



# Confronting collective traumas: an exploration of therapeutic planning

Aftab Erfan

To cite this article: Aftab Erfan (2017) Confronting collective traumas: an exploration of therapeutic planning, *Planning Theory & Practice*, 18:1, 34-50, DOI: [10.1080/14649357.2016.1249909](https://doi.org/10.1080/14649357.2016.1249909)

To link to this article: <https://doi.org/10.1080/14649357.2016.1249909>



Published online: 21 Nov 2016.



Submit your article to this journal [↗](#)



Article views: 949



View Crossmark data [↗](#)



Citing articles: 1 View citing articles [↗](#)

## Confronting collective traumas: an exploration of therapeutic planning

Aftab Erfan

School of Community and Regional Planning, University of British Columbia, Vancouver, Canada

### ABSTRACT

This paper details an exploration in therapeutic planning that took place in a small Indigenous community in Canada. The researcher engaged in exploratory action research that intentionally prioritized healing of collective traumas. With this intention, a series of community planning meetings were conducted, using a facilitation method known as Deep Democracy. Modest but promising therapeutic effects are documented in this paper, using various measures of success. Findings suggest that planning forums are suitable for healing because they offer an indirect but tangible path into collective traumas. The author offers an expanded definition for therapeutic planning and argues that an emotionally engaged therapeutic orientation to planning is increasingly important to face and transform the challenges of today's communities. Implications for planning theory, practice and education are explored.

### ARTICLE HISTORY

Received 10 November 2015  
Accepted 14 October 2016

### KEYWORDS

Therapeutic planning; healing; Indigenous planning; deep democracy; collective trauma; impediments to change; conservative impulse; facilitation; reflective practice; deliberative practice

### Introduction

Cities and communities are the stage for the dramas of our time: extreme weather events displacing large populations, overcrowded refugee boats arriving at harbors, mass shootings at schools and night-clubs, police brutality against protestors in city squares, tenant evictions and homeless roundups. Each event is uniquely traumatic, leaving a lasting impact on the individuals involved. Each event also leaves a mark on the physical body of the city, and on the psyche of its communities, creating what we may call "collective traumas." In so far as planning is the task of managing the dilemmas of our co-existence in shared spaces (Healey, 1997), handling collective traumas is part and parcel of planning.

Despite the growth of the field of disaster management within planning, the subject of collective trauma and appropriate response to it has received limited attention in planning theory. A handful of planning theorists (e.g. Baum, 2015; Hoch, 2006) have argued for an emotionally engaged approach to planning, tangible examples of which are visible from time to time in practice stories of masterful planners captured by Forester (e.g. Forester, 2009). The predecessor to this agenda is the late Peter Marris (1927–2007) whose life work has enjoyed a small revival lately and was featured in a 2010 *Interface* issue of *Planning Theory and Practice*. More than any other planning scholar, Marris has been responsible for translating insights from psychology into planning. His Marris, 1974 book, *Loss and change*, pulled together two decades of insights on how to understand the psychological impulse to

resist change and how to work with groups of people impacted by collective trauma. These insights are described and used as a basis for argumentation in the latter half of this paper.

Marris did not use the actual term “therapeutic planning.” Leonie Sandercock introduced it in 1998c. Writing of the multicultural city as a landscape of fear, loathing, desire, and hope, Sandercock reasoned that a humanistic approach to planning is no longer possible without giving proper attention to the traumas and conflicts that color the interactions of diverse populations. She called for building a language and process of emotional involvement to enable healing within planning. “Just as in successful therapy there is breakthrough and individual growth becomes possible” she wrote, “so too with a successful therapeutically oriented approach ... there is the capacity for collective growth” (Sandercock, 1998c, p. 164). Underpinning this notion of therapeutic planning is a definition of planning as a discipline and profession concerned with community building – not only with city building and regional development – for which Sandercock makes a strong case in her earlier writing (1998a). This definition positions the preoccupation with individual and collection growth squarely within the planning field.

Therapeutic planning has stirred the imagination of planning scholars, sometimes getting a nod as a promising alternative to the outdated collaborative methods that are failing in emotionally laden situations. Nevertheless, empirical research in this area has been limited and therapeutic planning remains an “emerging orientation” (Sandercock & Attili, 2014).

My own doctoral research, which is the basis for this paper, is situated within this emerging orientation. I construct and conduct a social prototype, a therapeutic planning intervention. Unlike Forester, who draws on practice stories as his source of information, I write from the position of being a practitioner engaged in an effort to bring about healing of collective traumas in a specific community at a specific time. Using an Action Inquiry framework (Torbert, 2004) I analyze my own experiences as a “participating observer”, in connection with the experiences of community members involved in the intervention. These findings become the basis for my reflections on the possibilities of therapeutic planning; what it might look like, and what it might take to do.

The setting for my exploration is Tsulquate, a small First Nation reserve on the northern tip of Vancouver Island (population 500). Here I engaged in a community-based action research project over the period of three years (2009–2012) at the invitation of the Gwa’sala-Nakwaxda’xw First Nations. Like many Indigenous communities, collective trauma is palpable in this community. The Gwa’sala-Nakwaxda’xw have been subject to the atrocities of the Indian residential school system which systematically undermined Aboriginal cultures and disrupted Indigenous families for generations (described in detail in Sandercock & Attili, 2014). They were also subject to government-mandated relocation from the mainland of British Columbia to Vancouver Island in 1964, which disconnected them from their lands and seriously disturbed their traditional ways of living (Erfan, 2013). In this context, the main objective of my planning intervention was to assist in the ambitious task of addressing collective intergenerational trauma, the importance of which was expressed within the community’s newly created Comprehensive Community Plan. This Plan had recognized the value of community planning in community rebuilding in the wake of colonization (for example, by naming “healing” as one of three overarching priorities for the community), a sentiment echoed in the seminal texts on Indigenous planning (e.g. Jojola, 2008; Matunga, 2013). As I was invited to work in the community, my task was to organize and facilitate a series of intergenerational workshops, called for within the Plan, that were framed around the challenge of rebuilding families and enhancing parent-child relationships.

To be able to take on this work as both planner and action researcher, I identified a method of facilitation and conflict resolution that I spent a significant amount of time learning before I entered the field, and intensively throughout the fieldwork. The method, called Deep Democracy (Lewis, 2008),

may be classified under the umbrella of psychosocial approaches to working with groups, and was developed in post-apartheid South Africa where issues of healing and trauma were front and center. With heavy reliance on this method I was able to run a series of reasonably well-attended workshops at Tsulquate. I documented evidence of modest but promising patterns of individual and collective healing and transformation in the course of the workshops, and evaluated the therapeutic effects of my approach using first person (reflective), second person (interpersonal), and third person (informant-based) sources of information (Erfan & Torbert, 2015).

