mental health disparities and structural racism. In my own attempt to gather and share information about drama therapy and racial equity, I have chosen to focus on several important theoretical frameworks that are directly connected to the work that is being done within the NADTA. I also chose to
highlight foundational theory and literature that supported the use of drama therapy as a tool for racial equity work. It is important to me to acknowledge the vastness of the catalogue of relevant work. Given the plethora of information that is available, there is really no excuse for a lack of cultural humility among mental health care professionals. I am honored to amplify a few of the many voices that have paved a way for me in this field. As an able bodied, middle class, cisgender, heterosexual, multiracial, black American women, I chose to focus on the variable of race for my community engagement project. It is important to note that much of the theory I discuss in this paper can be applied to other identity related variables. At the same time, studies that focus on other specific aspects of identity, such as gender and sexual orientation have unique challenges and information that deserve to be considered within their own contexts. Choosing to focus on an identity variable that, for me, is most salient comes from my desire to practice cultural humility and speak to my lived experience.

**Literature Review**

**Eurocentric Worldview and The Global Pandemic**

In order to address the disparities in treatment efficacy for people of color in the mental health system, “it is important to recognize the cultural values that influence the practice of mainstream treatment approaches” (Ker, 2013, p. 17). The field of “Psychology has traditionally been Eurocentric: i.e. it derives from a White, middle-class value system” (Naidoo, 1996,). A central component of Eurocentricity is Ethnocentrism, “the belief in the inherent superiority of one's own ethnic group or culture” (Woolley and Lowenberg, 1997, p. 1). Eurocentrism is displayed in the global dominance of western ideals which is also known as white supremacy. Ker (2013) asserted that the Eurocentric Worldview informs mental health practices
and treatments and by its nature, excludes other perspectives. “...Worldviews inform knowledge construction and subjective truth” (Napoli, 2019, p. 177).

As J.R. Smith (2015) articulated “Most of the traditional psychology and counseling theories used in mental and social healthcare were developed for and by Western-European, middle-class men. While these clinicians and researchers may not have been prejudiced, the theories, strategies, and techniques they created were based on Western European values and societal privileges not shared by all racial and ethnic populations” (p. 1). This resulted in a series of definitions around mental health and “normalcy” that ignore the impact of structural oppression, and a behavioral health care system that does not adequately serve all communities.

Smith (2015) illustrated this point with statistical reports from trusted sources such as the U.S. Surgeon general, National Alliance on Mental Illness (NAMI), and the Center for Disease Control, all of whom provided evidence towards the fact that African Americans and other nonwhite racial groups are less likely to receive effective mental health care treatment. The intersection of systemic racism, classism, and xenophobia leave people of color in a vulnerable position when it comes to health care in general. This has been made especially apparent by the COVID-19 pandemic which has continued to result in higher mortality rates among African Americans, leading to more experiences of PTSD and an increased distrust for the medical system. There is an urgent need for consideration of and in response to the mental health ramifications of the COVID-19 pandemic for African Americans and other marginalized ethnic and cultural groups. (Novacek, et. al., 2017).

The American Psychiatric Association (2017) stated that “racism and racial discrimination adversely affect mental health, producing depression, anxiety and heightened psychological stress to those who experience it” (p. 1). This is especially true in today's political
climate; the rate of hate crimes continues to rise and African Americans are the most targeted group (Levin and Reitzel, 2018). The impact of systemic oppression on African American’s mental health is unique and requires attention to its historical origins.

Mental health disparities in the African American community cannot be evaluated using only the standard set of diagnosis that apply to the cultural descendants of Western psychologists. Clinicians such as Dr. Joy Degruy, have started to create terminology, which centers the experience of diasporic Africans. For example, Post Traumatic Slave Syndrome, or PTSS. PTSS is “...a condition that exists as a consequence of multigenerational oppression of Africans and their descendants resulting from centuries of chattel slavery” (Degruy, (n.d.) Resources section). Degruy’s theory posited that people of African descent experience transgenerational trauma. Effective mental health treatment for people who belong to ethnic groups that have experienced transgenerational trauma has to be rooted in respect for this historical context. Current diagnostic criteria, treatment methods and notions of wellness, health, or pathology are all based on a standard that normalizes a Caucasian, male, able bodied, heterosexual, middle class Worldview. (Campbell, 2019).

People of African Descent are not the only group that are experiencing the limitations of the Eurocentric Worldview as it pertains to mental health. The COVID-19 pandemic has also led to an increased risk for racial battle fatigue, which presents like PTSD, among Asian Americans, due to the rise in anti-Asian racism (Sinophobia) as described by S.D. A. Litam in the article “Take Your Kung-Flu Back to Wuhan”: Counseling Asians, Asian Americans, and Pacific Islanders With Race-Based Trauma Related to COVID-19. From The Professional Counselor. Litam describes the rapid increase in Sinophobia, clearly evidenced by social media activity, since President Trump called COVID-19 “the Chinese virus” (Litam, 2020). Litam
discusses the ways that Asian Americans have responded to racial violence and microaggressions, while also offering insight for practitioners about how to best support clients from this demographic, who may not respond to traditional Western counseling practices, and whose experience of racism may not even be considered, due to model minority stereotypes. Effective treatment for Asian American people will not look the same as treatment for clients from other ethnic groups, who have not been faced with the collective trauma of being blamed by the former president of the United States, for the COVID-19 pandemic. Asian Americans and African Americans have been impacted in unique ways by this current public health crisis. These are just two of the ever evolving racial categories that exist in the United States. The complexity of multiculturalism as it interacts with the pervasive reality of structural inequity, demands mental health care that is, at least culturally humble, nimble, curious and fueled by a healthy taste for social justice.

**Africentric Worldview**

An important theme in the current social justice movement is decolonization. Decolonization has been defined as a process of “centering our concerns and world views and then coming to know and understand theory and research from our own perspective and for our own purposes” (Smith, 1999, p. 39). For people of African descent, adopting an Africentric Worldview is one way of decolonizing our own perspective. Adopting an Africentric Worldview has been linked to an increased sense of self-worth in African American people (Jackson and Sears, 1992).

