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Exploring public practice drama therapy using Drama Hives

ABSTRACT

This article builds on the current knowledge and approach of public practice drama therapy in community settings. We argue that a public practice of drama therapy might be informed by decolonizing methods, liberation psychology, third spaces, public practice art therapy and the Art Hive model. A case vignette of Drama Hives is presented to highlight our experimentations with drama therapy as a form of public practice that might offer a more holistic approach to care that is complementary to the movement for decolonization. The article concludes with a discussion on the futurity of public practice drama therapy and its research implications.

RESUMEN

Este artículo se basa en el conocimiento actual y en el enfoque de la práctica pública de la dramaterapia en entornos comunitarios. Argumentamos que una práctica pública de dramaterapia podría estar informada por métodos descolonizadores, la psicología de la liberación, los terceros espacios, la práctica pública de arteterapia y el modelo de colmenas de arte. Se presenta una viñeta de caso sobre una colmena de arte dramático para resaltar nuestras experimentaciones con la dramaterapia como una forma de práctica pública que podría ofrecer un enfoque más holístico

para cuidar que es complementario al movimiento de descolonización. El artículo concluye con una discusión sobre el futuro de la práctica pública de la dramaterapia y sus implicaciones para la investigación.

RÉSUMÉ

Cet article s'appuie sur les connaissances et l'approche actuelles de la drama thérapie en pratique publique en milieu communautaire. Nous soutenons qu'une pratique publique de la drama thérapie pourrait être informée par les méthodes de décolonisation, la psychologie de la libération, les tiers-espaces, la pratique publique de l'art thérapie et le modèle des Ruches d'Art. Une vignette de cas sur les Ruches Théâtrales est présentée pour mettre en lumière nos expériences avec la drama thérapie en tant que forme de pratique publique qui pourrait offrir une approche plus holistique des soins qui est complémentaire au mouvement de décolonisation. L'article se termine par une discussion sur l'avenir de la drama thérapie en pratique publique et ses implications sur la recherche.

INTRODUCTION

Drama therapy is often discussed as a modality that offers individual and group opportunities for clients who are seeking some form of creative mental health support (Emunah 2018). In our professional experience, we have noticed that many of our current models of mental health support, including drama therapy, are often embedded within practices that reify settler-colonial relations, centre whiteness and uphold capitalist ideals. Thus, this article seeks to challenge this approach to drama therapy and expand the emerging discussion around a public practice model of drama therapy. Public practice drama therapy refers to a practice that seeks to pay and employ drama therapists in the act of creating open access to playful and spontaneous human connection. Making drama therapy accessible, available and open to all would welcome those who could engage in and potentially benefit from drama therapy but may not have the financial means to participate. Public practice drama therapy works outside of the walls of therapy, clinic, hospital and agency offices; instead, it positions itself in the community in places like a library, school, park or any other space where the public are welcome to gather. Public practice drama therapy is informed by the work that is being done within creative arts therapies communities to promote accessibility and a sense of belonging, and our hope is to further these efforts. While we believe there is potential in this approach in a variety of locations, we have chosen to situate this article in the Canadian context, as this is where we live and work.

We write this article because we have experienced cycles of violent inaction and systems of white supremacy, both during our drama therapy training and post-graduation. Cassandra's work as a drama therapist is informed by the cross-pollination of ideas and research among the greater creative arts therapy community. Cassandra is a Developmental Transformations (DvT) practitioner and welcomes this training to be the guiding medium in their practice. Cassandra strives to continuously decolonize their practice through the lens of public approaches to practising drama therapy and the potential in these spaces for community care. Rowena's work and values complement Cassandra's in the effort to de-privatize and decarcerate socially normalized methods of practising therapy. Her drama therapeutic philosophy is rooted in

abolition, as well as cultural and collective care to serve communities made marginalized. Rowena works in both public and private settings and is actively seeking ways to build accessible creative arts therapy spaces for lower-income, Indigenous, Black, racialized, queer, trans, neurodiverse and disabled community members. We are both graduates of the Concordia University drama therapy program, where 88 per cent of our faculty were white which, as others have noted in drama therapy and the broader field of mental health, does not represent the diversity of the field or communities served through drama therapy (Lee Soon 2016; Sajnani 2012). Here, we noticed that Eurocentric training privileged conversations about private practice and missed vital appeals for public and accessible approaches to the field. Additionally, some of the exercises and interventions conducted by our faculty were culturally appropriative and, without context, led to cultural ruptures that involved centring whiteness. Despite being taught about the connective power of drama therapy, our experiences in the field revealed the ways in which drama therapy is often embedded in ongoing capitalist, privatized, colonial structures.