In the remaining pages of this paper, I first develop the definition of therapeutic planning, then return to my planning intervention, describing it in further detail and presenting the relevant outcomes. Drawing on the learning from this experience, I go on to present a case for therapeutic planning and describe its value in a world where collective traumas are common and disruptive societal changes are unavoidable. I end with an exploration of what it would take to equip planners to play a therapeutic role and the implications of this line of thinking for planning education in particular.

### What therapeutic planning is and is not

I use the term therapeutic planning in this paper, having overcome initial hesitations about the terminology over the course of several years.

My first cause for hesitation was that the term is sometimes associated with Sherry Arnstein's (1969) well-known ladder of citizen participation, where she places "therapy" in the bottom rung as a form of "non-participation." Arnstein here refers to processes whose real objective is to enable power-holders to pacify the participants by giving the impression of listening to their concerns. Acknowledging Arnstein's work, Sandercock (1998c, pp. 159–166) clarifies that she is using the term therapeutic planning in a whole other way. Therapeutic planning for Sandercock is "the process of bringing people together not only to share their experiences and work in solidarity, but also to work through their differences in transformative ways." Understood in this way, therapeutic planning is about empowerment through organizing and solidarity building at the community level. I join Sandercock in affectively reclaiming the term in the interest of the many people at the community level whose ability to exercise their power is limited because of unprocessed experiences of collective trauma.

A second cause for hesitation in using the term was that therapeutic planning can be interpreted as "touchy-feely", overly concerned with emotions, and therefore irrational or even anti-rational. While some colleagues will continue to dismiss therapeutic planning on such grounds, I believe that the dismissal comes from a lack of understanding. Most people who have gone through a therapeutic process will recognize that it is a process of reconstructing meaning out of the shambles of previously held identities, worldviews or the sense of the self in relationship to others. Such processes of reconstruction almost inevitably traverse emotional terrains, but they are also thoroughly demanding from a cognitive and intellectual perspective. If we move towards rejecting the sharp dichotomy between the emotional and cognitive, as Hoch has encouraged (Hoch, 2006), it is possible to conceive of a therapeutic planning approach as "fully rational" in the sense that it is integrative and inclusive of our emotional and our cognitive selves. Therapeutic planning can be seen as "planning with both halves of the brain," to build on Baum's choice of words (Baum, 2015). I use and defend the term therapeutic planning on these grounds.

A third and perhaps most serious cause for hesitation in using the term therapeutic planning was that it inevitably puts planners smack in the middle of the professional domain of psychology. Professional psychologists go through years of training, are exposed to different theories and methodological approaches,

practice for hundreds of hours on clients under supervision, and undergo intensive therapy for themselves before they become eligible to do therapy with others. What would it mean for us planners, who have not had that kind of rigorous psychological training, to claim the word “therapeutic” for our work? Would we be overstepping our professional boundaries if we spoke of therapeutic planning? Would we be promising something that is outside our professional jurisdiction, outside our powers to deliver?

To answer these questions I dug into what the word therapeutic means. When she first introduced the term, Sandercock (1998c) claimed that she used the word therapy in its psychological sense. The trouble is that within the field of psychology there is no singular sense of therapy. It is not absolutely clear what can be called therapeutic. Therapeutic is a contested term with “bleeding boundaries” (Estrella, 2011; Wadeson, 1996). Some scholars and practitioners seem to frame therapy as a formal process, which implies professional work done by a trained and certified individual who draws on certain psychological frameworks and orientations (psychoanalytic, analytic, humanistic, cognitive-behavioral, etc.), to remedy a specific, diagnosed psychological problem. But in other contexts the term therapy, and particularly the adjective “therapeutic,” is used far more casually to refer to a quality of interaction (not necessarily between a therapist and a client) or experience that has a cathartic impact, a liberating effect, or a transformative result on a person or people. The psychology literature speaks, for example, of “therapeutic photography” (Loewenthal, 2013), “community-based therapeutic music” (Ansdell, 2002), and “therapeutic play” (Vessey & Mahon, 1990), all of which could be self-initiated or minimally assisted processes, using semi-structured activities that may have a therapeutic impact. A therapeutic experience, in this sense, does not involve a clinical intervention.

When we use the word therapeutic in common vernacular we mean something much closer to “a catharsis that liberates or transforms our experience” than “an intervention by a professional therapist that uses a specific method to address a specifically diagnosed disorder.” The former is also what Sandercock is referring to when she uses the term therapeutic planning, judging from her early examples of therapeutic planning processes (Wendy Sarkissian’s practice, described in Sandercock, 1998c) as well as her later writing about her own work (Sandercock & Attili, 2012, 2014).

Therapeutic planning is not a manipulative make-them-feel-better tactic, nor is it a formal cure-them-all approach. Therapeutic planning is emotionally engaged planning, which intends to support a process of healing and reconstruction of meaning. It is a dialogical, rational, embodied and collaborative process that brings community members together and creates the conditions for them to work through collective traumas.

In the course of my research, and in the context of my planning work with the Gwa’sala-’Nakwaxda’xw Nations, I came to believe that it is appropriate to speak of a therapeutic role for planners. Somewhat to my surprise, I found that I could identify the therapeutic effect of the intergenerational dialogues I convened, which were very delicately designed and facilitated but not devised as formal therapeutic interventions. I am cautious about overstating this effect, given the exploratory nature of my study and the limits of my intervention. I would certainly not claim that people I worked with were healed once and for all, and I cannot even demonstrate long-lasting positive impacts of my project given its relatively short timeframe. However, I am convinced that the kind of planning engagements we made possible, and what transpired as a result, was a step in the direction of healing and reconstruction of meaning in a helpful way.

### How I conducted my therapeutic planning intervention

The path I took into conducting therapeutic planning was the path available to me given the specific skills I had (and I was developing) in working with groups. I ran my community workshops relying on

a facilitation methodology called the Lewis Method of Deep Democracy (detailed in Lewis, 2008) and the relative success of my project is a partial credit to the strength of that method. This is certainly not the only way to do therapeutic planning. The work of scholar-practitioner Wendy Sarkissian with transforming “core stories” (described in Sandercock, 1998c) provides one alternative, as does the body of work by scholar-mediator Michelle LeBaron on bridging cross-cultural conflicts (2003), and the work of Robert Bush and Joseph Folger that they call “transformative mediation” (1994). These psychosocial approaches find their inspiration in the large fields of organizational development, human resources, mediation and conflict resolution, where rich scholarly and practice-oriented debates around these topics are ongoing (see the *Journal of Applied Behavioral Science*, *Journal of Conflict Resolution*, and the work of the International Society for the Psychoanalytic Study of Organizations, for example). These methods have in common the reliance on dialogical, embodied and collaborative resources and an intention to heal individual and collective wounds while also making decisions and advancing projects that make a material difference to the lives of people and organizations.

