

**A Descriptive Qualitative Study of Therapeutic Theatre  
in an Adult Mental Health Community Project**

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A thesis submitted to  
Auckland University of Technology  
in partial fulfilment of the degree of  
Masters of Health Science

August 2014

## **Dedication**

It is to Bruce Young that I dedicate this work, with many thanks for the opportunity and privilege of being able to work alongside such a talented, caring, and creative person.

Without Bruce's faith, energy, dedication, and unrelenting giving of time and skills over the five years that these pantomimes took place, this thesis would not have been possible.

It was both Bruce and my dream that became a reality to be able to provide the opportunity for people who live with mental illness here in South Auckland to experience live theatre. Bruce's main roles included co-director, voice coach, and a script editor; however in practice he covered a much larger range of tasks and responsibilities. I look back on the hours of planning, discussing of roles, costumes, stage sets, and scripts as exciting and prosperous times. We had many, many laughs and were able to problem solve the challenges in a supportive and caring way.

Bruce, you have taught me a lot about the joy and art of drama and given me the support and energy to enjoy and be part of each Pantomime through to the final curtain call and beyond. Together, with God's love and direction we overcame many challenges and I thank you for being there, as having your belief in our dream helped make it a reality.

## **Acknowledgements**

This journey in working towards my Master's degree would not have been possible without the guidance, dedication and willingness of a range of people. The life events that have occurred during this study have made me stronger in who I am. I firstly acknowledge and thank God for this opportunity. After completing this thesis I have strengthened my belief that time is the biggest gift in my life's journey. I thank everyone who has given me their time and pay special attention to those who have been patient while my time has not been with them.

Firstly I turn in appreciation to the cast and crew across all five pantomimes whose aspiring love of theatre was apparent and made each gathering a joyous event, whether it was an audition, rehearsal, or performance. With this sense of joy and purpose to advocate for arts and health, I chose this research topic. I thank the participants in this study, who so willingly shared their stories, making it possible for new perspectives to be uncovered.

I dearly thank my AUT thesis supervisors Clare Hocking and Daniel Sutton, who have enabled this process to be an enlightening and positive experience. Without their knowledge, patience and belief in me this study would not exist.

Sue Knox my copy editor has also been a wonderful, cheerful, and essential person, who has taught me so much. Thank you Sue you are appreciated.

Thank you also to the Regional Ethics Committee, approval number NXT/11/EXP/292 for allowing me to do this study.

Through this journey my life has taken a different routine, often away from my family, friends and work colleagues and I would like to acknowledge your patience and understanding when I have not been available. I specifically thank each one of my four

children, Luis, Ricarda, Victoria, and Zulema for being part of my life and reminding me that there is a world outside that I love and enjoy. Thank you also to my beautiful energetic grandchildren, Kane, Paloma, Keira, Makoia, and Tahiwī who will now be able to claim the kitchen table more freely.

Lucho my husband, you are the light in my life and your never ending support and encouragement in this journey has made it a fun adventure. Your kind acts of love in and around the house and in general have been appreciated.

## Attestation of Authorship

I hereby declare that this submission is my own work and that to the best of my knowledge and belief, it contains no material previously published or written by another person nor material which to a substantial extent has been accepted for the qualification of any other degree or diploma of a university or other institution of higher learning, except where due acknowledgement is made in the acknowledgements.

*J.A. Steinhilber de Aguilera*

Signed .....

Dated: 12<sup>th</sup> September 2014

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## Abstract

This qualitative descriptive study sought to answer the question “how does taking part in an adult mental health therapeutic theatre project enable health and wellbeing, from participants’ perspectives?”. Therapeutic theatre is the therapeutic development of a play that considers how power can influence group dynamics. Processes are facilitated by a therapist skilled in drama or a drama therapist.

The goal was to generate better understanding of the use of therapeutic theatre for people who live with mental illness, using an occupational lens. I wanted to contribute piece of evidence-based research to the literature on theatre, a performing art, and its relationship to experiencing wellbeing, that could be used to advocate for theatre opportunities. There is some historical anecdotal literature as well as more current reports and research that supported this study. However none of this literature produced was with participants who live with a mental illness, used an occupational lens, or within a New Zealand context.

The methodology chosen was descriptive qualitative, sitting in a post-positivist paradigm. Ten participants were selected, six living with a mental illness and four staff who were not. Half the participants were of Maaori ethnicity and the other half were European/New Zealanders. Participants were interviewed using semi-structured questions which were audio recorded and transcribed verbatim. Thematic analysis uncovered 250 codes which were analysed using mind maps and data checking. Three main themes emerged and text was aligned to reflect these.

The first theme, Setting the stage, described understandings of the *occupational form* of therapeutic theatre and included how participants had experienced theatre as a safe space for engagement, where they had the opportunity to take on different roles and learn new skills. The second theme, Taking the stage, revealed how participants

experienced getting into roles and performing. During the processes outlined in this theme they worked under pressure, overcoming many challenges and yet they experienced positive engagement and flow. The final theme, Moving to the next stage, described transformative experiences participants experienced between themselves and the world around them. These transformations were attributed to developing personal strengths in overcoming the challenges and achieving. The theatre afforded an opportunity to experience another way of being and supported the formation of connections with those around them and their communities.

Overall the findings revealed new understandings how the *occupational form* of therapeutic theatre supports wellbeing for people who live with mental illness. Specific ways of engagement and activities that are done as part of the natural form of theatre emerged as significantly enabling participants' wellbeing. These findings build on literature that supports theatre and the arts in facilitating wellbeing and have generated ideas for future research about creative occupations and wellbeing.

# **Chapter One: Introduction to the Study**

## **Introduction**

This research seeks to gain understandings of how taking part in an adult mental health therapeutic theatre project relates to health and wellbeing, from the participants' perspective. The theatre project was originally set up with the aim of using the varied occupations involved in theatre to enable people who live with mental illness to have a positive experience and develop skills that would increase their ability to cope with everyday living. The purpose of the study is to generate new knowledge related to the use of therapeutic theatre for people who live with mental illness. It is anticipated that this research will build on previous literature that has presented theatre as an occupation having positive health benefits, for people who live with mental illness.

A qualitative descriptive methodology with a strong occupational focus guided the study. This methodology was best suited because the study is concerned with developing an in-depth understanding of participants' engagement in and with the therapeutic theatre project (Jones, 2002). Also, using a strong occupational focus has provided a language to articulate theatre as occupations that link to multiple aspects of life.

In this study I interviewed 10 New Zealand adults who had taken part in an adult mental health therapeutic theatre project. The project ran for twelve weeks at the end of each year, over a period of five years from 2006 to 2010. Included in this study were participants who lived with a mental illness and others who did not. This inclusive recruitment strategy was chosen to mirror the cast and crew who had taken part in the project. The belief in bringing the voices of both these participants' groups together was that each had perspectives that shaped the experience of others and each would bring valuable insights to the study.

The six participants who live with mental illness were all receiving mental health services within Counties Manukau District Health Board (CMDHB). In 2012 the population living in the CMDHB district catchment area was 456,671 people (CMH, 2013). The ethnic breakdown in 2010 was Maaori 17%, Asian 21%, Pacific 23%, and Other 40%. Thirty four per cent of the population lived in areas classified as socioeconomically deprived, based on the New Zealand deprivation index 2006. This socioeconomic deprivation has a significant impact on health and provision of services. It is estimated that one in ten adults aged 18 or over living in this catchment area, received care for a mental disorder and this does not include those receiving non-pharmacological assistance in primary care (CMH, 2013).

The New Zealand Mental Health system and CMDHB specifically is embedded in recovery principles, so using these was an essential part of facilitating and understanding this marginalised population. Recovery is described as; “A journey towards a new and valued sense of identity, role, and purpose beyond the diagnoses of mental illness. It involves living well despite any limitations that may be imposed by the illness” (Lloyd, Wong, & Petchkovsky, 2007, p. 207). The purpose in providing opportunities and an environment where cast and crew living with mental illness could experience theatre was part of supporting the recovery journey of individuals.

This chapter begins with definitions of the terms therapeutic theatre, wellbeing, and mental illness that are frequently used in this study. Next theoretical underpinnings of the study are outlined, setting occupation as a central concept. This is followed by a section that incorporates ideas about social inclusion that have shaped this study. Next an overview is provided that introduces the researcher in context of how the study emerged. The chapter concludes with an outline of the structure of the thesis.

## **Therapeutic theatre**

Therapeutic theatre as described by Snow, D'Amico, and Targuay (2003) as; "The therapeutic development of a play, the notion of the power and influence of group dynamics, processes that are facilitated by a therapist skilled in drama or a drama therapist, a public performance, and a requirement that there be a post-production process" (p. 76). This framework of therapeutic theatre was used in this study.

However an occupational therapy point of reference influenced this project, in exploring how therapeutic theatre has its own unique *occupational form* that has marked differences from other forms of theatre. These marked differences included how a sociocultural reality was established using recovery principles and consistent boundaries that ensured cast and crew felt safe to express, engage, and learn. Part of enabling this meant that staff supporting the project needed the knowledge and skills to provide this environment. Establishing a safe space through a climate of tolerance, fairness, and respect, avoiding put downs and allowing sufficient time, space, and encouragement, participants could feel valued and accepted for being themselves. Other points of difference were the manipulation and adaption of the physical and environmental stimuli to match individuals' levels of engagement and the choice of using pantomime<sup>1</sup>. These were ways of ensuring that the task on hand was achievable and yet challenging.

## **Wellbeing**

There are many definitions of wellbeing and this one was proposed because it is currently being used in New Zealand to measure wellbeing in population health studies. It also aligned with my expectations about what theatre could offer in the context of this study. Presented is Seligman's (2013) construct of five measurable elements that count

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<sup>1</sup> An amusing Christmas entertainment with music, songs and dance based on a story popular with children

towards measuring wellbeing. They are positive emotions, engagement, relationships, meaning, and achievement (PERMA). Seligman's (2013) assertion that "No one element defines wellbeing but each contributes to it" (p. 24) indicates a valuable understanding in pulling together a range of elements that define wellbeing. These five elements will be considered and discussed in relation to the findings in the Discussion chapter.

## **Mental illness**

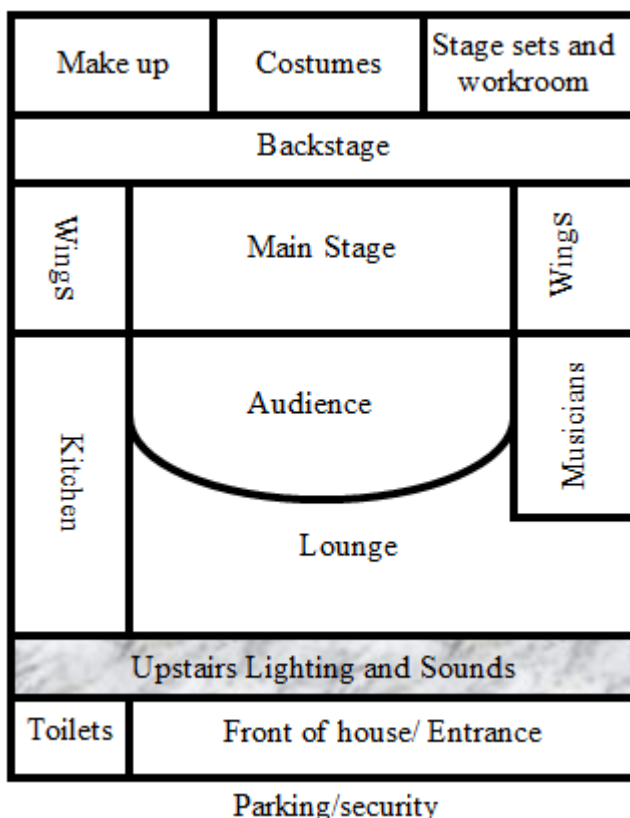
In the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM V), mental illness is characterised by clinically significant individual disturbances. These include emotional regulation or behaviour that has a major role in the dysfunction of the biological, psychological, or developmental processes that contribute to mental functioning (American Psychiatric Association, 2013). Mental disorders can be triggered by significant distress or disability in social or occupational aspects of living. Among the cast and crew who participated there were a range of mental illnesses that people experienced. A table presenting common symptoms this population experienced using the DSM classification (American Psychiatric Association, 2013) is included in Chapter Three.

## **Theoretical underpinnings of the study**

### **Occupational context of the pantomime**

As mentioned previously, this research tapped into the experiences of adults who had been involved in a therapeutic theatre project that ran from 2006 to 2010. Each year, a pantomime was performed in two matinee performances and another one in the evening over three successive days to an invited audience of friends, family, others experiencing mental illness, representatives of organisations that provided mental health services in the community, support workers, and health professionals, including CMDHB

managers. The following pantomimes were produced: Cinderella, Jack and the Beanstalk, Aladdin, Snow White and the Seven Dwarfs', and Peter Pan. Some of the participants in the project were involved for just one year and others were regulars. The number of people involved in the production increased each year with initially 30 people and later up to 50 people being involved. Auditions were held at a local church space when the theatre was not available, with most of the rehearsals taking place at a local community theatre where the productions were performed. Refer to Appendix A for a chronological account of how pantomimes were organised. Presented in Figure 1 is a diagram of a theatre space given to provide a visual prompt of the range of occupational spaces at the theatre.



**Figure 1: Diagram of the theatre space**

The diagram above gives the name of each space in the theatre. Each space has a unique purpose, its own environmental layout and associated roles. The tasks undertaken in each of the theatre spaces required a range of resources and skills that



support participants to be able to perform their specific role. For example, participants working towards performing speaking parts on stage would need resources such as costumes, make-up, scenery, props, and a stage. The skills they need to develop are voice production and projection, learning lines, characterisation<sup>2</sup>, and being on stage. There was an expectation that everyone was capable of developing skills and, based on participants' roles and skill level, coaching, grading, and adaption took place to enable cast and crew to work towards performances. Coaching strategies included rote learning, repetition, characterisation, cues before and after one's lines, working in pairs to practice lines and stage moves, writing lines or instructions on cards, and multiple practice opportunities for specific roles. There was an expectation, for all members of the cast and crew, regardless of their role, that they would be coached in breathing techniques and voice production at the beginning of each rehearsal. Many people who live with mental illness often find it difficult to speak up and be heard in real life and these exercises were intended to build up confidence and skills to use their voice effectively.

An example of sourcing appropriate resources can be seen in efforts to get the right costume for each character and the person playing the part. Each person playing a role on stage needed to feel good about what they would be wearing, so careful timing and planning took place to ensure the cast were part of these processes. The costume person had a significant enabling role to perform and had to be patient, caring and take the time to listen, discuss, and follow up with all the cast about what could work for them and what might not be so appropriate. That involved for example, respecting participants' preferences, which did not always match the character they were playing, yet making sure that they looked their best and that the costumes suited the role. The costume

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<sup>2</sup> Getting into the role of a character

person needed to be responsive to the feedback that performers gave around their costume. The costumes added a wealth of colour, fun, creativity, and meaning to each production. All these experiences were part of being in the therapeutic theatre space.

There were many occupations that people could be involved in as part of the pantomime, including all the roles normally associated with a theatre production; actors, chorus, dancers, singers, musicians, make-up, costumes, stage sets and props, backstage crew, lighting, sounds, prompt, refreshments, ushers, security, parking, and advertising. The environment in this theatre functions as a small community, where we had the possibility of creating occupations to support a range of interests and skills for those who wished to be part of the production.

For example we had a keen gardener and to support this person's engagement in the project we secured some live plants in pots, that we used in the scenery. The care of those plants became the role of that specific person. Another example was a young man who also liked flowers and wanted to be on stage, yet did not want to be seen or say anything. We made a huge cardboard flower that covered him, which allowed him to be on stage and part of the production scenery, in a scene that could accommodate flowers. In mainstream theatre, making specific occupations available to support participation is not common practice. On entering this small community there was a shared goal to work together to enjoy the production and perform on stage in front of an audience.

### **Occupation**

Wilcock (1993) talked about self-care, rest activities, family, leisure, energy, interest, attention in work, culture and purposeful use of time as what defines occupation.

Occupation can also be defined as “doing culturally meaningful work, play or daily living in the stream of time and in the contexts of one's physical and social world”

(Kielhofner, 1995, p. 3). These definitions were adopted as they bring all the aspects

that were needed for participants to engage in the theatre project. Wilcock (1993) had a focus on the individual aspects that were considered and part of the whole theatre experience, while Kielhofner (1995) brought a more collective viewpoint that drew attention to the significance of the environment and aligned with considering the many physical and social elements of theatre. In this project the environment was adapted and manipulated as part of the *occupational form*, a concept which will be introduced shortly. Both definitions considered time, as an important aspect of being involved in theatre. As an occupation theatre has multiple dimensions of time that are explored throughout this study.

### **Occupational Science**

Occupational science can be defined as; “The systematic study of the human as an occupational being with an emphasis on the provision of a multidimensional description of the substrates, form, function, meaning, and sociocultural and historical contexts of occupation” (Clark et al., 1991, p. 302). An occupational science perspective considers temporality and also makes it possible to consider not only the human experience but also the societal and historical context of therapeutic theatre. Theatre has been embedded and is meaningful in many cultures. It expresses and passes on knowledge, customs, myths, legends, celebrations, and everyday events. An occupational science framework provides an arena to explore and discuss the *occupational form* of therapeutic theatre and its relationship with people who live with mental illness. To date there has been no discussion of this within the field of occupational science.

The temporal aspect of theatre can be understood from an occupational science perspective of time and is explained as being connected to what human beings experience as being meaningful in relation to their sense of the past, present, and future (Clark, 1997). In this research two aspects of temporality are considered. The first aspect is the collective identity of theatre as an occupation, taking into consideration its

origin, its place at this moment, and how it might look in the future. The second is how individuals' experiences and perspectives related to the theatre project and were perceived in relation to past, present, and future. Both collective and individual viewpoints were part of sustaining engagement in this project. Tempo is defined as the pace and rhythm in which we do occupations (Clark, 1997). Tempo affects people's ability to retain memories and impacts on their ability to grasp temporality across occupations.

### **Occupational form**

The *occupational form* is independent of and external to a person and has an objective set of circumstances (Nelson, 1987). Every *occupational form* is described as having two types of dimensions. The first is the physical stimuli that are present in the immediate environment at any given time. For example: materials, objects and their spatial interrelationships, and the physical characteristics of objects. These physical stimuli include the environmental surroundings of the location as well as the temporal and human context. Characteristics of the human context are in the immediate environment and include movement, speech, and the appearance of those in the immediate environment. The second dimension is the sociocultural reality with its own sets of values, norms, sanctions, symbols, roles, and practical aspects (1987).

Therapeutic theatre has a particular *occupational form* which will be explored within this study.

### **Social justice perspective**

People who live with mental illness are not always as fortunate as others. They often do not have the resources or opportunities that others in the general population are given. Townsend (2012) talked about how social exclusion for this group of the population has occurred from "historic deprivation in developing their true selves and potential" (p. 9)

because of isolation from something meaningful to engage in. Of particular concern in this context is that people living with mental illness are marginalised through their lack of access to the performing arts.

These understandings that Townsend (2012) discussed align with my own practice experience of working with this marginalised group, where the human resources to continue the project became more challenging to secure each year. This annual production was unable to be maintained due to a lack of funding for the necessary staff and limited evidence-based understanding of therapeutic theatre in relation to health and wellbeing for this specific population.

What started out for me as a therapeutic intervention highlighted the need to advocate for social and occupational justice for people who live with mental illness to access the arts and theatre as part of my occupational therapy role. Part of advocating for this marginalised population meant doing this study. So the journey continued and part of the preparation involved looking closer at what I brought to the study.

## **Introducing the researcher**

### ***Personal experiences of theatre***

I am the person that I am today because of theatre experiences which have given me the confidence and skills to build my life's journey. I have always valued theatre and my personal experiences and beliefs around theatre stem from a love of poetry and performing as a young child. I had been involved in the performing arts and gained a diploma in teaching speech and drama as an Associate of Trinity College London (ATCL) by age sixteen.

Turner (1962) acknowledged that "voice and speech form the very core of the actor's art and the voice must be the servant of the actor's will and feelings" (p. 2). This suggests

that there are some core skills of speech and drama that exist as a natural part of its *occupational form*. These are the skills commonly taught to people who become involved in theatre; production of voice, the mechanism of breathing, tone, formation of the vowels, the importance of posture, the vocal cords, articulation, inflexion and projection, pitch and pace, pause and phrasing, gesture and mime, rhythm, metre, rhyme, and characterisation (Marash, 1972). Accordingly, the knowledge that I gained and brought to the pantomime through my speech and drama training was grounded in the techniques and skills previously mentioned. I used my voice as an instrument to express and my body to perform as director, in order to coach others in the pantomimes.