Worldview is “a structure of philosophical assumptions, values, and principles that guides one’s perceptions and behaviors (Neblet et. al., 1996, p. 1). Worldview informs an individual’s “psychological adjustment such as emotional states and feelings of well-being”
Historian Cheik Anta Diop introduced the Two Cradle Theory in 1908. Two Cradle Theory explains that Worldview evolves in relationship to environment. The two cradles in this theory are the geographical locations out of which cultural and ethnic Worldviews emerged.

An Africentric Worldview includes the following dimensions; spirituality; collectivism; time orientation; orality; sensitivity to affect and emotional cues; verve and rhythm; and balance and harmony with nature (Belgrave and Allison, 2006). Treatment that is developed from an Africentric perspective will include those dimensions. Examining Worldview invites practitioners and clients to consider their own ancestry and origins. These are relevant parts of who we are and should inform treatment and healing. The concept of Worldview provides insight into the fundamental conflict between any dominant culture's assumptions of normalcy and the lived experience of marginalized people (Troy, 2008). When we recognize that “normalcy” is subjective and influenced by Worldview, we can make thoughtful choices about how we interact with a perceived “other” and with ourselves.

**Critical Theoretical Perspectives**

Worldview, specifically the Africentric Worldview, is a key component of Black Psychology. “A primary concern of Black Psychology is to understand how the historical experiences of being an African in America have impacted African-American psyches...Black Psychology is composed of various schools of thought that reflect the particular theoretical orientations of its practitioners” (Jamison, 2008, p. 96). In order to develop a practice that is racially inclusive, practitioners might consider whether or not they have been exposed to the current literature and practices in Black Psychology, Asian-American Psychology, and Native American Psychology. Practitioners might notice whether or not their training included the
voices of Latinos, immigrants, Muslims, women, trans people and other marginalized groups. One cannot discuss racial equity without recognizing intersectionality.

Intersectionality is “the study and critique of how multiple social systems intersect to produce and sustain complex inequalities” (Grzanska et. al., 2017, p. 453). From an intersectional lens, each of an individuals’ identities, including class, gender, sexual orientation, ability etc. impact their experience within a social structure. For instance, the experience of a black woman includes an intersection between racism and sexism. An Intersectional approach serves as “a form of social justice by exposing injustice, identifying and explaining social problems, and uniting groups across differences in solidarity against oppression” (Grzanska, et. al., 2015, p. 306). Valuable discourse regarding racial equity includes an inherent intersectional lens. An intersectional lens can support cultural humility.

Cultural Humility is a phrase that was coined by Melanie Tervalon and Jann Murray-García. It is “a lifelong process of self-reflection, self-critique, continual assessment of power imbalances, and the development of mutually respectful relationships and partnerships” (Tervalon & Murray-Garcia as cited in Gallardo, 2014). Cultural humility espouses a process-oriented approach to competency as it is “the ability to maintain an interpersonal stance in relation to aspects of cultural identity that are most important to the [person]” (Hook et. al., 2013, p. 2). Being culturally humble not only requires a willingness to learn about people who we perceive as different from ourselves, but also, an understanding of one’s own identity in the context of institutionalized inequity and interpersonal interactions.

Paulo Freire’s seminal text Pedagogy of the Oppressed and his theory of Critical Consciousness expressed the importance of self-awareness in regard to one’s socio-cultural identity. Critical Consciousness “denies that man is abstract, isolated, independent, and
unattached to the world; it also denies that the world exists as a reality apart from people.” (Freire, 1970, p. 81). Freire’s writing on the power of dialogue or naming, as a tool for social justice, is as relevant today as it was in 1970 when the work was published. Freire wrote “If it is in speaking their word that people, by naming the world, transform it, dialogue imposes itself as the way by which they achieve significance as human beings. Dialogue is thus an existential necessity.” (Freire, 1970, p. 88). Psychology and drama therapy rely on verbal and nonverbal dialogue and in doing so, provide an excellent container for the kinds of conversations that Paulo Friere was writing about.

In the wake of the civil rights movement, just as Friere’s theory was beginning to have a global impact, African American theorists were developing Critical Race Theory. “An ultimate goal of Critical Race Theory is social transformation, which begins by discussing race openly” (Mills and Unsworth, 2018, p. 313). Critical Race Theory came out of the field of legal studies and has since expanded into other fields (Mills and Unsworth, 2018). Critical Race Theory’s scholars challenged society to deconstruct the idea of racial categories as homogenous groups and examine the experience of being one race or another. “Critical race theory provides a critique of racial colour blindness, assimilation, and multiculturalism, revitalizing race-consciousness and critiquing White racial privilege” (Mills and Unsworth, 2018, p.314).

**Unconscious Bias and Internalized Oppression**

White privilege is a term that refers to the unearned advantages that white people experience because of structural inequality. White privilege allows white people to ignore and keep silent about the realities of Race based oppression. White privilege is associated with discomfort or, what is known as, White Fragility, when these topics arise. (Diangelo & Dyson, 2020). As the critical theories suggest, facing this discomfort is a necessary part of changing
society. If we do not name our experiences, we run the risk of perpetuating oppression through unconscious bias.

Unconscious or implicit bias is a form of prejudice that happens outside of an individual's awareness or even in opposition to their stated perspective. Subconsciously, human beings are constantly processing information based on existing mental templates. These templates are often stereotypes, especially when it comes to making sense of people who are unfamiliar. “When that happens with people in positions of power and authority, it can have far-reaching consequences, from discriminatory hiring practices to poorer healthcare treatment or prejudice in the legal system” (Agarwal, 2020, p. 1). A popular tool, the Implicit Association Test, IAT, is an online test which measures a person’s level of implicit bias (https://implicit.harvard.edu/implicit/takeatest.html). Studies regarding the IAT have shown that the best way to interrupt unconscious biases is to “make biases visible. This can include taking the IAT to raise awareness, but this needs to be complemented by active reflection – including recognizing triggers for bias and examining how our life experiences have shaped our biases” (Agarwal, 2020, p. 1). It is not enough just to know we have biases; we must deconstruct them.