It may be helpful to briefly outline some of the distinctive aspects of the Deep Democracy method. I do so by commenting briefly on the underlying beliefs, attitudes and techniques that distinguish this method from others I have explored.

The starting point for a Deep Democracy facilitator is a belief that a group has, within itself, the knowledge, creativity, sensitivity, and power it needs to solve its own problems. These inherent resources are located in what Jung would have called the “collective unconscious”, where the group’s potential and wisdom lies – often untapped due to disempowerment, marginalization, fear or distraction. The main aim of a facilitated process is to assist a group in accessing its knowledge and potential, through a rich and deliberate conversation, which often transcends the cognitive realm and includes the emotional and symbolic.

In order for a group to uncover its own knowledge and potential, a Deep Democracy facilitator enters not as an expert, but as a supportive ally with a beginner’s mind. The facilitator brings a compassionate, non-judgmental attitude and no strong attachment to one’s own agenda. He or she does not dictate what should be talked about and what should be left alone in a group meeting, or even in what format the exchanges should take place. The facilitator’s job is to carefully follow what is alive in the group, and to support conscious decision-making about directions that the meeting participants collectively seek. Ironically, this seemingly hands-off approach creates a safe environment for participants, where there is no wrong turn they can take and no wrong comments they can make. The lack of explicit judgment on the part of the facilitator is a major factor in creating a rare quality of conversation, allowing people to open up and feel supported in whatever they are thinking or feeling, including what is most unpleasant or difficult to express.

The Deep Democracy facilitator often follows the heat of a process into emotional spaces, where participants may directly speak about charged conflicts and heavy traumas. The techniques of Deep Democracy ensure that participants’ emotions are never minimized or circumvented or declared beside the point, which is contrary to most facilitation approaches used in planning (see Burgess interviewed in Forester, 2009; Susskind interviewed in Kolb & Associates, 1994). At the same time, the facilitator helps the group navigate its emotional waters with extreme care, respecting resistance to going deeper. The Deep Democracy facilitator explicitly gets permission from the group to open a more emotional or conflictual space, thus making everyone more aware of where they are going. Once the group decides to open a more vulnerable space, the facilitator uses a number of techniques to support that direction. He or she introduces simple but clear forms of conversation that structure a conflict in ways that make it less scary and more productive to approach. He or she may use amplification, a paraphrasing

approach that strengthens the emotional language, makes comments more direct, and intensifies the process. In this manner, Deep Democracy directly engages emotional issues and cuts into the depth of conflict and trauma in ways that most other facilitation methods do not.

I was introduced to this method of Deep Democracy before I began my dissertation research. I made significant investments in learning the method, which included a heavy component of personal development, so that I could properly display the attitudes of non-judgment and compassion required to make the approach work. I studied with the method's South African originator, Myrna Lewis, for about three years prior to my fieldwork, completing the most advanced levels of training. I was subsequently supported by Lewis throughout the fieldwork as she coached me on a regular basis. This training and regular supervision was crucial as I built my ability to "turn the lens back at myself" (Scharmer & Kaufer, 2013) and use "self-as-instrument" (McCormick & White, 2000) for diagnosing what was happening in the groups I was working with and adjusting my actions accordingly. By studying myself in the context of my interaction with groups, I learned, for example, to catch myself at the moment when I became judgmental or emotionally hooked in response to a group's process. I learned to separate my own reactions from the reactions of others in a group (recognizing the difference between my own anger versus the anger of others, my own despair versus the despair of others), so that I could use my own feelings to understand the group, but not act on my feelings in ways that shut down the group process or made it unsafe.

The significant effort at fine-tuning my sense of self and emotional management was also important because my primary method of inquiry, Action Inquiry, relies heavily on the integration of what Schon calls "reflective practice" (1983) and what Forester calls "deliberative practice" (1999). In other words, my research methodology involved triangulation of my own understanding of what was happening with the understanding of others involved in my intervention, which required a certain level of ability to detach from my personal point of view and see it as one among several. My data analysis involved rigorous reading, coding and qualitative analysis of nearly 300 pages of my own journaling (in narrative form and analytic form), transcripts of six supervision sessions with my coach, transcripts of eleven in-depth participant interviews, transcripts of nine community meetings, and the result of a pre- and post-intervention survey of 20 participants. At the end I took stock of what I had experienced and what I had heard, and attempted to evaluate the therapeutic effect of my efforts.

### What could a therapeutic effect look like?

The most dominant metaphor for healing in the Aboriginal healing literature is that of a journey, sometimes articulated as following the "Red Road," the "Sweetgrass Trail," the "Way of the Pipe," or the "Road to Wellness" (Waldram et al., 2008, p. 6). Wrapped in this metaphor is a suggestion that there can be a clear direction towards healing, but that one is likely to fall off the path or take a detour. Some Aboriginal scholars suggest that in healing there is no destination to be reached; even those who have been traveling the path for years often struggle with their next step. In short, healing is an ongoing process of self-transformation (Waldram et al., 2008, p. 7).

Given the context of my work, this way of conceptualizing healing made sense and seemed to reflect the complexity of what I was observing in the community. But this way of conceptualizing healing made it very difficult to measure a therapeutic effect. If there were no destinations, how would I know if healing was in fact happening? I drew on the work of a number of scholars and practitioners from across many disciplines who have hinted at indicators of healing and transformation in individuals and groups. I attempted to make sense of others' and my own observations about what was happening, by referring to these indicators of therapeutic effect. The following paragraphs summarize the findings of my efforts using the lens of therapeutic effect.