During my late teens I coached children with disabilities, slow readers, budding dramatists and took on the role as choreographer for an intermediate school production of Joseph's Technicoloured Dreamcoat. A few years later, while home as a mother to four children, I ran school programmes in the holidays and supported adults and children in the community, including my own and coached them to gain similar drama skills as myself.

These experiences with performance and theatre and taking on the roles of actor, chorus member, backstage crew, props, costumes, choreographer, writer, editor, producer, and director have given me a range of transferrable skills that I have used in other roles outside of theatre. These other roles have included facilitating religious classes and yearly religious productions over twenty five years; being president of Parent and Teachers Association (PTA), Plunket treasurer and secretary; teaching English as a second language, coaching children with language difficulties; and parenting. Specific transferable skills I gained included the ability to confidently and clearly speak in front of an audience, think on the spot, problem solve, overcome nervousness, work in a team, take on different roles, manage projects, be creative, and connect with others. Theatre also gave me an appreciation of culture, through performance and language.

However, it was not until I became an occupational therapist in 2002 that this creative part of me reawakened and I had the opportunity to combine this accumulated knowledge and the experience gained through the performing arts with an occupational perspective.

### ***Professional practice experiences of theatre***

This study emerged from my professional practice of 12 years' clinical experience working in adult mental health, both inpatient and community, using a range of interventions based on the arts and creativity. To create means "to cause, to exist, originate, bring about, give rise to and form" (Definitions of creativity, 2005, p. 1); which can all be applied to the act of doing an occupation. Creativity is "characterised by originality and expressiveness, imagination and being generative" (Definitions of creativity, 2005, p.1). These meanings are applicable to the actual experience of creative occupations. Theatre is a creative occupation that provides a range of opportunities where participants are enabled to express themselves through the *occupational form* by creating a new reality.

Over the five years of running these theatre projects an assumption arose from the people involved in the pantomimes, that participation was therapeutic for those who live with mental illness; that it enhanced their identity, reduced stigma, developed skills, and integrated them into the community.

It was in 2005 that I started postgraduate studies, which initially focused broadly on creative occupations. I looked at understanding creativity in a range of occupations and was exposed to related literature including making a cup of tea (Hannam, 1997); dance (Graham, 2002); playback theatre (Rowe, 2004), and quilt making (Howell & Pierce, 2000). However I did not include populations that specifically lived with mental illness, as my focus was on creativity. These postgraduate studies led me to look at what

creativity might look like within an occupational framework and how it linked to health and wellbeing in a piece of evidence-based practice in a specific creative occupation that was relevant to my practice. This was done by looking in depth at the theories and approaches on which I had based the pantomime. Understandings from that analysis provided a knowledge base for this study in proposing links between theatre and wellbeing.

## **Overview of thesis**

Chapter One outlines the context of this study, identifies the purpose of the study, and introduces the participant population and myself as the researcher. Chapter Two works on the backdrop and presents a rich literature review that looks at theatre from the beginning of occupational therapy in Britain in the early 1900s to the current day. Included in this review is literature pertaining to therapeutic theatre, creativity, recovery, occupational science, social inclusion, and specific theatrical knowledge that builds an argument around why this study needed to be done. Chapter Three provides a script that gives a thorough outline of the methodology, ethical procedures, recruitment, data collection, and data analysis. Chapters Four, Five, and Six, Setting the stage, Taking the stage, and Moving onto the next stage, present the analysis and interpretation of findings. In concluding this thesis Chapter Seven, Discussing the next stage, highlights findings and links these back to the research question in relation to literature and what this means for practice and future research.



## **Chapter Two: Literature Review**

### **Introduction**

In gathering literature for this topic I have kept my research question nearby. It asks how taking part in an adult mental health therapeutic theatre project relates to health and wellbeing, from the participants' perspective. This project was based within my work place practice as an occupational therapist in a community adult mental health team, and theoretical frameworks that drove the project have been woven into this literature review. These were around occupation, recovery, creativity, and social inclusion.

The literature review begins with an outline of the search strategy and is followed by selected literature on recovery to set the context of mental health practice in New Zealand. This is followed by a comprehensive account of theatre and drama within occupational therapy up to 2014. It includes discussion of collective understandings around how occupational therapists have incorporated theatre and drama in their practice and the influence of creativity and unfolding potential. The next section pulls the multiple connecting threads between bodies of literature together with the literature around stigma, social inclusion, and human rights. A summary then presents the strengths and gaps in the literature and why this particular study is warranted.

### ***Search strategy***

Literature searches were conducted using the databases Ovid, Psycinfo and CINAHL. Search terms included drama, theatre, therapeutic theatre, occupational science, creativity and wellbeing, arts, occupation, occupational therapy, mental illness, mental health, mental disorders, marginalization, social inclusion, and recovery. Various combinations of words were used. Searches were limited to English only and included

academic journals, reports and articles, and also activist literature on arts and theatre.

Additional hand searching of reference lists was undertaken to access further literature.

Because of the limited literature that looked specifically at mental illness in relationship to theatre and drama, perspectives pertaining to other disadvantaged and disabled populations have been included. In addition, due to the limited literature that connected wellness to theatre, I have included some studies that looked at visual arts and its relationship to health. Psychodynamic theories have been acknowledged but because the underpinning theory differs from the occupational focus taken in this study, discussion is limited to drama therapy models. My clinical experience as an occupational therapist specialising in creative occupations in mental health, specifically theatre and drama, has been useful in helping me make sense of the literature, as has my knowledge and perspective as a speech and drama teacher.

### **Recovery approach**

This study is set in a New Zealand Mental health context which, as identified earlier, is based on recovery principles, which are outlined in Table 1. Accordingly, it was important to gather applicable understandings in relation to this project. Due to the substantial literature on recovery, selection included a review of current recovery literature that looked at the benefits of art-based practices in mental health settings, a study using recovery and drama, a report that looked at arts in mental health and recovery, and some New Zealand based information that aligned with the approach used in this project.

As described by Curtis, Copeland, and Palmer (2002), recovery is about reclaiming the roles of a healthy person, rather than a sick person. In their model, Curtis et al. (2002) defined recovery as a process not a place, where people can recover rights, roles,

responsibility, decisions, potential, and support. Recovery principles aimed to rekindle hope from a productive present with a rewarding future.

The recovery principles described by Curtis et al. (2002) as supports for reclaiming the role of a healthy person are presented in the following table:

**Table 1: Recovery principles**

<b>Principle</b>	<b>Definition</b>
<b>Hope</b>	Belief that a better life is attainable.
<b>Personal responsibility</b>	Being self-reliant to solve one’s personal life problems with help from others.
<b>Self-advocacy</b>	Reestablishing control over one’s personal life, rights, and responsibilities.
<b>Education</b>	Learning about your illness, one’s self, and seeking out solutions and available help there is.
<b>Support</b>	Assistance from peers, friends, family, and professional health/mental health workers.
<b>Meaning, purpose, and direction</b>	Having and making choices about our lives, be it vocational, social, spiritual or personal. Having a reason to get up in the morning and knowing we have a valued place in the community. Cultivating and maintaining healthy and loving relationships.

These same recovery principles have more recently been reflected in the work of Leamy, Bird, Boutillier, Williams, and Slade (2011) in a review and narrative synthesis on personal recovery in mental illness. They reviewed 97 papers and identified five recovery processes that included: “Connectedness, hope and optimism about the future, identity, meaning in life, and empowerment” (p. 445). Those findings are consistent with the recovery principles used in this project. The potential for recovery also underpinned Van Lith, Schofield, and Fenner (2013) is review of literature between 1987 and 2001, looking at the art-based practices in Mental Health settings. Their analysis of 23 studies indicated that; “Art-based practices are of high benefit to psychological and social recovery, particularly in the areas of self-discovery, self-

expression, relationships, and social identity” (p. 1309). Leamy et al. (2011), and Van Lith et al.’s (2013) findings are consistent with the recovery principles used in this project and suggested that future research investigating the relationship between recovery stages and outcomes in relation to interventions would be useful. Even though Van Lith and colleagues only included visual arts in their literature review, it is hoped that this study will build on the studies those authors reviewed, in understanding recovery in the context of theatre.

Embedded in recent literature were additional examples of theatre that aligned with recovery principles from the Stepping Out Theatre Company, formed by members of Bristol’s Survivors’ Poetry, other mental health service users, and a number of individuals involved in arts or mental health (Hennessy, 2006). Van Lith, Fenner, and Schofield (2011) and Lloyd et al. (2007), in their studies also explored how community arts programmes contributed to the recovery process. Their collective wisdoms aligned with previous accounts of recovery in this literature review in that participants were encouraged by personal self-discovery and generated strategies as a result of internal change through expression, spirituality, empowerment, and self-validation. Supportive relationships alongside the physical environment were found to be significant in providing a creative, safe environment to take risks and in their journey of recovery.

Van Lith et al., (2011) concluded in their qualitative study that participants acknowledged that the transformation in themselves was attributed to doing art activities and became a vehicle that enabled them to take control and drive their recovery. A key challenge emerged around how to incorporate the arts better into mental health service delivery. This challenge has recently been addressed by Faigin and Stein (2010) who specifically identified theatre as promoting individual recovery and social change. Their emphasis was how community-based theatre that involved people living with a mental illness offered unique opportunities for personal

development, connecting with others, and advocacy efforts with a special focus of their research on recovery processes that took place and encompassed all of the themes from Lloyd et al. (2007).

Ideas presented in the literature around recovery suggest that theatre-based interventions embedded in recovery principles promote social change with people who live with mental illness. Theatre using these recovery principles offers a bridge which facilitates this social and personal growth for internal change and represented externally as empowerment, reduced stigma/discrimination (Faigin & Stein, 2010; Hennessy, 2006). However none of the studies reported included theatre and used a recovery approach as part of the way the arts project was run, or were done with people who live with a mental illness. The studies that have done this are within the visual arts with recovery principles identified as outcomes. The recovery literature generally addressed change at an individual level and within their immediate social environments; others informed by critical research approaches have addressed societal issues such as inclusion. Having established the context of recovery and identified a gap in the literature for research using a recovery approach in theatre, an occupational perspective is now presented.

## **Within occupational therapy**

### ***Establishing of occupational therapy and how drama was used***

The occupational therapy profession was established in America in 1914 and in Britain in 1922, where it blossomed out of the moral treatment movement and arts and craft movement (Creek, 2008). The arts and crafts movement's basic principles included valuing of authentic experiences, natural processes of construction, and quality of life. The therapy based on these premises included the production of arts and crafts products, focusing on the curative aspects of the art experience as well as occupational participation through sale of the products (2008). This was happening alongside the

profession's contribution to the war effort during World Wars I and II, when making hand crafted items was being used as a therapeutic tool in the rehabilitation of injured soldiers, for whom the emphasis was on matching the art/craft with specific performance outcomes. In the establishment of sheltered workshops, for people recovering from physical illness and for those with chronic conditions, medicine and arts were combined (2008) While these sheltered workshops were not sustainable, they laid foundations linking purposeful activities such as arts and crafts as part of therapy with successful outcomes being established.

Phillips' (1996) historical explorations, below, offer a well-grounded account of the profession's thinking at that time. In America, theatre and drama emerged within occupational therapy as a result of the little theatre movement, which allowed amateurs to perform in public. This initiated a process of occupational therapists introducing theatre and drama into the institutional settings of that time as a clinical modality. It was particularly recommended for people who experienced mental illness. Many successful productions were staged. The theatrical performances used were pageantry, puppetry and comedian plays.

The literature from the 1920s took the form of short write ups from staff about the many productions and the benefits for patients that occupational therapists observed (Creek, 2008; Harrington, 1923; Noble, 1933; Phillips, 1996; Price, 1935). Noble (1933) also believed drama provided patients with an opportunity to behave in a different way than they were accustomed to. One patient he interviewed shared

'I wanted to play a more sophisticated type of person... I have never really felt grown up. I wanted people to look on me as though I was more like that, more assured, more confident... I have never been able to express the grown up part of me. You know, people have always thought of me as sort of ingénue' (p. 232).

This idea of taking on a different role and characterisation was therefore not new but an important part of this project as outlined in Appendix A.

Theatre was identified as a positive tool for occupational therapists working with people who experienced mental illness because it embodied two central concepts within the profession of that time. The first one being that it kept patients active and the second was that it encouraged them to socialise. Occupational therapists recognised further benefits in psychiatric patients of drama and drew on ideas proposed by Harrington (1923), Noble (1933), and Price (1935). Innumerable choices of activities were available in offering drama that catered for the individual interests of participants. Besides acting, patients participated in constructing scenery and stage props, sewing costumes, working on lighting and sound effects, playwriting, and providing musical accompaniment. The primary advantage of drama was the sense of community it created and that it served as a natural socialising agent among patients in an institution (Phillips, 1996). Additionally, it aligned with some aspects of how theatre is used today. For example, Yeager (2006) identified the many choices of different occupations within theatre. Also Eames (2003), Horghagen (2011), and Horghagen and Josephsson (2010) presented the potential which theatre has, to promote social inclusion for marginalised people who have difficulties overcoming barriers and are unable to take part in valued occupations in their communities.

### **Theatre and drama used by occupational therapists with a psychodynamic approach**

Near the end of the 1930s the concept emerged that theatre and drama could be a vehicle for discovery and expression of unconscious conflict and this was addressed in occupational therapy group work (Phillips, 1996). Noble, a physician of this time, in 1933 led the way by identifying the value of theatre and having the occupational therapy department produce a play was an asset to patients undergoing intensive psychotherapy.

Through their organisation of drama and theatre, patients were provided with the opportunity to experience different behaviours (Phillips, 1996).

In New Zealand, where this study is set, occupational therapy first made its appearance in 1940. The profession was established by Dr H. M. Buchanan who, while visiting a mental hospital in England in 1938, was impressed with the work done in the occupational therapy department. As a result he recruited Miss Margaret Inman, an occupational therapist, to establish an occupational therapy department at the Auckland Mental Hospital. Between 1952 and 1962, fourteen plays were produced there (Gordon, Riordan, Scaletti, & Creighton, 2009), with a dual focus of both social inclusion and stimulation of personal growth. It is unclear why, in the New Zealand context, occupational therapists made limited use of the psychodynamic models that were informing practice in the United States and United Kingdom at that time.

The plays were run as a treatment tool called play therapy and alongside the occupational therapy department. Occupational therapy staff fed back how they observed first-hand the positive effects that participation had on patients as they overcame difficulties of learning the lines, keeping to a strict rehearsal schedule, movement, and performing in new situations. It challenged and opened their minds to greater things as they took on a role that was not one of being a sick person. Staff hinted that this experience helped in patients' recovery; "Undoubtedly some patients carried this confidence to their discharge and beyond" (Gordon et al., 2009, p. 122).

This early activity led onto the period between the 1950s to 1970s when the arts, and in particular theatre and drama, were used as a vehicle to open people up to their unconscious motivations. Informed by a psychodynamic model, this work was characterised by concepts of transference, counter-transference, and providing a corrective experience to assist in resolving inner conflicts. A focus within



psychodynamic models was on containing, not rejecting clients' experience (Emunah, 1997). It is recorded that these types of models were used during the 50s through to the 70s in both visual and performing arts in occupational therapy in America and England (Thompson & Blair, 1998). Psychodynamic explanations for patients' progress within this framework were that acting the role released suppressed emotions and the performance was used as a catalyst for exploring past trauma and initiating healing. These ideas are similar to recent findings uncovered by Horghagen (2011) and Horghagen and Josephsson (2010), which they termed as constructing new realities and reshaping meaning. How theatre has the power to transform and mobilise change has been presented in more recent literature reviews by a number of authors with an occupational lens that focuses on being in the moment and grounded by being fully aware of who you are, in order to take on another role and to potentially provoke change (Horghagen & Josephssen, 2010; Rowe, 2004; Yeager, 2006).

Drama as a creative medium was seen as an essential catalyst in the group process, based on psychodynamic theories (Thompson & Blair, 1998). Group members could project their unconscious or subconscious self. This unconscious or subconscious self was then explored in occupational therapy groups to resolve unresolved emotional conflict (Snow et al., 2003). The development of this psychodynamic approach led to an era of collective, drama group centred treatment with people who experienced mental illness.

### **Occupational therapists' move away from using theatre and drama**

Internationally, a number of factors contributed to a move away from using drama, by most occupational therapists. Thompson and Blair (1998) implied that despite strong anecdotal support for the therapeutic value of theatre and drama reported between the 1950s and 1970s, the subsequent steady decline appeared to have been influenced by a lack of rigorous research supporting these psychodynamic applications. Added to this,

psychodynamic theories were not being consistently taught at all under graduate occupational therapy education programmes. Also there was an absence of an occupational framework, along with limited theoretical understandings of drama/theatre as occupations or the use of drama as a therapeutic intervention (Thompson & Blair, 1998).

This shift away from the psychodynamic approaches that informed occupational therapists' involvement with drama coincided with the establishment of creative art therapies and drama therapy. The professional role of using drama and theatre was predominantly taken up by drama therapists who were comparatively more skilled in drama and theatre.

### **Drama therapy is born**

Drama therapy emerged as a distinct field under the umbrella of the creative art therapies primarily in the United States of America and the United Kingdom (Emunah, 1997) in the 1970s. Drama therapy is defined as a specific intervention used to bring about intrapsychic, interpersonal or behavioural change for people experiencing mental illness. Drama therapists, who are trained in the art of drama and theatre, use dramatic interaction as the primary means of establishing therapeutic goals (Emunah, 1997).

“Techniques of relevance to the drama therapist include a wide range of creative dramatic exercises, story dramatisation, pantomime, and movement, in combination with music, visual art, and formal theatre production” (Emunah, 1997, p.4).

Applications of these techniques are based on a variety of models that have been formulated by the individual practitioner (1997).

The development of drama therapy was influenced by the theories and theorists of the existential, humanistic paradigm, including Rogers, Maslow, and Gestalt therapy (Thompson & Blair, 1998). Johnson and Munich (1975) were drama therapists who ran

a theatre programme in a psychiatric hospital, directing and producing 19 plays with inpatient and ex-patient groups for public audiences over a ten year period. Both of these therapists made specific claims of the therapeutic outcomes as result of theatre programmes, around bridging the gap between patients and the community, increasing self-identity, increasing cognitive processing skills, and developing a new hobby, although no formal research procedure took place. Aligning with these anecdotal outcomes, Snow et al. (2003) reported contemporary research, described a model of therapeutic theatre similar to the one used in this project in the production of the pantomime Pinocchio, and presented outcomes that included reduced stigma and engendered and increased positive self-development. Although participants were not people who lived with mental illness, they were individuals with significant deficits in communication, cognition, and social skills.

Emunah and Johnson (1983) had previously reported a more expansive range of outcomes. Interpreted from a psychodynamic viewpoint, the performer experienced a sense of belonging to theatre or alienation from it; which transferred to their way of experiencing omnipotence or inadequacy. These authors focused on how the theatrical process presented tremendous pressures that were mobilised internally and externally to generate these outcomes. They also described how the theatre group became an extension of the patient's larger relationship to the world.

Although in today's society, such accounts would not stand up as evidence-based research, this literature review highlights a substantial amount of anecdotal evidence. Reports of theatre performances published in the professional literature around the 1970s were anecdotal, small-scale, and reported staff observations (Emunah, 1997). Again a lack of rigorous research makes it almost impossible to make evidence based claims around the therapeutic benefits of theatre and drama within drama therapy due to both the paucity and poor quality of such reported events. From a current perspective,

one of the barriers in interpreting these articles is that the claims made were based on external observations and not informed by the performers' subjective experiences. Nonetheless, what was evident up to this time, was a growing body of literature built on anecdotal claims around the benefits of theatre for people who experienced mental illness.

### **Kielhofner's influence within occupational therapy**

Through the 1980s, strong societal influences impacted on the occupational therapy profession within mental health (Thompson & Blair, 1998). These included the initiation of the process of deinstitutionalisation and the use of evidence based practice. There was also a shift within occupational therapy practice in adult mental health to structured discussion rather than activity based groups. Examples include cognitive behaviour theory and techniques, and stress and anxiety management (1998). Activity groups were based on living skills, cooking, and budgeting. Art was used in a cognitive behavioural framework to assess function (Lloyd & Papas, 1999) and a number of art based assessments were developed.