Both of our experiences with entering the professional terrain of drama therapy were met with working in high-turnaround and burnout spaces, such as community crisis agencies where ableism and inaccessibility ran rampant. Drama therapy services in Canada are primarily offered through private practice, community centres or educational institutions, where the latter two tend to be privatized institutions. There are currently a myriad of intersectional barriers that prevent minoritized groups in Canada from participating in mental health services, including drama therapy. Some examples of these barriers include uncertainty of where or how to find appropriate support, cultural and language barriers, the expensive cost of private sessions/groups and extensive waitlists, among others (Moroz et al. 2020). The counselling professions themselves, including drama therapy, are thereby at risk of falling prey to participating in a consumerist culture of selling wellness which deepens the barriers for those who cannot afford to access this care (Bonger 2017). Wright, a dance/movement therapist, acknowledges this challenging duality by labelling wellness as a 'luxury good for the ruling class' (2021: 2).

Indeed, in the field, we were exposed to the long waitlists that barred clients from connecting to services despite being in acute situations. In addition to inaccessible private practice experiences, we also found that publicly run agencies lacked funding, support for staff, and were not necessarily attuned to the needs of the clients, especially those who are low-income, Black, Indigenous and racialized. Furthermore, the COVID-19 pandemic has suspended or shifted many group activities to individual drama therapy through virtual or distanced platforms. Group work has been less feasible and has followed a psychotherapy model of conducting individual teletherapy. Additionally, one-on-one drama therapy spaces (whether in-person or virtual) that aesthetically parallel a doctor's office can feel oppressive, reinforcing the western medical milieu within our private practices. These realities were in sharp juxtaposition with our values that are rooted in providing accessible and sustainable community care. These experiences have called us in to unlearn colonial ways of providing care and learning community-based practices.

We believe that drama therapists must invite the possibility of finding new ways to engage in therapy with their clients beyond a limited individual setting. We understand that creative arts therapists have a response/ability to 'respond amidst suffering and against oppression' (Sajnani 2012: 186) and acknowledge the barriers in-place towards current mainstream ways of doing

drama therapy and how they need to be addressed. We actively respond to the NADTA's call to promote social change by encouraging drama therapists to actively participate in movements towards open access, public practice, and accessibility. The implementation of these forums has the potential to shift drama therapy into a paradigm that could decolonize its current western-colonial individualistic and privatized field.

This article aims to broaden the framing of drama therapy practice by discussing the potential of public practice drama therapy in community settings. The framework of this practice is informed by decolonization, liberation psychology, third spaces, public practice art therapy, the Art Hive model, and existing public practice drama therapy approaches and writing. We expand on these practices by offering the Drama Hives as a case vignette and highlighting our experimentations with drama therapy as a form of public practice. We end with a discussion on the futurity[1] of public practice drama therapy and its research implications. We hope that this body of work will be elaborated on to implement a holistic approach to care, complementary to the movement for decolonization.

DECOLONIZATION

Decolonization is a philosophy and practice that works to resist settler-colonialism. Smith et al. (2019) describe decolonization studies as a consolidation of historical, colonial and epistemological understandings of the world to build Indigenous futurities for today and tomorrow. Indigenous decolonial efforts hinge on practices steeped in abolition and reparation to draw on the intersections of enslavement, settler-colonial violence, the prison–industrial complex, and Black fugitivity and futures (Smith et al. 2019). Colonialism, racism and capitalism enables white supremacy to produce harm; this oppression elevates the mental health stressors of minoritized groups, with feelings of disempowerment and distress being common (Lee Soon 2016). Considering that the colonial project is working exactly how it was designed, Lee Soon (2016) remarks on the dearth of psychological and social support to address the culturally specific mental health issues experienced by minoritized communities, including in drama therapy.