### ***Participants were willing to engage emotionally and share deeply***

Although the sessions I organized were framed around rebuilding families and parenting skills, the conversations were often about memories, wounds, fear and loathing as well as transformation and hope. The sessions became a voluntary public setting for sharing extremely personal stories about the past and the present. Strikingly, the conversations carried the same tone of transparency and emotionality displayed at the Truth and Reconciliation Commission hearings that happened during the same year throughout Canada. Almost all Elders involved told detailed and specific stories related to their residential school experience and the community's relocation. They also reminisced about the old times, recalling where in their traditional territories they had picked berries and gone skinny-dipping as children. Parents shed tears as they recounted the events leading to their children being taken away by social workers and described their attempts to bring the children back into their own custody. Teenagers spoke of their struggles with drugs and alcohol, forms of self-harm and petty crime, often in painful, colorful detail. Community members sometimes informally sought support and advice from each other around these themes and often got out of their seats to move across the room and comfort another community member and offer a shoulder to cry on. Conversation seemed to breed more conversation and a deepening of conversation. It was as if in the engagement people evoked each other's latent ideas (Follett, 1924). What I observed, which was confirmed by participants' comments during interviews and the brief post-events survey, was a high quality of listening and serious engagement at the sessions. "We don't talk enough in our community. We are always chit-chatting but we never sit like this to talk" was one participant's reflection. Even though the space was not completely safe for everybody (according to at least one participant who said in an interview she was "afraid to reveal her heart"), most participants commented that the workshops gave them a rare chance to share with each other what they do not typically share. There was an unmistakable "lowering of the waterline" (Lewis, 2008, p. 43), which signifies tapping into the unconscious of the group, where collective healing may take place.

### ***Participants improved their interpersonal relationships and sense of community***

Participants reported learning about each other, understanding each other, and feeling connected with each other in unprecedented ways. Many used the phrase "bonding with others" in the survey and interviews. Some reported shedding their old biases against each other including one participant who said, "I always thought those girls were lazy, just letting the Ministry take their kids. I thought they didn't love their children. I was so surprised that they came to the circle. It was good to hear how hard they are trying to get their kids back." This is what Bush and Folger (1994) call "recognition," one of two pillars of conflict transformation. Recognition of others in human terms is particularly significant in the context of this project because repairing of the social web of relationships is commonly acknowledged to be central to the meaning of healing in Indigenous communities (Waldram et al., 2008). In such a context, repairing of the collective is just as important as repairing the individual self (Napoleon, 2005).

### ***Participants turned feelings of victimization into empowerment***

Several participants spoke about, and more importantly demonstrated – both within and following the sessions – a level of personal initiative and leadership previously unavailable to them. There were several key shifts that Lederach (2005) might classify as "turning points," in the direction of what Bush and Folger (1994) call "empowerment," the second pillar of conflict transformation. As I gently yielded



my position as a leader in the workshops, community members took up that position: a young single mother offered to take notes on the flip chart, a father started taking care of serving food at the workshops, some participants went on to write a proposal for funding to continue to convene parents in the community, telling me confidently in the interviews: “you started this thing but we need to keep this circle going.” This is Lewis’s (2008) definition of role fluidity – a kind of “finding the other within ourselves” – which can enable people (especially people who are stuck in feelings of disempowerment and victimhood) to come more fully into their strengths and agency. The participants also began to tell a different, far more empowered story about themselves, as parents who have a collective intuitive knowledge about how to raise their children – as opposed to unskilled care-givers in need of education. “I’m a damn good mother!” one participant declared at the end of a meeting, in sharp contrast to her check-in which had been all about not knowing what to do with her daughter and feeling helpless as a single mother. This is consistent with LeBaron’s (2002) definition of conflict transformation as changing the stories we tell ourselves.

### ***Participants successfully negotiated internal struggles connected to their trauma***

Over the course of the workshops, participants often grappled with an internal tension, an attachment to the past that has been taken away, challenging – and challenged by – a desire to move into an uncertain modern future. This struggle between the past and the future is precisely what Marris (1974) identifies as being central to the processing of trauma and Ross (1992) and Borrowes (2010) place at the center of the modern day Indigenous dilemma. Workshop participants productively worked through this tension with respect to the topic of discussion. “It was awesome in the old times when parents never taught anything directly to the children, they just showed them right from wrong” one participant reflected. “Nowadays we can’t do that anymore because of the Internet and all the dangerous stuff. We need to talk to our kids now. But we also need to be role models like our elders were to us,” she concluded. The group generated collective and personal insights and ideas for action, re-integrating the contradictory impulses into new practical knowledge. Significantly, this new knowledge was not imposed or taught, but was instead generated within the community. Furthermore, the new knowledge was a product of what Bohm (1996) has called participatory thought, which is to say that it was relational and whole, not scientific or technical. The new knowledge was articulated as a set of parenting aspirations, which were subsequently illustrated on a community mural that hung in the community hall. This process of integrating the impulses of the past and the future is Marris’ definition of a successful grieving process.

### ***Participants used the language of healing in describing the project***

Finally, workshop participants recognized and spoke of our meetings as “healing circles,” even though the workshops were never framed or advertised as such. Indeed, participants voluntarily and repeatedly used the terms and metaphors of healing both during the workshops and in the interviews that followed without being prompted by these words. “I’m feeling lighter in my chest,” one participant said at the end of a session. Participants told me in interviews: “a weight had been lifted from my shoulders” and “my body felt good afterwards.” These linguistic clues point to a therapeutic effect, and hearing them spoken by participants was significant.

Why were these meetings so rich? There is no short response to the question, and in truth we cannot know the answer for certain. The readiness of the participants, and the readiness of the community as

a whole probably had a lot to do with the success of the meetings. The framing was appropriate, the issues were tangible, and the discussions were timely. The Deep Democracy facilitation method was a good fit. Significantly, I approached the process with an intentional orientation toward decolonization, which meant that I was not planning to impose my ways of doing or thinking on the community (Erfan & Hemphill, 2013). In the absence of my willingness to teach or present a Western framework for family relationships, the group eventually wove together a framework of their own, constructing four aspirations for their parenting and the rebuilding of their families: “1. Nurture a feeling of self-worth, 2. Discipline to teach right from wrong, 3. Take care of yourself so you can take care of the children, 4. Stay connected to the culture.”

### Why planners make good healers

When the timing is right, many institutions and many different types of actors can have a healing or therapeutic effect in a community. I argue that in some situations planners are particularly well suited to this job. That is to say not only that planners are good candidates for the task of supporting communities on a healing journey, but that they may be better suited to the task than other interveners – including counselors, health educators and social workers who are typically engaged as helping professionals in these settings. This is, of course, contingent on planners having the appropriate skills and attitudes, competencies and sensitivities for the work – which is currently not the focus of planning education. I argue that there is a missed opportunity in our field, and that planners must more often fill their strategic role as community healers, based on four arguments below.

First, planning – in its most common modern form – is a relatively accessible collective and public activity. In many communities, planning forums may be one of the only constructive collective spaces where people at large can show up, hear from others they do not know and be heard by them in return, and collaboratively influence programming and decision-making. Sadly, due to the legacies of colonization, this is even true in First Nations communities that have historically had a tradition of collectivity.