According to Bruce and Borg (1987), psychodynamic approaches in occupational therapy were at this time acknowledged, but rarely used in isolation. As the 1980s progressed Kielhofner, a leader among occupational therapy theorists, influenced the profession through his belief that the psychodynamic approach was extremely reductionist and challenging how only the therapist had the ability to access the client's unconscious. He suggested that in using a psychodynamic approach the therapist technically knew more about the patient than the patient knew about him or herself (Thompson & Blair, 1998). Kielhofner (1992) noted that this situation did not align with a client centred approach and respect for the client's autonomy, aspects which are embodied in the philosophy of occupational therapy.

Kielhofner's claims about a reductionist approach reflected an identity crisis within the profession. Occupational therapists became even less likely to use theatre as a therapeutic tool, leaving it to the drama therapists who drew on psychodynamic understandings. There was no clear occupationally based rationale for using theatre and drama. A counter-argument to this psychodynamic perspective emerged in response, which stated that it was often more meaningful and relevant for clients who lived with mental illness to develop the ability to be self-expressive (Thompson & Blair, 1998).

### **Occupational Therapists building frameworks on which to use theatre and drama**

Building on the anecdotal claims from pre 1980s, occupational therapists progressed to using art as a means of developing the therapeutic rapport, communication, and self-expression (Lloyd & Papas, 1999). As time progressed, occupational therapists looked to other frameworks (Thompson & Blair, 1998) on which to develop drama-based interventions. Some of these included models of recovery, social inclusion, creativity, occupational therapy practice models and occupational science understandings. However there was a paucity of research-based evidence to back up these frameworks in relation to occupation and theatre.

### ***Occupational framework***

Having outlined occupational therapy's early involvement in theatre and drama, and the theory bases that guided that work, attention is now turned to current understandings of the way arts have been used as an occupation that supports health and wellbeing. The Model of Human Occupation (Kielhofner, 2008) provides a framework to conceptualise the occupations involved in theatre as a way of acquiring new habits, roles, and experiencing new environments. The model presents a cohesive account of people's engagement in occupation, defined "as the doing of work, play, or activities of daily living within a temporal, physical, and sociocultural context" (p. 1). The key components of the model are volition, habituation, performance (including performance

skills), and the environment. The terminology of that model, includes concepts of personal causation, values, interests, habits, roles, motivation, skill acquisition, and self-efficacy. This can be employed to describe the goals and outcomes of occupational therapy practice, and the therapeutic intent behind grading and adapting occupations and the environment to suit clients' needs and strengths. It can also explain the development of performance capacity through the acquisition of specific theatre skills. This idea was endorsed by Wilcock (1995), who argued that; "Occupation is the mechanism by which individuals demonstrate the use of their capacities, through achievements of value and worth to their society and the world" (p. 71). The body of anecdotal reports and studies in this review support Wilcock's (1995) idea. Further evidence is needed before such claims can be made, to see if new insights can be uncovered as to what capacities and specific achievements of the form of theatre are of value, if any, and why.

### **The potential emerges**

Perruzza and Kinsella (2010) conducted a literature review of published research on the use of creative arts occupations in therapeutic practice, between the years of 2000 and 2008. Twenty-three articles of both quantitative and qualitative analysis suggested that the use of creative arts occupations in therapeutic practice may have important value related to health and wellbeing (2010). However none of the studies included used drama and they suggested that more research on the use of creative arts occupations in occupational therapy be done. They also highlighted that the profession has historical roots which recognised the potential of arts occupations.

This potential is described in a qualitative study where Heenan (2006) evaluated an arts programme in which drama was included. The three-year study was set in Northern Ireland, a context described as having the highest level of social and health inequities in the United Kingdom, which is similar to the socioeconomic context of participants in

this study are (CMH, 2013). Participants in Heenans (2006) study were empowered to use their potential and shared how they developed personally and promoted their wellbeing through creative expression. Factors that unfolded potential were highlighted as wellbeing, creative expression, recovery, self-esteem, a safe space, and empowerment. These are recurring themes that align with Townsend's (1997) findings. Her ethnographic studies, which spanned seven adult mental health day programmes, over six months, and a mental health club house for two years, are of particular note because of the large number of participants and programmes involved. What this recurrence of themes suggests is that arts and drama have a broad range of positive outcomes that are similar. This supports the general premise that therapeutic theatre has the potential to generate clinically and personally significant improvements in wellbeing within mental health settings.

Building on the idea of the potential of occupation and experience, Kuo (2011) explored the potential in creating experiences that matter as powerful catalysts for transformation. This potential resonates with previous studies describing the occupation of theatre as providing an opportunity of self-reflection and self-discovery. Yeager (2006), whose study was with college undergraduate theatre majors, identified that it was through putting into practice new things one learns about one's self, and having an opportunity to get let go of the things within yourself that didn't work, that this change was facilitated. Aspects of occupations identified as part of the experience were script memorisation, character development, the use of costumes, and opportunity to engage in behaviours without social repercussions. In contrast, Horghagen and Josephsson (2010) worked with refugees and asylum seekers providing them with an opportunity to produce and perform theatre, based on their experiences. Findings included that participants became well known to each other, were more aware of their own potential, and presented a hopeful future in a new country. This idea of a happy hopeful ending is

reflected in the present project as pantomimes have a positive ending and were chosen because of this.

### ***Creative potential as a framework for the theatre project***

Creativity played an important part in the therapeutic theatre project and is now presented, followed by discussions of being in the moment, flow, and the potential that engagement in drama enables. The occupational therapy literature about creativity and creative occupations supported occupationally focused theoretical understandings of creativity and influenced how I made sense of the form of theatre as a creative occupation that could influence wellbeing.

Of the multiple explanations of creativity, I have selected those that made intuitive sense to me when considering the possibilities inherent in therapeutic theatre. The discussion draws from a growing body of current literature that addresses creative occupations and the processes that relate to health and wellbeing that indirectly supported the use of theatre as an intervention (Blanche, 2007; Creek, 2008; Faigin & Stein, 2010; Hennessy, 2006; Horghagen, 2011; Horghagen & Josephsson, 2010; Javaherian-Dysinger & Freire, 2010; Van Lith et al., 2011; Lloyd et al., 2007; Reynolds, 2004; Rowe, 2004; Snow et al., 2003).

Blanche (2007) referred to two types of creative processes in occupations: product or outcome-oriented creativity and process-oriented creativity. The idea in process-orientated creativity being that the process and outcome may exist but the course of action is open to change at any time because the experience of performing guides the action. In contrast, in outcome-orientated creativity the person is aware of how processes will be organised to reach the expected outcome. Both of these types of creative processes are applicable to experiences within theatre. One of the earliest models of the creative process was attributed to Graham Wallas in 1926 (Plsek, 1996).



Wallas' model is used in current occupational therapy by Creek (2008) and is the basis for most of the creative thinking training programmes available today. Wallas divided creative thinking into four stages which are considered in relation to theatre productions in Table 2 below.

**Table 2: The Wallas Model for the Process of Creativity**

Stage	Process of Creativity	Alignment with Theatre
<b>First stage: Preparation</b>	The time period when information is taken in The individual may be consciously trying to solve a problem or produce a piece of work	Aligned with many processes and steps involved in theatre, e.g. thinking about what part to audition for, costumes, songs, sounds and scenery, and preparation for these pieces of work
<b>Second stage: Incubation</b>	Occurs when the work is put aside and not thought about consciously, however work is continuing unconsciously, sorting, and evaluating the information.	The time in between rehearsals
<b>Third stage: Illumination</b>	This stage has been successful if the individual experiences illumination and a surge of energy to work on the problem or piece of work. It is an active doing stage. Illumination occurs if the incubation stage has been successful and the individual will experience a sudden illumination.	This could be when the cast and crew learnt their lines, discover characterisation or become completely immersed in what they are doing.
<b>Fourth stage: Verification</b>	The problem is worked out in full, the project or piece of work is completed. There is a positive sense of achievement. Verification involved the insights provided by the illumination.	When the pantomime is completed and the review process of looking at the challenges and highlights that emerged

Creek (2008) noted that most individuals are able to handle certain aspects better than others of the creative process and some can do all aspects of the creative process.

Outcomes from creativity, as described by Creek (2008) include: increased motivation, enhanced learning, self-awareness, increased satisfaction and self-esteem, and developed self-expression. These ideas align with Horhagen and Josephssen (2010),

Rowe (2004), and Yeager (2006) as they described theatre as an intensely collective occasion that invited people to get involved in creative processes that facilitated engagement and unfolding their potential through internal change. This idea was endorsed by Townsend (1997) who suggested looking at transformative opportunities in creative occupations such as drama (p. 24).

However these creative experiences are also credited with playing a key role through occupations in establishing connection and maintaining health and wellbeing (Reynolds, 2000, 2004). Creative activities provide numerous pathways to enhance wellbeing and can be adapted to suit personal needs. Similarly, creative expression has been described as having the potential for human beings to overcome diversity and flourish in alienating environments by Denshire (1996) and Reynolds (2002). They both claim that creative occupation is a recognised and empowering response and that when people are working creatively, they are not thinking about things that hurt or pains or aching and not dwelling on their unwellness. This is a transferable insight to consider in the theatre project and was certainly the case in more recent occupational therapy research (Horghagen; 2011; Horghagen & Josephsson, 2010; Yeun, Mueller, Mayor, & Azuero, 2011). From this literature it is identified that engaging in a creative occupation with people experiencing mental illness has the potential to empower and transform.

Accordingly, people often use creativity to help themselves adjust to life's events (Frank, 1996), which is also a type of change or transformation. It was beliefs such as these that lead Schneider and Schneider (2003) to found the Greenwood School for boys with dyslexic and language difficulties in Putney, Vermont in 1978. They constructed an enriched, creative challenging programme using art and drama. This programme formed an essential bridge that opened students to their inherent strengths and creativity.

## **Being in the moment**

Ideas around creative performance were explored by Blanche (2007) using an introspective lens, who concluded that the creative performance provides a means for fulfilment and heightened awareness as a human being. Participants in her study described a feeling of losing themselves and emerging having learnt something valuable about their inner being. This experience is similar to the one described by Rowe (2004) who looked at the drama of doing, using playback theatre; “A form of improvised theatre in which members of an audience are invited to tell personal stories and see these spontaneously enacted by a company of actors and musicians” (p. 75). In his account, Rowe shared; “It was a rare experience of heightened awareness and as such a moment of creative potential” (p. 76).

The idea of being absorbed and lost in the moment is characterised by Csikszentmihalyi (1993) as flow. This experience resembles a smooth almost automatic involvement toward an inevitable outcome. A person will find the occupation so enjoyable and want to repeat it again and again, whatever the outcome. Flow is experienced in creative occupations and has been described in several studies on theatre in this review.

Csikszentmihalyi (1993) talked about activities that provided flow depending on the demands of the task. He also shared how when people learn to enjoy complex activities that they find challenging, they are more likely to have a positive sense of wellbeing and will develop their innate abilities.

The idea of flow and being in the moment is extended by Reid (2008), who characterised moments of occupational engagement as; “A psychological state of consciousness, of being aware of self, engaging in occupation in place, and that mindfulness, awareness, and choice contribute to occupational presence” (p. 43). These ideas shift the focus to participants’ experience of being involved and experiencing wellbeing. Based on these studies, ideas have reemerged around creative occupations

having the potential to provide experiences that influence change and transformations. Bringing these propositions together, performing, doing and participation in theatre might be viewed as facilitating the experience of being in the moment. This links with the past and future and contributes to a positive experience, thus providing an opportunity for behaving in a different way or with heightened self-awareness that also has the potential to transform (Horghagen; 2011; Horghagen & Josephsson, 2010; Reid, 2008; Rowe, 2004; Yeager, 2006, Yuen et al., 2011). What is not so clear is what it is about the actual occupation of performance or theatre that facilitates this potential for personal transformation.

## **Theatre applied as a therapeutic medium**

### ***Stigma and social inclusion***

In considering how to facilitate and enable the potential in others Townsend (1997) drew attention to problems around how social organisations determine these opportunities and the urgency of occupational therapists advocating for these changes in an effort to enable unfolding potential for those people who live with mental illness. Townsend's ideas were reflected in the development of the theatre project established with CMDHB as an opportunity taken to advocate for people who live with a mental illness so they could experience live theatre and be included in their society.

This entitlement is reflected in research that looked at people who lived with mental illness using performing arts to promote social inclusion. A qualitative evaluation was undertaken of the partnership project between sixth form college students and staff and users of voluntary and statutory mental health services in East Surrey over three years. The results showed the students attitudes towards mental health clients improved and their knowledge about mental health issues increased (Twardizicki, 2008).

Hennessy (2006) described the formation of the Stepping Out Theatre Company and their production of a wide range of works on mental health themes. It was open to people who used mental health services and their allies. It allowed a degree of freedom to express ideas that mental health professionals and service users have not often felt possible within service settings. It was genuinely inclusive and successes included a positive identity within the arts community, diversity, and building bridges between people who live with a mental illness, mental health professionals and the general population.

Theatrical productions of personal stories of people who live with mental illness have also been documented. Javaherian-Dysinger and Freire (2010) as well as Michalak et al. (2014) involved participants in writing their own stories, reporting that drama was of therapeutic value and that acting opened a door to exploration of embodied behaviours, feelings, and attitudes. Javaherian-Dysinger and Freire (2010) ran a programme with a theatrical troupe of people who had a mental illness or a substance abuse diagnosis who produced and acted out their own scripts. Michalak et al. (2014) investigated the effects of a theatrical performance which told the story of a woman who lived with borderline personality disorder and how she struggled with and managed stigma. This was acted out by a professional actor who lived with borderline personality disorder.

All the studies presented were highly successful in providing opportunities for performers to gain a positive self-identity and space to reflect, but also in challenging stigma. Audiences subsequently indicated that they had a more positive view of mental illness. The idea of theatre being a tool to address stigma for people who live with mental illness has grown as a result. Similar findings and themes are discussed by Levy (2001), Petridou et al. (2005), Gage (2007), and Faigin and Stein (2010). In combination, their work also extends the idea of addressing stigma by reporting a strong

emphasis on how theatre contributed to positive change by people who live with mental illness to connect with their communities and experience inclusion.

These studies highlight the potential in theatre to bridge gaps between community and people who live with mental illness. A notable point of difference in the articles was that Levy (2001) and Petridou et al. (2005) described their participants as living in psychiatric institutions with other patients, whereas the participants discussed in the other papers were living in their own communities. However, all the studies identified that theatre was able to build different bridges for different environmental needs. The literature that specifically addressed mental health and destigmatisation used themes around mental health in performances. Horghagen (2011) and Horghagen and Josephsson, (2010) also used a similar approach in their studies, with a different population of homeless people and asylum seekers where people told their own stories.

Literature that promoted social inclusion also came in the form of reports from a range of places in the world that included: Hayes (Ed.) (2002) in Australia, Finland (Piekkari (Ed.), 2005); England (Jermyn, 2004), Scotland (Knifton & Goldie, 2010); and the United Kingdom (Sapouna, 2012). Key findings from these reports focussed on internal change through the development of positive relationships, meaningful engagement, enhanced skills and connecting families. External change indicators included public recognition, diverse communities, and health and welfare organisations working together, the value of diversity, working against discrimination and violence, and economic participation. These internal and external findings align with the indicators that Seligman's (2013) presented as measures of wellbeing that were defined in Chapter one. In many of these writings, sustainability of the arts in health and specifically drama for the purpose of addressing social inclusion became a human rights issue because access to participation was not always available or sustainable for people with disabilities.

### *Human rights perspective*

More recently a human rights perspective has become increasingly apparent in the literature in relation to people who live with mental illness. This population of people are marginalised and prevented, in Wilcock's (1993) terms, from demonstrating through their occupations who they are or hope to be. Health issues are concentrated amongst vulnerable populations, with homelessness identified as one of the most pressing social issues of the world. The physical and mental health of homeless people is described as worse than the general population, with three to four times the prevalence of mental disorders (Shelton, Taylor, Bonner & van den Bree, 2009). In her study, Horghagen (2011) invited homeless people to share their experiences through developing a drama to enact, together with professional performers. Through the performance participants were able to reconstruct their identity and were given possibilities of reshaping the meaning from their past experiences into everyday living. A sense of belonging and enablement provided access for this marginalised population to express themselves and also drew attention to the human plight of the homeless and limited access they have to the arts. They were given a voice.

Supporting Horghagen's (2011) work, there is a range of literature that looked at the politics of theatre and the need to establish bridges for people who live with mental illness to have access to the arts, inclusive of theatre (Fox & Dickie, 2010; Townsend, 2012). In these papers, the focus was more on this population being able to express themselves and be heard by others, a core function of being human. Arts Access Aotearoa advocates for marginalised New Zealanders who, for reasons of disadvantage, disability or isolation have not previously had access to the arts, either as participants or audience (Eames, 2003). Eames highlighted the importance of Article 27 of the Universal Declaration of Human Rights, which stresses the right of all to enjoy the arts.

The idea of using theatre as a bridge to community integration and inclusion is not new (Johnson & Munich, 1975). A more political and human rights perspective has emerged from the literature from an activist point of view, of finding solutions to promote social and personal change for people living with a mental illness through theatre and building bridges at both local and policy levels. Francis-Connolly and Shaw (2012) looked at redefining boundaries and bridges in an effort to forge new pathways around occupations experienced by persons who live with a mental illness. A boundary is described as something that limited, confined or held something and was also temporal; and a bridge as a structure that spanned over a river, chasm or road (p. 4). The idea of theatre as a bridge between community and people who live with mental illness has been a common theme throughout this literature review and is highlighted here as a possible solution to social problems and addressing human rights.

Change at a governmental level was suggested by Francis-Connolly and Shaw (2012) and looking further afield to expand the boundaries and build new bridges, through reviewing political and health systems. Fox and Dickie (2010) looked at possible ways to do this and identified processes of participation and factors that inhibited or supported participation and community formation in mainstream theatre groups. These included; “Organisational and group hierarchy, group dynamics, competition, power struggles, director as gatekeeper, and the addictive power of participation” (p.158). It was identified that these politics significantly influenced the ability for individuals to break into theatre. These barriers highlight how much more difficult participation in theatre might be for marginalised populations who experience mental illness.

Expanding on this, Townsend (2012) asserted that persistent historic boundaries exist for adults experiencing mental illness, which prevent them participating and reaching their potential. Highlighted are specific areas around the economic, socio-cultural, and political contexts where more enabling systems need to be established. Townsend thus



offers a critical occupational perspective of justice or injustice grounded in inter-related, structural influences on everyday occupational possibilities (p. 13). This is of particular relevance to establishing sustainable systems to promote mental health using theatre for the population that were involved in the project for this study.

Valuable insights can be gained looking at a politically inclusive system in Nordic and Swedish disability theatre, based on a comparative analysis between three disability arts research projects conducted in Sweden and Norway (Gjaerum, Ineland, & Sauer, 2010). Disability art is an organised integral part of general cultural life in Norway, and in Sweden activities of an artistic and cultural nature are organised as part of social welfare services. This means that theatre in both countries has become an increasingly common activity for these disadvantaged populations where the unique creative forces in each and every individual is regarded as an empowering. Gjaerum et al. (2010) identified that a force is needed currently by “society to enhance its development and creativity as we face a complex global world with enormous environmental challenges” (p. 255). Thus we have another perspective that uses political systems that value human rights through the use of theatre to promote positive social change.

What Rudman (2010) added in support of this was the idea of occupational possibilities; “To examine transactions between structure and agency in shaping occupation at individual and collective levels” (p. 55). In the context of theatre, that could mean that the right evidence is presented around the occupational possibilities at a government level, for instance, that theatre is ideal for enabling wellbeing within populations that experience mental illness and is made available and embedded in societal structures.

## **Summary**

In this review of literature I have given an account of theatre within a context of recovery and occupational therapy since the profession began up to the current day.

This has shown how theatre was initially used and valued as a socialising agent and to keep people occupied in a range of activities. Drama then developed through psychodynamic theories to be used to support patients to open up their unconscious and was used to heal past trauma, which was followed by the emergence of talking-based therapies and a focus on living skills.

Literature pre 2000, although supportive of theatre and reporting positive outcomes, was small-scale, anecdotal and predominantly reported a staff perspective. It supported theatre in a range of contexts that relate to increased health, increased skills, increased perception of self, better social connectedness and many other positive outcomes. Post 2000, the literature presented a range of disabilities, which strongly supported the arts and specifically theatre as a way of developing self-awareness, social connectedness, and reaching one's potential. There were some studies which provide an evidence base on which to develop practice, which supported the use of theatre as a way to promote social inclusion and to facilitate change and healing within a range of populations.

Occupational science literature highlighted aspects of theatre that related to how people connected theatre to their health and wellbeing, and took the stance of theatre as a modality or occupation with the potential to change societies and individuals through reshaping meaning. The need for marginalised populations, such as those who live with mental illness, to have the right to access theatre and to look at systems at governmental level, was apparent in the literature.

