George Manuel Institute/Neskonlith Indian Band

Project Number: HH-88-BC

Case Study Report

Honouring Residential School Survivors:

A Theatre Production

Every Warrior's Song

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1. Introduction

A series of case studies was conducted as part of the impact evaluation of the Aboriginal Healing Foundation (AHF). The case study process included data collection on selected social indicators that will be used to measure the impact of projects over time. In particular, data was collected for the year prior to AHF-funded activity and once again in the year 2003, an approach known in the evaluation field as "within-groups repeated measures." The case studies are intended to provide a detailed, holistic, in-depth view of the projects and their outcomes. All data was collected by community support coordinators.

The project that forms this case study is entitled, "Honouring Residential School Survivors: A Theatrical Production under the Honour and History Theme" (AHF file # HH-88-BC). The production became *Every Warrior's Song* and is described in the application as, "A theatrical production that addresses the legacy of physical and sexual abuse of the Residential School impacts on First Nations families and communities."

This report provides a holistic overview of the Neskonlith Indian Band and the George Manuel Institute's project (herein referred to as "theatrical production" or "project"), including a description of important regional characteristics and conditions that will reflect the areas where the project unfolded. This is followed by a detailed discussion of project activities and anticipated short- and long-term outcomes and how change will be measured. It discusses the range of potential indicators of change, including those chosen by the AHF Board to be applied to all projects (physical abuse, sexual abuse, incarceration rates, suicide, and children in care) as well as indicators specific to this project. It also includes a discussion of the views of the project team and community service providers on the project and its impacts to date and provides an overview, impressions, and conclusion.

Sources of information used in this case study include: project files (funding proposal and quarterly reports); key informant interviews with the project team, cast members, and follow-up contacts in each location the project had toured; documents and data collected by the community support coordinator as part of the case study process. The AHF National Process Evaluation Survey (sent to all funded projects in February 2001) was not available.

2. Project Overview (Thinking Holistically)

The project that developed and delivered the play *Every Warrior's Song* was funded from 1 January 2000 to 31 December 2000 with a contribution in the amount of $147,366. The focus of this study is for the same time period.

The project involved researching, writing, producing, and delivering a play that addressed the legacy of physical and sexual abuse and other residential school impacts on families and communities. The writing is based on the experiences of Survivors interviewed during the research phase; Survivors were also involved as advisors throughout the project. The funding application reported that the project was expected "to provide a creative process of healing for residential school Survivors and their families by putting words to their experiences of physical and sexual abuse and providing them with an opportunity to share their experiences in a safe environment." The application for funding went on to state the play would honour

Survivors; share history; promote healing for Survivors, their families, and communities; and provide education, awareness, and understanding of what is necessary to restore balance.

One person associated with the host agency stated that the key impetus behind this theatrical production was, in part, an identified need that arose when some community members attended a play about residential schools approximately one year before they applied for funding. According to this individual, the play had many inaccuracies and impacts on the Aboriginal members of the audience. It was developed by non-Aboriginal people with little or no consultation with them. It also portrayed the central character, a nun, interpreted by some audience members as being almost seen as a martyr because she had to "educate the poor Indians." A key shortcoming was that no debriefing for the audience was available to allow for the processing of emotions that were triggered. Out of anger and a need to tell a true story, this project became a reality.

The sponsors for the project was the Neskonlith Indian Band and the George Manuel Institute, located near Chase in the interior of British Columbia. The Institute itself has been incorporated since 21 January 1993, according to the project application, and served as the administrative body for the project. It has administered a wide range of programs and services over the years.

2.1 Participant Characteristics

The theatrical production was designed to be made available within the province of British Columbia. The majority of participants were the general public, both Aboriginal and non-Aboriginal. Also included were Survivors, their families and communities, actors, project staff, roving counsellors, volunteers, community staff members and leaders, and the rest of the members of the 12 communities that hosted the play. Indirectly, there were some people from neighbouring communities that would travel to where a performance was being held.

Participant recruitment cannot be defined in a traditional sense mainly because of the type of project and for these reasons: 1) the performance had an open-door policy (as long as the facility could hold the audience); and 2) the medium being utilized was felt to be a less threatening one that did not hold the same barriers often found when offering "individual counselling." In this sense, participants could be there for entertainment or on a first-come, first-served basis to secure a seat in the hall; healing itself did not have to be the reason for attendance. An important aspect to participant recruitment, however, applied to those who worked on the project. During the early stages of interviews in the research phase, the playwright–director was asked by Elders, Survivors, and a treatment director to ensure those who worked on the project be "in sobriety and working on healing."[1]

Of the six actors, four stated they had a parent(s) who was a residential school Survivor. One confirmed not being a direct descendant, while another made no mention of being a descendant. The ages of the actors ranged from 17 to 45 years old, with a majority being under the age of 30.

Of the 12 performances, two were held at treatment centres for clients only. It is impossible to total the exact number of audience members; however, project files reported reaching an estimated 4,000 people, and many interviewees reported standing room only.

2.2 The Project Team—Personnel, Training, and Volunteers

The project team included six staff members, six actors, and 12 other support staff who received honorariums for various duties. The positions included a project coordinator (replaced once), a production manager, a playwright–director, a stage manager–sound and light person (replaced once), a dramaturge, a choreographer, and 12 support staff. These were Elders and Survivors who advised, taught songs, gave teachings, and drummed. Others did set design, soundscape, or video footage or were actors to workshop the first draft of the play, front-of-house staff, stage crew, or make-up artists.

Not all of the actors had acting experience as they were hired because they were on a healing path. Most of the actors were young. In addition to the staff and actors, quarterly reports submitted to the AHF from the project stated that there were 40 roving counsellors and 30 volunteers who supported the development and delivery of the theatrical production at 12 locations.

The roving counsellors were provided by the host community to gauge how the audience was responding to what was being presented. They would also intervene and provide counselling if someone expressed or showed a need for such. According to quarterly reports submitted to the AHF, the playwright–director met with the roving counsellors prior to each performance to share with them the counselling techniques specific to generational grief and childhood trauma. Follow-up referrals or counselling were also the responsibility of the roving counsellors, as the theatrical production was generally in the community for one performance only.