The concepts of culture, community, human dignity and the environment are deeply rooted in Indigenous decolonization studies and practices (Smith et al. 2019). In this article, we pay homage to the many ways that healing and repatriation are possible by understanding and partaking in principles of holistic and collective care, mutual aid, and forms of healing that desist from the Eurocentric clinical model. Traditional forms of counselling and psychotherapy are a reflection of western settler-colonial ways of being and doing. For example, dance/movement therapist Autumn Wright (2021) finds that society has placed the onus on individuals to tend to their entire well-being, shaped by the individualistic and capitalist-indoctrinated thread that believes wellness is a consumerist virtue. The implementation of decolonizing methods departs from these colonial understandings of wellness that have historically rejected Indigenous healing practices as 'primitive' (Constantine and Sue 2005). However, there is currently a surge in returning to the foundations of holistic healing and community care, and divorcing from the Eurocentric medical model. In order to better construct working models and spaces where everyone has the opportunity to undergo experiences towards healing, therapists must understand the ways in which oppression and racial capitalism affects their clients (Wright 2021).

LIBERATION PSYCHOLOGY AND THIRD SPACES

Liberation psychology was initially founded on a theological perspective by Martín-Baró (1994), who proposed that people, especially those who are marginalized, cannot address their mental health concerns whilst living in systems that perpetuate instability and mental distress. Montero and Sonn (2009) provide further context by highlighting the importance of liberation psychology being a collective process that seeks to transform both institutions and the practices within them. This implies that helpers must engage in challenging inequitable social frameworks and work to actively transform them, both in their personal and professional lives (Tate et al. 2013).

Mental health stressors and feelings of distress experienced by minoritized groups are in response to systemic inequities and oppression. Liberation psychology denotes the importance of having third spaces, which represent liminalities beyond individual suffering (Watkins and Shulman 2008). This calls for dimensions such as Bhabha's (2012) third space to exist and offer a place of cultural solace and culturally responsive care. Third spaces are ambivalent, transitory and cultural places where marginalized peoples and groups may find themselves experiencing refuge from the distress cultivated from the larger oppressive landscape. This can occur across both local and international cartographies.

MAKING CONNECTIONS TO DECOLONIZATION, LIBERATION PSYCHOLOGY AND THIRD SPACES TO DRAMA THERAPY

We propose that a public practice of drama therapy must understand how the western medical model has influenced the field of psychotherapy and counselling and should seek to shift away from this paradigm. Decolonization considers the community forms of care by decentring individualistic ways of working, which would allow drama therapy to adequately centre the holistic wellbeing of the client and look beyond their mental issues. In other words, a public practice of drama therapy would not locate the source of the problem in the individual, but rather in oppressive structures. Decolonial efforts parallel liberation psychology theory in its understanding that marginalized peoples cannot fully address their mental health concerns whilst simultaneously living in disadvantageous systems that target them. Therefore, culturally responsible drama therapy would explicitly name these inequitable systems and seek to alleviate some of the burdens that affect oppressed groups by using clinical interventions that are imaginative. Part of the work of a public practice of drama therapy would be to cultivate safety paralleling fleeting moments of solidarity that can be found in third spaces. The implementation of these three approaches creates a theoretical foundation for a public practice drama therapy, which we apply to the 'Hive' models below.

PUBLIC PRACTICE ART THERAPY AND THE ART HIVES NETWORK

Liberation psychology informs public practice art therapy through its focus on the co-creation of liminal spaces for constructive community development. This approach seeks to create spaces that promote different ways of knowing through communal art-making, discussion and advocacy for locally driven initiatives (Timm-Bottos 2017). Timm-Bottos (2017) further expands public art practices that have the capacity to incite social change and preserve the future of a community and the connections within them. One example is the

Art Hive model founded by Dr Janis Timm-Bottos and her early work with 'ArtStreet: Joining community through art'. This ArtStreet initiative operated with one simple directive for its participants who were experiencing homelessness – 'using the materials in this room, make something' (Timm-Bottos 1995: 184). This directive has since evolved and transformed into a foundation for the Art Hive model, ensuring that its approach towards art-making is simple, accessible and abundant. An Art Hive is open to the public for a set amount of time, often two hours or more, to come and create art in this communal space. This open structure welcomes creativity, connection with others, learning new skills and consensus group decision-making, among many benefits (Timm-Bottos and Chainey 2015). Art Hives can be initiated by an individual or an organization and involves applying to become a part of the Art Hives network and connected to a global community (Art Hives 2022).