Planning activities (whether at plan formation or implementation phase) offer a reason for an inclusive gathering, giving community members an excuse to meet, to share a meal, and to come into conversation in a healthy and relatively safe setting. Planning meetings usually have basic funding, at least at some minimum level, to provide a venue and food. They also often offer the opportunity for experimentation with innovative meeting formats and convening approaches, which are not available in other collective forums such as funerals or official council meetings due to their culturally or legally prescribed structures. Significantly, planning events can combine dialogic, embodied, artistic, spiritual and ceremonial aspects – all of which can have a significant role in healing, in a mutually supportive manner. Healing in First Nations communities – and, I would argue, in most other communities as well – is largely about repairing the damaged web of relationships. Community transformation cannot be achieved one person at a time: the healing of every single individual sitting in a therapist’s chair will not in itself lead to the healing of the collective (Block, 2008, p. 5; Mindell, 1995). To address collective traumas, we need collective forums. Planning forums may just be the best we have got. They can be the “wailing walls” (William, cited in Mindell, 1995) or the “public spaces for mourning” (LaCapra, cited in Forester, 1999) that we so badly need.

Secondly, planning lends itself well to negotiating a relationship between the past and the future. This same negotiation is at the crux of the grieving process, and its successful completion is the necessary condition for healing. While studying native tribes of Africa, Marris articulated the tension in this way:

Like a process of mourning, the responses to the passing of traditional society are characteristically ambivalent, caught between nostalgia for the past, and a desire to pre-empt the future ... Within a group, tribal associations express the need to reconcile cultural continuity with a relevant strategy for dealing with modern life (Marris, 1974, pp. 64–65).

In a similar vein, Ross articulated the challenge of Indigenous people in North America:

The central preoccupation of Native people today is with making decisions about which traditional commandments should be carried into the future with full force, which should be modified (and in what ways), and which should be discarded altogether (Ross, 1992, p. 44).

Planning seems to be a natural forum for the reconciliation of cultural legacy and modern life and for the integration of the impulse to hold onto the past and move into the future, which is expressed externally as conflict between community members, and internally as trauma. An orientation toward creating the future is common amongst planners (e.g. Throgmorton, 1996, 2003) and may even be over-emphasized in our profession. But the importance of recognizing the value of the past and bringing it to bear on the future is also increasingly acknowledged (e.g. Regan, 2011; Sandercock, 1998b). As Baum (1999) has argued, planning can create a liminal space, a transitional space between the past and the future. Planning is where the past comes into conversation with the future. If, as planners, we appreciate, gently support, and intentionally make room for these kinds of conversations, we can prevent, lessen or heal collective trauma in communities.

Thirdly, the practical and tangible aspects of most planning issues make planning an ideal forum for talking about trauma and healing without letting the conversations become too scary, too self-indulgent, or too irrelevant to the material realities of everyday life. One of the most important lessons I learned from my work at Tsulquate was born of the difficulties I faced at the start. I tried to encourage community members to come to a meeting to talk about healing – and soon found out that nobody wanted to come! Even though everyone acknowledged the need for talking about the underlying trauma (so much so that it had been identified as an overarching theme in the Comprehensive Community Plan), it seemed nearly impossible to hold a meeting and convince people to come and share their stories. I observed that healing circles, which are regularly hosted in the community, were often poorly attended. Even a relatively well-funded and prestigious event like the local Truth and Reconciliation Commission hearing struggled to draw participants from the community. The idea of talking about healing was too abstract, or too scary, or perhaps too depressing. As the scholars in asset-based community development have been pointing out for decades, a conversation about gifts and possibilities attracts much more energy than a conversation about problems and deficits (Kretzmann & McKnight, 1993).

I learned from my experience that when it comes to talking about collective trauma an indirect path is better than a direct path. When collective trauma is present and relevant, it can come up no matter what topic we focus on, as long as we are able to make a safe enough space for it. As one community worker told me in an interview, “you can talk about what color to paint the walls, and the Elders will start talking about residential school memories right away!” Indeed I found it more fruitful to convene conversations around a topic that had energy and immediacy associated with it, than to continue to struggle to attract people to another healing circle. I chose the topic of family dynamics and parenting for practical reasons (including the fact that I was a young parent at the time and found it easy to convene others who were involved with raising children). But perhaps I could have as easily picked any other priority area out of the Comprehensive Community Plan (e.g. housing, education, economic development), and equally therapeutic conversations could have taken place.

Many planning discussions make a good doorway into healing – if held with the intention to heal – because they link the internal and external conflicts and historic traumas to tangible things that

are relevant to people's lives today. Bollens articulates a similar sentiment when he talks about the city and city planning as the best forum for peace building:

The city is important in peace building because it is in the streets and neighborhoods of urban agglomerations that there is the negotiation over, and clarification of, abstract concepts such as democracy, fairness, and tolerance. Debates over proposed projects and discussion of physical place provide opportunities to anchor and negotiate dissonant meanings in a post-conflict society; indeed, there are few opportunities outside debates over urban life where these antagonistic impulses take such concrete forms in need of pragmatic negotiation (Bollens, 2006, p. 67).

In practice, most of our planning conversations are missing the opportunity to have a therapeutic effect because as planners we typically do not see a healing function for what we do, or do not know how to make our planning processes into opportunities for healing. In most cases we are even blind to the traumas and conflicts present below the surface. Some have argued that we do not need every deep value difference resolved and every wound cured before we can address the specific practical problems and opportunities of community life (Forester, 2009, p. 6). Yet others have suggested that we move to problem-solving much too quickly and that "until histories, hurts, and unhealed wounds have been addressed, we will not be able to solve problems in deep or lasting ways" (Diamond cited in LeBaron, 2002, p. 248). The experience of my study leads me to believe both of these views are correct, but that we need to give more weight to the latter view, often unappreciated until now. It seems that only when some healing has already taken place, or at least when emotions have been adequately acknowledged, does our energy become available for reconstructing, problem-solving and moving forward. If this is true, planners, as community re-builders, should take their therapeutic role far more seriously.