A very important function of the playwright–director was to facilitate debriefing sessions at the end of each performance. This aspect required a lot of skill and experience and was also utilized to work with actors and staff in preparing and processing the intensely emotional subject matter. Several of the actors stated that the person who provided this guidance was exceptional and that, without her, they would never have tackled this type of theater job.

Volunteers donated their time and efforts in hall set-up, food preparation, healing circles, and transportation. Project reports submitted to the AHF also indicated that the communities that held a performance took efforts in preparing feasts, promoting the event, and providing hall set-up, tear down, clean up, media contact, and protocols to secure Elders and leaders for opening prayers. They also provided staff to oversee any follow-up referrals and counselling needs. This study was unable to determine the total value of in-kind contributions; however, it is believed that contributions were received in the form of administrative support from both Neskonlith Indian Band and the George Manuel Institute, including 40 roving counsellors and 30 volunteers. It is unclear whether any or all of the 12 facilities where a performance was held donated their space free of charge.

2.3 Regional Profile

According to Statistics Canada in the 1996 Census, the Aboriginal population in British Columbia was listed at 139,655. Persons registered under the *Indian Act* living both on- and off-reserve were listed at 93,835. In keeping with similar Aboriginal demographics across the country, almost half of the province's Aboriginal population (57,645) are under the age of 19. Adding the next age group (20–24), this figure rises to 69,595. Combined with the next age category (25–34), the figure rises to 93,845, which means

there is a significant number of young Aboriginal population in British Columbia. All these figures are important since the play was partially about teaching history, and the above-mentioned population would not have been old enough to attend residential schools in the province that had closed by 1965. The 1996 Census also cited 26,000 Métis in British Columbia.

According to project staff, if using language as a basis of classification, there are 10 major linguistic groups within First Nations in British Columbia. There are 193 bands, 33 tribal councils, and well over 200 umbrella political and social organizations. British Columbia has nearly 20 per cent of the total Aboriginal population in Canada, 32 per cent of the total number of bands in Canada, and has 1,634 of the 2,323 reserves in Canada. A fair number are remote, isolated communities found in the northern portion of the province. The urban Aboriginal population carries implications in terms of population size, especially in the Vancouver/Richmond area. One factor is the milder weather during winter months; many people involved in more transient lifestyles migrate to this area to escape harsher climates found on the Prairies, elsewhere in Canada, and even within British Columbia. Therefore, the Aboriginal population may fluctuate depending on the season. In terms of reach, two performances were held in Vancouver where there is a significant Aboriginal population. The following table details where performances were held and population figures for that area.

Table 1) Population of Locations Where Performances were Held

Location	General Population**	Aboriginal Population
Vancouver (x2)	1,831,665 (Metropolitan)	31,140**
Round Lake Treatment Centre (Armstrong)	5,322 (Armstrong District)	36-bed facility
Nenqayni Treatment Centre (Williams Lake)	38, 552 (Williams Lake agglomeration)	4 family units plus 10 youth beds
Interior Indian Friendship Centre*** (Kamloops)	84, 914 (Kamloops)	undetermined
Ki-Low-Na [Kelowna] Friendship Centre***	136, 541 (Kelowna)	undetermined
Tillicum Haus Native Friendship Centre*** (Nanaimo)	85, 585 (Nanaimo)	undetermined
Neskonlith First Nation* (near Chase, Kamloops Service Centre)	2, 460 (Chase) 84, 914 (Kamloops)	543
Lytton Band* (Merritt Service Centre)	7, 631 (Merritt)	1,665
Bonaparte Band* (near Cache Creek, Kamloops Service Centre)	1, 115 (Cache Creek) 84, 914 (Kamloops)	719
Coldwater First Nation (near Merritt)	7, 631 (Merritt)	282**
Bridge River Band* (near Lillooet, Kamloops Service Centre)	84, 914 (Kamloops)	379

* *First Nations Profiles*, Indian and Northern Affairs Canada, July 2001
** Statistics Canada, 1996 Census
*** Friendship centres serve largely urban populations and satellite First Nations

3. Using Common Sense (The Data Collection Process)

In order to guide the community in measuring change, this section links the long- and short-term goals of the project with how change will be measured. Indicators of change and how they are being measured are outlined in the performance map found at the end of this section. All project files were thoroughly reviewed prior to conducting the interviews, which included the funding application and all quarterly reports. Preliminary contact was made with key informants to make introductions and begin planning for when interviews would take place. After initial review of all documentation, a logic model and a performance map were created to provide an overview of the project. These steps then guided the design and finalization of the interview questions (Appendix 1) as well as a list of who would be interviewed.

Over the course of roughly two weeks, both in-person and phone interviews were conducted with 12 of the 14 people originally identified as potential key informants associated with the project. These included the cast and crew whose names were provided by the playwright–director as well as other key contacts named in project files. The main questionnaire was delivered to these individuals soliciting their observations, lessons learned, knowledge of the purpose behind the project, as well as perceptions of the impacts in the five main indicator areas identified by the AHF Board, to name a few.

The follow-up questionnaire (Appendix 2) asked only question #17 from the main set and three other separate questions to determine the length of debriefing sessions and number of individuals or family units who had sought counselling as a direct result of the performance. Question #17 asked respondents to select the answer that best suited how they felt from a set of predetermined choices on the potential for effect or impact in the five main indicator areas. The reason for the follow-up questions was due to the project being in each location only once. Respondents to the main questionnaire were often unable to relay what, if any, follow-up efforts occurred. The follow-up questions were delivered to key contacts from each location the project toured, whose names were provided by the project team, to identify what follow-up needs were expressed and met.

Key interviews were done privately in person or by phone; facsimile transmission was used for some of the follow-up contacts. Interviews ranged from 25 minutes to one hour in length. In addition, two key people associated with the project were asked the mandatory questions set out by the research team. All actors and most of the staff were interviewed. Follow-up calls were placed to 10 of the 12 communities identified in project files.[2] Of the ten people, eight completed and/or returned the follow-up questionnaires by phone or fax, and the other two had either left the agency or were unavailable due to personal schedules.