Unconscious bias is something that all people have, whether they are in a racial category that is benefitting from a system of oppression or not. Internalized oppression, IO “can result in feelings of inferiority and shame toward one’s self and other members of one’s group, as well as self-destructive behaviors that can arise out of these negative feelings” (Abe, 2015, p. 200). IO is another unconscious process that perpetuates systemic oppression. When discussing racial equity in a way that centers the experience of diasporic Africans and other marginalized ethnic groups, it is essential to explore the ways that IO shows up in our lives.
One important concept that describes the psychology involved in IO is Stereotype Threat, ST. “ST is being at risk of confirming, as self-characteristic, a negative stereotype about one's group” (Steele, 1995, p. 1). Studies related to ST have shown that African Americans’ performance on tests of intellectual ability is impacted by their own internalization of messages around inferiority resulting in inferiority anxiety (Steele, 1995). Since its discovery in the 90’s researchers in many fields have been investigating how to alleviate the psychological impact of ST (Schmit, Mooridain, and Hedlin, 2017). Studies suggest that naming ST as a phenomenon and talking about its origin is essential to mitigating its effect. Also, studies show that ST can impact all racial groups, including white people, presumably because no one is exempt from stereotyping. (Schmit, Mooridain, Hedlin, 2017). Like, any other anxiety, ST is a physiological process. Studies have proven that embodied practices in response to stereotype threat have reduced its negative impact on an individual's performance (Chalabaev et. al., 2016). Stereotype threat and other forms of IO go hand in hand with implicit bias, a form of covert or modern oppression (MO). The VISIONS Inc. (2018) model posits that MO and IO work together to maintain the status quo.

One of the ways that implicit bias manifests within the context of drama therapy and Expressive Arts Therapies is through cultural appropriation. Cultural appropriation is when “someone comes and uses... knowledge out of its context, out of the special relationships that went into forming it” (Wilson, 2008, p. 114). For example, drama therapy literature draws parallels between the indigenous practices of Shamanism and methods in drama therapy. (Pendzic, 2018). This kind of comparison is made without credit to any specific practitioners or peoples and therefore lacks cultural humility. “Multiple generations of art therapists have been educated using these concepts without deconstructing this positioning of Indigenous healers as
frozen in the past, universal archetypes, or as a metaphor” (Napoli, 2019, p. 179). Reexamining the roots of drama therapy can be a form of social justice.

Drama Therapy as Social Justice

“Drama therapy is the intentional use of theatre based processes… to facilitate psychological physical and social change” (NYU Steinhardt theatre and health lab, 2021, 00:50). In her opening to the drama therapy Review, Volume 2, Issue 1, Dr. Nisha Sajnani encouraged readers to “see diversity and social justice as central to our work as drama therapists” (Sajnani, 2016 p. 5). Also, Sajnani explained that “sometimes the client is upset because the world is unjust and to ignore the role of justice in healing is to blame the client for their own individual failure to thrive in a world that is broken” (Sajnani, 2016 p. 6).

Social justice work and drama therapy have a history together. Augusto Boal’s Theatre of the Oppressed was inspired by Friere’s critical consciousness theory in the 1970’s. Boal used drama therapy techniques to empower communities to find their voices. He played out the process of critical consciousness by asking audience members and actors to think about the motives and identities of the characters being portrayed. Boal incorporated the use of current events, the media and political realities in his sessions. (Barak, 16). Boal’s work showed the effective use of drama therapy as political activism, addressing both personal and structural realities at once. Critical Consciousness theory and its predecessor, critical race theory, continue to inform approaches to drama therapy. For example, the program ALIVE, a school based drama therapy initiative is meant to interrupt the harm that is caused by structural racism in public schools. Participants drama therapy techniques such as embodiment to explore the personal impact of social issues (McAdam & Davis, 2019).

Core Processes and Techniques
Embodiment is a core process in drama therapy. The core processes, as articulated by Phill Jones are; *dramatic projection, playing, role, embodiment, empathy & distancing, active witnessing, life-drama connection, transformation, and triangular relationship*. “These core processes provide a series of unifying and unique constructs for understanding client change” (Mayor and Frydman, 2021, p.2). Embodiment includes “intentional use of the body within a dramatic form. This may expand recognition of body language, modes of communication, physical potential, and the impact of social and political forces on their embodied expression. This may also increase awareness and insight, provide new perspectives, and enable emotional and physical release” (Mayor and Frydman, 2021 p.2). The connection between embodied practices and the mitigation of stereotype threat illustrates the power of this drama therapy technique for social change and empowerment. “... Embodied activities allow for a deeper exploration of intersectionality and social construction of oppressive systems” (McAdam & Davis, 2018, p. 92). Alexis Powell (2016) used embodiment as a multicultural approach to client assessment tool for drama therapists.

Drama Therapist Britton Williams, poignantly asked “how can drama therapeutic techniques help therapists challenge their own racist assumptions, biases and stereotypes?” (Williams, 2016, p. 11) Williams views race and racism, whether one is the victim or the perpetrator, as a social construct and a social action, which is, there for, performance. People are not, biologically, all that different. Nor are we more, or less valuable, because of the differences in how we look. People do, however, play out a series of roles that reinforce inequities based on race within the current social structure, whether or not we are conscious of this process (Williams, 2016). Role and role play are an essential Core Process. Role theory’s premise is that “By living within a reality of multiple and interchangeable roles the individual can enjoy a sense
of integration and balance, taking and indulging in the qualities from roles most useful” (Frydman, 2016, p. 43).

Williams suggested that drama therapists use storytelling and role to explore the ways in which they have internalized stereotypes and messages about people who they perceive as other. It is especially important for Drama Therapists to study their own biases. Given that there is already a power imbalance in the client-therapist relationship, it is the responsibility of the therapist to be self-aware and thoughtful about how race and other cultural differences could be coloring the relationship. (Williams, 2016). Being thoughtful about how one’s identity informs practice and being explicit about issues of racial equity is a way of taking a critical lens to drama therapy.