However none of the evidence-based studies were done in a New Zealand context or used a therapeutic theatre model with people who experienced mental illness. Also all the studies reviewed, except for Snow et al. (2003) who also used pantomime, have used people's lived experiences to act out social circumstances as a script. No exploration of the relationship between theatre and wellbeing has been done. There was

also nothing in the literature about the *occupational form*, which informed the theoretical basis of this study. It is within these identified gaps in the knowledge around therapeutic theatre and occupation that this study needs to be done.

## **Chapter Three: Methodology**

### **Introduction**

This chapter outlines why a qualitative descriptive approach was used and its application to answering ‘How taking part in an adult mental health therapeutic theatre project relates to health and wellbeing, from the participants’ perspective’. Carter and Little (2007) and Jones (2002) discussed how there needs to be a good fit between characteristics of qualitative research in the methodology, the methods and the research question. Accordingly, a description of the methodology is followed by discussion of the research methods used. This includes ethical and cultural considerations and recruitment processes, followed by the data collection and analysis processes. The chapter concludes with a section dedicated to the careful considerations that were put in place to ensure the study was trustworthy.

### **Methodology**

The phenomenon of interest in this study was engagement in and with the theatre project. Crotty (1998) informs us that there are things themselves to visit in our experience, that is, objects to which our understandings relate. Therapeutic theatre is one such object. There is a paucity of understandings around therapeutic theatre as an occupation and how it links to health and wellbeing for people who live with mental illness. An exploratory methodology was needed to uncover whether commonly held assumptions about the benefits of therapeutic theatre have any substance. To this end a qualitative descriptive methodology, was chosen, which is concerned with developing depth of understanding in relation to particular phenomenon (Jones, 2002). Qualitative research analyses textual form and aims to understand the meaning of human action (Schwandt, 2001). In not drawing on the work of a specific philosopher, my selected

methodology allows for a method that can be tailored to the individual study purpose (Weaver & Olson, 2006).

The goal of this study was to present a comprehensive written summary of the perspectives of participants in the study, in everyday language. Qualitative descriptive studies align with that goal because a highly abstracted interpretation is not being sought (Sandelowski, 2000). This methodology suggests that by staying close to the data the participants' voices are clearly heard.

The epistemology of this study sits within a post-positivist paradigm. Post-positivism emerged in the late 1960s in response to positivism being challenged (Grant & Giddings, 2002). Grant and Giddings (2002) talked about how; "Positivism emphasised the importance of objectivity, systematic and detailed observation, testing hypotheses through experimentation, and verification" (p. 13). Post-positivism presented the realisation that attempts to measure and quantify reality can never be completely known and are limited by human comprehension (Weaver & Olson, 2006). Post-positivists hold the view that there is no one single truth; that there are multiple and competing views and truths of science (Grant & Giddings, 2002). This approach fitted well with the diversity of the theatre and all its magic, mystery, colour, different characters, and multiple possibilities of how cast and crew experienced engagement in therapeutic theatre. Acknowledgement that researchers and participants were effected by their social and political context became part of using post-positivism.

Initially I had considered other methodologies and looked at phenomenology and appreciative inquiry. Phenomenology also explores people's experience, but more specifically focuses on the essence of the experience rather than how people appraise the things they do, both at the time and as they look back on things they have experienced (Smythe & Spence, 1999). My question required a methodology that

would allow me to tap into more than participants' lived experience in the moment, because I was interested in whether they would attribute aspects of their health and wellbeing to the theatre experience, either at the time or into the months and years that followed.

In considering an appreciative inquiry (AI) methodology, the focus would have been on enabling all those involved in supporting and being part of the theatre project to tell positive stories of their experiences (Liebling, Price, & Elliot, 1999). This would have included cast, crew, family members, funders, mental health staff and managers, and wider community. AI is an approach that seeks to understand the social world (Reed, 2007). Its roots lie in action research and researchers aim to find out what is going well and enhance that. Because of its emphasis on improving the ways organisations or groups function, AI methods generally employ focus groups to gather the data. That method would have made it difficult to protect participants' privacy, which in turn could have affected recruitment. More importantly this methodology did not provide me with the data needed to address my research question of gaining understandings of how taking part in an adult mental health therapeutic theatre project relates to health and wellbeing, from the participants' perspective.

However, in considering other methodologies I gained clarity on how a qualitative descriptive methodology would be aligned to answer my research question as it was flexible, allowing me to choose relevant methods for sampling, recruitment, data collection, and analysis. The expected outcome is described by Sandelowski (2000, p. 339) as; "A straight forward descriptive summary of the informational contents of data, organised in a way that best fits the data". The simplicity and straightforward aspects of qualitative descriptive research make it especially relevant to communicating key insights about therapeutic theatre to practitioners and policy makers (Sandelowski, 2000), which is the overall purpose of this study.

## **Research methods**

### *Ethical considerations*

Sign off approval for the study was gained from the Regional Ethics Committee, approval number NXT/11/EXP/292, (see Appendix B) and an amendment to the recruitment process (see Appendix C). Additionally, study approval was granted by the Counties Manukau District Health Board research office (see Appendix D). In preparation for applying for ethical approval, verbal and email discussion was conducted with the Manager of Maaori Mental Health services and it was agreed that any Maaori cultural support for Maaori participants and their family/whanau was available on request from our Kaumatua services within Maaori Mental Health Services (see Appendix E). Consultation and support was gained from the CMDHB Maaori Research committee (see Appendix E).

In acknowledging that the participants in this study came from a vulnerable population, key ethical considerations were around ensuring their wellbeing was protected during the period of recruitment and during the study. This was to ensure their mental health remained stable and could be monitored; participants who lived with a mental illness needed to be receiving care from a Community Mental Health Team. This became an inclusion criterion. This meant that if participants needed any follow up support, or were unwell at the time of the interviews, their key-worker or support worker would be available. However, people who had been involved in the pantomime in the past had generally given positive feedback about their experiences, so it was not anticipated that potential participants would be stressed or become unwell as an outcome of participation in the study.

Methods of recruitment discussed in the recruitment section, ensured possible participants were not coerced into the study and that informed consent was gained.

Pseudonyms have been used and details about the performances and participants have

been changed to protect their identity, which was another key ethical consideration. It was also important to ensure that participants knew they could withdraw from the study at any time as a way of protecting their wellbeing.

The requirement is for interview transcripts and electronic audio files to be stored in a computer with a password and audio tapes to be deleted after transcripts are checked for accuracy. The Regional Ethics Committee of the Ministry of Health requires that this data be stored for seven years.

### ***Cultural considerations***

A critical ethical area to consider was around having Maaori involved in the study. As already mentioned, the consultation and approval from the CMDHB Maaori Research Committee took place prior to the research beginning (Sporle & Koea, 2004). This was an important part of the process in adhering to the principles of the Treaty of Waitangi, (Hudson & Russell, 2009) as Maaori made up approximately half of the possible participants for the study. The Treaty of Waitangi was acknowledged throughout this study with special attention to the three principles of partnership, participation, and protection (AUT Ethics Knowledge Base, 2007). Partnership was demonstrated through a consistent ongoing relationship with CMDHB Maaori services and consultation in the planning and analysis stages of this research. Participation was enacted by ensuring that Maaori were invited to be in this study. It would not have been a true reflection of those who took part if we had not recruited Maaori participants.

Sporle and Koea (2004) made it clear that research needs to recognise the relevance for Maaori health. Theatre is not an occupation that Maaori who live with mental illness have easy access to, yet they are an ethnic group where the arts, language, and expression are strongly reflected in cultural practices. Ensuring Maaori were invited to participate was respectful and inclusive of their participation in the project. Protection



was enhanced through consultation with the CMDHB Maaori research committee as mentioned and with CMDHB Maaori services, which are services that were available for consultation throughout the study and also for support for any participants or whanau. Participants were also invited to bring whanau<sup>3</sup> to support them during data gathering at interviews. However participants did not take up this offer.

### ***Recruitment***

#### ***Sampling***

Inclusion criteria were that participants needed to have been involved in at least one of the five pantomime productions and that they were connected to the CMDHB Mental Health Services as clients, staff or through contractual arrangements with Non-Governmental Organisations providing services for people who live with mental illness. There were around 200 people who had been involved and were still connected to the CMDHB in some way at the time of recruitment.

Purposive sampling was used to ensure recruitment of participants (Jones, 2002) who had a range of experiences of the structures, processes, and situations within the context of the theatre project (Horsburgh, 2003). The use of purposive sampling techniques allows exploration of manifestations of the target phenomenon of therapeutic theatre in a goal of obtaining information rich data (Braun & Clark, 2006). Participants from a range of ethnicities were invited into the study, with specific focus on ensuring Maaori participants made up at least half of the research participants, which was achieved. This was to provide an accurate representation of the number of Maaori who participated in the Pantomime project (Hudson & Russell, 2009).

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<sup>3</sup> family

The recruited participants had experienced a range of roles over the time they were involved in the project. This was to ensure that the descriptions gathered came from a variety of the occupations that were part of being in the pantomime. Sandelowski (2000) advocated maximum variation in sampling to ensure participants are information-rich.

As mentioned previously this study included both people who lived with a mental illness and staff members who did not, in the hope that more in-depth understandings would emerge. From the participants who lived with a mental illness, perspectives about what the experience was like at the time and whether it had any ongoing effect on their health and wellbeing were anticipated. From the other theatre participants who were staff, who did not live with a mental illness, their experience of being involved was thought likely to include observations of change in the health and wellbeing of those living with a mental illness that occurred over time. Another benefit of having accounts from staff is that they would be asked about a bigger group of participants in the pantomimes beyond those living with a mental illness who agreed to participate in the research.

### **Method of recruitment**

Two recruitment methods were trialled and amended before an ethical and effective method was found. Initially I posted a written invitation (see Appendix F) with an information sheet (see Appendix G), to which there was not a timely response, except from two potential staff participants. Jones (2002) highlighted the responsibility the researcher has when coming in contact with participants in the most respectful way. Next an independent intermediary was used to approach potential participants to ask if I could contact them to tell them about the study and arrange to send them the written information about it. This strategy was not successful, due to the intermediary being unknown to the potential participants. It appeared that the potential participants who

lived with a mental illness were not comfortable talking to someone they did not know or trust, which for many people who live with a mental illness is normal.

As a result it was decided that the person to make first contact with possible participants needed to be someone they knew and already trusted, such as their key-worker or support worker. This amendment was made to the Regional Ethics Committee before further recruitment took place (see Appendix C). Following this amendment, of the ten prospective participants who were approached, none declined.

Once potential participants who were interested gave permission to their key-worker or support worker, I contacted them by phone, gave them more information, and sent out the participant information sheet (see Appendix G). At this stage if they were still interested they were invited to join the study and given a two-week stand down period to have time to decline if they changed their minds. If after two weeks they agreed to take part in the study, a time to meet was arranged to talk through the information sheets, gain written informed consent, and a time organised to do the interview (see Appendices G and H for information sheet and informed consent form). Participants were offered a choice of meeting at their home or in a quiet space in the community and were also given the option to invite a support person/people with them to the interview. I took particular care to ensure that participants were informed that they could withdraw from the study at any time without repercussions of any kind. After consent to take part in the study had been gained, non-waged participants were offered a \$20 token as acknowledgement for taking part in the study.

### ***Data collection***

#### **Participants' demographics**

Permission was gained from participants to gather demographic information. This was completed at the end of each interview in an effort to be sensitive and not focus on

participants' illness. These data are presented as a collective summary to protect participant's privacy and maintain confidentiality (Health and Disability Commissioner, 2009). Participants ranged in age from 25 years to 67 years. There were six females and four males. Three identified as being Maaori, two as Cook Island Maaori and five as New Zealand European. Out of the ten participants, six lived with a mental illness and four, who were staff members, did not. The sample comprised six cast and four production crew.

The participants who lived with a mental illness had an Axis I diagnosis as their principal diagnosis and were under the treatment of a consultant psychiatrist. Their collective diagnoses included paranoid schizophrenia, schizophrenia, anxiety, depression, bi-polar, post traumatic syndrome and personality disorder. The symptoms that were experienced by participants in this study encompassed both positive and negative symptoms of all the major mental illnesses (Andreason & Black, 1995).

These symptoms experienced by the participants, impacted on the domains of cognition, socialisation, perception and sensory experiences and are included in Table 3. These symptoms were experienced collectively by the people who live with mental illness who participated in the pantomimes. Examples of how these symptoms had the potential to become challenges in the context of the theatre included: difficulty with participants' ability to follow instructions, learn lines and organising themselves to get to rehearsals. In relation to socialisation, participants had to overcome challenges of self-identity, being around other people, attending to personal hygiene, going into a new environment, speaking lines out loud, taking on different roles, and communicating effectively. Particular symptoms in the Table 3 are strongly linked to sensory experiences that participants needed to manage while participating in the theatre: being in close contact with others, different sounds, smells, visual stimuli, and putting on make-up. They also include delusions, hallucinations, thought disorder, and anxiety.

**Table 3: Range of symptoms cast and crew experienced who lived with mental illness**

<p><b>Non-reactive affect</b>            Lack of facial expression            Restricted spontaneous movements            Lack of expressive gestures            Poor eye contact            Limited engagement            Inappropriate facial expressions            Monotone inflections</p> <p><b>Alogia</b>            Lack of dialogue            Limited content of conversation            Pausing while talking            Lack of verbal response</p> <p><b>Avolition-apathy</b>            Impaired grooming and hygiene            Lack of persistence in productivity            Physical anergia</p> <p><b>Anhedonia-asociality</b>            Few recreational interests/activities            Impaired intimacy/closeness            Few relationships with friends/peers</p> <p><b>Attention</b>            Social inattentiveness            Inattentiveness when under pressure</p>	<p><b>Delusions</b></p> <p><b>Hallucinations</b></p> <p><b>Positive formal thought disorder</b></p> <p><b>Panic attack</b></p> <p><b>Bizarre behaviour</b>            Clothing appearance            Social sexual behaviour            Aggressive – agitated            Repetitive – stereotyped</p> <p><b>Anxiety</b>            Phobia of going outside            Phobia of being around people            Specific Phobias            Post-traumatic stress</p> <p><b>Depression</b>            Insomnia            Sadness of mood            Poor concentration            Fatigue            Irritability            Hopelessness            Poor memory            Delusions            Suicide attempts</p>
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### Collection of data

In keeping with a qualitative descriptive methodology, semi-structured interviews with open-ended questions were used for data collection to obtain a broad range of information about events (Sandelowski, 2000). The methodological perspective shaped the kind of questions I would be asking.

Particular attention was given to asking questions in a way so that participants could express their own opinions and ideas freely. For example: Tell me which parts you did and what was your role? What would you describe as some of the challenges you may have experienced during any part of the production? What would you describe as some of the highlights of being involved? A list of semi-structured questions was used during interviews as a prompt (see Appendix J).

Although well practiced in interviewing techniques in my professional work, as the interviewer for the study, I needed to consider the different boundaries and specific

skills related to interviewing for research (Carpenter & Suto, 2008). To ensure the interviews were going to generate relevant data I reviewed literature related to interviewing skills and reflected on my own style, being an active listener, and the breadth and scope of my questions. I also developed a list of prompts and probing cues. To prepare for data gathering, a practice interview was conducted with a work colleague who had participated in the theatre project. It was taped and discussed with my supervisors who critiqued my interviewing skills and provided additional readings to enhance skill development. I then chose to initially interview two staff as I was aware that they could express themselves well verbally, using a question about a favourite memory to open the interviews. These interviews were analysed and discussed in supervision. I was challenged and made aware of different ways of getting information. As a result I then started my interviews with a more relaxed open-ended question around providing a happy memory from the pantomime. This worked well. I went back and gained consent from the person I first interviewed for a follow up interview to cover some of the information that had not been gathered. The length of interviews was between one and two hours and all interviews were audio recorded and transcribed verbatim.

Data were transcribed by myself to ensure accuracy and because it helped me to absorb the information. Transcriptions were shared with my supervisors to inform their later discussion of the analysis process and the findings as they emerged. Relevant ideas within the data were not always apparent early in the project and having verbatim transcripts allowed later review (Carpenter & Suto, 2008).

### ***Data analysis***

Thematic analysis was used to analyse the participants' accounts which Braun and Clarke (2006, p. 81) refer to as an essentialist or realist method. This analysis reports experiences, meanings, and the reality of the participants by identifying, analysing, and

reporting patterns (themes) within the data. The raw data were read several times in order to assimilate ideas and I became very familiar with the content, as I looked for patterns of meaning and issues of potential interest (Braun & Clark, 2006; Graneheim & Lundman, 2003). During this stage I took notes of ideas as they emerged. Chunks of data were then extracted and abbreviated, and then coded. This was a way of letting all the less informative raw data fall away and allowed clear rich descriptions of the participants' experience to emerge.

Initially over 250 initial codes were identified (see Appendix J). These were characterised by simultaneous collection and analysis of the data which mutually shaped each other (Sandelowski, 2000). Using a mind map, these initial codes were organised into four possible themes and discussed in supervision. The four themes were: the form of therapeutic theatre, occupational performance, recovery, and other. Horsburgh (2003) noted that transparency is demonstrated by the researcher providing rationale for allocation of data to specific codes and giving examples of this process. From this stage I engaged in further reading on these themes. I then realised that recovery was embedded in all of the themes and was an approach used in therapeutic theatre. This made sense as recovery was an identifiable approach used in the project. Recovery emerged as an overarching umbrella so it was put aside. This was a continuous iterative process whereby new insights from the data arose.

Reflection and supervision made it obvious that I had moved too quickly in organising four possible themes from 250 codes. So I went back to the codes and grouped similar ideas together into categories, which were matched against the raw data. Twelve categories emerged which were: Personal growth developed, hope, being together sharing, transformations, overcoming, I feel the love/establishing a safe space, what is at the theatre/physical theatre environment, taking part/theatre skills and movement, being human/feelings, it took time, wellbeing/managing mental health, and other. Often

categories had many codes that illustrated different meanings, perspectives, or associations (Thomas, 2006).

Next I went back to the raw data and then the text from the data extracts to see how the 12 groups of ideas aligned. This was an enlightening process. Some of the codes dropped away and specific chunks of the data emerged as being more relevant in answering my research question. From this process three themes emerged; Setting the stage, Taking the stage, and Moving onto the next stage. Using the themes as a guide, the 12 categories of ideas were aligned accordingly and deeper analysis occurred as to what the text meant. Also at this stage I went back and forth between the raw data and the themes to check and look for anything relevant that I wanted to add or that had been missed. Braun and Clarke (2006) talked about the potential pitfall of failing to actually analyse all the data. This possibility was minimised with much reading, re-reading, coding, shifting to and fro from the raw data to the categories, articulating this, getting regular feedback, and then going back again to the data.

I found it really useful to draw diagrams to explain ideas and did this all through these processes (see Appendix K). The final themes worked well and although they are inter-related, they are also clearly separate. Narratives were crafted from the text in order to tell the participants' stories in a way that flowed and could fit with specific phenomena being described (Caelli, 2001).

This method was described as generating findings that reflect reality (Braun & Clarke, 2006). Inductive reasoning was used, and did impose restraints used by more structured methodologies, allowing for frequent, dominant or significant themes inherent in the raw data to emerge (Thomas, 2006). It also made it possible for me to stay close to the data and I was able to gain in-depth understanding of exact words and behaviours of participants (Jones, 2002). Its flexibility provided a rich, detailed and complex account



of the participants' thoughts and reflections, making it suitable for this study. That is, thematic analysis enabled theatre to be reflected as a reality and yet provided a process that allowed the surface of this reality to be unpicked and unravelled (Braun & Clarke, 2006).

### ***Trustworthiness***

Attention to trustworthiness has been a critical part of this study. Tuckett (2005) advised that in qualitative research the term trustworthiness is used to describe the criteria for rigour and aspects of trustworthiness that were enacted in this study are addressed below.

As the principal researcher I have acknowledged through this study that my actions and decisions impacted upon the meaning and context of the phenomena (Horsburgh, 2003). This has meant that a significant level of transparency has been required for the study to have trustworthiness (Bulpitt & Martin, 2010). Thorne, Kirkham, and MacDonald-Emes (1997) asserted that interpretive descriptions ought to be located within the existing knowledge. This idea has supported my role as the principal researcher and my major role in the therapeutic theatre project. However, in order to counteract any possible bias that this knowledge and my role might bring to the study, I sought intense dialogue with the research office at CMDHB Maaori Research Committee and my two academic supervisors, in the preparation stages of this study.