Two other sources of information came from Statistics Canada for the 1996 Census and data from the *First Nations Profiles*, maintained by Indian and Northern Affairs Canada, with figures updated in July 2001. Additional information was collected through phone contact with some Aboriginal agencies. Other information used was from Correctional Service Canada and various British Columbia ministries. The following performance map (Figure 1) can be used as a two-page reference guide to collecting information. It follows the key questions aimed at securing unique answers that can be verified by project files and key informants who are intimately knowledgeable about the project.

Figure 1) Performance Map—Honouring Residential School Survivors: A Theatre Production *Every Warrior's Song*

MISSION: A creative, interactive process of healing for Survivors, their families, and their communities that stays true to the original experiences of residential school Survivors.			
Resources		**Results**	**Results**
How?	**Who?**	**What do we want?**	**Why?**
activities	**reach**	**short-term outcomes**	**long-term outcomes**
Research and write a play in consultation with Survivors; recruit staff; recruit actors through auditions based on basic skills and their familiarity with residential school issues; produce and deliver performances locally, then provincially, and possibly elsewhere in Canada; engage, debrief, and interact after each performance with the audience; and provide closure to staff and actors at project's end.	Residential school Survivors; family and community members; actors, staff, and volunteers; and community staff and leaders.	Increased knowledge and awareness of residential school issues; involvement and input from Survivors; accurate, true portrayals of the original experiences of Survivors; honouring the resilience of Survivors at the family and community levels; appropriate, guided dialogue after each performance; and appropriate wellness/safety plans for all involved or working on the project.	Restored balance and honour of Survivors with their families and communities.
How will we know we made a difference? What changes will we see? How much change has occurred?			
Resources	**Reach**	**Short-term measures**	**Long-term measures**
$147, 366 one year only	12 locations; 4,000 people; and 6 actors, 6 project staff, 12 support staff, 40 roving counsellors, and 30 volunteers.	Active, engaged dialogue after each performance by # of audience members staying for discussion; reports of audience reaction; length of time people would stay, discuss, and listen to issues; perceptions of actors, staff, and volunteers on what changes have been seen in Survivors, their families, and their communities; self-reported and key informant views on how the performance has impacted on those directly involved with the project; and evidence of increased awareness of residential school issues within communities.	Increase in Survivor healing, as seen through sense of belonging, validation, utilization as a resource, and family and community reconciliations; decreased physical and sexual abuse as a result of better education, awareness, and willingness to acknowledge and intervene in these areas; and increased healing as evidenced by decreased rates of suicide, children in care, and incarceration.

3.1 Thinking Logically: Activities and Outcomes

There is a logical link between the day-to-day activities a project undertakes, what they hope to achieve in the short term, and the desired long-term outcome. Here, the theatrical production was intended to provide an opportunity for healing especially for Survivors, their families, and their communities and to raise awareness by retelling history. It was anticipated that the theatrical production would lead to the following outcomes:

- an opportunity to bring healing through a creative process;
- to honour residential school Survivors;
- to share history, specifically about residential schools;
- to promote healing for Survivors, their families, and their communities; and
- to provide education, awareness, and understanding of what is necessary to restore balance.

The relationship between the project activities and both short- and long-term benefits is set out in the following logic model (Figure 2). This model does what the name implies: it logically describes the project activities, how they were delivered, and what the community wanted to achieve. It then goes on to identify how we will know things have changed in the short term, why this work is being done, and how we will know things have changed in the long term. In this way, an outside observer can use a logic model to see how activities are expected to lead to outcomes or results.

Figure 2) Logic Model—Honouring Residential School Survivors: A Theatre Production *Every Warrior's Song*

Activity	Research and write a theatrical production that addresses the legacy of residential schools.	Secure production staff and actors; and hold rehearsals.	Produce a play and deliver it throughout the province of British Columbia.	Debrief, counsel, and process with the audience after each play.	Provide closure for actors and staff.
How we did it	Worked in collaboration with Survivors in the research phase and as advisors.	Recruited and guided all production staff and actors; and rent theatre for rehearsals.	Selected 12 locations to deliver the play.	Skilled facilitator prepared roving counsellors and volunteers prior to performance and led discussions afterwards.	Involved actors, Elders, staff, and volunteers in a process to provide closure.
What we did	Sought advice and direction from Survivors through interviews and participation in research, writing, auditions, rehearsals, and performances.	Chose performers and stage crew based on basic skills and familiarity with residential school issues; # hired; and rehearsed 6–8 hours/day x 6 days per week x 6 weeks.	Delivered play to 12 communities (# and location of performances).	Encouraged host communities to plan for aftercare; ensure wellness plan for actors and staff; and roving counsellors provided individual support as required.	Held a final meeting; discussed future plans and funding; held a closing circle; and consulted on final report.
What we wanted	A creative process of healing for Survivors and stay true to the original experiences of Survivors.	Presented a play that honours the determination, courage, strength, and resilience of Survivors.	Healing for the community, particularly Survivors and their families.	Safety and immediate and ongoing support for those who attend each performance.	Members of the project team have an understanding of the impact of the project on themselves; and the project contributes to the individual healing process.
How we know things changed (short term)	Willingness of Survivors to give input, direction, and attend performances by # of Survivors involved and degree of involvement.	Self-reports and key informant views on impact of play on individuals involved as actors, staff, and stage crew.	Engaged discussions after each performance by # of audience members who stayed for discussions; reviews in local media; and views of volunteers and roving counsellors on impact of the play.	Increased dialogue in communities on the impact of the residential school legacy and increased number of people seeking support for healing.	Key informant and self-reported perceptions of improvements in participants' ability to recognize and discuss the impact of the residential school legacy on their lives and emotions.
Why we are doing this	To provide a creative process of healing for Survivors, their families, and their communities by honouring their true experiences while creating education and awareness as well as what is needed to restore balance.				
How we know things changed (long term)	Evidence of increased levels of knowledge and understanding of residential school impacts and empathy towards Survivors in communities where performances took place; and increase in healing of individuals and families evidenced by decreased rates of physical and sexual abuse, incarceration, children in care, and suicide and increase in participation in healing activities/programs.				