Art Hives can take place in a multitude of spaces and are currently being conducted in schools, community centres, art studios, storefronts and more. There are no membership, studio or material fees for attending an Art Hive. The 2019 *Art Hives Symposium* resulted in a video blog 'How do Art Hives matter?' in which participants shared some positive ways these spaces have impacted their artistic practice and reduced feelings of isolation from creating in these communal spaces (Art Hives 2019a). It is the role of the hosts and/or facilitators to secure appropriate funding to ensure that staff members are paid for time and to cover various fees that differ in each setting (Chainey and Timm-Bottos 2015). In the Community Art Studio class at Concordia University (Timm-Bottos 2018), the importance of modelling art-making by the facilitators and volunteers in the Art Hive setting was made paramount. This modelling has the potential to reduce a participant's hesitation to begin to create something.

The Art Hive model has continued to find new working definitions of public practice while addressing a number of barriers, including the recent COVID-19 pandemic regulations. Since the Art Hives are spaces known for creating physical community and connections, the safety measures meant these spaces where people would gather were adapted to virtual gatherings. The Art Hive model is true to its transformative capacity and has guided many Art Hive hosts to find new ways to engage with artists during periods of lockdown. In 2020, the Art Hive network created new guidelines specific to developing an online Art Hive available for public access on their website, in addition to its how-to guide (Art Hives 2020).

Further, the Art Hives network and public practice art therapy lend themselves to social justice-oriented spaces being curated within the drama therapy field. For example, emerging themes from the Art Hives have been used to guide the art-making process as seen in 'Mending what is broken between us'. This Art Hive prompt explored Indigenous relations in the Canadian art therapy community (Chainey 2018). Art Hives can also host closed groups such as Zone + Art HIVe where participants living with HIV in Montreal came together to create art on their experiences with HIV (Art Hives 2022). As will be explored below, current drama therapy literature and adjacent practices demonstrate a significant overlapping of cultural response/ability, and the potential for feelings of liberation, justice, imagination and play within community settings.

APPLYING A PUBLIC PRACTICE FRAMEWORK TO DRAMA THERAPY

Importantly, despite our experience during our training and in the field with the dominant drama therapy practices operating from an individualistic,

privatized and medical model framework, there are many contrasting examples in applied theatre and drama therapy that aim towards these collective, socially just, and public practice aims. Devised group storytelling, participatory/interactive theatre and many other approaches to performance art have historically worked to blur the lines between spectator and performer (Brook 1996). Drama therapy can use theatre and performance art as templates to create community spaces where drama therapists and participants from the general public may gather and collaboratively engage. For example, Boal (1979), creator of the Theatre of the Oppressed (TO), proposed that theatre groups must find a way to provide the public with an accessible means of creating theatre – including the necessary production materials to do so. Boal referred to theatre as a powerful tool to facilitate change – calling it 'a weapon' that people could wield to work towards revolution (Boal 1979: 122). Indeed, some drama therapists have taken up Boal's call to transform TO practices to address systems of oppression such as Mayor's work with marginalized students in schools, Bleuer's exploration of a corporation's impact on communities and Sajnani's investigation of an organization's internal conflicts (Sajnani et al. 2021).

Other drama therapists have worked to utilize theatrical tools not only to achieve change on an individual and group level, but to frame their work within a public health or public practice paradigm. Sajnani (2016) highlights the work of drama therapist Anna Seymour, who explores the possibilities of Brechtian drama therapy to diminish the distance between an individual and society. Moreover, Webb (2019) discusses how drama therapists can use their dramatic and play-based skills to engage with children in a meaningful way that can occur in public spaces and in passing within schools. Additionally, the Miss Kendra Program (formerly known as *Animating Learning by Integrating and Validating Experience*) frames their drama therapy school-based work as a public health model for toxic and traumatic stress (Johnson et al. 2021; McAdam and Davis 2019; Webb 2019). The Miss Kendra program makes use of Boalian and DvT approaches to working with students in school settings, which creates a space for playful expression and human connection (Sajnani 2016). Additionally, Landers (2012) introduced the practice of Urban Play which is an approach to DvT that encourages playful encounters to take place in unexpected but natural settings (e.g., arts festivals, parks, etc.). Johnson (2021) introduced *The Merry Suite* which describes DvT activities done in public settings to bring a playful sense of passing merriment to these bustling urban spaces. These approaches make use of the body and its expressive, relational capacity to facilitate curiosity and human connection outside of a therapist-client dynamic. Improvised play with strangers, as facilitated by drama therapists, has the potential to temporarily dismantle social roles/expectations and welcome dramatic spontaneity (Johnson 2021).