As part of establishing boundaries around being the principal researcher and preparing for the study a pre-suppositions interview took place with my secondary supervisor (Bulpitt & Martin, 2010). This took about an hour and was audio recorded and transcribed by myself and sent to both my supervisors. This was analysed and discussed in supervision. It provided some clarity around why I had chosen this study and established a platform of perspectives that I brought to the study at a personal and

professional level and also as the interviewer and researcher. It also gave me clear understandings around the personal strengths I brought from my background in theatre and more recent experiences of producing the theatre project. As a result a heightened awareness of myself as the interviewer and researcher and any possible bias I might bring to this study became clear and processes were put in place to ensure trustworthiness. For example, I have constantly reflected on possible bias and checked with my supervisors in order to lessen any possible undue bias and ensure my processes were transparent. Also included is a robust introduction of myself as the researcher which reports my theoretical and experiential influences within this thesis.

### **Evidence of thick description**

Attention to providing a clear rationale for the methodology and methods used in the study has been part of the thick description provided. In Appendix A, a detailed account of how the pantomime was run is provided and the findings include rich accounts of the participants' experience. Curtin and Fossey (2007) attribute these measures as aspects of thick description within the study.

### **Triangulation strategies**

Triangulation is best described as aiming towards capturing a holistic view of the phenomenon being studied and that gaining data from a range of different sources contributes significantly to the findings (Curtin & Fossey, 2007). Having staff who talked about their observations and the people who lived with mental illness who gave their personal experience of theatre and staff. Data were collected from participants who had been involved in the pantomime over the last five years, supporting a time range of experiences (Jones, 2002; Tuckett, 2005). The number of pantomimes participants had been involved in varied from one to all five. Having two supervisors also made it possible to generate a wider scope of scrutiny between participants' views

and my views as the researcher (Curtin & Fossey, 2007; Tobin & Begley, 2004; Tuckett, 2005).

### **Collaboration between the researcher and the researched**

The relationship between myself and participants was collaborative and this is evident through the methods set out in gaining informed consent, choice of where to hold the interviews, giving a token of acknowledgement of \$20 for non-waged participants and emphasising that they could opt out of the study at any time. The willingness of participants to take part and their sharing of rich meaningful data demonstrates by their collaboration and their positive response when asked if they would like to be part of another production.

### **Transferability**

Providing information about the context of the study and a general demographic background of participants allows comparisons of the findings, and potential generalisation of this research to others who are in comparable situations (Curtin & Fossey, 2007; Horsburgh, 2003; Tuckett, 2005). Tobin and Begley (2004) asserted that there is no single or correct way of measuring transferability.

### **Reflexivity**

Horsburgh (2003) described reflexivity as being demonstrated by the “Acceptance of the first person as integral to the research” (p. 308). By directly acknowledging myself, the researcher, as an active participant in the research process and being explicit about the values and biases that I brought to the study, I demonstrated reflexivity (Curtin & Fossey, 2007). From the presuppositions interview it was evident that my own personal experiences of theatre and producing the projects meant that I came with knowledge and theoretical perspectives. I have also kept notes along the way which I used to reflect on my subjective experiences of conducting the research. These have then been shared in

supervision. Thorne et al. (1997) noted that attempts to eliminate all biases are naïve and as such the researcher must explicitly account for this as much as possible.

## **Conclusion**

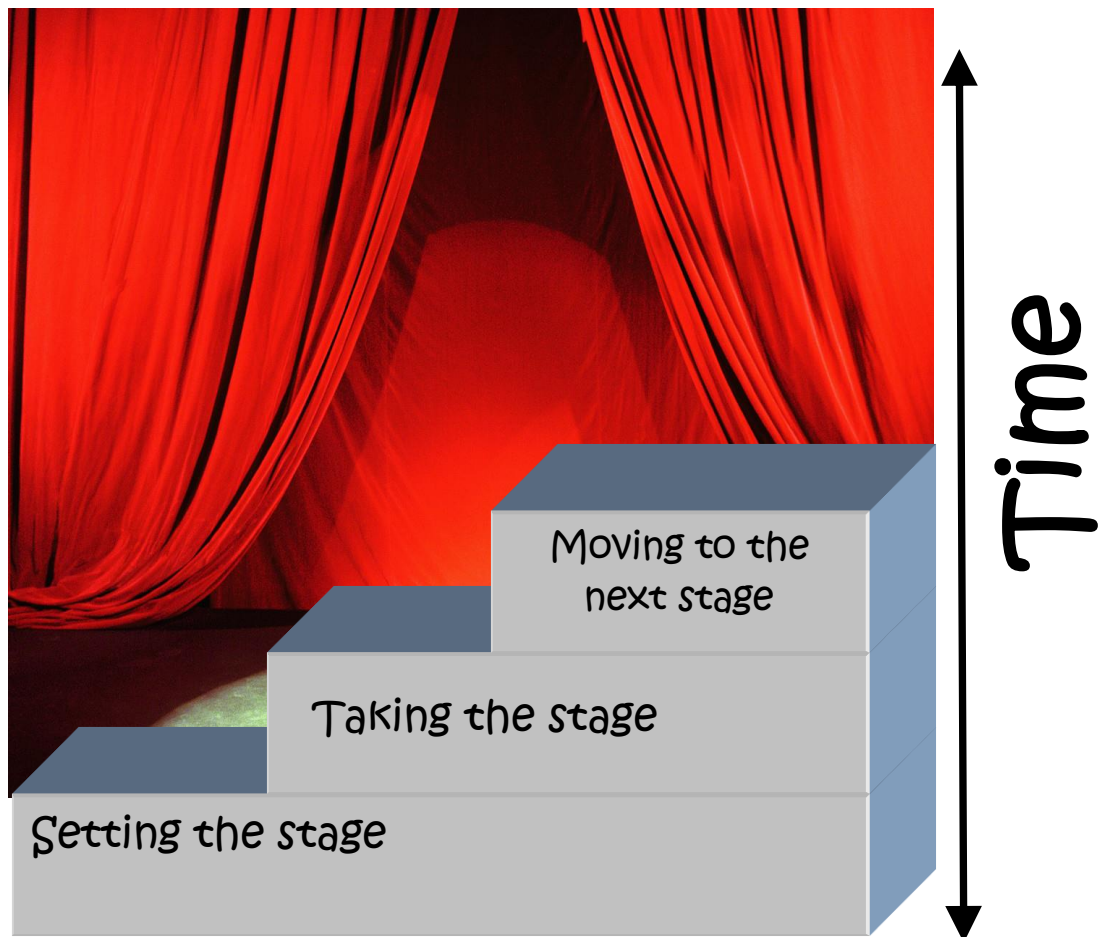
In this chapter I have described the qualitative descriptive research approach taken in this study and how it was situated in a post-positivist paradigm to ensure that the multiple realities in theatre are reflected. Methods that match this approach have included, purposive sampling, semi-structured interviews and inductive thematic analysis. In keeping with the need to have a trustworthy process, a range of ethical considerations have been presented to demonstrate this. In the following three chapters I will present the findings that emerged from the analysis.

## **Chapter Four: Setting the Stage**

### **Introduction**

This chapter presents findings uncovered from the raw data, which were analysed using thematic analysis as outlined in the methodology chapter. Three main themes emerged which have been named ‘Setting the stage’, ‘Taking the stage’ and ‘Moving onto the next stage’. In beginning to describe these themes it is important to note that they were intimately and dynamically interconnected. This interconnection was demonstrated in the findings amongst all participants and involved a strong temporal aspect that influenced the way they experienced being and doing at the theatre. The temporal experiences occurred within the following time frames; being in the moment, during a single rehearsal, over the course of many rehearsals, over the complete three month span of each pantomime and then, outside of the theatre space, and after the project ended. Temporal understandings that were uncovered will be discussed later in the discussion chapter. Pseudonyms have been used and details about the performances changed to protect participants’ identity.

Before beginning to uncover and link the data to the main themes, a diagram representing the themes has been provided (Figure 2). This is to clarify and emphasise the importance of understanding how all three themes make-up the parts that work towards the transformations that occurred. By putting the themes into this framework, understandings around processes of participants’ experiences from the project have emerged. Also some clarity around how participants’ experiences link to wellbeing has been achieved.



**Figure 2: Framework presenting levels of the themes and how they connect**

All three themes are presented as separate steps on the same stairway, which have a dynamic interconnectedness with each other. Each step builds different meaning within the participants' experiences of the project over time and context. This chapter will present findings related to the first theme, which focuses on the *occupational form* of therapeutic theatre which is the foundation on which the other two themes are layered retrospectively. The theme is divided into subthemes in which the findings are grouped to provide logical sequencing.

### **Setting the stage**

The findings presented here reflect the *occupational form* of the theatre as outlined in Chapter One. The *occupational form* is inclusive of the physical context of the theatre space, the human context and the temporal context. It is also inclusive of socio-

culturally defined norms that were in place around theatre processes and expected behaviours. The participants all gave accounts of aspects of the form that enabled them to prepare for the performance. Three subthemes emerged in the analysis of this theme, the first, ‘The theatre as a safe space for engagement’ is where the data analysis begins.

### ***The theatre as a safe space for engagement***

This first subtheme specifically captures aspects of the social climate and the physical environment of the theatre. Presented here are participants’ experiences of the power of being together with others in a nurturing, trusting space, which strongly influenced their engagement.

#### **Social Climate**

Tom, one of the staff involved in the productions, was very clear as to how vital it was for people to feel safe in order to be able to participate: *“People need to always feel safe in every sphere of the show. That was important for everyone involved”*. Tom’s statement affirmed Patricia’s account of what enabled her to participate.

*Usually I stay at home and don’t want to go out because I am scared of rejection or put-downs. It was different here; it was like these are good caring people. I gained trust over time. That it’s ok to make a mistake and I won’t be judged. I was in a good loving and caring environment with no judgements or put-downs. We had good people running the show that were passionate and skilled in theatre. You know you just felt the love. Everyone danced and did whatever it was. We were allowed to be ourselves. I reckon that was the beauty of it.*

Patricia shared how the theatre space was safe for her to engage; that she felt free and empowered to be herself. Her past experiences in life had made her wary of being put down and apprehensive to go out and try new things. What was different for Patricia in this environment was the freedom she experienced, to be herself and this meant that she was allowed to make mistakes and not be criticised. She could work towards the performance and regardless of how she performed, still feel loved and nurtured. She experienced positive unconditional regard. Drawn from her interview Patricia also

inferred that now she goes out and is not scared of rejection; that through this experience she developed trust in those around her and, more significantly, that she developed inner trust to be herself.

Ben and John were also touched by the caring environment they experienced and feeling safe was an important enabler for them, as they both experience constant negative thoughts and voices as part of their mental illness. Ben commented *“when I met all the people in the play and made new friends, then I felt comfortable and I felt good to be part of it”*. John explained *“I felt pretty good about rehearsals because when we were talking through the script in a group together it took away the fear and we had a lot of good fun”*.

Both Ben and John do not mix with many people as they live with paranoid schizophrenia which means they get very suspicious of new situations and people and find it challenging to socialise. However, the accepting environment at the theatre allowed them to make friends and overcome these fears. John also described feeling enough trust in those around him to read his lines out loud and he experienced positive emotions while working with others. Part of the *occupational form* of being in a pantomime, is the use of a pre-written dialogue or script. This was a supportive way for John to use basic communication skills, like turn taking, responding with an appropriate emotion and tone of voice, while not having to think of what to say next. The script supported John to communicate and let go of his fears around people.

Hine’s experience of self-acceptance through being part of a safe space gave her motivation:

*If you believe in yourself you can do anything, this is part of having confidence. The pantomime supported this. Because no-one puts you down. You make a mistake and no-one will put you down about it.*



Hine's expectation was that the theatre was a safe space where she would be respected and able to be herself, and that she would be appreciated for trying and for her willingness to play her role. Self-belief developed through being in an environment she trusted where her talents were valued and where the focus was never on mistakes people made, but rather on developing skills and practicing together.

This aspect of being supported and not judged was also described by a staff participant:

*We were all there to help. If someone didn't want to go on stage, and we certainly had occasion when this happened, they were not made to feel bad or wrong for their own feelings. So it was a restorative kind of thing...when a member of the cast or crew had a 'slip up', others celebrated when they worked through it and they did it. (Moana)*

Another participant, who lives with mental illness, felt uplifted as she encouraged others:

*I actually found it helpful to be in a pantomime for people that needed more encouragement, with people that experienced the same type of things in life. We were able to help each other and lift each other up. (Milly)*

Here Milly acknowledged how she valued being in a caring appreciative theatre space that was set up for people who experience mental illness. It had spin-offs for her in that she felt a strong sense of comradeship through the commonality of having a lived experience of mental illness. Her comment also reflected that perhaps people who live with a mental illness have had more put-downs, that life has not always been supportive. In contrast, being in the theatre and sharing with their peers, participants were instilled with confidence and felt valued. The encouragement that Milly felt was reflected in the following staff voices:

*Enabling people to feel secure and relaxed before and during performances, sometimes this meant asking if they needed a hug and giving them one because you knew they needed warmth and human contact before they went on stage. (Tom)*

*It was so neat to be able to offer some praise after seeing them practicing their lines and just seeing the positive change in different cast and crew.....the right supports were there for people. People involved understood mental illness and were very understanding to the needs of those who were part of the show.....also cast and crew respected one another. If one needed time out the others didn't make a big deal about it. (Helen)*

These experiences demonstrate interactions that were sensitive and supportive to individuals. There was so much belief in the potential of each person in the pantomime from both staff and people living with a mental illness. The theatre project provided a set of social norms that were very enabling, built on an awareness of the unique challenges each person was having and how important it was for everyone to feel safe and valued.

### **Being at the theatre**

Having described the space where participants felt comfortable to be themselves and to enjoy what being at the theatre had to offer, the focus now shifts to the physical environment and resources participants used. Participants were uplifted by arriving and being at the theatre; they would warmly greet each other and were genuinely happy and excited. Matiu shared how *“At the theatre we became enthused and enjoyed all the participation and being involved. Everyone just loved coming along every week”*. Here Matiu suggested that being in the theatre was enabling for himself and others; he felt good to be part of a shared project with others. The space and social climate at the theatre encouraged engagement and a sense of belonging. Matiu, who had been part of four pantomimes, went on to expand on this stating that, *“Each time just to be back at the theatre was so wonderful”*. The impression here is of Matiu feeling good about returning to the theatre and this is very special to him because, by going back to the theatre, there is an expectation of success and confidence. He is experiencing a positive emotion based on good memories.

This sentiment of being happy to return to the theatre space with all the colour and drama was observed by staff who participated:

*One lady I was involved with looked forward to it every year. She planned it and thought about her costume and what parts she wanted.*  
(Moana)

Milly also shared how she felt being back at the theatre, expanding on how and why it created an atmosphere that was good for people like her, who have many everyday struggles.

*Each time just to be back at the theatre was just so wonderful because it was a natural place where it felt open. There was a good amount of space to walk around and play your role and interact with other characters. It just felt comforting and relaxing. Yeah, I felt that was really good.*

Milly expressed what it was like to be back at the theatre in general. She relaxed and connected with the space, her role and other characters around her. Milly, who experienced intense anxiety outside of the theatre, was able to feel uplifted and focused at the theatre. She went on to talk more about being on the stage and what she experienced.

*I didn't feel crowded like when you are stuck in a little box. You saw the audience and the whole environment and what was around you and in front of you.*

For Milly being on the stage provided an experience that was both comforting and empowering. She suggested that in this moment she was able to do what she needed and this was good for her. Her explanation implied also that she is not always able to do this in other environments or spaces, where she gets stuck and unable to be in touch with what is going on around her due to anxiety. Outside of being on stage Milly is usually in a constant fight-or-flight state of being. While on the stage she was in control of her fears and emotions as she played her role. The expansive and structured social

and physical environment in the theatre allowed Milly to experience being in the moment.

Matiu's experience of the physical demands of the environment at the theatre appeared more challenging: *"When I was back stage waiting, I was trying to get an order of what the sequence was and when to go on stage and where"*. Waiting to go on stage meant Matiu had to focus and know when to be ready for his moment on stage. He not only needed to be aware of what part of the performance was happening and the right time and place to take the stage, but also where he needed to be physically while he was waiting. It was dark back stage and the performers and back stage crew were in very close physical proximity to one another. So while Matiu was happy to be back at the theatre, he also had to take on the demands of the environment in order to play his role. Being in the back stage space at the theatre was a place where Matiu needed to focus and wait if he wanted to perform on the stage space. This experience indicated that Matiu was aware of himself in space and time while requiring a good awareness of the theatre processes.

An example observed by a staff participant illustrates nicely how the environment made it possible for even the most disabled people to be involved.

*This lady came in and helped in the kitchen. This was a lady who seldom left her home and had been trapped at home and really disabled by her mental illness. She came out to the back of the kitchen where we were making refreshments and she set out the cups. It wasn't easy. It enabled her to be part of a community for a while.*  
(Helen)

The familiarity of being in a kitchen and being supported in this environment doing a familiar task made it possible for this woman to take on a role at the theatre. The range of spaces available within the theatre including back of house and front of house areas supported participation in a range of roles.

The findings in this subtheme embraced participants' ability to engage and stay engaged in the project through feeling safe, nurtured and able to trust being at the theatre. Participants were able to be connected with others, have a sense of belonging, acceptance, and were enabled to be themselves. Participants' experiences of mental illness meant that they would not and could not safely engage unless this aspect of the *occupational form* was a constant part of their theatre experience. Being in the actual theatre space provided an environmental demand that supported a range of theatre spaces and expectations where participants were able to move around and took on responsibilities and commitment as part of working towards performing in front of an audience (Kielhofner, 2008). There was a huge sense of fun and pleasure that emerged. Participants came with a sense of knowing and willingness to do theatre related roles and to be in the theatre space. The next section focuses on the roles available within the theatre.

### ***Theatre as an opportunity to take on different roles***

The second subtheme focuses on how being part of the theatre project meant that participants took on a particular role. Helen, a staff participant was amazed at what having a role meant:

*I was totally blown away by the change in people who initially had no motivation or enthusiasm for anything. Here they were taking on a role where they had to learn lines and act out a part and they were doing it with gusto. To be able to play a part when you know they have got love in their heart for acting and being in a role....it allowed them to be somebody or take on a role of a fantasy that has such a good ending. For a moment in their lives they were allowed to be whoever they want to be.*

There were a range of roles available for cast and crew to consider, in order to find what they wanted to be involved in. Having a role on stage meant that participants used costumes, make-up and acting skills, and interacted with the theatre environment. All but one of the participants interviewed had performed in speaking parts on stage in at

least one performance, and also taken on a range of other roles during the five years of the theatre project. These roles included, back stage hand, support crew, cue caller, chorus, dancer and other non-speaker parts. Cast who performed on stage had been coached in learning lines and voice projection. Having a role also entailed auditioning, registering, attending rehearsals, and the performances themselves. It also involved attending a gathering two weeks after the final performance to celebrate and debrief.

Initially each participant identified that they wanted to have a role and they had choice and options around the role they wanted. *“I really wanted to get one of the main characters, so even though I was nervous I did the audition and it went really well and yes I really enjoyed myself”* (Hine). Hine described how she was motivated to go to the audition to get the role she wanted. Hine hinted that she was prepared to challenge herself to get a specific role as she overcame her nerves and at the same time ended up having some fun while auditioning.

Milly was excited as she shared: *“You got to choose what type of role you were interested in and what you felt may have a good outcome with you”*. In this description Milly is empowered by having a choice of what role she would like, and why considering it might suit her. Her excitement is perhaps reflective of her having previously been involved in theatre and not always having this freedom to choose what she wants to do in life.

As part of warming up and preparing to get into her role, Milly shared: *“I learnt strategies to do with how to relax, how to relax when being around other people and how to let it flow”*. Milly was able to relax and get into the moment or as she described it, to flow. The environment was suitable for her to do this; it was a safe creative space.

The expectation of taking a role at the theatre for Milly meant she learnt and was coached in suitable skills which supported her to play her role. Because Milly

experienced major anxiety in her everyday life the breathing and speech exercises, which were done as a big group of twenty plus, helped her to relax and become more comfortable around others. It also enabled her to play her role more confidently.

Once auditions were finished, cast and crew met at rehearsals. Patricia describes her experience of rehearsals:

*We learnt things about being in character and 'what do you think'?  
And being asked if that's ok.... We learnt how to be in character and  
how to switch off and debrief, because you are on such a high.*

Patricia played a character that was happy, positive and playful, quite a contrast to how she often experienced the world. Playing this character gave Patricia the opportunity of experiencing another way of being and she reports being on 'a high'. Patricia also mentioned learning skills of how to debrief and stabilise, and she expressed an understanding of the need for her to be calm and grounded in her own personal processes when she came out of being her character. Perhaps this was her way of modulating between being in role which contrasted sharply with her everyday way of being.