4. Our Hopes For Change

This project operated for one year only and the performance was delivered only once at each location. The question is: *Can a one-time event change a life?* The answer would most likely be yes. A clear example might be a near-death experience where a personal transformation might occur. Although this play was not a near-death experience, let us pose some questions for thought. What would happen if someone in the audience was feeling depressed and suicidal? Or, what might happen if an audience member had been physically or sexually abused? How might a person react who had lost custody of his/her children or was at risk of this because of his/her own self-destructive behaviour? Could the play influence a person who was coming from a troubled past that included incarceration? What if somebody attended a play and knew something was wrong in his/her life but just couldn't put a finger on it? What would happen when truth gets spoken? The answers to these questions may in fact describe, or be supported by, the observations and short-term impacts felt by those involved with the project.

During interviews with the project team, the goal that was most often described was to bring understanding, awareness, and education about residential schools to the communities and, secondly, to begin a healing process for Survivors and their families. The logic model and performance map presented earlier identify a number of desired short-term outcomes, including: increasing knowledge and awareness of residential school issues; involving Survivors; accurately portraying the experiences of Survivors and honouring their courage, strength, and resilience; providing a safe environment for discussion of issues raised by the play; and contributing to the healing of individuals, families, and communities. It can be said that the process used to achieve such increased the likelihood of an impact being felt in a positive manner. This study describes the wisdom behind, first of all, recruiting people who were working on healing for themselves. One respondent mirrored this wisdom by describing what he learned through his involvement: "I have to practice what I'm preaching, it has switched my way of thinking." This approach is commonly described or used in 12-step-type fellowships, such as Alcoholics Anonymous, with the message being delivered by one alcoholic to another, or someone who has *experienced* the message, and is likely to be received more effectively.

Over the longer term, success will be gauged by evidence of increased knowledge, understanding, and awareness of residential school impacts and by increased participation in healing activities. Progress in these two areas will be supported by decreased rates of physical and sexual abuse, incarceration, children in care, and suicide and by participation rates in healing activities. It would be unrealistic to expect one performance in any given location to have a direct or measurable influence on these desired long-term outcomes. On the other hand, the performances may have acted as a catalyst for change in individual members of the audience and therefore could lead to increased levels of healing activity in their communities. It is also anticipated that members of the project team may experience changes in their lives that they can attribute to their participation in the project. These issues were explored in interviews with key informants and the project team, albeit a short time after the project's completion. Follow-up interviews in 2003 will provide an opportunity to examine the same issues over a longer time span.

In addition to the longer term potential for change in individuals who viewed the play, there were clear opportunities to stimulate awareness and education in three key groups beyond the audience in general. The first group included the cast and crew who were recruited mainly because they were on their own healing journey. An example for potential long-term outcomes can be seen here by several members of the

cast and crew indicating they had started counselling or therapy. The second group included the clients at two treatment centres who were provided a closed performance. By virtue of their attendance at a treatment facility, the clients had the advantage of being in treatment with access to longer term follow-up or processing with trained individuals if any emotions and/or memories were triggered by the performance. The third group included the people involved in some form of training capacity. One friendship centre and other informants mentioned that trainees had attended a performance, usually in a group, so as to receive an experiential type of learning. This type of visual stimulus can be most effective when it is combined with the proper guidance, as was provided in the debriefing and the provision of roving counsellors. The fact that these individuals attended as part of a group also created opportunity to debrief among themselves with their instructor and to process the experience. In these three areas, it would appear a ripple effect was possible to influence longer term outcomes.

The case study design anticipated measuring change in five key indicators of healing—physical and sexual abuse, incarceration, suicide, and children in care—by comparing data collected one year before the project commenced and again in 2003. Attempts to secure the data on the communities that hosted performances were not successful. There were 12 performances in 11 different locations, with two being held at different venues in Vancouver. Community level data can be difficult to access from afar, and the researcher was only in British Columbia for one week. Time and cost constraints, the number of communities and the distance between them, as well as personal schedules and the residence of some key informants resulted in a number of interviews being conducted by telephone. There was only one interview that occurred in the host community. In total, four of the 12 key interviews were done in-person, and the remaining were done by phone. Table 2 presents information available from the interviews on how the project team and key informants in the communities believe the project will influence the identified social indicators.

Table 2) Perceived Impact on Social Indicators (n=20)

Social indicator	Significant impact				Little or no impact
	A lot	Some	A little	None	Not sure*
Physical abuse	70%	20%	10%	–	–
Sexual abuse	85%	10%	5%	–	–
Incarceration	55%	20%	10%	–	15%
Suicide	60%	35%	5%	–	–
Children in care	45%	40%	5%	–	10%

In all, a large majority of the key informants from the project team and the sponsoring community organizations believe that there will be an impact over the long term on the social indicators the AHF hopes to positively influence. In fact, 95 per cent of respondents believe that the project will have a lot or some impact on sexual abuse, and 90 per cent believe the same about physical abuse. This is significant in light of the project's goal to deliver a theatrical production that addresses the legacy of physical and sexual abuse of the residential school system affecting First Nations families and communities.

As noted, longer term impacts will be addressed in the follow-up report based on data collected in 2003. While similar barriers may be encountered in obtaining community-level indicator data, key informants

within those communities can be asked to describe any observed changes in rates of abuse, incarceration, and suicide since the performance. Assuming that the performance was a catalyst for change, a general increase in levels of knowledge and awareness of residential school impacts as well as an increase in the number of people involved in healing activities can lead to a reduction in destructive behaviours represented by the five social indicators. Also, while actors and stage crew tend to be a more fluid group, members of the project team who will be available for future interviews could be asked about changes the project initiated in their personal lives. Certainly, as the following will show, the performances left a strong impact on audiences and members of the project team.

5. Reporting Results

The need for accurate portrayals of the experiences that occurred within residential schools is paramount if it is to facilitate a process that would lead to healing. In this case, the project remained clear in its goals and demonstrated an intricate knowledge of these issues as well as how to approach them when using theatre. The application itself reflected this knowledge and articulated how the project wanted to proceed. Although no direct data link may be found through the attendance or participation in the production, there is still opportunity for this project to serve as a stimulus and catalyst that could influence longer term outcomes.