The kind of public practice drama therapy we are proposing is informed by these approaches and works to curate physical spaces in which participants can gather and be provided with materials to engage in dramatic playfulness together (Brennan 2019). The drama therapy community was formally introduced to the idea of applying the Art Hive model in the form of the Drama Hive at the NADTA's annual conference in 2019. Brennan and Buckley (2019) presented *Other Spaces: Doing Drama Therapy in Public and in Community* to engage more drama therapists in this ongoing discussion. The Drama Hive (Brennan 2019) and the Story Hive/La Ruche du Conte (Buckley 2018) were proposed as experiments of public practice within the drama therapy field.

Conference attendees were invited to participate in playful encounters with one another to provide a sample of what public practice drama therapy could look and feel like. The presenters distributed puppets, art materials, movement prompt cards and toys around the presentation space to provide a starting place for participants to engage in open play together. Small groups began to spontaneously emerge based on what kind of energy each participant was seeking at that time. One group leaned into physical play and naturally formed an expressive circle, while another moved into the hallway to seek more quiet discussion and engage in art-making.

DRAMA HIVES: A CASE VIGNETTE

In the case vignette highlighted below, Cassandra details their experiences, choices and process with hosting and piloting the costume-themed Drama Hive. The following sections are written in first-person narrative, recounting Cassandra's experience and perspectives as the Drama Hive facilitator. Rowena then details her experience as a participant in the Drama Hive groups.

Cassandra: In the Fall/Winter of 2018–19, I had the privilege of receiving an internship award from the Art Hives network and J.A. De Sève Foundation in Montréal to explore the idea of the Drama Hive (Figure 1). I proposed the Drama Hive as an open, drop-in style group intervention that worked to reduce social isolation by creating spaces in which people could connect together through dramatic play (Brennan 2019). This project was at an intersection of art and drama, and provided a glimpse into my own concurrent experience of training with the Montreal DvT community and my work as an Art Hives facilitator and research assistant at the time.

The Drama Hives were proposed as a series of three, two-hour long, open, drop-in style groups that were each informed by a different theatrical element, serving as a kind of 'theme'. These included masks, costumes and miniature worlds. There was initial hesitation around introducing themes, as this moved against the openness of the Art Hive model which seeks to push participants to find their own themes in the art-making process. My DvT training was also in conflict with this idea and challenged me to explore the possibilities of applying as few structures as possible in these sessions. I found that overall, despite my reservations, these themes acted as helpful guides for facilitators and participants alike to enter the space and engage with other participants. The role of the facilitator demanded consistent contact with improvisation and hospitality, as some participants were very familiar with dramatic play, while others had never engaged in spontaneous embodied play before. Therein lay a challenge as the facilitator – to curate radical hospitality amidst many moving parts.

The Drama Hive sessions were all held at Concordia University's Sir George William Campus Art Hive in Montreal, Quebec, Canada. This space was already equipped with a diverse range of art materials and was located in an open atrium in Concordia's Engineering and Visual Arts building. This setting afforded accessibility for a range of potential participants, most notably stressed students, and had direct access to underground public transport, elevators and an open concept floor plan located downtown for ease of navigation. This space invited social activism through the introduction of interpersonal subjectivity in an objective setting by inviting playful exchanges to take place in an otherwise focused learning environment (Landers 2012). In other words, I was attempting to open up a space for more curiosity, imagination

Figure 1: Photograph of Cassandra Brennan holding a mask for the Art Hive internship award.

and connection in what can often be a colonial educational institution. The initiation of a Drama Hive in an academic space also allowed students and support staff to be inquisitive and exposed to this dramatic play through the act of witnessing. This social experience used its public domain as a means to inadvertently interrupt and create vignettes that allowed for different kinds of stories to be told.

To give an example of what one of these sessions looked like, I hosted the costume-themed Drama Hive on 23 October 2018, where approximately fifteen participants playfully reflected on different approaches to performative and everyday costume. My role as a facilitator focused on modelling experimental costume-making and interacting with others as a character that I had been actively creating throughout the course of the Drama Hive session. This meant that I was often oscillating between presenting myself as my improvised tree-like character (as seen in Figure 2) and my student-researcher self while continuing to facilitate the group. I facilitated this Hive with the help of three volunteers from the Art Hive network who assisted with greeting responsibilities, photography and helping model costume-making/character development.