An important method for the kind of storytelling and roleplay that William’s refers to is Robert Landy’s Role Method (Landy, 1996). Role Method “is an embodied approach in which a client can actively engage with the roles they inhabit in their lives, in order to reach a desired destination” (Stevens, 2018, p. 16). Role method includes a role taxonomy, a set of archetypes from which a client can choose to represent different parts of themselves. Landy’s role taxonomy, while extensive, could be hard for some to relate to, because it is rooted in a particular Worldview. DT Adams Stevens has expanded upon Robert Landy’s role taxonomy and is developing the Black American Role Taxonomy (BART), which includes archetypes that specifically reflect the black experience. Through his expansion on Role Method, Stevens explored the idea that “drama therapy can serve as a resource to open doors for clinicians to better treat persons of color” (Stevens, 2018, p. 22). Stevens is working to continue to develop the BART and its practice.

**Interviews with members of the NADTA**
In order to understand how cultural humility, inclusion and diversity are being addressed and promoted within the NADTA, a series of interviews were conducted with leaders within the organization. It was important to me to get input from community members in order to develop a pilot course that would actually be considered valuable by the people who are taking it. I am a new member of the NADTA, so I did not want to assume that I knew what the community needed.

Adam Stevens is the current chair of the Cultural Humility, Equity and Diversity Committee (CHEDC), a branch of the North American Drama Therapy Association. Through our conversation I learned that his role used to be called the Chair of the Diversity Committee. The committee was renamed by the NADTA Board of Directors in 2018 to be more inclusive. Stevens explained the significance of adding the terms cultural humility and equity saying, “Once we think we know, that’s problematic, it’s when we continue to be curious about what we don’t know we are being responsible clinicians. When you think you are competent that is very dangerous. To say that we hold humility speaks to a sense of humanity. [Humility means] I’m open to being called in, I’m open to being called to task when I make a mistake” (A. Stevens, personal communication, January 12, 2021). Adam’s interpretation of the word humility invites NADTA members to take a stance of curiosity, while cautioning against the assumption that one can ever become fully competent about cultural experiences that are different from one’s own.

Adam also discussed the importance of representation and visibility. He described the work of CHEDC as “holding the heart of the organization because we are holding people's identities, we're holding their stories, we’re holding their narratives” (A. Stevens, personal communication, January 12, 2021). He explained that the work of CHEDC within the NADTA is not just about the members, but “also holding and being thoughtful and considerate of those
that we serve. Yes, this organization is majority white, the people that we serve, are they? No” (A. Stevens, personal communication, January 12, 2021). The work of CHEDC within the NADTA is meant to infuse the world of drama therapy with an awareness of the importance of identity that informs the treatment of clients. Stevens pointed out that there has been resistance within the organization as the new continuing education requirement has been enforced, some NADTA members “think ‘why do I have to do this? Why is this important?’ What does that say? Think about again who we care for, who we service” (A. Stevens, personal communication, January 12, 2021). From my perspective, the fact that there is resistance is further evidence towards the need for this CHEDED requirement.

Dr. Adam Reynolds, the current chair of the NADTA Ethics committee commented on the NADTA’s “deep wound” and “disconnect” with its communities’ color (A. Reynolds, personal communication, January 12, 2021). He discussed that fact that from his perspective, as a self-identified cisgender white male who holds “some status and authority”, racial equity work is about “sitting with the experience of what it feels like to seek out discomfort” (A. Reynolds, personal communication, January, 12, 2021). He talked about the never-ending challenge of dismantling systems which “does not get easier” (A. Reynolds, personal communication, January 12, 2021). Dr. Reynold’s comments pointed to structural realities as well as personal and interpersonal barriers to equity within the organization. His words describe the experience of white fragility, and what it takes to move through that.

Alexis Powell and Dana Trottier developed and advocated for the new continuing education requirements within the NADTA. In our conversation Powell shared that the Cultural Humility, Equity and Diversity Education Committee, CHEDED, a subcommittee of CHEDC “came up with this proposal to have CHEDCE’s be required around the time of the George Floyd
protests'. Thus, highlighting the urgency that these new continuing education requirements represent (A. Powell, personal communication, February 1, 2021).

Powell has been witness to a shift in the field of drama therapy in recent times “the norm of what a drama therapist is changing... new folks come in and say ‘hey this is my perspective…’ then some of the folks who have been in the field for a long time have to sit back and examine their work and the ways that it’s appropriative, or, not taking all voices into consideration. Founders and leaders are having to contend with things in a way that is important” (A. Powell, personal communication, February 2021).

Dana Trottier, who has been a member of the NADTA for over a decade, described a need for consistency in engagement from the NADTA community when it comes to these issues. “…people are willing to show when it's right in front of their faces, but it doesn’t feel like it’s a lifelong practice as they have committed too. We all sign our code of ethics, we all are aware of our cultural responsibilities” (D. Trottier, personal communication, February 1, 2021). He went on to say “There’s a sensitivity, of course, with these conversations. There are times when I have witnessed it happen very wonderfully in the community where everybody is coming into conversation and I have witnessed really not so safe experiences… “(D. Trottier, personal communication, February 1, 2021).

I asked the interviewees about their hopes for the outcomes of the new continuing education credit requirements. I also asked them to describe the kinds of engagement around racial equity and inclusion that have been impactful for them. There was a consensus, consistent with Critical Consciousness theory and its successors, that dialogue is the most important thing. Powell said “It’s the conversations I'm having with my colleagues that are the most impactful. We just talk all the time. [This] peer supervisory process that has been the most
impactful. Loving each other enough to say ‘ouch’ or calling each other out and knowing we can tolerate one another’s missteps and our own missteps being named. That is the most valuable thing. That is the fantasy that I want for our community, where we all have these rich conversations and people are taking those chances and prioritizing and realizing the depth of relationship that can be formed when you are really talking about difference and power and privilege and what’s between us and how it’s impacting the way that we both navigate the world and our relationships” (A. Powell, personal communication, February 1, 2021). Trottier reiterated Powell’s enthusiasm for honest dialogue saying he imagines an NADTA whose members are “Sitting with that discomfort of being corrected or being called out, that it is coming from a place of growing…” (D. Trottier, personal communication, February 1, 2021). Adam Stevens envisions an organization where all members are “Upholding the ideas of [CHEDC]... Keeping current with the trends in our profession, holding themselves accountable and not being complacent in ‘competency’ but rather continuing to learn and grow and take in information that we need.” (A. Stevens, personal communication, February 1, 2021).