Both in the project files and throughout the interview process, several people mentioned the safety or non-threatening nature of theatre, which appears to have worked well here. References were made of Aboriginal people being "visually oriented" as well as the recognition that the issues of physical and sexual abuse, children in care, suicide, and incarceration are difficult issues to tackle openly. Many barriers such as denial, addictions, shame, or depression are just some of the obstacles or barriers that would inhibit or prevent a person from coming forward to deal with these issues.

This project demonstrated a clear process involving Survivors at all stages in order for the project to stay true to the original experiences," as stated in project files. It also seemed evident that due to the effective portrayal of the characters, these "original experiences" found an opportunity to release some of the difficult issues that otherwise may not have been disclosed. Informants made reference to witnessing many first-time disclosures and, coupled with the fact that family and community members were in attendance for many of these disclosures, a climate was supported through debriefing and by having roving counsellors to process these revelations.

Nobody seemed unrealistic by thinking or feeling that this one-time event would heal people. It was rightly presented as "an opportunity to begin healing." There were clear examples provided on how this opportunity to begin healing translated into direct involvement in counselling or therapy. About half of the cast indicated that they had begun these forms of healing for themselves. In other cases, the benefit of enhancing training or professional development for people already working in this field or studying to be counsellors was suggested. This form of experiential learning appeared to have worked well. However, without interviewing any of these individuals (beyond the scope of this study), it is unclear as to what effect the production had.

5.1 Influencing Individuals and Communities

Due to the nature of this type of project—awareness building was the driving point behind its efforts—the following information will present how these efforts have influenced individuals and communities. Information is presented under three categories: the project team, the audience, and the community. Influences are depicted through informant responses and observations. Implicit in the discussion, and especially evident in the quotes from respondents, is the fact that the performance appears to have contributed greatly to an increased awareness and dialogue on residential school impacts.

The cast and crew of *Every Warrior's Song* were asked to describe the impact on themselves regarding residential school issues as portrayed through the characters in the play. It is important to remember that four of the six actors had at least one parent who is a Survivor. One person described the impact as, "Overwhelming. Survivors had to tell their story. It wasn't enough to hear other peoples stories, they had to tell *their* story." Others spoke about more personal issues:

- "I felt like I was reliving a part of my past when I was drinking and drugging and on the skids. I'm glad I got a role and it was funny how it happened."
- "Before the play, I stopped drinking. Going through the play and understanding the process helped me stay off of booze. I previously had problems stuffing emotions but the play allowed me to open up. I want to go back into the field of theatre. I now have more compassion, I understand and see the real reasons behind certain behaviours."
- "My Dad is a Survivor. A lot of personal issues came up [informant becomes emotional and interview is paused]. Issues came up for me about alcoholism, suicide, feelings of self-worth all surfaced."
- "Yes, I am aware of an example. My Mom is a Survivor and started talking more which she never did before. I saw changes emotionally with my family, like she used to have problems hugging and now she does."

There appears to be advantages to the medium of theatre used here. Earlier, it was mentioned that this medium is a less threatening or imposing way of introducing emotional issues, such as those associated with the legacy of residential schools. The project team included actors, staff, and support staff who offered numerous examples that further supported the benefits of a positive impact that they were seeing:

- "Healing is an ongoing thing and I'm still working on my issues. Writing is like therapy, many times I was moved to tears. I needed a strong support system and I totally related to residential school Survivors."
- "It is very important for our people to understand that all stories are relevant and real. There is a great need for our people to find all kinds of avenues to construct their story through ceremonies, plays, workshops. This definitely needs to happen."
- "It's only the tip of the iceberg. The AHF process is good, an alternative to what non-Native people are offering us as solutions to our problems."
- "Felt good knowing the project was a little about prevention, little about treatment, some education, even for non-Native people."

The non-threatening medium of theatre can be said to offer an equal set of opportunities that create an awareness and stimulate further efforts to address the needs that flow from that awareness. As the saying goes in the healing movement, "you can't heal what you can't feel."

The impact on audience members, particularly Survivors, was witnessed through certain responses. According to informants, every performance honoured Survivors by recognizing their strength and resiliency. Many informants described their observations:

- "My Mom is a Survivor, she attended one performance and I acknowledged her there as a Survivor for the first time."
- "I'm closer to my Dad who went to residential school, kind of ironic that something that separated us also brought us closer [together]."
- "I learned about their resiliency, compassion, the audience opened up and wanted to talk about things at a very personal level."
- "They [Survivors] want to do something about it and are just waiting for the right *opportunity* or circumstance."
- "A lot have never been able to tell their story and they want to."
- "A lot of people attended with family members and are now doing things with them. Many wanted to see repeat performances and to bring other family members."

These observations suggest that the staff and actors were given ample understanding to first hear the stories and then mirror that back through the characters.

Follow-up interviews with eight of the 12 communities that held performances show that debriefing and question/answer sessions were held after each performance and ranged from 45 minutes to 3.5 hours, with the average time being just over one hour. In follow-up telephone calls, communities were asked about the number of clients and family units who sought counselling following the performance. The following responses were from five of the performance locations. One of the respondents stated that most of the audience members at his facility were enrolled in various training programs, not only being already involved in this area, but not necessarily providing counselling yet to individuals or families. The two treatment centres are not included as all of their clients sought counselling by virtue of their participation in the centres' programs. One treatment centre's contact explained that their facility holds four families at any given time as well as 10 youth in their inhalant program. The performance at their facility was closed to the public. The other treatment centre is a 36-bed facility and clients must be 19 years or older. Also, some individual clients may also be members of the families who sought counselling.

Table 3) Numbers of Individuals or Families Who Sought Post-performance Counselling

Community	Individual Clients	Families
1	6	2
2	11–12	2
3	23	8
4	4 referrals	1
5	–	1

In questions aimed at determining levels of support from community leaders and community staff members, respondents from the main questionnaire (n=12) were asked to rate this support on a scale of 1 to 5 (1 low, 5 high). For both groups, the average score was 4 indicating high support. Informants provided examples of what special efforts or factors that might allow a community to deal differently with residential school issues and what services have improved:

- "I feel they can now deal with things differently because the conversation has been opened up with a lot of family members. They were all there [together], all crying, all supporting, all spoke. The healing was transpiring right before our eyes."