This Hive had four different stations set up: (1) fabric/costume building, (2) make-up, (3) photography and (4) de-roling. Tables were set up around the open space with donated fabrics and other art materials laid out. Participants

Figure 2: Tree-like character during costume-themed Drama Hive.

were informed upon their entry into the space that they could make costumes for themselves, for dolls or other inanimate objects. I began to pose sponta-neous questions to participants about their costumes, material choices and emerging characters to prompt their engagement. Participants began giving each other feedback on their costumes, proposing new accessories or embrac-ing the silliness that certain costume pieces would bring. In many cases, characters began to emerge from these interpersonal exchanges and the back-stories of said characters slowly came into being. The photography station in

particular brought heightened playful energy as participants began to pose in groups and share prompts for poses to one another as seen in Figure 3.

The de-roling station came about as the result of feedback from the previous mask-themed Drama Hive that took place several weeks prior. A participant at this previous Drama Hive had advised that they had felt overwhelmed at its conclusion and highlighted that the fictional masked character had quickly become deeply personal and disruptive. In an attempt to create more boundaries between the playful realm of the Drama Hive and one's reality beyond it, the de-roling station was born. This station acted as a structure for all participants to exit their roles and provide participants with a sense of safety as they transitioned away from their characters and back to themselves (Moreno et al. 2000). This station consisted of a poster on the wall that asked participants to read aloud: 'I am not (character name), I am (my name)' and subsequently remove their costume before leaving the Drama Hive. Myself and the volunteer team ensured that this station was used by each participant upon their exit. Some participants were brief and momentary in their de-roling, while others spent a minute or so with this transition.

While I learned a great deal about using a non-directive approach in this Drama Hive, I was also challenged when considering the management of consent and confidentiality in a public practice setting. The photography station, for example, became popular and brought many participants together to take pictures in groups. However, I realized that I did not have any strategies in place to address confidentiality during these moments. In the future, developing a consent and/or disclosure form may be a useful and ethical addition to a station with a camera in a Drama Hive. I also found that the role of the greeter is also an essential component that allows participants to make an informed decision regarding their consent and participation in the play. The act of being greeted acknowledges one's curiosity while establishing some

Figure 3: Playful exchange among three participants at the photography station.

safety, thus creating a culture in the Drama Hive where participants can feel witnessed and seen.

Rowena: As a participant, friend and fellow drama therapist trainee in the same cohort as Cassandra, I was biased and highly supportive of the conceptualization of Drama Hives, having visited a number of Art Hives in the past. This new, open and accessible creative space integrating drama and theatre was fascinating to me. I was aware of how a public community arts practice could invite passers-by to engage and create with a medium of their choice by being aesthetically distanced from oneself and independently done. However, as dramatic practices are fostered in more interdependent and interpersonal ways, I had a number of questions. What would theatre in a public atrium look like? How would passers-by respond? Would we be stereotyped as 'nonsensical drama kids playing dress-up at school?'

Whilst the latter may have been true to a few spectators, I learned a few things during this process. First, as Cassandra mentioned above, the act of spontaneity, improvisation and embodiment is daunting and asks people to immediately exit their zone of comfort to engage in playful interactions with strangers. For some, especially individuals within the creative arts therapies community, it was easy. Within the group of fifteen participants, most of the attendees in the Drama Hives knew one another from our cohort. Meanwhile for others, it took some warming up. It became apparent that having a semblance of structure was important for the facilitation of the Drama Hive workshops, paralleling the importance for warm-ups during drama therapy sessions, yet contrasting the spontaneity seen in DvT.

Second, from my personal experience as a participant, I felt that the Drama Hives had the strong potential to create liberatory feelings, if only for a fleeting moment. I found myself swimming in fabric, furiously cutting a large green sheet and hot glue-gunning the emblems on top, excited to see the result. We were asked to enter into an uncharted character exploration that was independently assembled, before arriving into a collective group play. I felt safe and held, knowing Cassandra prior to the Drama Hive, which may not have applied to others who may have met them five minutes ago; akin to building trust as a drama therapist, the same applies for a Drama Hive facilitator. I found that it was also helpful to have prompts and structured guidance to help lead the artistic and creative process, and promote deeper exploration that I otherwise may not have ventured into. My fervent support for the Drama Hives was cemented with my positive experience and has contributed to my own personal research examining what public practice drama therapy could look like in many different spaces.