Methods

Recruitment and Interviews

The first few steps in conducting my community engagement project and writing my thesis were truly a collaborative effort. I began with identifying and contacting people to interview while simultaneously recruiting members of the NADTA to participate in the community engagement project. I’d met Adam Stevens, who became my thesis consultant, at the NADTA Conference. I was introduced by my thesis instructor, Dr. Laura Wood, former president of the NADTA, to Adam Reynolds, Alexis Powell, Dana Trottier, and Dr. Mimi Savage, Education Chair. All consented to their personal communication being used in my
thesis, with the exception of Dr Savage. Dr. Wood also introduced me to Maggie Powell, Communications Chair and Dr. Jason Frydman, Research Chair to ensure this community engagement project met all ethical requirements given it is educational in nature, rather than formal IRB approved research.

I used the virtual meeting platform Zoom to conduct and record interviews with Dr. Adam Reynolds, Adam Stevens, Dana Trottier and Alexis Powell. While conducting my interviews, Dr. Reynolds let me know that I’d need to get consent forms from everyone I interview if I was going to quote them, so I created a consent form for information gathering (See appendix B).

In order to recruit participants, Maggie Powell helped me access the NADTA listserv and after getting Dr. Wood’s input, I sent out a recruitment letter to the entire organization. (See appendix A). I invited interested parties to register for the course using a link to a platform called Formsite.com (https://www.formsite.com) where they could fill out a form that asked for their name, email address, city and state. The website generated a list with all of the registrant’s information. 70 people registered. I ended up selecting the first 25 people on the list of registrants, a first come, first served approach. Given this was not formal research, no demographic information was collected. Next, I spent several days in correspondence with the people who had registered. I thanked everyone for showing interest and turned away the next 35 people on the list of registrants, who I felt I could not accommodate in the training.

**Curriculum Development**

In order to develop the agenda or curriculum for this community engagement project, I looked for parallels between the interviews, research I’d done for my literature review and the VISIONS Tools, so that I could incorporate the ones that seemed most relevant. There was a
plethora of content that I could have used to fill the three hour time slot which I’d allotted for my community engagement project. Even in narrowing down to a few agenda items, I still found that I needed much more time with the participants. The frameworks and strategies for exploring racial equity, in the context of drama therapy, that I chose to focus on in the curriculum development were; Worldview, dialogue and naming as a tool for racial equity, unconscious bias and internalized oppression. I also chose to incorporate drama therapy Core Processes. (See Appendix C).

Worldview as a concept, felt relevant in the context of a racial equity training for NADTA members, because understanding this idea leads to cultural humility. Based on the theory of Worldview, one can conclude that every single indigenous culture has a unique Worldview that is informed by its first peoples’ relationship to their environment. Thinking about Worldview invites individuals to look at their own perspective as the result of being born into a series of historical, social and cultural realities. Through this awareness they may then recognize that there are, in fact, multiple ways of being and seeing, none of which are inherently more or less valuable, just different. For me, incorporating the Africentric Worldview was an opportunity to intellectualize an intuitive connection that I’d been making between drama therapy and an Africentric inspired approach to mental health treatment.

I compared the core tenets of the Africentric Worldview with Core Processes in drama therapy (see Appendix E). Looking at these lists of behavioral competencies side by side was incredibly affirming. I found ways to highlight the Africentric Worldview throughout the three hour course, both as something to be experienced and by sharing information about it. The first example of my use of the Africentric Worldview was in the introductions. Inviting participants to name an ancestor in the beginning of the training evokes tenets of the Africentric Worldview in a
way that is not appropriative, it shifts time orientation and invites awareness of the spiritual. It is not appropriative because we all have ancestors. This practice immediately asked the group to speak about who they are in relationship to family, land, race, and history.

One reason it is important to me to include the Africentric Worldview in my drama therapy work is to expand the conversation about the potential appropriativeness of Expressive Therapy (ET) techniques. As a person of color in the field of ET, I feel it is my place, not only to point out the cultural appropriation that I see, but also to reclaim and honor the practices that are inspired by my ancestors. For me, the practices in ET that are reminiscent of indigenous healing techniques can be understood as a celebration of the effectiveness of these approaches. Writing out or naming the connections between the Core Processes and the principle tenets of the Africentric Worldview was an attempt to engage with the possibility of making this kind of comparison with intellectual rigor and respect, unapologetically. Another tenet of the Africentric Worldview that participants experienced was rhythm. We chanted and clapped in unison. We practiced collectivism through collective breathing and active listening or witnessing. The planned curriculum for my community engagement project also provided space for participants to explore ways in which their own cultural Worldviews influence their practice and perspective. This kind of self-inquiry was meant to help peel back layers of assumptions about right or wrong ways of being, that could impact a person's ability to practice cultural humility.

I was inspired by my research around Critical Consciousness theory and Critical Race Theory to focus on the idea of dialogue or naming as a tool for racial equity. I also learned, from my experience as a consultant, and as my parent’s daughter, that having dynamic conversations is essential to maintaining positive relationships across differences. VISIONS Inc. consultants often talk about offering a common language to workshop participants. The idea is that when a
group of people are all sharing a set of definitions and terminology about a sensitive subject, it makes it a little easier to approach. Common language empowers people with the ability to name their experiences without being misunderstood. The importance of dialogue was also highlighted by my interviews with NADTA members. It became clear to me that this dialogue needed to be ongoing in order to be effective, hence I suggested in the pre work that participants find a Cultural Humility Buddy who they could have regular conversations with.

As structures for dialogue, and in order to address unconscious bias and internalized oppression, I incorporated the following VISIONS Tools into the agenda. Each of these tools is a psychoeducational frame that can be, both a catalyst for reflection and discussion and add to the shared vocabulary of participants.

- **Cultural Sharing**, which invites participants to think about their own cultural orientation and notice what happens for them internally when talking about these things out loud.

- **Four Levels of Oppression and Change** (VISIONS Inc., 2018). I explained the levels then asked participants to generate examples of how these levels play out in a treatment setting.