Finally, I argue that planning has advantages over the helping professions when it comes to working with trauma in a community such as the one I worked with. Professions such as counseling, community health, or social work struggle to make headway in communities that most need the help because community members often distrust these professions. Counselors and health educators are seen to be associated with the Western medical bias, which has for decades diagnosed Aboriginal people's ways of life as sickness and treated them accordingly (Chrisjohn, Young, & Mauraun, 1997; Thira, 2006). Social workers are known as the professionals who take Aboriginal children away and put them into foster care (Ross, 1992), a much feared and disliked (if sometimes necessary) practice that Indigenous people have referred to as a continuation of the residential school program (Truth & Reconciliation Commission Community Hearings, 2012). Given such connotations, these helping professionals – sometimes through no fault of their own, and often in spite of their best intentions – struggle to shed professional stereotypes before they can effectively engage people.

In comparison, planners may carry relatively little baggage. On the reserve where I worked community planning was relatively new and had a good reputation thanks to the recent Comprehensive Community Planning process that had been quite inclusive and respectful of community members' wants and needs. Of course, in some communities planning has a bad rep; if planners act as heavy-handed bureaucrats or all-knowing consultants they will easily be classified as untrustworthy along with other helping professionals. A planning approach that enters with an attitude of wanting to "fix" a traumatized community will almost certainly meet resistance. But a planning approach that creates collective forums for humanizing and reconnecting people has a chance at opening a therapeutic space.

Once again, the potential for having a therapeutic effect depends largely on the skills, attitudes and sensitivities of the planners involved. The current writing in the planning education literature emphasizes communication competencies (Alexander, 2005; Guzzetta & Bollens, 2003) but falls far short of describing what sort of communication skills are needed for the type of planning I am proposing here.

The writing on cultural competencies required for planning comes closer (Agyeman & Erickson, 2012) when it describes the need for recognizing, understanding, and engaging difference, diversity, and cultural heterogeneity. More specifically, from my view, community planners need a theory of conflict and some understanding of psychological processes associated with loss and change (Marris, 1974). A very basic understanding would be useful even for those planners who do not go on to develop the advanced skills of therapeutic planning because they will at least be able to recognize collective trauma and decide whether an explicitly therapeutic intervention is warranted. Those who gravitate to a therapeutic planning role will need to develop advanced skills in meeting facilitation and conflict transformation. These skills are necessarily reliant on appropriately supportive attitudes such as non-judgment, compassion and a beginner's mind, which are more difficult to acquire. In other words, planners who want to play a therapeutic role need to pay attention to their own personal development and awareness, far more than is the norm within the profession.

### A therapeutic orientation beyond social planning

While my argument for a role for therapeutic planning has centered so far on working with Indigenous populations, similar approaches could be used to work through the types of collective traumas named in the opening lines of this paper ranging from mass relocations to mass shootings. I want to suggest that the therapeutic planning role also has some implications and potential applications in less obviously traumatized communities. This claim is based on a key insight offered by Marris (1974), who has shown that all situations of social change can trigger something similar to the trauma and grieving process that is initiated by loss. In other words, Marris suggests that all communities going through significant change have some trauma to deal with. Insofar as planners are tasked with creating or managing change, they could benefit from being attentive to the ensuing traumas and needed grieving processes – in other words, they would do well to have an orientation to therapeutic planning.

Marris' argument is worth elaborating here. In his book, *Loss and Change*, Marris (1974) first explores the topic of personal grieving, based on several studies, including surveys of widows in the UK. He shows that when we lose a significant relationship and a significant attachment – such as that between a husband and wife – the entire structure of meaning of a life centered on that attachment falls apart. Grieving is a natural response to that loss of meaning. It is the mechanism for re-integration of the attachment to the past with moving into the future, thus reconstructing the meaning of life.

These insights become relevant to planning when we recognize that there is a parallel between the stories of personal loss and grief and collective loss and grief brought on by social change. Marris explores these parallels using case studies of a mining disaster in South Wales, urban renewal schemes in the west end of Boston, and slum clearance in Los Angeles. His examples parallel similar studies on the relocation of the inner city residents of London (Young & Willmott, 1957/1962) and more recently the relocation of African American communities in Pittsburgh, Newark and Roanoke (Fullilove, 2004).

It turns out that "the task of reintegration is essentially similar whether the structures of meaning fall apart from loss of personal relationships, a predictable social context or of an interpretable world" (Marris, 1974; p. vii). Significantly, in both personal and collective situations of loss, the disruption to structures of meaning happens even if the change is desired or explicitly accepted by the people who are subject to it. As recent studies have suggested, the emotional impact of moving homes voluntarily three times is equivalent to the emotional impact of watching one's house burn down (Manzo, Kleit, & Couch, 2008). In other words, even desirable change can have traumatic results.

Marris goes on to argue that people and communities have good reason – psychologically speaking – to resist social change. What he calls “the conservative impulse” (the desire to hold on to the past) is an aspect of our ability to survive in any situation. Without conservatism, which guarantees a level of continuity, “we cannot interpret what events mean to us, nor explore new kinds of experiences with confidence” (Marris, 1974, p. 2).

When planners argue about the need for social change based on the best and most comprehensive research available, they tend to dismiss conservatism as a kind of ignorance, selfishness or blindness to good reasoning – calling it NIMBYism, prejudice, protection of class interest, apathy, or anti-environmentalism. But when we consider it from the point of view of people’s experience in society as they struggle to maintain their hold on the meaning of life, the value of the conservative impulse is easier to appreciate, even though it may be illogical from a narrowly rational perspective.

This appreciation can be the starting point for a more productive working relationship between planners and communities. But we may also have to adjust our strategies and ways of communicating to be able to negotiate with the conservative impulse. In Marris’s words, “the reformers must listen as well as explain, continually accommodating their design to other purposes, other kinds of experiences, modifying and renegotiating, long after they would like to believe that their conception was finished” (Marris, 1974, p. 156). Based on his understanding of the grieving process, Marris suggests general principles for reducing the traumatic impact of an event and assisting in psychological recovery: to give impacted communities a lot of advance notice to mentally prepare for a change (as abrupt change tends to be more traumatic than expected change), to retain any elements of the landscape or experience that can signify continuity (e.g. preserving old buildings or trees around the development project), to expect and encourage public conflict so that people have a chance to react and work out the various impulses in a legitimate setting, and to put a moratorium on more change while community members are going through a process of meaning-making so as not to overwhelm their emotional capacity (Marris, 1974, pp. x, 150).

This is a time-consuming and laborious path. Not all planners are going to become therapeutic planners, nor should they. We continue to need progressive planners who focus on advocacy and on technical, environmental, design-oriented, market-based and policy innovations that drive change. But without attention to the psychological dimensions of change, the changes we need may not be as expedient as necessary. “A robust, pragmatic optimism towards change,” Marris argues, “is fundamentally less rational, and indeed strategically blind to the nature of social transitions” (Marris, 1974, p. 84). It is more strategic for planners to understand the dynamics of grief, to slow down when appropriate and employ a therapeutic orientation (or call on a colleague with the appropriate skills to do so), than to act as fully logical and optimistic champions of social change in the face of community resistance.