Patricia expanded on the enjoyment she got from playing the role, and became animated as she commented, *"The main characters' sister was a good role. I just loved dancing around, and dressing up 'cause I usually don't dress up and put make-up on."*

Patricia's role allowed her to have fun and dance, try on new clothes and experiment with the way she looked. Not only did her role allow her to have fun, but she felt safe to express and be herself. Patricia's accounts stand in sharp contrast to her everyday experiences of depression and anxiety, and seldom leaving the house.

Hine was also excited and animated as she described her experience of costumes:

*The best thing was my costume. I really loved my costumes as they matched my characters perfectly. I liked the headpiece. It was pink and had diamantes on it and I was wearing a pink dress. It made me feel pretty.*

Hine remembered in detail her costume and the self-worth she experienced putting on her costume, playing her role, and being in character. This experience made her feel good about herself, as her eyes lit up and she was very animated when she shared this description. She gave the impression that she does not feel pretty very often and that when she does it makes her feel fantastic.

This sense of joy around costumes for Milly reflects the care given to individual needs, that was part of making the theatre a safe space. *“I felt each costume I wore in each of the scenes in all three pantos was really good. We used wonderful colours. It was the right type of costume and it was wonderful to be in a different costume for each play”.*

This experience also reflected a sense of empowerment for Milly as she wore her costume with pride and visible pleasure. The attention to caring and detail that the costume provided was evident as she felt safe and confident to wear it.

Wearing costume and make-up was more challenging for Ben:

*Getting the costume and-make-up on sort of freaked me out a bit. I had to put that glitter all on my face and make-up. I wasn't into that, but it was part of the role and I said, ok.*

Here Ben tried new things that he was not very sure about. He wore make-up and got into costume in order to be part of the theatre project. Wearing make-up and getting into costume was an expectation that went with the role he played. Ben lives with paranoid schizophrenia and so trying unfamiliar sensory activities such as putting on make-up and being around a lot of people whom he did not know, was not something that he would normally want to do. The opportunity to experience and overcome his



fear was strongly influenced by wanting to be part of the pantomime. He had a good experience from this and went on to be in the following two pantomimes.

Theatre roles established opportunities for participants who were marginalised not only because of living with mental illness, but also because of poverty, racism and cultural discrimination. The aspect of Maaori participants having the opportunity to take part and have a role was observed by Helen, a staff member: *“It touched me seeing a lot of Maaori wanting to be part, who had never had the opportunity to do anything like this, taking on role.”* The performing arts are a strong aspect of traditional societies including Maaori culture and although the form of theatre was different, plenty of Maaori participants were willing to take the opportunity of participating in the pantomime.

John took on a range of roles and recalls *“In one pantomime my role involved dressing up, remembering my lines and remembering when I had to come in on stage”*. In his daily life, John found it very challenging to concentrate and focus. Getting organised was always stressful. Yet John is able to clearly articulate some of the theatre skills he learnt as part of his role. John had some very sophisticated costume changes, complex lines and many stage entry and exits which allowed him to play his role.

Patricia shared her thoughts on one of the other cast members *“You know how Belinda didn’t say much but she always got her lines, and when she came on stage and said her lines, you know, she brought a smile to my face”*. Belinda never spoke to anyone unless they really prompted her into conversation. She had a small part and learnt her lines and with coaching and practice she developed her voice and could be heard. Through taking on a role, Belinda engaged in the teaching and coaching sessions around voice production and projection, and was able to be heard in her role. Others noticed this including Patricia, who got pleasure out of seeing Belinda’s development.

Ben's voice was also heard as he developed his role and shared "*I had to learn the lyrics before the show started and go to rehearsals*". In taking his role it was an expected norm for Ben to learn his lines and be prepared to use his voice at rehearsals.

Matiu described working together with others in rehearsals to develop his role. "*We had to go through about two lines in a sequence. The way our actions synchronised all together made it possible for us to make that part very good*". The cast working in the scene Matiu referred to were able to take a lot of direction and use coordinated movements all together, which have left Matiu with a positive experience. What we see developing is an increased awareness of body movements, self, and others in space. This is demonstrated in more detail when Matiu shares "*we were told to use motions, you know go under or over and use your hand to imitate, to gesticulate what we were about and that was very good*". Through the expectation of taking direction to do the moves necessary to play his role, Matiu was able to articulate what his body was doing and to express himself using his body. Matiu goes on to mention other specifics that were experienced as he played his role.

*We had certain singing things we had to learn with our pianist and we had a band. We also had a costume lady and people that tailored our stuff for us, everyone was aboard, we had a good cast, a good back up crew, a good director producer. They were all marvellous.*

What Matiu is affirming is that there was a broad range of theatre roles available for a successful outcome. He felt also that everyone worked together in a positive way with a range of expectations around tasks and activities in the theatre and that he had the right supports in place to take on the role. There was a climate of belief and acceptance that allowed people to express and reach their potential.

Shona, a staff participant, gave an insightful observation of what taking on a role meant.

*It was about doing a role as an actor...Whereas, perhaps they had failed a lot of things in their life, because of their illness, but they felt*

*good acting. They had found a place. Something they achieved themselves.* (Shona)

The opportunity to take on roles increased participants' motivation, and allowed them to play characters different to the one they experienced as a person living with mental illness. This supported the participants to briefly experience the world in a different way and see other aspects of themselves.

This subtheme has emphasised that the roles and responsibilities were shaped by the context and resources available at the theatre. A huge part of taking on a role meant that coaching and practising in the necessary theatre skills was needed to work towards performance. Taking on a role also facilitated participants to communicate with each other through the script. This was a very powerful finding that the *occupational form* highlighted. Participants experienced fun and positive anticipation in taking on a role which involved choice and opportunities to dress up, put on make-up, dance, sing, help out and take a role that was meaningful to them. In playing another character they were able to put their normal self aside and take on a new role, separate from being people who live with a mental illness. Opportunities to learn theatre skills, be coached, and mentored to achieve, were also part of taking a role which will be explored in the following section.

### ***The theatre as a place to learn new skills***

In the previous subtheme, it was mentioned that there was support for the cast and crew in developing their roles from people who had the necessary theatre skills to coach and develop skill capacity. The third and final subtheme in this chapter is focused on the skills people had the opportunity to learn. One staff participant's description of skills paints a clear picture:

*People moved at a pace, actually doing things, getting up on stage and being in front of people, warm-up skills, breathing techniques, projection of their voice, speaking clearly and role playing. (Moana)*

Matiu's account expands on this, as he describes what he was taught as part of preparing to go on stage.

*We were meant to stand and face the audience and to be loud and clear and project our voices out. Also to look up and not block anyone's view. I learnt to keep my head up and to be aware of other people around me. The thing is to keep your head up on stage. You see it's easy for us type of people to keep our heads down. In the street I walk around with my head down quite a lot. But when you are on stage you've got to try to keep you head up and that's what I did. We had been trained to do these things.*

The specific theatre skills Matiu describes enabled him to become aware of himself and others in space. What he also indicated is that he does not usually hold his head up in his everyday life, that his own confidence was lacking. He went on to say:

*I had to be aware of what to do, look out at the audience at the place on the back wall keeping my head up. Also to be aware of the number of people on stage for the opening and closing scenes. You had to be right on the mark to go forward at the right time at the right call. That was quite hard when we were all on stage because you had to be very aware of what you were about because it could have actually caused an accident.*

Matiu identified more theatre skills he had been trained in and was able to recall a prompt to keep his head up. Matiu's examples demonstrated how his desire to take a role supported him to acquire a repertoire of theatre skills that allowed him the confidence to perform on stage.

For participants with speaking roles, two reoccurring skills emerged as being significant. These related to voice projection and learning lines. For example, two participants stated:

*With the rehearsals it was a good thing because we did warm-ups with our voices. It was actually teaching the projection of your voice. (Patricia)*

*I wasn't used to projecting my voice, but was taught how to project my voice. So it was something new to learn and I have the hang of it now.*  
(Hine)

Patricia and Hine described how they were coached to use their voices. The experience of doing voice warm-ups and learning to project their voice helped them to strengthen their ability to be heard and to portray the characters they played.

Hine also described the accomplishment of learning her lines: *"I had lots of lines to remember. But once I learnt my lines it felt heaps better and I learnt my lines really fast. Well everyone learnt their lines. It just flowed"*. For Hine, perhaps, the coming together of all the different characters' lines allowed an experience of being in flow, or in the moment. Hine constantly hears distressing hallucinations in her everyday life, so learning lines was something that Hine was very motivated to do as a distraction from these.

Another participant described the challenge of learning lines. John smiled as he recalled:

*Learning my lines was a big deal. I sort of taught myself just to read line by line and whatever I missed out on I would write it on cue cards, just to memorise it. It was quite fun actually.*

John was so motivated to learn his lines that he developed his own strategy, which he refined when simply reading the script didn't work. He was able to reflect on his learning needs and applied a different strategy. Using the strategy he was able to focus and concentrate on memorising his lines which, as he acknowledged, was a challenge for him. Even better, he enjoyed this process. John went on to share more about this experience *"I had to practice learning...memorising my words, memorising when I come on stage and when I go off"*. John had to work very hard to be able to learn his lines and play his part in the pantomime which he was willing to do.

Tom, a staff participant, described the skills he observed, as he reflected on a scene from the pantomime.

*It was a very complex scene with all the characters talking to one another and the people were very skilled in acting. Lines were the biggest challenge. We used rote learning, relaxation, reinforcing that people needed to learn their lines, voice projection, characterisation, one-to-one and group coaching and extra practices. People were very committed to learning their lines and it worked out great on the whole....Some of the skills I observed that people developed included, a strong self-esteem, confidence, being able to face a group of strangers, learning drama skills, basic drama skills, how to move on stage without turning your back to the audience, holding your head up and projecting your voice... They learnt about characterisation, music and how to sing and work as a group.*

Tom's observations align with the other participants' accounts and his reflection goes a step further in describing outcomes from the skill development, including confidence and self-esteem.

Principal findings from this subtheme emerged around participants' experiences of learning lines, voice projection, and getting dressed up and into character. Learning lines provided the opportunity to initiate communications between cast; having skills to use one's voice enabled participants to be heard and recognised; and getting dressed up and putting on make-up provided lots of fun, interaction with different environmental spaces, and individual choices and affirmations.

Participants were coached in a range of other skills that included characterisation, effective vocal and physical communication, movements on stage that included holding their heads up and facing the audience, breathing techniques, awareness of self in space and time, memorising words and movements, and other drama skills. This leads onto a summary of the three subthemes.

## Summary

‘Setting the stage’ is the foundation theme and presented theatre as a safe space for engagement; theatre as an opportunity to take on different roles and theatre as a place to learn new skills. There was constant interaction between subthemes that made participants feel supported to take part in the pantomimes and to engage.

This theme defines the *occupational form* of theatre for this project. Participants robustly described the environmental, human and sociocultural contexts. What is not so clear is the temporal context. This is reflected in the past, present and future skills and experiences that participants brought to this foundation layer. Findings highlighted that negative experiences participants brought from their past made it challenging for them to initially engage. A safe trusting environment where individuals’ specific needs were considered, was a consistent part of the environment, which enabled learning and mastering these skill. Establishing the theatre as a safe space for engagement went across all the subthemes.

Having completed analysis of the first theme ‘Setting the stage’ as a foundation for the other themes, I will unpack the second theme ‘Taking the stage’ which forms the second layer of the participants’ experience. Let us pull back the curtains and take to the stage.

## **Chapter Five: Taking the Stage**

### **Introduction**

Findings from the previous chapter of 'Setting the stage' described the *occupational form* of theatre, which emerged as participants were in the theatre space, experienced the need to feel safe in order to participate in theatre, chose a role that was meaningful, and were coached in a range of skills to successfully do this. It was of interest that during all these experiences participants shared positive emotions, even when they were facing challenges.

### **Taking the stage**

The second theme describes participants' experiences of getting into their role and performing. During this stage there was a continual dynamic relationship between the form of therapeutic theatre and the actions involved in working towards the final performance. All the cast and crew felt safe to take on their roles and were willing and ready to be coached in the theatre skills they needed to perform.

Participants' experiences in this theme occurred over a range of different timeframes that were unique for each person. Three subthemes emerged as part of the analysis; working under pressure and overcoming challenges, being in the moment/engagement and flow, and connections.

In reviewing the context for this section of the findings, it makes sense to refer back to the initial process of inviting people to be part of the pantomime project, when advertisements were put out for interested people to take part. People from all walks of life who live with an experience of mental illness were invited to audition or register their interest in taking a role in the pantomime. So the doors to the theatre opened and the process of working towards the performances began.



### ***Working under pressure: Overcoming challenges***

This subtheme describes theatre processes and experiences that participants had to overcome as part of working towards the performances. These challenges were all normal aspects of participating in theatre and put people under stress in ways that supported them to achieve. For people who experience mental illness, stress is often overwhelming and difficult to live with. However being involved at the theatre allowed them to experience stress that they would need to overcome in order to participate.

Intense challenging emotions were seen clearly when Patricia shared her initial feelings around auditioning:

*In the auditions I was scared, just actually turning up and ooh, you know, you are naturally sitting down with people. It was like, 'Please don't give me lots of lines'. My heart was racing, it was like.... 'Don't stuff up'. Initially it was stressful being around people.*

Patricia was anxious at auditions and she is not used to being around people, yet she was aware that she would be given lines and required to sit next to people. Despite understanding that this would be challenging for her, she has put herself in the situation, expressed elements of determination and hope.

Milly's experience of going to auditions is in contrast to the range of emotions that Patricia experienced. She makes the experience out to be fun, yet it still made her nervous:

*Auditions were always the most wonderful thing to do because you got to meet new people and to choose what type of role you were interested in. At those auditions I felt happy, excited and sometimes nervous. Nervous just being normal nervous, not anxiety.*

The auditions gave Milly valued opportunities to meet new people and make many independent choices about being able to take a role she wanted. She was extremely happy and animated as she recalled the auditions. She was able to distinguish between

the major anxiety experienced in her daily life and nervousness in response to the audition.

Aspects are portrayed by Patricia and Matiu that despite some of the challenges initially experienced they overcame them:

*We started from scratch, the auditions, the practices and then the actual performances. At the performances it was actually hard to go on stage. I did not want to look up or out. It was like "Oooh I can't close my eyes." It was scary. But it had good benefits. (Patricia)*

*At first there was a lot of nervousness. I was wondering how I would ever remember lines and have the confidence to get on stage in front of people. Then as our practices went on we grew in confidence, practicing until we got somewhere near perfect. We got better and better I think. People seemed to aspire to better things and really enjoyed it. (Matiu)*

Patricia demonstrated an understanding of the process of auditions, practices and then performances, which needed to occur over time. Patricia's and Matiu's experience highlights how intense the challenges and emotional experience was for them. They both expressed being anxious and yet were able to work through it and overcame their challenges.

Matiu shared in Chapter Four, that people like him who live with mental illness find it hard to put their head up at times, so one can imagine how nerve wracking it was for him to go on stage in front of people. His role gave him a part and lines that he practiced and a set of theatre skills that he was able to use. He hinted strongly how practicing helped him to progress and gain confidence and that this occurred over time. That skill increased and performances were fun and rewarding for him. Again we see a pattern of uncertainty that is followed by positive change occurring over time and a sense the comradeship between the cast members as they achieve. Matiu went on to share other challenges he experienced.

*Some of the challenges involved being ready, waiting to be picked up and taken to the rehearsals. Also being prepared and making sure I knew my lines and being able to concentrate and get through rehearsals without too many breaks. Also the lighting played on me at times and detracted from my role.*

Matiu was dedicated to perform and be part of the project, yet he shared the struggle he experienced in actually getting to the theatre to participate. This is perhaps a reflection of lack of routines outside of his house or stress in thinking about what he had to do once at the theatre. He had to do a lot of self-organising around being ready on time to be picked up, learning his lines and staying on task. Matiu consciously worked on staying focused and concentrating for long periods of time, and it was a challenge for him to do these things in the theatre and to be consistent. Yet Matiu kept coming back and was part of four pantomimes, taking on larger roles each time.

Ben also shared his experience of time management and working under pressure.

*Yeah time schedules could be stressful. I was supposed to be picked up at five and it was after five and so I rang and got someone else to get me. You have to be on time.*

Like Matiu, Ben finds it stressful waiting to be picked up and following a time schedule. It could be that he has let people down or missed out in the past through not being on time. However, the account also hints at his dedication and respect for being on time and how he was able to manage this. He did not want to let the team down.

Patricia had a positive outlook on how participating helped her to organise her time, as she expressed “*You just had a good feeling. It was encouraging and everyone helped each other. It was a purpose to get out of bed. To enjoy getting up*”. Here Patricia hints that she does not always like getting up or have something to get up for and she reflects that it was not just at the theatre that she experienced joy; it was on waking, and at the beginning of her day. Being able to be part of the pantomime enabled positivity and teamwork that gave her meaning and purpose.

Tom described how the use of time and routine increased mental wellbeing:

*There was a young lady who had major mental health problems and she was very conscientious and would get her scripts and learn her lines before anyone else. She owned her lines and it was part of her life. It was a reason for living and getting up in the morning. (Tom)*

Matiu was extremely animated as he shared the following experience of being on stage.

*I forgot to say my line!!! All the preparation had gone well. It was virtually near the opening, and I must have got stage fright or not been concentrating. I just froze, I sort of clean forgot. I just went on with things cause at the time I wasn't overcome by it. I thought the show must go on. So I just went on and carried on from there without any hitches.*

Here Matiu experienced fight-or-flight and froze in the middle of his performance. He was so in the moment and had developed skills in managing his stage fright that he managed to keep going with a positive state of mind. Matiu was in control of how he reacted to this situation and the actual form of the theatre supported him to keep going and manage the stress. Matiu shared the challenges that he observed another actor experience.

*Belinda had a lot of challenges. However she liked the company and responded well to people's recognition of her. Even though she had trouble learning the lines she stuck to it and never gave up. Things were a challenge for her and she came through with flying colours.*

The performance allowed Belinda to have an opportunity to be recognised for playing a part. Her dedication and persistence were the personal attributes that allowed her to overcome challenges. We also get a sense that Matiu was supportive of others, encouraged Belinda, and recognised her struggle. This sense of overcoming a challenge is also described through John's described experience of taking the stage.

*We had lots of fun and were devoted to it. Seeing others make a real effort made me think "if they can do this then so can I." It was so frightening on stage by myself, hoping I wouldn't muck up and then... That light shone on me and Jeeze, something woke me up on that stage.*

The inspiration John gained from others' role modelling is evident. He too has experienced adversity in his life and so feels the fear of going on stage and performing. I could feel the excitement in his voice as he overcame those challenges and performed in the moment. This performance allowed John to face his fears and shine, to connect with himself and gain skills. To get to the stage of the light shining on him, John had been devoted to interacting with the theatrical form. His inner spirit was awoken and he became self-determined in taking the stage.

Part of getting onto the stage involved getting in and out of costumes which meant characters had to be aware of themselves in time and space.

*And the costume changes... You had to be so fast. To get out of one costume and into another costume. Yea. I think I took too long on the first time and just made it onto stage for my part. But the other two nights I got changed fast and yea... That was better when I got changed fast. It just flowed and there were no stuff ups and everyone just flowed. (Hine)*

The focus in these comments is around the time needed to change into a new costume and to match this with the time the pantomime allowed before the character needed to be back on the stage. One can visualise the huge amount of movement and being in the moment that was involved in doing this. It was certainly challenging, but Hine and those supporting her mastered it and it flowed. The performance allowed her to practice and practice until she mastered her part. This was a normal part of the preparation to perform. Hine also shared other challenges she experienced:

*At first, learning the lines was stressful for me. I really wanted to learn my lines so they came natural. So at home I wrote them down over and over again and learned my lines. I found the hardest thing was stuttering. I would be on my line and couldn't get it out. I think I was holding something and was like shaking you know, I was like really nervous. But on the actual night it was great.*

Being able to perform allowed Hine to experience feeling extremely nervous and to overcome this. She was able to identify and articulate her challenges and find a way

through. What Hine experienced was stage fright and this is a normal fight-or-flight response actors experience. It mirrors panic and anxiety to some degree and it is natural to experience this as part of the form of theatre. However through performance these fears faded and Hine shared how great this experience was. Hine also problem solved and found strategies to overcome challenges she faced as she was very motivated and determined to perform.