- "I saw an impact on frontline workers, development and education, even for the leadership. People feel they must now start organizing, find all avenues for our people to feel safe."
- "I feel the play can be used as a reference. It made some people want to apply for funding, and those already with funding incorporated the play into their work."
- "One community, Lillooet, said they were talking about starting group meetings for Survivors. People also discussed the play and the impact on them."
- "I know many people, Bands, and places we didn't go heard about it [the play]. More people started showing up at healing places on the reserves, one being my stepfather. I've also heard they want more healing."

From these examples and information from quarterly reports, it is shown that residential school support groups have come together in many communities and that men's and women's healing groups have formed. It is therefore safe to say that communities have responded to this stimulus by introducing new services or by taking special efforts to improve upon what they had already offered to Survivors. "I feel they are now more informed. Talking equals solutions. Survivors did an honouring at each performance. The community now sees their strength and how Survivors can make contributions to the community."

5.2 Engaging Survivors

Survivors had key roles from the beginning to the end of the project. In project files it clearly stated: "Residential school Survivors will be involved throughout this project, as interviewees in its research phase, and as advisors throughout the duration of this project ... Survivors will also be consulted to ensure that the story stays true to, and honors, their experiences."[3] The files provided information on the reasoning behind the project: "Survivors will also be honored as an important [part of] the performance. Through this honoring, they will be acknowledged for their courage and strength to survive and be welcomed back into the community. In this way, Survivors will be encouraged to acknowledge the positive qualities that they have to share with the community, and they will have their place in the community."[4]

It may be due to this method of engaging Survivors that encouraged and welcomed a willingness of Survivors to contribute to the process. This aspect is important in terms of how family members and the community were provided an opportunity to witness these stories and to find reconciliation and a greater sense of community. Here we see some examples of the spirit behind each performance:

- "Survivors attended rehearsals, plays, and were often crying, talking, encouraging us. They expressed how glad they were that someone was telling their story. Some helped with facilitation after the plays, some taught us songs."
- "I heard very powerful comments and questions. They [Survivors] were looking for the truth and what this meant to our people in terms of healing and recovery."
- "[T]he characters were exactly like their experiences and that they [Survivors] could relate."
- "Survivors would get up in front of crowds, vocalize their anger, and you could almost see a weight lifted off their shoulders."
- "Each night we got a real sense of community after each performance."
- "Definitely never a lack of questions or comments, was kind of strange, like a friend telling you an amazing story."

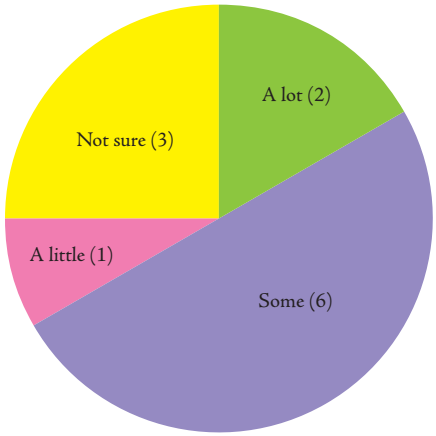
As can be seen by these responses, the contribution to and from Survivors helped create an accurate understanding of their experiences that benefited them both ways. By portraying real life experiences through the characters, Survivors and audience members were afforded a stimulus that resulted in emotionally charged testimonials before, during, and after the performances.

In terms of special efforts or improved services for Survivors and their families, four people were not aware of any, while another six stated that they could not provide an example or were not sure of how services were improved. As stated earlier, the cast and crew were generally only there for one performance and had little or no contact afterwards. However, some examples were provided, such as:

- "I know that Survivor support groups were started, even a theatre group in Merritt was started."
- "After each performance, groups were held, healing circles for Survivors."
- "I know one friendship centre is now running training for counsellors."
- "Front-line workers at each performance got more understanding of trauma. We recognize basic alcohol and drug counselling isn't enough."

It appears that there was significant dialogue resulting from this project. Several examples cited family units attending and benefiting from this type of education and awareness. As stated by the project, one aspect or goal of the project was certainly to present an opportunity for healing. Figure 3 indicates perceived changes in regards to Survivors taking on more leadership roles over the last 12 months.

Figure 3) Changes in Survivors' Leadership Roles in Past Year (n=12)



5.3 Establishing Partnerships

Partnerships were required in order for this project to be a success and to ensure safety needs were met. This is especially true since the performance was for one night only at each location. The following partnerships were listed as:

- Little Shuswap Indian Band;
- Adams Lake Indian Band;
- Nunalituoait Ikai Uqatigiitut (Kuujjuaq, QC);
- Journey of Many Feet, Pauline McCrimmon;
- Whiskeyjack Treatment Centre Inc.; and,
- Na Nichimstm tine iKwi Kwekin, Voices from the generations, Squamish Nation Residential School Committee, Teresa Nahanee.

In the final quarterly report, however, several more partnerships were named. The first five were described as existing partnerships, while the rest were new:

- Round Lake Treatment Centre;
- Neskonlith Indian Band (Social Development Department);
- Little Shuswap Indian Band (Social Development Department);
- Adams Lake Indian Band (Social Development Department);
- Coldwater Indian Band (Social Development Department);
- Williams Lake Treatment Centre;
- Interior Indian Friendship Centre (Counselling Department);
- Vancouver Friendship Centre (Counselling Department);
- Vancouver Robson Square Media Centre;
- Merritt Coldwater Indian Band (Social Development Department);
- Nanaimo Tillicum House (Counselling Department);
- Kelowna [Ki-Low-Na] Friendship Centre (Social Development Department); and,
- Lillooet Bridge River Indian Band (Social Development Department).