## Conclusion

In this paper I have argued that planning has a strategic role to play in addressing collective traumas, whether they are the outcome of overtly traumatic events such as a mass shooting or forced relocation, or simply the cumulative impact of large and rapid change in a community environment. In most situations, where the collective traumas are not debilitating, planners can manage them by following Marris’s principles, setting the right pace and the right public deliberation process in place, and being patient and attentive to the need for psychological integration. In some cases, where the trauma is heavy and widespread, it makes sense to design and implement an explicit therapeutic intervention, which would take more time, more skill and more resources to implement. Through my therapeutic

planning intervention with a British Columbia First Nation, I have illustrated one possible approach to the latter. Though clearly exploratory in nature, this work illuminates the potential of collective healing, out of which comes positive movement and the ability to (re)construct meaning and action in a community. My hope is that the description of the planning intervention has also given some shape, color and texture to the concept of therapeutic planning, which has largely been discussed in planning theory texts in the abstract.

If therapeutic planning is so promising, one might ask, why do so few planners practice it? A first response may be that emotionally engaged therapeutic planning does not fit naturally into our discipline's image of itself as rational and scientific. Planning theorists have been working to dismantle this self-image for decades, but in many ways the mainstream practice of planning remains loyal to the rational-comprehensive model, which perpetuates itself through the culture of the profession and much of planning education. The fact that most planning departments are located within faculties of engineering, architecture and design is telling, and may explain why people with an orientation to psychology are under-represented among planning students and faculty. A conservative impulse pervades our discipline.

A second reason for the slow and limited uptake of therapeutic planning is that planners tend to be unaware of the possibilities of such an approach. There has simply not been enough thinking, debate and writing on the subject, and in particular very few empirical attempts have described a possible therapeutic approach and tested its possibilities. One clear problem is that a therapeutic effect is hard to measure. Yet we have much to learn from what researchers and practitioners are doing in neighboring fields such as organizational development, mental health studies, and conflict resolution. Better familiarity with these literatures within planning may be fruitful. Studies such as the one presented in this paper attempt to make these connections and bring into the planning imagination powerful possibilities that largely sit out of our disciplinary sightline at the moment.

A third reason more planners do not do therapeutic planning is that it is difficult, and it is not evident where we can go to learn how to do it. I had to make a personal investment (of money, time and emotional resources) to learn a method by which I could find my way into therapeutic planning, and I had to go outside of the planning field, indeed outside of academia altogether, to acquire it. I had to learn techniques in facilitation, and spend hours practicing them until they became second nature, so that I could rely on them in distressing situations. During much of my learning, I was challenged as I confronted my own strong emotional reactions to groups, and my own psychological patterns that were activated as I facilitated a process. For example, I had to work to find my ground and respond with integrity when someone sobbed in a session, and to comfortably hold the possibility of multiple contradictory views within a group for a long time with no apparent resolution in sight. As these experiences suggest, learning to do therapeutic planning does not only involve acquiring new knowledge and technical competencies, but also requires that the practitioner grows as a person.

This final point has large implications for planning education. If we were to create planning programs (or concentrations within planning programs) that produce planners capable of playing a therapeutic role, we would need a curriculum that puts the emphasis on who the planner is, rather than what the planner knows. "The success of an intervention depends on the interior condition of the intervener," famed businessman Bill O'Brien is quoted as saying (Scharmer, 2007), popularizing what psychologists have known for decades. That notion might form the basis of a curriculum that develops therapeutic planners, a topic for another paper.

Therapeutic planning is an emerging orientation, naturally rising out of the need for working with the emotional dramas of modern life. It is also a major departure from what we know planning to be,



and compels us towards new approaches to planning education. What a therapeutic orientation to planning requires is not only that planning evolves out of its state of “arrested emotional development” (Sandercock, 1998b, p. 80), but that planners themselves evolve as people in the course of this work.

### Disclosure statement

No potential conflict of interest was reported by the author.

### Funding

The research described in this paper was enabled by a Joseph-Armand Bombardier Canada Graduate Scholarship from the Social Science and Humanities Research Council, Government of Canada.

### Notes on contributor

*Aftab Erfan* is a scholar-practitioner who teaches at the University of British Columbia and consults as a conflict specialist and professional facilitator.

### References

- Agyeman, J., & Erickson, J. S. (2012). Culture, recognition, and the negotiation of difference: Some thoughts on cultural competency in planning education. *Journal of Planning Education and Research*, 32, 358–366.
- Alexander, E. R. (2005). What do planners need to know? Identifying needed competencies, methods and skills. *Journal of Architectural and Planning Research*, 22, Theme Issue: Planning Methods, 91–106.
- Ansdell, G. (2002). Community music therapy and the winds of change: A discussion paper. *Voices*, 2. Retrieved from <https://voices.no/index.php/voices/article/view/83/65>
- Arnstein, S. R. (1969). A ladder of citizen participation. *Journal of the American Institute of Planners*, 35, 216–224.
- Baum, H. (1999). Forgetting to plan. *Journal of Planning Education and Research*, 19, 2–14. doi:10.1177/1473095210372268
- Baum, H. (2015). Planning with half a mind: Why planners resist emotion. *Planning Theory and Practice*, 16, 498–516.
- Block, P. (2008). *Community: The structure of belonging*. San Francisco: Berrett-Koehler Publishers Inc.
- Bohm, D. (1996). *On dialogue*. L. Nichol (Ed.) London and New York: Routledge.
- Bollens, S. (2006). Urban planning and peace building. *Progress in Planning*, 66, 67–139.
- Borrows, J. (2010). *Drawing out law: A spirit's guide*. Toronto: University of Toronto Press.
- Bush, R. A., & Folger, J. P. (1994). *Promise of mediation: The transformative approach to conflict*. San Francisco: Jossey Bass.
- Chrisjohn, R., Young, S., & Mauraun, M. (1997). *The circle game: Shadows and substance in the Indian residential school experience in Canada*. Penticton: Theytus Books Ltd.
- Erfan, A. (2013). *An experiment in therapeutic planning: Learning with the Gwa'sala-'Nakwaxda'xw First Nations* (Unpublished dissertation). University of British Columbia, Vancouver.
- Erfan, A., & Hemphill, J. (2013). Indigenizing and decolonizing: An alliance story. *Plan Canada: Special Issue on Indigenous Community Planning*, 53, 18–21.
- Erfan, A., & Torbert, W. (2015). Collaborative Developmental Action Inquiry. In H. Bradbury (Ed). *The Sage Handbook of Action Research, 3rd Edition*. (pp. 64–75). London: Sage Publications
- Estrella, K. (2011). Social activism within expressive arts “therapy”: What’s in name? In E. Levine & S. Levine (Eds.), *Art in action: Expressive arts therapy and social change* (pp. 42–52). London and Philadelphia: Jessica Kingsley Publishers.
- Follette, M. P. (1924). *Creative experience*. New York, NY: Longmans Green & Co.
- Forester, J. (1999). *The deliberative practitioner: Encouraging participatory planning processes*. Boston, MA: MIT Press.
- Forester, J. (2009). *Dealing with differences*. Oxford: Oxford University Press.