- **Modern Oppression and Internalized Oppression Behaviors** (VISIONS Inc., 2018). I planned to describe the behaviors and how they interact with one another, then have participants generate examples of each behavior at one of the four levels then role play these scenarios. Because of time we did not get to the role plays.
• **Alternative Behaviors** (VISIONS Inc., 2018) I planned to describe the behaviors to return to the role plays, revisiting the same scenarios using the alternatives behaviors.

The VISIONS tools, Modern Oppression and Internalized oppression Behaviors (MOIO) and Alternative behaviors were used within this curriculum to address unconscious bias and internalized oppression. MOIO is a list of behaviors that can be performed by individuals and institutions which perpetuate the cycle of oppression. Modern oppression behaviors are covert forms of oppression that usually stem from good intention, or lack of awareness and they express implicit bias. Internalized oppression behaviors are responses to modern oppression behaviors that do not disrupt the negative impact of those behaviors. Alternative behaviors are a series of behaviors that can be used to address the MOIO behaviors. These tools not only gave participants space to think about unconscious bias and internalized oppression, but also gave them new language to name and understand the nuances of oppression as it plays out within systems and relationships.

My agenda incorporated the Core processes in Drama Therapy in several ways. It included a discussion of the Core processes in relationship to the Africentric Worldview (see Appendix E). The racial equity training was an embodied experience that was meant to include the use of role and play as the participants acted out examples. The experience of acting out scenarios about race was meant to create aesthetic distance. Role play would allow participants to work through emotionally charged interactions around racial power dynamics, without running the risk of causing harm. This training supported the life drama connection because participants talked about how to apply the tools in real life scenarios. As a group of drama therapists, we practiced active witnessing by listening closely to one another’s stories, providing
feedback and responses when appropriate and noticing how we felt while engaging with the material. I think that the agenda had the potential to be transformative, especially for participants who used the pre-work assignments as an opportunity to keep having these kinds of conversations.

The week before the training I sent out an email to all 25 of the participants who I had accepted. I also gave the pre-work assignment to identify and contact a Cultural Humility (CH) Buddy. A CH Buddy is someone who participants could schedule conversations with about identity and oppression. In the agenda I’d planned to talk about the CH Buddy assignment I also assigned a video and three readings (See Appendix D).

The video is a Ted Talk by Jill Fish PhD., an indigenous woman. I included this video because it is a great example of how existing theories in psychology can be expanded upon in ways that make them inclusive of multiple Worldviews. I assigned the following readings “’Take your Kung Flu Back to Wuhan’ Counseling Asians, Asian Americans and Pacific Islanders with Race Based Trauma Related to COVID-19” by Stacey Diane A. Litam and “Implications of an Africentric Worldview in Reducing Stress for African American Women” by Anita P. Jackson and Susan J Sears. As Stevens suggested in his interview, it seemed important to include current information about racial equity in psychology. Each of these readings focuses on a specific population and the use of Worldview in mental health treatment. I also assigned the article “Confronting Power, Privilege and Oppression in Trauma Informed School Based Work: Framing the ALIVE Model within Critical Race Theory” by Lizzie McAdam and Cat Davis because it illustrates the potential for DT as an approach to addressing issues that stem from institutionalized racism. It is my hope that these resources served as an invitation for participants
to look for perspectives on culturally relevant mental health care for clients with identities that are different from their own.

Results

My community engagement project, Free Racial Equity Training for NADTA Members, took place on March 27th, 2021 from 1:00 to 4:00 PM EST. When the training began there were 13 participants in the meeting, then a 14th person joined a bit late, and then another person left a bit early. I used a google slide show throughout the training to support the learning. I introduced myself and the VISIONS Inc. model, talked about my journey to studying DT, then reviewed the agenda and we all agreed to practice respect and confidentiality throughout our time together. We then spent the next 45 minutes hearing from each person. I gave the following as an introduction prompt: Name, A few words about how you ended up at today’s training, and the name of an ancestor who is supporting you right now. Once everyone introduced themselves, I had to adjust the agenda because we were 30 minutes behind the schedule that I had planned. I chose to skip over Cultural Sharing which is described in the Curriculum Development section above. I went on to my next agenda item which was a lecturette on the concept of Worldview. I talked about the Eurocentric and Africentric Worldviews and how our concepts of “wellness” and “normalcy” within the field of mental health stem from the Eurocentric Worldview. At this point, my internet connection became a bit unstable.

Given that we had been in the training for an hour, I gave participants a 5 minute break as I’d planned. During the break I switched to a more secure Wi-Fi connection. After the break, I led the group through an embodied warm up using rhythmic clapping and chanting. We then took a collective breath. I completed the lecture on Worldview, which was about 15 minutes in total, including what I’d said before the break. I moved to my next agenda item which was the
Levels of Oppression and Change. I described the levels then asked the group to generate examples of racism that can happen within DT practice at each level. After several examples had been discussed, I talked about MOIO. I had planned to have participants break into small groups and do role plays about these behaviors but saw that I was not going to have enough time to get through everything, so asked for verbal examples. Then I taught the alternative behaviors and asked for examples of how those same scenarios that had been generated would play out if the alternative behaviors had been used. I was disappointed about not getting to do the role plays.

I had about 30 minutes left to do what I’d planned to do in one hour. We looked briefly at my slide which showed the relationship between the tenets of the Africentric Worldview and DT. I had planned to have participants use my comparisons as inspiration for generating ideas about how to incorporate the concept of Worldview into their own practice, but the time was running out. I wanted to make sure we had some time to discuss the pre-work that I’d assigned. Participants then shared about the CH accountability buddy assignment. I closed the training by asking participants to name what they were taking away and what they were leaving behind, given that we only had five minutes left I had people type these responses in the chat.

Discussion

The first important learning took place during the recruitment process. The platform that I used for registration did not allow NADTA members from Canada, or other countries outside of the U.S. to complete the form. It had a drop-down menu of U.S. states and cities only. This was an oversight on my behalf. I consider it a display of the lack of cultural humility that stems from my cultural orientation as a person from the U.S. I received several emails from international members of the NADTA who were interested but could not fill out the registration form. I was able to include a few of the Canadian NADTA members in the training but it was not without a
moment of self-reflection around my own bias. I am grateful that it was not held against me and I will apply this new perspective as I move forward in my relationship with the NADTA.