This same report outlines what host communities were expected to provide. "All of the partners involved provided host sites, with a stage and area large enough to house their anticipated audience, marketing, transportation to the audience, the feast, a counselor pre and post action plan for participant support, and roving counsellors for during the performance."[5]

5.4 Best Practices

There appeared to be several best practices that would support greater opportunity to have the desired positive impacts. For example, given that the playwright–director had an excellent understanding of the needs (supported by key informant observations), there were opportunities to avoid negative experiences. These more negative consequences were seen at the earlier mentioned non-Aboriginal production that, in part, served as a catalyst for this project. Here are the best practices identified through this process:

- adequate research involving "experts" in this area—namely, Survivors;
- adequate preparation and support to cast and crew in order to navigate the emotions that would be experienced by these individuals without taking on other people's issues;
- appropriate recruitment criteria to include those "working on themselves and being clean and sober";
- the practice of debriefing, the use of roving counsellors and volunteers to ensure safety measures were in place, and closure at the end of the project;
- having Survivors identify themselves and acknowledging them at performances by standing allowed roving counsellors to tag people and do follow-up if required;
- the highly skilled facilitator (playwright–director) appeared to have benefited all involved; and
- the involvement of Survivors and Elders at all stages of the project allowed for sustained momentum and adequate support.

5.5 Challenges

However successful, the project was not without challenges or obstacles. Despite them, the project was able to stay on track through its use of best practices and clearly articulated goals. The following lists respondents' observations identifying these challenges and obstacles:

- In reference to the promotional needs, five people stated "getting people to come out" was a challenge, especially since the production was about emotional subject matter.

- Two other informants mentioned "dealing with our own emotions" or "getting over or looking at our own issues and experiences." Even months later, during the interview process, at least two informants became emotional, requiring the interviewer to pause.
- Others mentioned budgetary problems; for example, the application underestimated certain costs. Because project funds were limited, this prohibited the ability to travel to more communities.
- Four people cited various problems with the project sponsor, including, "the financial management from our host organization, we didn't know if we would get paid at times or working with administrative bodies who aren't all in healing themselves or are unaware of theatre work." This included a vacuum that was created when the original contact person from the host organization had left early near the startup of the project.
- The recruitment process for the cast posed some challenge, as a key requirement became not so much their acting experience but their own commitment to personal wellness. One informant mentioned, "finding actors with a grassroots understanding on culture, spirituality, tradition, and then develop that into the play."
- Reference was made to the subject matter itself and how certain individuals may have found it difficult to hear or talk about these issues: "My Dad is a Survivor and a really tough guy. It's difficult to get someone like him to talk about these sensitive issues."

Despite these challenges, there was a commitment to move forward by addressing these issues. Reference was made by some informants that, "It was like a ceremony, not just a play. A lot of what I did for this play, you wouldn't do for your average theatre job." This type of dedication and the feelings that the cast and crew felt from the production appears to have outweighed or compensated for any negative experiences.

5.6 Lessons Learned

It is one thing to experience normal ups and downs with any new project, but to learn from these experiences is another. People change jobs and others, for whatever reason, are required to leave their posting. One such reference was found in project files of one project position that, "had difficulty respecting the safety boundaries of the other staff. After working closely with him to work on his struggle, the [person] chose to leave the production."

In response to some of the challenges experienced, informants offered various insights into what lessons they had learned. What follows are some of these responses:

- "I learned a lot about accountability and going slower, being better prepared."
- "Could have talked more with admin staff before the play. Also more counselling services available for Survivors so we could refer them."
- "Longer follow-up period, evaluation, follow-up with all counsellors. Copy the video of the play for all counsellors to use."
- "Stay in a community longer, so more people could see the play."
- "Someone to go beforehand and inform about the play, promote and prepare about potential impact."
- "[M]ore conscious of the people they hire, know their backgrounds, et cetera."

The project's quarterly reports stated that one lesson it learned was that it did not allot enough time for the final meeting where closure took place, thereby going over-schedule with this. Final reporting requirements to the AHF was also underestimated in terms of the time and effort to get all involved in this important aspect, which was described as "information sharing."

6. Conclusion

This project can be deemed a success. It met all of its stated requirements and managed challenges with commitment and dedication. Short-term impacts have been stated, most commonly with the number of people who sought counselling or therapy, including members of the cast. Longer term outcomes are that much closer to being felt, considering the level of short-term impacts. Examples taken from quarterly reports included, "many residential school support groups; some Survivor groups have returned to the site of the school they attended, and with support and help from counsellors and spiritual Elders, they use ritual to let go of painful memories of their past; and, men's healing groups and women's healing groups have formed."[6]

General comments from the final report included an observation for a need to "upgrade the skill level of community counsellors to a level that would allow them to work more skillfully with residential school Survivors." Indeed, spinoff efforts have been stated. Trainees from various training courses who attended performances also benefited by guided instruction and processing of this experience. Some organizations were said to bring their entire trauma team and to also process the impact among themselves. An advanced trauma training course was subsequently initiated after the project ended. One commonly observed conclusion is the impact on the cast, most of whom were under the age of 30:

> The last scene of the unveiling of the masks, brings together the journey of the Survivor. It helps the audience to feel a sense of courage in their own journey as they come to realize that this play was literally a healing journey for the actors. In order to perform this scene the actors developed their own masks, in order to do this the actors needed to express who they are under their masks. In order to unveil themselves, they needed to trust.[7]

This impact was seen among the actors because of the actions they were taking, such as making decisions to "go back to school," several stated "going into counselling or therapy," two mentioned not using "alcohol and drugs," and how this seemed to them to be part of their character building. "I feel so much better about me. I'm approachable, trustworthy, never been as involved in the Aboriginal community as I didn't grow up on the reserve. I'm more spiritual than before." In many instances, the value behind having a highly skilled facilitator was expressed. The playwright–director wore several hats, including the handling of some of the financial aspects, not to mention providing all aspects of the preparation, debriefing, and closure.