DISCUSSION

The Drama Hive detailed above and its spontaneous, loud and playful energy contrasted the academic institution that had acted as its host. The invitation of facilitators and participants alike to co-create something together by sharing ideas, stories and playing with one another is not an experience that is commonly found within a university's open atrium setting. Unfortunately, this led several university employees to express their frustration with the Drama Hive being located in an open space as it was disruptive to their classes. Despite these challenges, there was a small satisfaction that came from this disruption, as it made clear that this open group format created a space for free expression, in an otherwise inflexible setting (Johnson 2021). It also served as

a public challenge to what kind of learning matters. Why would this version of communal learning and connection be valued less than that occurring inside a classroom, as the university's passers-by seemed to believe?

Similar critiques made about the Drama Hive space are applied to methods of healing and mental health practices such as drama therapy, particularly when these practices move away from settler-colonial medical models of working. We see this in efforts to decolonize the creative arts therapies to support holistic healing and community care practices that often occur within liminal spaces, otherwise known as third spaces. Carrying out the Drama Hive in an academic institution, demonstrates the healing potential when a liminal space is carved out of a public place where passers-by and active participants engaged in unexpected, playful and therapeutic encounters. The community and justice-oriented Drama Hives encapsulate and understand that mainstream Eurocentric narratives of mental health are rooted in white supremacy and are in conflict with Indigenous decolonizing practices. Further, the overarching values of the Art Hive model and the Drama Hives are to promote and serve collective well-being, offer accessible and sustainable ways of engaging with drama therapy and allow for play in any space. These principles move away from individual suffering to collective healing to allow for marginalized groups to find cultural solace, understanding and temporal feelings of relief as expressed within the tenets of liberation psychology.

The challenges and experiences from these Drama Hive sessions were an early experimentation in the possibilities that lie ahead of public practice drama therapy. The Drama Hive produced a place where stressed students and participants found fun in playful encounters with strangers and friends alike. Together, we believe that as drama therapists we must work to challenge and redefine the traditional clinical spaces in which they practise which includes expanding on the mainstream conception of Eurocentric definitions of therapy. We understand that there is ample opportunity to grow this body of work and hope to continue gathering ideas from the drama therapy community.

IMPLICATIONS

Public practice drama therapy research can expand its framework by examining, interweaving and learning from non-medical therapeutic interventions and adjacent emerging and established praxis. While this article is primarily theoretical in nature, it is working towards the greater goal of exploring liberation psychology, third spaces and decolonization to build the foundation for public practice drama therapy. We are aware that we did not discuss public practice drama therapy and its relationship to abolition, mutual aid, the principles of disability justice, land-based healing, the Seven Generation Principles, public performance/community arts, and many others. We understand that these topics have important relevance to continue this work. We imagine that future research would engage further with the tenets of white supremacy, neo-liberalism and disability justice and their influence on drama therapy, including the work that the NADTA's Cultural Humility, Equity and Diversity Committee's Disability Justice Affinity Group has been ongoingly engaging in.

We recommend that drama therapists become familiar with existing literature and working groups that frame social justice in their calls to action to Indigenize drama therapy through interventions like storytelling and praxis engaging in decolonial work. For example, Lee Soon (2016) argues that drama therapists must be cognizant of their own colonizer/immigrant narratives

and how these cultural and social locators can affect the drama therapeutic encounter. We seek to challenge the drama therapy field to become informed on decolonial practices to advance drama therapy whilst paying homage to Indigenous and pre-colonial relationalities and practices. In addition, we encourage drama therapists to creatively work beyond the western-centric standards of professionalism and private practice to experiment with engaging in public practice, whether by doing therapy outdoors or using a drop-in platform. This is an imperative conversation when considering the future of drama therapy and accessibility.

We understand the scepticism, risks and challenges that this approach poses, as highlighted within the case vignette example. Therapeutic and mental health support is not an all-encompassing remedy to solve and treat client populations shackled by colonial, systemic, and white supremacist violence and legislations. We can continue to research and build on the foundation of public practice drama therapy and Drama Hives; however, it is our responsibility to implement social justice and accessible approaches into our personal and professional lives. This inquiry has offered a mere glimpse into the future potential of creating an interdisciplinary model to continue the process of decolonizing the practice of drama therapy and curating true inclusivity.

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SUGGESTED CITATION

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