The main challenge while carrying out the actual community engagement project was that this course on racial equity for RDTs needed to happen over a longer time period. Working with RDT’s means there was a unique opportunity to use role play and other theatrical approaches to grapple with the concepts that I’d presented. Unfortunately, given the time constraints, I was forced to choose between content and process. I chose to focus on making sure that I got through as much of the content that I’d put into my agenda as possible. If this course had been an actual continuing education course for credit, this time issue would have been even more important. Rushing to fit everything into three hours would have meant that participants did not get all of the material they were expecting to have gotten.

I found that the time I had allotted for introductions was not enough. The participants had so much to say about who they were. It was an important learning for me as a facilitator. Working with a group of RDT’s is very different from working with clients in a corporate setting. I was pleasantly surprised by the enthusiastic verbal participation in the introduction portion of the training, even though it took more time then I’d anticipated. Often it can be challenging to get people to engage when the conversation requires self-disclosure. I think that the current racial climate and experience of collective trauma and isolation due to COVID-19 has created a real desire to engage in these kinds of heartfelt discussions. Participants asked for the slides that I used during my presentation. Unfortunately, while I’ve included the VISIONS Tools that were used within the presentation slides section of the appendix, intellectual property issues limit the publication and distribution of the VISIONS tools (see Appendix E).
The reality of doing this kind of training during a global pandemic means that participants had to participate virtually. Natural interruptions in work from home spaces, internet connectivity issues and Zoom fatigue, all impact the way this kind of training lands on participants. Given that we do not know when people will be working in person together again, it is especially important to plan for the constraints of meeting virtually and also find ways to capitalize on the use of a platform like Zoom. I am not a person who considers myself tech savvy. In the future, I’d like to work with someone who can provide technical support.

**Future Directions**

After the training I debriefed with Adam Stevens. He asked me about my thoughts for moving forward with this work in the NADTA. This feels like a pivotal moment in terms of the potential impact that the CHED CE’s could have on the practice of drama therapy. I am curious about how the CHEDC CE courses will be approved and evaluated. I am curious about how to continue to nurture a shared theoretical orientation about racial equity within the community of drama therapy. I am interested in learning how to support the organization in creating a consistent culture of commitment to racial equity and social justice. I am excited to imagine a future where drama therapy is deeply connected to the work of creating equity within the mental health care system. I was overjoyed and slightly overwhelmed by the number of people who responded to my recruitment letter.

In a future iteration of this agenda I might consider the racial makeup of the group. This could give me the option of creating affinity spaces during the course and could also impact the participants’ personal experience in the training. I am clear that this kind of course will need to be broken into several modules rather than trying to fit all of the content in at one time. I will focus on teaching one concept at a time in each module in order to prioritize time for the core
processes. I believe that using these techniques will help participants make the connection between VISIONS Material and their work. I believe that the learning will be integrated more effectively if participants get to play with it using drama therapy techniques. Breaking the training into multiple sessions will give participants time in between each session to reflect on the learning, meet with their CH Buddies, and apply the tools in their practice.

**Conclusion**

My community engagement project was well received and supported by the NADTA Community. Time constraints and working virtually were challenges that will inform my next iteration of this course. It is an honor to be a part of the NADTA’s renewed commitment to cultural humility, equity and diversity. The NADTA is setting a standard for mental health care professionals as they grapple with the challenge of providing effective services for all people, especially in the midst of unprecedented times. It is my hope that by contributing to the continuing education offerings that meet the CHEDED requirements, I can also positively impact the clients and communities that RDT’s serve.

Overall, this was an incredible opportunity to engage with a community that I am becoming a part of as a new drama therapist. I am so grateful for all of the support that I received throughout this process. While developing this thesis I grew as an artist, a community member and a student. I gained knowledge that expands my own theoretical perspective as a Drama Therapist. This was the beginning of a process of developing a contribution to the field that will make it a more equitable place to play.
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Appendix A.

Recruitment Letter

Greetings,

My name is Jamila Batts Capitman. I am a student at Lesley University, pursuing my masters in drama therapy. I am inviting you to be involved in my community engagement project as a part of my capstone thesis!

For the majority of my career, I have worked as a diversity, equity and inclusion consultant with VISIONS Inc. (www.visions-inc.org). For my thesis, I am combining my experience as a DEI consultant with my drama therapy education, and passion for social justice, to develop a course for Drama Therapists that centers Racial Equity in hopes of offering this in the future for continuing education credits as part of the NADTAs new requirement for DEI CEUs.

All NADTA members are invited to attend this free community engagement project of my Racial Equity Training designed specifically for RDT’s. In this three hour immersive experience, participants will explore the following topics:

- The Western Roots of Psychology as we know it
- The African Centered Worldview, language and relevant theories/ principles
- Personal Commitment to Cultural Humility
- The Levels of Oppression and Change and the Clinician’s Responsibility
- Core Processes of drama therapy in relationship to Racial Equity

Participants will emerge with new tools for self/ community development and for working with clients across racial differences. No data will be collected for this project, it is for educational purposes only.

The Racial Equity Training will take place on Saturday, March 27th. Space is limited, so please Click Here to register, or contact me by emailing Capitman@lesley.edu by March 1st, so that I can secure your spot and contact you directly.

I look forward to taking this journey with you!

With respect and love,
Jamila Batts Capitman

Jamila Batts Capitman, BA. A graduate of the Temple University Africana Studies department, is a VISIONS Inc. diversity, equity, inclusion consultant and creator of the VISIONS Inc. Legacy Project, a national youth development program which empowers participants to view themselves as catalysts for change and social justice. Jamila is the former Director of Multicultural Student programming at Milton Academy and was an educator in the Boston Public Schools. Jamila is an actress, playwright and producer/director, currently a candidate for a Master’s degree in drama therapy at Lesley University where she was a founding member of the Expressive Therapies Change Team and is currently organizing the Lesley University drama therapy Black Student Union and an Expressive Therapy Intern at Mclean Hospital. Her thesis advisor is Laura Wood, PhD (lwood5@lesley.edu).
Appendix B.
Information Gathering Consent Form

Information Gathering Consent Form

Dear Participant:
I am interviewing you as part of information gathering for my thesis for the MA in drama therapy from Lesley University. I am asking you for permission to use your interview as part of the literature review for my thesis project. If you give me permission, I might quote you in my literature review. Of course, it is also quite possible that I will not use your words, even if you give me permission to do so. If you are willing to allow me to reproduce your words, please fill out the appropriate items on the bottom of this sheet and return it to us.
Thank you for your consideration and help,
Jamila Batts Capitman

You have my permission to use my interview in publications related to your thesis. Please check one of the following:

_____ You may use my first and last name to identify my work.
_____ You may use my first name only.
_____ You may use my words, but not my name. (If you check this option, we will either use your work without any name or we will make up a name.)