In closing, one informant, who is a Survivor, rightly observed that "the spirit of the play will move in the direction it wants to ... [We] must move forward, start the real forgiveness, forgetting the memory, move on to bigger and better things, and we are contributors to society." Another Survivor wrote a support letter after witnessing the performance held at the Kelowna [Ki-Low-Na] Friendship Centre, which depicts the emotions and thoughts that can occur when taking the courageous step of attending:

> With anxiety and curiousness, I went to Kelowna to watch the play ... Not knowing what to expect — but realizing past pains — to expect the worst. I didn't know if I would leave in devastation or what to expect. Sitting there nervously, I waited for the acting of our past to begin. Once it started, I was glued to the seat and yet willing to run out. Many feelings and emotions came over me, such as fear, anger, hate and crying out [of] self-pain. I was strong one minute and like jelly the next. All these masks of hidden secrets that residential school Survivors know too well. Masks of emotional pain that is buried so deep that the fear of time will be your enemy. Residential school theatre made me aware of the masks I carry. I started to peek around these masks of trauma,

> hoping to see or find peace. Quality of this play was surprisingly light. The [director] and crew only scratched the surface. I think that because it only scratched the surface, [it] gives this play credibility. The reverse is true also, if it was too heavy, it may have cause some of Survivors to harm ourselves. This theatre on residential schools was done just right. I, as a residential school Survivor, support this theatre exposure. I strongly recommend that this theatre be shown in more native communities. I believe that from this acting that more masks will come off. Only then will other residential school Survivors begin to heal.

Notes

[1] Personal communication with the playwright/director during an interview and subsequently reported by a follow-up question in an email.
[2] The two that were not called for follow-up had already been interviewed with the main questionnaire.
[3] Application for funding submitted to the AHF.
[4] Application for funding.
[5] Information from the *Every Warrior's Song* project quarterly reports submitted to the AHF.
[6] Information from project quarterly reports.
[7] Information from project quarterly reports.

Appendix 1) Interview Questions

1. On a scale of 1 to 5, (1 being low, 5 high) what level of support did you feel community leaders gave to this project?

   1 2 3 4 5

2. On a scale of 1 to 5, (1 being low, 5 high) what level of support did you feel community staff members gave to this project?

   1 2 3 4 5

3. What was the most important goal in producing and delivering this play?

WHAT:

4. What did you learn from Survivors as the project unfolded?
5. Please describe the willingness of Survivors to contribute to the production and/or discussions after each performance?
6. What do you perceive the benefits were by having the project in the community(s)?
7. What did you see as the biggest challenge or obstacle the project faced?
8. In your view, how did you see other Aboriginal Healing Foundation projects relating to this project?

WHO:

9. Please describe the impact on you as residential school issues were portrayed through the characters?
10. In your view, would you say the opportunities for Survivors and families to discuss residential school issues are:

    better the same less not sure

11. What was the strongest contribution you made in helping the project reach its goals?
12. What do you feel was the biggest thing you got from the project? (Deleted)
13. What did you like most about the project?
14. What do you like least?
15. What did you learn from your involvement with the project?
16. Is there anything you would suggest that might have improved the project?

WHY:

17. How well do you feel the areas addressed through the project will have an affect or impact on the issue of:

Physical Abuse :	a lot	some	a little	none	not sure
Incarceration :	a lot	some	a little	none	not sure
Suicide :	a lot	some	a little	none	not sure
Sexual Abuse :	a lot	some	a little	none	not sure
Children in care :	a lot	some	a little	none	not sure

18. Based on the discussions after each performance, would you say the amount of education and awareness on residential school issues has:

    increased stayed the same decreased

19. Are you aware of examples of how Survivors, their families and communities have benefitted from this production? If yes, please elaborate.

20. In your opinion, what factors allow the community(s) that held a performance to now deal with residential school issues differently?

21. What special efforts, if any, are being directed toward Survivors that you are aware of as a direct or indirect result of the performances?

22. Can you provide an example of how the community(s) that held a performance may have improved services for Survivors and their families?

23. What changes have you seen regarding Survivors taking on more leadership roles, in the last 12 months?

    a lot some a little not sure none

24. What changes, if any, have you made in your life or work as a result of your involvement with this project?

25. Would you have any final comments to share?

MANDATORY QUESTIONS:

26. How well is the project addressing the legacy of physical and sexual abuse in residential schools, including intergenerational impacts? Please choose only one response.

6	5	4	3	2	1	0
Very well, hard to imagine any improvement	Very well, but needs minor improvement	Reasonably well, but needs minor improvement	Struggling to address physical and sexual abuse	Poorly, needs major improvement	Is not addressing the Legacy at all	Not sure

Please offer an explanation why you feel this way:

27. What are the previously identified needs that the project is intended to address?

28. How would you rate the project's ability to address or meet those needs?

6	5	4	3	2	1	0
Very well, hard to imagine any improvement	Very well, but needs minor improvement	Reasonably well, but needs minor improvement	Struggling to address physical and sexual abuse	Poorly, needs major improvement	Is not addressing the Legacy at all	Not sure

29. How well has the project been accountable (i.e., engaged in clear and realistic communication with the community as well as allow community input) to the community? Please choose only one response.

6	5	4	3	2	1	0
Very well, hard to imagine any improvement	Very well, but needs minor improvement	Reasonably well, but needs minor improvement	Struggling to address physical and sexual abuse	Poorly, needs major improvement	Is not addressing the Legacy at all	Not sure

Please offer an explanation why you feel this way:

30. How well have the methods, activities, and processes outlined in the funding agreement led to desired results? Please choose only one response.

6	5	4	3	2	1	0
Very well, hard to imagine any improvement	Very well, but needs minor improvement	Reasonably well, but needs minor improvement	Struggling to address physical and sexual abuse	Poorly, needs major improvement	Is not addressing the Legacy at all	Not sure

Please offer an explanation why you feel this way:

31. Will the project be able to operate when funding from the AHF ends?

32. How well is the project able to monitor and evaluate its activity? Please choose only one response.

6	5	4	3	2	1	0
Very well, hard to imagine any improvement	Very well, but needs minor improvement	Reasonably well, but needs minor improvement	Struggling to address physical and sexual abuse	Poorly, needs major improvement	Is not addressing the Legacy at all	Not sure

Please offer an explanation why you feel this way:

Appendix 2) Follow-up Questions

1. Please estimate how long the debriefing sessions lasted after the performance?
2. Please identify how many clients have sought counselling with you after the performance was held?
3. Please identify how many family units have sought counselling with you as a result of the performance?
4. How well do you feel the areas addressed through the performance will have an affect or impact on the issues of:

Physical Abuse :	a lot	some	a little	none	not sure
Incarceration :	a lot	some	a little	none	not sure
Suicide :	a lot	some	a little	none	not sure
Sexual Abuse :	a lot	some	a little	none	not sure
Children in care :	a lot	some	a little	none	not sure