- Fullilove, M. (2004). *Root shock: How tearing up city neighborhoods hurt America, and what we can do about it*. New York, NY: Ballantine Books.
- Guzzetta, J., & Bollens, S. (2003). Urban planners' skills and competencies: Are we different from other professions? Does context matter? Do we evolve? *Journal of Planning Education and Research*, 23, 96–106.
- Healey, P. (1997). *Collaborative planning: Shaping places in fragmented societies*. London: Macmillan.
- Hoch, C. (2006). Emotions and planning. *Planning Theory & Practice*, 7, 367–382.
- Jojola, T. (2008). Indigenous planning – An emerging context. *Canadian Journal of Urban Research, suppl. Canadian Policy and Planning*, 17, 37–47.
- Kolb, D., & Associates. (1994). *When talk works: Profiles of mediators*. San Francisco: Jossey Bass.
- Kretzmann, J. P., & McKnight, J. (1993). *Building communities from the inside out: A path toward finding and mobilizing a community's assets*. Evanston, Ill: The Asset-Based Community Development Institute, Institute for Policy Research, Northwestern University.
- LeBaron, M. (2002). *Bridging troubled waters: Conflict resolution from the heart*. San Francisco: Jossey Bass.
- Lederach, J. P. (2005). *The moral imagination: The art and soul of building peace*. Oxford: Oxford University Press.
- Lewis, M. (2008). *Inside the no: Five steps to decisions that last*. Johannesburg: Author.
- Loewenthal, D. (2013). *Phototherapy and therapeutic photography in a digital age*. London and New York: Routledge.
- Manzo, L. C., Kleit, R. G., & Couch, D. (2008). Moving three times is like having your house on fire once: The experience of place and impending displacement among public housing residents. *Urban Studies*, 45, 1855–1878.
- Marris, P. (1974). *Loss and change*. London: Routledge & Kegan Paul.
- Matunga, H. (2013). Theorizing indigenous planning. In R. Walker, T. Jojola, & D. Natcher (Eds.), *Reclaiming indigenous planning* (pp. 3–32). Montreal and Kingston: McGill-Queen's Univ. Press.
- McCormick, D. W., & White, J. (2000). Using one's self as an instrument for organizational diagnosis. *Organization Development Journal*, 18, 49–62.
- Mindell, A. (1995). *Sitting in the fire: Large group transformation using conflict and diversity*. Portland, ME: Lao Tse Press Ltd.
- Napoleon, V. (2005). Aboriginal self determination: Individual self and collective selves. *Atlantis: Critical Studies in Gender, Culture & Social Justice*, 29, 31–46.
- Regan, P. (2011). *Unsettling the settler within: Indian residential school, truth telling and reconciliation in Canada*. Vancouver: University of British Columbia Press.
- Ross, R. (1992). *Dancing with a ghost: Exploring indian reality*. Markham: Octopus Publishing Group.
- Sandercock, L. (Ed.). (1998a). *Making the invisible visible: A multicultural planning history*. Berkeley: University of California Press.
- Sandercock, L. (1998b). *Towards cosmopolis: Planning for multicultural cities*. Chichester: J. Wiley and Sons.
- Sandercock, L. (1998c). *Cosmopolis II: Mongrel cities in the 21st century*. London: Continuum.
- Sandercock, L., & Attili, G. (2012). Unsettling a settler society: Film, phronesis and collaborative planning in small-town Canada. In B. Flyvbjerg, T. Landman, S. Schram (Eds.), *Real Social Science: Applied Phronesis* (pp. 137–166). Cambridge: Cambridge University Press.
- Sandercock, L., & Attili, G. (2014). Changing the lens: Film as action research and therapeutic planning practice. *Journal of Planning Education and Research*, 34, 19–29.
- Scharmer, O. (2007). *Theory U: Leading from the Future as it Emerges*. Cambridge, MA: The Society for Organizational Learning.
- Scharmer, O., & Kaufer, K. (2013). *Leading from the emerging future: From ego-system to eco-system economies, applying theory u to transforming business, society and self*. San Francisco: Berrett-Koehler Publishers Inc.
- Schön, D. A. (1983). *The reflective practitioner: How professionals think in action*. New York, NY: Basic Books.
- Thira, D. (2006). Beyond the four waves of colonization, research paper for canadian native policy and research. Retrieved from <http://thira.ca/files/2014/08/Colonization-Article-CNPR-Revised1.pdf>
- Throgmorton, J. (1996). *Planning as persuasive storytelling: The rhetorical construction of Chicago's electric future*. Chicago, IL: University of Chicago Press.
- Throgmorton, J. (2003). Planning as persuasive storytelling in a global-scale web of relationships. *Planning Theory*, 2, 125–151.
- Torbert, B., & associated. (2004). *Action inquiry: The secret of timely and transforming leadership*. San Francisco: Berrett-Koehler Publishers Inc.
- Truth and Reconciliation Commission Community Hearings. (2012). Fort rupert community hearing, statements. Retrieved from [http://original.livestream.com/trc\\_cvr](http://original.livestream.com/trc_cvr)

- Vessey, J., & Mahon, M. (1990). Therapeutic play and the hospitalized child. *Journal of Pediatric Nursing*, 5, 328–333.
- Wadeson, H. (1996). Viewpoints: When the edges bleed. *Art Therapy: Journal of the American Art Therapy Association*, 13, 208–210.
- Waldram, J. B., Redman, C., Lipinski, A., Kaweski, M., Innes, R. A., & Gone, J. P. (2008). *Aboriginal healing in Canada: Studies in therapeutic meaning and practice*. Ottawa: Aboriginal Healing Foundation.
- Young, M., & Willmott, P. (1957/1962). *Family and kinship in East London*. London: Institute of Community Studies, Pelican.