Staff uncovered other challenges in the following observations:

*Initially there was a lot of apprehension for myself in being part of such a huge project. I was really concerned we would not get enough people. I thought we'll see how this pans out, and it was fantastic. Yes there were lots of challenges, backstage had to be quiet and slip around unnoticed and remember where and when they were going. The environment was cramped. It gave me an incredible respect for people who are experiencing so many challenges, sedating medications, drug and alcohol issues and different problems and they were participating in the pantomime and doing it well. (Moana)*

*I was sceptical as to how people who were so disabled by their illness and dealing with the awful side effects of medication would be able to do such a show. Some of them were experiencing some sort of side effect you know or voices. Yet they participated in these performances and looked normal. That was really great. They saw an opportunity to be part of the arts world. (Helen)*

Both Moana and Helen initially brought attitudes of apprehension and disbelief to the project. They saw the medical side of mental illness and were thinking in terms of participants needing to manage their symptoms. They knew that without the challenge of the theatre expectations, these people had daily mental health issues they lived with. Yet what they both described is that cast and crew were able to overcome their mental health challenges through the performing arts. Moana's observation also reflects what participants have described about their environment, movements, time, and place. This leads onto exploring what it was like for participants when they got into their characters and played their parts.

### ***Being in the moment: Engagement and flow***

Being in the moment is captured in participants' experiences of individual and collective theatre performance and the dynamic relationship between the *occupational form* of theatre and the actual doing. Being in the moment can be described as total engagement in the theatre performance as shown in the following accounts.

Being in the moment is highlighted in Ben's excitement as he shared the following experience of being on the stage.

*I remember I had my cape like this (demonstrates) and then I was like on stage and after I said "head for the stars!" Then for the last time I turned around and flew my coat around and everybody started cheering about the way I did my acting.*

Ben became animated and moved while he described his experience. Ben, while being in the theatre space, was focused on performing. Through performing he had a role that called for the attention of others. While in his character Ben gave direction using a commanding voice with high drama and movement. He had been cast into a role that allowed him to do this. He appeared to experience a flow state as he engaged in the moment and became his character, aware of what actions he needed to do. In drama you often need to emphasise and exaggerate movement and this is what Ben needed to do as part of his role. Being in flow allowed him a positive experience of moving, acting and being recognised through his role.

For others, being on the stage and engaging in an acting part was a new experience.

John commented:

*I had never been on stage before or done acting. So it was a big part for me to take on. When I took the stage itself and let it rip, it just flowed out. When that light shone on me it was like ok... I can do this. I really achieved something good there.*

In the theatre space John was able to be part of a new experience. He engaged in something that wasn't part of his usual everyday life. Although the part was big for him, John identified specific parts of the theatrical press that supported his experience. When that stage light shone on him it was an environmental cue that allowed John to express himself on the stage and this made him feel good about himself. Being in this theatre space also enabled John to be in the moment and in touch with his own reality as he fully engaged and it just flowed out. It created a sense of accomplishment and a positive memory.

Hine also experienced being in the moment and shared how this also gave her another reality; a fun loving, almost magical way of experiencing the world.

*I liked ...getting out of being you and getting into your character. It was fun getting out of my character and getting into a new character. I really enjoyed that because it wasn't me, I was the character. I was able to get out of normality and play a different role. I would come in and be Hine and then I would get into my costume and become my character.*

Acting out another character, meant Hine was able to experience another way of being in reality, that of the pantomime and character she played; she could lose herself in time. Hine had the opportunity to be playful and bold and these may be different ways of behaving for her. Her character allowed her to say things she does not usually say and she enjoyed this. Here Hine described how she found that engaging in breathing exercises and getting into costume worked as tools that enabled her to get out of being herself and into another character. She lost track of who she normally was. For Milly this same sense of losing herself in the character and being in the moment is clarified as she shares *"Theatre helps me, it calms and relaxes my mind, you are not actually being you, not thinking about your own personal problems. I really enjoyed it."*



Being in the moment was a powerful and pleasurable experience where change occurred. There was an ongoing dynamic relationship with the *occupational form* of theatre that was evident as participants used the theatre processes, spaces, skills they were coached in, and the supportive environment that enabled participants to engage and experience flow and enjoyment. It was noted that the stage seemed to be a place where the focus for getting into the moment occurred for participants. There was a strong connection between taking a role and performing on stage that supported participants to lose themselves in time.

Part of being able to engage and experience flow meant that participants made a range of connections through performance that supported their experience of flow and engagement.

### ***Connections***

Participants described a range of different ways they made connections while engaging in the theatre space. These experiences can be linked to the theme ‘Setting the stage’ where it was established through the findings that it was important for them to feel safe and belong in order to engage. The first few descriptions focus on this sense of safety and belonging participants experienced. Other ways that connections were made are then uncovered.

Matiu shared his observations of how his fellow cast and crew experienced taking part. *“George was rapt. He just loved coming along. I think everyone just loved coming along every week just to partake”*. Here Matiu talked collectively, which emphasises a sense of connectedness and belonging. He sensed this in others and the fun they all had through participating in the theatre productions.

Ben was more apprehensive as he described what initially helped him to get involved and feel connected.

*For the first pantomime I wasn't keen to get involved, but my support worker encouraged me. Then when I met all the people in the play and made friends, that was it, I was comfortable and it felt good to be a part of it. It was good too because I got to showcase my talent.*

Ben, in this comment, hinted that he does not always feel comfortable around people and yet one senses that he enjoyed having friends and belonging. The support and connections he made with others at the pantomime enabled Ben to be comfortable to perform. He was able to relax and be accepted for himself and share his talents. Ben was excited as he went on to share his sense of being appreciated.

*Performing in front of the audience with all the other characters was a highlight. Also actually finishing the shows and when everybody was bowing to the audience. Everybody was cheering and laughing and yahoing.*

This is an experience of Ben being connected in an intense moment as he took his bows with all the other cast and crew while the audience cheered. It highlights the multiple dynamic interactions between the characters on stage, the audience, the physical space on stage and the individual and collective movements as everyone on stage bowed. Ben also was aware of other characters on stage and made a connection with them, and this created a happy memory of a collective accomplishment. For Ben this is significant. He lives a very sedentary life style, has poor social networks apart from mental health workers, and yet here he is performing and bowing to an audience of over 100 people, feeling connected and appreciated. Ben had a deep emotional connection that emerged as a reflection on his whole experience.

*I was quite nervous, but after finishing performing everybody was cheering. You know it has to come from your heart. Just being committed and dedicated.*

This reflects the strong value that Ben placed on the performance. He was able to overcome his fears over time and was affirmed through this experience, finding inner strengths and connections to aspects of his own inner being.

Milly's account provides a powerful illustration of the connections she made during her time at the theatre. The account begins with her experience of rehearsals. Milly began to describe what she would do at rehearsals:

*Rehearsals had their ups and downs but were really good because they gave me a clear picture of what was supposed to happen. My main focus was to say my lines but also to interact with the others and how to connect with them based on our characters.*

Milly reported that initially she found it very difficult to talk to other people at the pantomime and later, through working with them on stage while in a role, she was able to experience communication with them. She made a connection with them and was able to engage in dialogue through being in character with others on stage. Milly often experienced extreme anxiety and so for her the expectation that there would be ups and downs helped to normalise her fears. This made it more predictable and comfortable for her to perform. Milly shared her experience while interacting with a very loud character; *"it was really noisy for someone like me, when he was yelling and stamping"*. She acknowledged that loud noises were challenging for her and that she does not usually cope with them. During her interview, Milly shared that when she was growing up she had been badly treated and yelled at a lot. She then went on to comment:

*But after a while the noise was very settling for me and I actually connected with everything on the stage and I was able to speak clearly and confidently to the loud character.*

Milly's motivation to play her character allowed her to accept the way the other character spoke and she developed the confidence to interact with him. Milly connects in a moment in time with the sounds around her and with an inner strength to keep going. She continues to talk about sounds at the theatre:

*You heard different sounds that connected with the play, the music in the background. There were a number of connections in the theatre through the play that really helped me stay on stage.*

Milly had been able to change the way she connected to sounds she initially identified as negative, to finding them almost soothing and comforting. Milly also hinted how the meaning other sounds had, helped her to perform. Milly went on to share how she connected with her character:

*The character I played represented a life experience that I lived as a young Maaori person. It represented a time when I was in care. I could really connect with the character and how she felt in her daily life.*

Milly identified with the character she played and was able to self-reflect on her life and circumstances she had experienced in the past. She had the opportunity to play a down-trodden character who overcame adversity. Additionally there was a happy ending for Milly's character, with acknowledgment by all around her that being treated badly was not accepted by society and was not a normal healthy way to be treated. Having the opportunity to perform and connect with this character was a deep experience for Milly as she continued to share;

*It helped me to see the good things about me and that I have got good qualities and that I can interact with people and do have some talent. To find the joy I have today in pantomime.*

Milly is confirming how the performance allowed her to connect to herself and to gain confidence in herself; that through continual interaction between herself, others in the pantomime, and the theatrical form, Milly found joy. The role that Milly played allowed her to make these connections and supported her wellbeing.

Matiu became visibly emotional as he shared the following experience;

*It meant a lot to me having so many people involved and seeing friends and family come along out of hours. People would meet and greet us at the front of house and say well done. These things were very meaningful and helpful.*

Here, the strong focus that Matiu shared is being acknowledged and appreciated. We also note that Matiu is appreciative of having so many people involved. This appreciation and connection with others has a dynamic relationship with aspects of ‘the theatre as a safe space for engagement,’ presented in the first theme by Matiu valuing participants, being valued himself, feeling appreciation, and being recognised because of his performance and role in ‘taking the stage’. When Matiu mentioned friends and family coming out of hours, he hinted that he does not often experience this kind of support and he felt valued. It gave him some purpose and sense of achievement.

This sense of connection and being valued by family/whanau is also reflected as Hine, smiling brightly, shared the following experience. *“It felt really good seeing my parents smiling in the audience. Just making them proud was awesome”*. Hine made a strong connection here with being valued by her family. Because Hine lives with mental illness, she perhaps sees herself in the role of a mentally ill person who has not had many opportunities to make her parents proud. The positive emotion that Hine experienced in this moment was powerful for her. It gave her a good memory and sense of purpose.

Staff highlighted how the project as a whole made a powerful connection:

*It opened their eyes to the arts. It was exposure to the arts that made a lot of difference to a lot of people and tapping into a creative part of themselves. It provided an opportunity they wouldn't normally get to be part of 'a live theatre production'. I recall one of the cast saying 'nobody would ever believe I could do this'. (Helen)*

What Helen observed was a deep connection to sense of self and being. Unleashing an unknown aspiration or affinity with the arts in general and joining this to their individual experiences of performing. Helen went on to say: *“They loved coming and being part of it. It was very much part of their lives and ours”*. Here we sense the joy

experienced by staff and those living with a mental illness in sharing this time and engaging together.

In summarising the range of connections participants experienced, there is a sense of belonging, of being valued and making friendships which was a unique experience for each participant and yet of importance. There was an absence of any power and control imbalances between people living with a mental illness and staff involved. The same set of rules and expectations applied to everyone and meant that the environment was consistently positive. The actual theatre processes and theatre space supported participants to connect with their characters and develop personally. Participants also linked performing to their sense of identity about their creativity and the arts.

## **Summary**

There was a strong sense that participants needed to overcome a range of stressors and be coached in appropriate skills in order to be ready and able to engage in many of the occupations involved in theatre. Some of the stressors included: arriving on time, auditioning, being around people, learning lines, experiencing stage fright, moving on and off stage, and getting into costumes and role. It was also highlighted that cast and crew had mental health challenges that included anxiety, hearing voices and paranoia. Participants were able to talk about these challenges and overcame them with positive outcomes and were supported to learn the theatre skills they needed to play their role. Stressful situations provided opportunities for them to show their strengths, and personal attributes emerged, such as self-determination, dedication and confidence. In working towards a performance on the stage, participants learnt how to overcome many challenges and to experience being in the moment which was powerful, as they were in control of themselves when they took on another role. Participants strengthened

connectedness with themselves, others, and the environment as a whole. It was repeatedly expressed how this brought joy and good memories.

In particular, time and temporal aspects of the theatre processes necessary to work towards a performance were acknowledged. Getting ready to perform on the stage took time and participants had to organise their own time and work in with the time frames of the project, developing a sense of mastery and achievement in themselves around time and self. This was certainly noticed by their peers and staff.

In 'Taking the stage' and performing, participants built up their experiences and continually interacted with the first theme 'Setting the stage'. Participants learnt through being and performing another role, in overcoming challenges, learning skills and developing the ability to problem solve through performance. So what could this mean for them now? The following chapter introduces the next stage where participants transfer these experiences into their recovery.

## Chapter Six: Moving onto the Next Stage

### Introduction

This chapter reveals the third and final theme ‘Moving onto the next stage’. The name of this theme emerged because of the many transformations participants described and how they attributed these changes to their experience of being involved in the therapeutic theatre project. These transformations occurred during and after the shows, and emerged through participants’ experiences, over time, through consistent interactions with the *occupational form* of theatre, rehearsals and performances, as well as times at home during the project.

‘Moving onto the next stage’ has two subthemes. The first, ‘blossoming,’ is about personal growth. The second is ‘different ways of being,’ in which participants described transformations that have occurred after the show and healing processes that have supported their mental health and wellbeing.

In uncovering this section of the findings I refer back to figure 2 on page 61 and draw attention to the fact that this theme is the top step which leads onto a stage. This stage could be another theatre performance, a new opportunity, or a more positive way of experiencing the world. A lot of processes at the theatre have already taken place for participants to be enabled to move onto the next stage, which is denoted by inner and outward change at a very personal level.

### ***Developing personal strengths: Blossoming***

‘Blossoming’ was an outcome described by participants who faced personal challenges of being and doing at the theatre and in spite of these, went on and achieved. It was about participants recognising and using their inner strengths and the personal development they experienced and what this has enabled them to do. There was a strong sense of empowerment as participants shared their stories. People who live with



mental illness are often marginalised and have limited or no opportunities to develop personal strengths through participation in creative occupations, such as live theatre.

John and Matiu articulated how they both embraced the opportunity to challenge themselves by going out of their comfort zone.

*I had never been on stage before, so acting was a big part for me to take on...As I basically had no courage. Little by little it changed me and I got my confidence back. I changed with each production. At the last auditions I had courage. I have gained a lot of new skills and am happy with myself. I'm not afraid to go on stage anymore and I have good memories. (John)*

*The whole experience has meant that I go to a drama group now and I have got a lot of confidence in remembering and doing things. I wouldn't have been able to do that before. My tutor wants me to perform at the main stage. (Matiu)*

Both John and Matiu achieved and overcame their fears. John acknowledged a restorative process that occurred over time which gave him back his confidence. He developed inner personal strength and courage which he felt he did not have previously in order to act on stage. This illustrates the transformative process of someone with no acting experience going on stage, taking on a role and learning the skills and now being able to articulate that they have courage and enjoyed the process of taking part. John and Matiu had taken on other roles in previous pantomimes, which included back stage crew and non-speaking parts in the chorus and this had lead them to develop new skills and self-worth to audition for speaking parts. Matiu also strengthened his ability to remember details and developed a sustainable interest in drama. John noticed other ways he developed.

*I learnt to get on with other people when we had to partner up and go over our lines. I can open up to other people now. I was afraid people might take advantage of me if I opened up. But they didn't and now I'm not afraid to talk to other people. You know... about their problems and what sort of things they want to happen.*

Here there is an overwhelming sense that the press of being in the theatre created a safe space for John to learn. John described that in the past he was fearful of being himself in front of others and they would not respect him. The theatre process of being directed to pair up to learn lines and be with other people, was one of the turning points for John. This allowed him to trust himself to be with others and he was able to connect at a deeper level with others outside of the theatre space. His relationships are richer and he is able to be more present in his way of experiencing the world.

Patricia has also been able to blossom through creating positive memories from the roles she played, which enabled her to dance, dress up and put on make-up.

*I am proud of myself and would love my family to actually have seen this because they would look at me with a different mind-set. It's like I have actually achieved. I accept myself more and I know that I am alright with people. We are all the same and I'm not ashamed anymore. To me it has been a blessing. It's enriched my life.*  
(Patricia)

This description demonstrates the strength, self-worth and connection Patricia made with herself through her accomplishment and feeling valued. She now sees herself as a person who can achieve with the confidence to trust herself to be with others. This is a huge personal transformation that has the potential to allow Patricia to extend and develop personally with others. Patricia would have liked to have performed in front of her family, which perhaps reflects that often the wider community and families of people who live with mental illness, do not see them as not being able to achieve or perform every day activities. There is a sense that Patricia was ashamed of how she saw herself before experiencing therapeutic theatre and has now reconnected with a positive image and way of being. There was an awakening of her spirit and belief that she had skills, as she went on to say:

*It was like the people out in the world wouldn't know that everyone has this natural hidden talent and these shows actually brought it*

*out...I achieved confidence. It's a big confidence builder to be able to perform in front of a crowd. It made me feel good inside that I had done all the lines and that the final product was awesome.*

Her words portray hope and belief in herself and all the cast and crew. A healing had taken place as Patricia is now confident to be seen in the outside world and her spirit has been uplifted: *"Now I can actually go out by myself and get on a bus with anyone. I have courage"*.

Moana, a staff participant, shared similar observations:

*One lady I was involved with quite intensively who was very complex and had a very severe illness. She surpassed everyone's expectations of what she was able to do. She looked forward to it every year and planned it and thought about her costume and what parts she wanted. I believe the pantomime was a key factor in keeping her as well as she was. It added joy and happiness to her life. Family started to come to the last few performances and it must have been such a happy and positive memory for them to remember their loved one achieving and getting clapped as a winner and achiever.*

Moana also experienced a personal development in her own confidence and skills as she reported:

*Now I've seen the bigger picture. I get it, because I have seen it with my own eyes how the role of this experience has added value and quality in all our lives. My overall experiences have been just incredibly enlightening, positive and challenging. It has opened my eyes to the use of drama and art and performance therapeutically with people with mental health problems. I understand why people do drama therapy. Being involved in this project strengthened my way of being. I got a lot more confidence in my own ability and also in the clients to actually do this and stick to it. It surprised and amazed me.*

Previously in this study, Moana shared her scepticism and wondered if people would even turn up to take part. Her attitude towards therapeutic theatre became one of respect and of being a valuable tool to use with people experiencing mental illness.

Although they did not have a leading role, the members of the chorus gave it their best and also blossomed, as Matiu observed:

*The chorus had a lot to offer. Initially I think they were quite horrified even fronting up and scared to go on stage. They got better as time went on and projected themselves well. They were actually looking up and weren't muttering and talking down, they were actually putting their heads up and talking. ...A lot of people improved, just the way they responded to getting involved in something and expressing themselves.*

Matiu observed how the chorus and other crew members overcame their initial fears and developed a sense of themselves in space and with coaching became confident to use their voice and to be heard. The cast and crew involved took the opportunity to express themselves and Matiu's account suggests that this is difficult for people who live with mental illness and yet in the pantomime they achieved this. He was also able to reflect on this at a personal level.

*For me the connection of wellbeing and art is that arts are an enlightening common denominator for everyone in the world. They work wonders for me. It has given me the opportunity to get out there and express myself. A way and means of coping with situations and accepting things better. I have benefited to a large degree. (Matiu)*

Matiu has strengthened his spirit in reconnecting with humanity through the arts. He described an uplifting experience where self-expression brought empowerment and very strong positive emotions. The way he experiences the world has now changed and he feels better equipped to manage in everyday life.

Milly also reflected on the transformation she experienced through participating in theatre. She opens up and shares how taking part in the pantomime touched her spirit and inspired her life:

*It helped me to find the wonderful quality of joy and happiness that I have today. It made me feel really good doing something for the community. To see that I have got qualities and can interact with people and that I do have some talent. That it was ok to just be myself. My self-esteem was built up each time I was practicing my character as a general persona in life and in the play. What helped build that self-esteem was seeing others involved and how interested they were. This helped me to be more interested and not to worry. It had an impact watching myself and others develop social skills,*

*communication skills, self-esteem and caring. To consider how to communicate with different people. I learnt good values like to trust and believe in myself, motivation and seeing the good end result. It has influenced me to be more active and helped me to finish my degree. Actually doing something good in time, so that we are not doing things like drugs and alcohol and going out on the streets and getting bored. (Milly)*

Milly had been unsure being around people, thinking that she was not good enough. However, through acting and taking on a character, she became more grounded and happy in herself. She was able to move around people and speak to them on stage and then with consistent effort, was able to generalise this communication off stage and out of the theatre with others. She reinforced the positive emotions from being in this project and this included her connection with her community and peers, a sense of giving and doing good, increased confidence, and an improved sense of self.