In addition, please check below if you wish identifiable features to be changed:

_____ You may use my words, but please change any identifiable details, such as names of people, locations, or institutions.

Signature of Interviewee:_______________________ Printed Name of Interviewee:_______________________ Date:_________
Appendix C.

Curriculum/ Agenda Outline

Curriculum/ Agenda:

10 min.: Introducing myself and the intention of this pilot
- VISIONS
- Theatre as social justice
- We are the influencers- “normalcy” as a cultural construct
- Experiencing tools and also being given tools that can be used in practice at the same time
- Developing common language
- Confidentiality, respect, grace
- Review agenda
Chant: I AM HERE TO GET FREE
Collective Breath

15 Min.: Participant intros:
Movement and sound
Name, pronouns, on ancestor who is supporting you right now (can be an element or animal)

10 Min. African Worldview Vs. Eurocentric Worldview
Ethnocentrism and standards of wellness in Western psychology. The Eurocentric Worldview
informs therapy but many Worldviews are necessary in order for treatment to be inclusive. How
can one occupy multiple Worldviews at the same time?
Being aware of the presence of the ancestors is an example of incorporating African Worldview,
we all have ancestors.
How can we approach our own identities without Ethnocentrism?
What do we lose in the process of assimilation? Gain?

25 Min. Cultural Sharing Activity (In small groups or large group depending on time)
Sociometry- Gesture to someone who said something I can relate too.
Highlight ethnicity and culture

5 Min. Break
Chant: I AM HERE TO GET FREE

15 Min.: Levels of Oppression and Change
- Identify examples of oppression within the work we do as DT’s at each level, putting ourselves
  in the shoes of clients who we perceive as racially/ ethnically/ culturally different from
  ourselves.

25 Min.: Modern Oppression and Internalized Oppression
Go over behaviors then in 3 small groups do a role play that exemplifies one set of behaviors at
one level
Show role plays

25 Min.: Alternative Behaviors
Go over behaviors then return to small groups to redo role with alternatives
5 min.: Break

Chant: I AM HERE TO GET FREE

25 Min. DT as an Inclusive Practice-Beyond Cultural Appropriation.
- Look at comparisons between Core Processes and Africentric Worldview
- Pair discussion: Now that I am seeing the core processes in a different light, how can/ do I use core processes to create inclusivity in my own practice? Come up with a few examples.
- Share

15 Min. Cultural Humility Buddy Conversation:
- What was it like to find a person? Could you?
- Generating ideas about how you can use this relationship to grow in your own C.H. Journey

10 Min. Magic Box:
- What will you keep?
- What will you leave behind?

10 Min. Sound and Movement and closure
- Appreciations and lingering questions
Greetings NADTA Members,

Happy Spring! I am very excited to see you all this weekend. The racial equity training will take place this Saturday, March 27th from 1pm - 4pm EST. The information for the Zoom meeting is at the end of this email or click here to enter.

As pre work for this training:

-Please identify and contact one person in your life who can serve as your "Cultural Humility Buddy". Let this person know that you are in a process of recommitting to cultural humility/ racial equity in your practice and life and you would like their support/ companionship. They should be someone who can make regular time for conversations with you. All my research and experience has taught me that dialogue is essential to the work of social justice and we must practice having these conversations. The more you talk about these issues the more you will strengthen your own perspective. You will also become more comfortable sitting in the emotions that can arise when we address race-based power dynamics.

-Schedule your first conversation with your CH Buddy now, so that after the training you have someone to unpack with. Set up a few meetings with your CH Buddy over the next few weeks/ months. This is a way of actively practicing and integrating cultural humility into your life. Don't worry if you don't know what to discuss with your buddy, we will talk about that on Saturday! Also, notice what comes up for you as you do this prework. Is it hard for you to identify this person? Do you already have people in your life who you discuss racial equity with on regular basis? What does it mean for you to formalize those conversations in this way? What does it feel to like to ask for this kind of support?

- I have attached a few readings to this email and one video. Please read/view what you can before Saturday. They will give you some food for thought and context for the work we do together.

If you have any questions or concerns, please reach out to me.

Please do respond to confirm that you will be there on Saturday!

I look forward to connecting with each of you! Please see the Zoom information below.

Thank you,

Jamila Batts Capitman
Appendix E.
Presentation slides with VISIONS Tools

Welcome!
- Intro/Outro
- WorldView
- Cultural Sharing
- Levels of oppression and change
- Modern/Regimented oppression and Alternatives
- GT as inclusive practice beyond appropriation
- CH Buddles
- Magic box
- Closure

The field of “psychology” has traditionally been Eurocentric, deriving from a White, middle-class value system” (Nicholls, 1996). A central assumption of Eurocentrism is Eurocentrism, “the belief in the inherent superiority of one’s own ethnic group or culture” (Wardley and Lourieberg, 1997). Eurocentrism is displayed in the global dominance of Western ideas, which is also known as white supremacy. Kerr (2015) asserts that the eurocentric worldview informa mental health practices and treatments and by its nature, excludes other perspectives.
THESIS APPROVAL FORM

Lesley University
Graduate School of Arts & Social Sciences
Expressive Therapies Division
Master of Arts in Clinical Mental Health Counseling: Drama Therapy, MA

Student’s Name: ___

Type of Project: Thesis

Title: ___

Date of Graduation: ____ May 22, 2021 ____________
In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

Thesis Advisor: ______ Laura L. Wood, PhD, RDT/BCT
E-Signature 4/30/2021 11:55am EST