The following descriptions from staff participants further illustrate this blossoming in their observations of the less vocal participants.

*Initially he didn't want any make-up because he was quite shy and laid back. He would sit on his own. The first time I just put a little colour on his cheeks and explained that when he is on stage it highlights his face. By the time the actual show was over he was the first in line to get make-up on and having a full make-up on. The make-up helped their confidence in the role they were playing. The boys loved the real colours, the reds, blues and whites. (Shona)*

Shona described a self-conscious male performer who was able to overcome his fear and developed confidence in being around others and eventually enjoyed having make-up applied. In a similar vein, Helen recalls her observations of an individual who took on a smaller role:

*A favourite memory is one character and the image of him taking his bows at the end of shows. At first this guy was very withdrawn and shy. Seeing him come out of himself and the confidence he built moved me. He was really proud of himself. He kept going out and coming back because he wanted to take another bow. (Helen)*

Helen's observations of this cast member illustrates the positive experience of being acknowledged and validated at the end of the show. In these last two examples participants gained a sense of self-identity and their attitude changed from not wanting to be seen by others, to enjoying being included and visible.

Other ways that cast and crew were motivated to develop personally was in managing their time and ability to adapt their daily routines:

*People had to take responsibility in turning up. There were lots and lots of practices. Not everyone had been exposed to a work environment and there were night performances. So it was working outside a time when they might normally be in bed. So it was the stickability and sustainability people had. (Moana)*

Moana suggested that participants were required to be aware of their own time management in making sure they got to practices on time and that they developed loyalty and determination. This time management extended to daily routines: *"It helped them manage getting up in the morning to do something"* (Tom).

This suggests that prior to being involved in the pantomime, cast and crew had limited motivation and opportunities to choose or change their daily routine. This motivation and opportunity meant that cast and crew were reliable and committed to the theatre project. These were traits that many were not used to experiencing, or have others see in them. Despite all of the challenges that they faced, as reported in the second theme Taking the stage, they now had the inner strength and were empowered to engage until the project ended. Often people who live with significant mental health issues such as schizophrenia have difficulty completing tasks, but this was not the case in this project. People's sense of commitment blossomed as they developed skills and experienced being recognised and valued while having fun. Shona's observation of this commitment is a good example:

*Their dedication to the part they were acting was incredible. They really got involved. They put in more than one hundred percent.... Their happiness in doing the role they were doing was so sincere and I felt quite humbled each time I saw a show. When they all linked arms at the end they really meant it.*

They exceeded their own expectations of themselves, to an extent that was clearly visible to and remarked on by others:

*It has changed a lot of people's lives and given them the opportunity to be part of these pantomimes and invite their families. When you see it come together it's just so amazing. It was just so brilliant. They went out and did something that they thought they could never do. It built confidence in knowing they were worthy and capable of taking on a role be it small or huge. (Helen)*

Helen noticed how the self-development in each person grew and how they blossomed as part of performing a role. This sense of internal growth is also reflected: *"They came to know they had a gift and that's something they could hold onto in the bad times as well as the good times"* (Tom).

The participants provided stories of cast and crew who overcame fear, mistrust, lack of confidence and communication challenges to develop a range of personal strengths over time. These included courage, positive memories, self-worth, confidence, self-responsibility, an ability to reach their goals, the capacity to manage effective relationships, learning new skills, self-expression, determination, development of routine, and teamwork. These personal developments supported participants being more empowered in the way they saw themselves and increased the quality of how they interacted with the world around them. This different way of being is analysed in the following subtheme, as participants reflect on the impact of participation in the project in relation to their mental wellbeing and the transformations that emerged.

### ***Healing and mental wellbeing: Different ways of being***

This section looks at the healing that took place within participants' individual and collective experiences, particularly in relation to their mental health issues. For example Ben described a shift in his sense of paranoia:

*A major challenge was being out on stage, you know, hoping that you don't screw up. The negative was those people looking at me while I was on stage. I was wondering what they were talking about. When paranoia sets in you don't know what people are thinking. This paranoia was present at the beginning, but after the show it went out the window. Cause when people are cheering for me and are happy and clapping I know I have done a good job. It has given me more encouragement to pursue my own talents. To work towards my goals and ambitions and dreams. Yea it's been positive. It made me realise I can accomplish anything. That it's good for my health. (Ben)*

While performing, Ben appeared to become grounded, and managed his paranoia. This altered how he saw and experienced the world and was able to articulate this in the interview. The *occupational form* of therapeutic theatre allowed Ben to engage in the moment, to perform, and this experience worked at both a physiological and psychological level, allowing him to experience moments of wellbeing. The positive emotions he experienced gave him a strong sense of identity and empowerment that effectively shifted his physiological system from constant fight-or-flight to a composed state where Ben was able to connect with himself and the audience.

Another example of a shift in mental wellbeing was provided by a staff participant:

*One of the men I worked with was very house bound, in fact room bound. So to be involved in something which is so public was a huge leap. Initially he had his headphones' on quite a lot. However he took them off and started to find his way in the thing. This same guy came back and did three pantomimes. Each year I noticed a growth in his confidence which rolled out into other things and he joined other groups. The key-workers commented on how wonderfully this guy had done. Was it the medication? I don't think so because the medication hadn't changed. It was the change in experience. The pantomime was the start. (Moana)*



What Moana described is how the environment at the theatre allowed someone who did not usually leave his home to be gradually exposed to social situations that lead him to being part of his community.

Hine experiences distressing symptoms of hearing voices in her head that make engaging in normal activities very challenging. Yet she was at the theatre, taking a part on stage:

*You know I hear voices in my head quite a lot and then when I get on stage they disappear cause I am in a different character. This is good for me 'cause, like I said, I don't feel sick with my mental illness. Because when I'm playing a part that character doesn't have mental health issues. Just getting out of my being and going into a different character I forget all my problems. I can for once be normal and forget about all the struggles and stuff.*

Hine described being totally engaged while acting her character, and like Ben, was able to be in the moment. Through characterisation she connected deeply with herself.

Through this experience she learnt another way of being and her voices went. She had a rest from her stressful voices and developed hope for the future. She was empowered and felt good. What was highlighted was that being in the moment gave her positive emotions that allowed her to take some control over what her body and mind experienced.

Patricia provides an example of how participation in theatre helped her manage her anxiety:

*It's eased my anxiety. Actually being with people was totally different in the pantomime. I sort of straightened myself out. I knew that no-one here was going to say horrible things about me. Now just knowing I have skills has helped me feel valuable and not afraid. To me it was brilliant. (Patricia)*

Patricia has gained a sense of identity and value and no longer has a fear of rejection. Having being involved in all five pantomimes, she has learnt new ways of reacting to stress and challenging situations and she has gained some control over her anxiety.

Staff participants also noticed the reduction of anxiety in the performers. For example, Tom recalled: *“In one audition I saw a young man arrive and he was quite nervous. He developed amazingly and sang a duet. He rose to the occasion and got into character”*. Similarly, Moana shared how she observed participants learning how to manage their anxiety.

*Being involved in theatre teaches people to manage their anxiety. The anxiety they felt was not matched with any real danger. So it was a positive thing where the people were able to push through the anxiety and do the thing they needed to do and they got clapped and then it all worked out. Over the performances I saw that feeling of anxiety was still there but with each performance the person had that past experience of strong feelings, of getting through it, and feeling successful. I don't know that there are many situations you can put people in, like theatre that you know are really safe. So it's a kind of restorative kind of thing.*

The power of theatre to address anxiety in a natural non-threatening, fun way was highlighted in Moana's account. Stress is one of the principal triggers that makes people unwell and increases their mental health symptoms and theatre creates the potentially highly stressful situation of performing in front of others. However, as the participant accounts show, theatre also provides the resources and support to manage this stress. Milly shares her experience of engaging in the theatre project which reflects a transformation in her mental health.

*On a daily basis I go through emotions that cause stress and now I can communicate. I don't back off or run away. I talk to the person and tell them what I am feeling and what is on my mind. I am now a lot more open and more polite and friendly...It's helped me to connect more with people with a mental illness because now I play a role as a facilitator that teaches peer support...It was wonderful to be involved because it helped my health. Especially mentally, I feel it has helped me in my recovery.*

Milly's description replicated what the other participants shared; that she had transformed the way she experienced the world. She is now able to trust herself to communicate with others in an appropriate way. The theatre project allowed her the space, time and opportunity to deal with her daily deregulation of emotions. She gained a sense of hope and connection with others and her future.

The empowerment that cast and crew developed through managing their stress and engaging in the theatre project was again reflected in another staff perspective:

*It takes their mind off issues and I got to see them more relaxed and making friends. It took them away from themselves and not thinking I can't do this because I am mentally unwell. By the end of the panto season they were much more confident in themselves and managing their mental health. (Shona)*

Shona's observations demonstrate how empowering the experience of being in the pantomime was. Cast and crew had to ensure that they stayed well enough to participate. This meant they had to manage their daily routines effectively, sleep, medication, and mental health issues. In achieving this they became more confident and were able to experience meaningful engagement. This empowering experience was again reflected in examples of the restorative process that it also provided:

*This lady had lots of challenges both physical and with mental health and actually seeing her wanting to be part of this community project was quite amazing. I noticed a lot of her acting out behaviours were reduced. I was also surprised at how she was able to focus and be directed, you know take instruction. (Tom)*

*You know that was a big thing to get those boys involved when they are hearing voices. It's just so hard for them and yet they were really able to focus.....one or two of the guys involved had quite high risk and I was always very wary of their behaviour. However the shows went without a hitch and the thing is we have to be mindful that we don't see them as high risk forever.....that just made me cry when I thought of Miss X and some of the clients and just the amazing transformations that took place. (Helen)*

This theme uncovered how participants were able to articulate ways in which being involved in the pantomime facilitated their healing and promoted wellbeing. The self-awareness of participants increased as they became grounded and connected to themselves through the pantomime and were able to function better outside of the pantomime environment. They identified stress, paranoia, anxiety, emotional deregulation, and hearing voices as some of the mental illness symptoms that they lived with daily. They also identified how being participants at the theatre empowered them to address their mental health symptoms. These included becoming grounded, a sense of achievement, being connected with one's self and humanity, hope, joy and happiness, being in flow, managing daily routines, going through what they perceived as challenging situations at the theatre and expressing themselves.

Several participants discussed the impact this had beyond the therapeutic theatre environment. For example Matiu joined a community drama group and is more content with who he is. Milly was able to complete her studies and manage how she interacted with others around her. John can now connect with others and talk to them about meaningful topics. Hine developed confidence to be happy to be herself. Patricia was able to catch a bus and be around other people. Ben was able to make plans and work towards his goals. Staff changed their attitudes to one of believing that people who live with a mental illness can take part in theatre and do it well.

## **Summary**

Chapter Six presented positive transformations that were realised by participants in the study along with observations of some of the staff involved. Although participation was a unique experience for each individual, a common cycle of transformation occurred.

The findings showed how engagement and being in a role within the therapeutic theatre allowed participants to blossom personally and experience another way of being, that

increased their mental wellbeing. Healing of mental health symptoms occurred. Going on stage and taking on an acting role was grounding for participants and allowed them to experience flow. They had to learn the skills necessary to be able to do this as part of the theatrical process. Participants also made a range of connections through performance. Relationships with the theatre, family, friends and other participants became more meaningful as they were reinforced each time participants went to or thought of the theatre project.

Participants kept going even when they were stressed, experiencing voices, paranoia, anxiety, emotional deregulation and they all successfully fulfilled their roles. This in turn had a positive effect on how they engaged in relationships and other occupations outside of theatre.

## **Chapter Seven: Discussing the Next Stage**

### **Introduction**

This research sought to discover how taking part in an adult mental health theatre project related to health and wellbeing, to inform the use of therapeutic theatre for people who live with mental illness. The study used a qualitative descriptive design and the questions arose out of my experiences working as an occupational therapist, who had observed first-hand changes within this population of people who participated in the theatre projects. I also found a gap in the literature relating to an occupational perspective of therapeutic theatre within mental health, which could support therapeutic theatre as an intervention in relation to recovery and wellbeing.

This final chapter outlines the core findings in relation to the literature and theory. Implications of this new knowledge are discussed, strengths and limitations are acknowledged and recommendations for practice and future research are made followed by a conclusion.

### **Core findings: Transformative processes**

In answer to the research questions core findings are presented from the perspective of the participants' who live with mental illness.

- Participants reported experiencing a reduction of their mental health symptoms, and this was observable to participants who were staff. Engaging in the theatre enabled participants to experience a less stressed way of being and to be more present in their communities and do more everyday activities.
- Participants perceived a transformation in their way of experiencing the world. The findings suggested they did this through being able to create a new self-

identity and began to see themselves as people with a future who had skills. A strong focus on role identity emerged.

- The experience of fun and enjoyment within the theatre created motivation and self-belief which enhanced learning. Participants could be themselves and express themselves freely in their role and in the theatre space.
- Involvement in the project gave participants a sense of purpose and meaning as part of their routine over a three month period and for others over a time span of up to five years. They felt appreciated and valued and reported connections between families and other supports were strengthened.
- Participants had opportunities to overcome challenges that the *occupational form* of theatre presented and experienced a sense of achievement.
- Findings identified specific aspects of the *occupational form* of theatre that were part of enabling this transformation. These included having a safe therapeutic space and approach for initiating and maintaining engagement and the process of taking on a role. Participants had to take on a different role, and developed skills that were part of facilitating these transformations. These included voice production, characterisation, learning lines, pre-scripted dialogue, and going on stage.
- Being in the actual theatre space and having opportunities to use make-up and dress up were important in facilitating the experience of another way of being through getting into the character.

### **Alignment with existing literature**

The findings from this study support the anecdotal and evidence-based literature that presented theatre as a socialising agent that developed skills and provided opportunities for people who live with mental illness to experience other ways of being (Emunah, 1997; Emunah & Johnson, 1983; Gordon et al., 2009; Harrington, 1923; Johnson &

Munich, 1975; Levy, 2001; Michalak et al., 2014; Noble, 1933; Phillips, 1996; Price, 1935; Thompson & Blair, 1998). The study has also added further evidence to literature that focused on the benefits of using theatre to connect people who live with mental illness with their whanau and communities, by working on shared projects (Faigin & Stein, 2010; Gage, 2007; Hennessy, 2006; Javaherian-Dysinger & Freire, 2010; Michalak, et al., 2014; Twardzicki, 2008). The study findings aligned with other literature in relation to the importance of skill development (Petridou et al., 2005) and developing self-identity where the motivational elements were a pivot point for seeing themselves differently (Yeager, 2006). In particular Yeager (2006) has identified that some of the same occupations as this study that enabled change in her study and were significant in contributing to wellbeing in this study. Yeager has used a different framework, population and language to describe her findings. However they are significant in that similar themes have been identified in such diverse populations. Findings also support the idea presented in the literature that the *occupational form* of theatre has the potential to transform people (Horghagen, 2011; Horghagen & Josephsson, 2010; Yuen, et al., 2011), with participants sharing their experience of getting into roles and experiencing other ways of being within and outside of the theatre project.

Some of the findings only partially aligned with previous studies. For example, Rowe (2004) suggested that change happened in the moment. However this was not consistent with the findings in this study which suggested that changes and transformations sometimes occurred in the moment, but were more commonly reported as occurring over time in attending rehearsals and outside of the project. Change occurring in the moment as suggested by Rowe (2004) was experienced when participants were in a role and had to control everything about themselves to be fully present. In addition to these transformational moments, the findings of the present



study suggested that it was through graded consistent habitual repetition that more outwardly observable and sustained transformations occurred. This suggests that perhaps this change that happens in the moment is part of facilitating longer transformations in time.

Further insights generated by this study are of theatre and the arts as symbolic rituals which go back to the beginnings of the occupational therapy profession. Theatre is filled with symbolic meaning and gave form to an annual event in the participants' lives. The Pantomime was an opportunity to gather, perform, and celebrate, when many people who live with mental illness have little opportunity to be involved in such events. Rozario (1994) described a 20<sup>th</sup> century neurosis that; "Has resulted in individuals and societies having ritual boredom, with a lack of congruence with modern ritual in a changing world" (p.48). He informed us that rituals are mythological activities filled with symbolic expression. Theatre created an opportunity to address this symbolic expression in a purposeful way.

Hocking (2009) asserts that we need to understand the meaning of occupation and its temporal structure, purpose and context, as well as working towards understanding individuals' subjective experiences and their occupational performance. This is what this study has begun to do, in that it has gained a subjective view. It has opened opportunities for those cast and crew who took part.

### ***Recovery***

Recovery was presented in this study as a process that was embedded in the policies of the New Zealand mental health workforce. This was a point of difference in all the other literature around theatre as no other identified research explicitly included a recovery approach. It was no surprise that in relation to the literature on recovery (Curtis, et al., 2002; Leamy, et al., 2012; Van Lith, Schofield & Fenner, 2013), the

findings aligned in the way that participants experienced an increase in their self-identity as a person, a sense of achievement and felt they were empowered with an increase in meaning, purpose, and direction.

### ***Wellbeing and PERMA***

PERMA is an acronym that stands for: Positive emotions, engagement, relationships, meaning, and achievement. This framework is based on a model used by Seligman (2013) that measures these aspects as integral components of individual wellbeing.

This model has been useful in making connections between the participants' experiences and the impact on wellbeing. Through aligning findings with the PERMA model I make the claim that while participating in the therapeutic theatre project, the wellbeing of all participants increased, as briefly outlined below.

**Positive emotions:** All participants involved in the theatre project reported experiencing positive emotions. This was evident in the findings. When I talked to people they were all happy and shared their experiences of fun and enjoyment within the theatre. The thought of having participated in the theatre created positive emotions which were observed when being interviewed. When people entered the theatre many of them described a more connected, accepted, relaxed way of being.

**Engagement:** There were multiple examples of increased engagement in the findings. Participants were able to engage because of the *occupational form* described in the findings in the first theme, Setting the stage.

**Relationships:** Social connections were built, strengthened and family/whanau reunited. Participants shared how they were given the skills to have a voice in the theatre project and these skills transferred into life outside of the theatre.

**Meaning:** Participants voiced how being part of the pantomime production gave their day meaning through providing structure and opportunities for skill acquisition. Their perception was that they became of value through taking on a role and having the opportunity to not be in the role of a sick person.

**Achievement:** Everyone achieved through fulfilling roles in the theatre productions. There was not one person who did not develop to some extent; including the staff. The natural *occupational form* of theatre addressed mental health symptoms that enabled people to achieve without needing to go into a therapy session to discuss problems and issues. That is, the experience of theatre itself helped people. Their achievement meant that they took part in a process where they learned theatre skills. Some specific parts of the *occupational form* emerged as more enabling than others and included coaching for voice production, learning of lines, being in the moment, and going through what they perceived as challenging processes that were part of the natural *occupational form* of theatre. They experienced themselves differently; they moved, their breathing capacity increased, they learnt about lighting and make-up, they took on different roles, and they dressed up.

### ***Social justice***

What was less clear from the findings of the present study were direct links from participants' experiences to the aspects of social justice. Horghagen (2011), and Horghagen and Josephsson (2010) in their studies with asylum seekers and homeless populations used theatre where participants told their own story. This enabled specific areas of social justice for these populations to be uncovered. Horghagen (2011) and Horghagen and Josephsson (2010) used different research methodologies and methods than this study and this would have influenced the focus of outcomes that were reported. However the staff perspectives in the present study gave some valuable insights into their amazement that this marginalised population of people engaged and succeeded in

the project. The fact that this project enabled participation in theatre and provided an opportunity for this population was supported by Eames (2003) whose ideas suggest that access to the arts is a right, and that healthy communities are inclusive communities. For people in New Zealand who live with mental illness, theatre is not easily assessable.

In healthy societies, people from different cultures work together, take risks and listen to each other, but they also grow and move. Tolerance of cultural diversity alone can be a key to social, economic, and environmental wellbeing (Eames, 2003). The findings from this research demonstrate that providing the opportunity for this marginalised population to participate in therapeutic theatre has been restorative and beneficial in developing health and wellbeing. They were able to build a bridge to their own community, family and friends through the increased self-worth and confidence that the theatre project provided.

Kuo (2014), Reid (2008), Townsend (1997) and Wicks (2005) talked about enabling occupation through occupational potential as a source for transformations and creating experiences that matter. Findings in this research support these ideas and suggest that theatre is a powerful occupation that has the potential to transform lives. Francis-Connolly and Shaw (2012), Gjaerum, et al., (2014), Reid (2008), Rudman (2011), Townsend (2012), and Wicks (2005) take a political and judicial stance in their publications which did not emerge in the findings. However the findings in this study are a point of reference to advocate for this specific population at a political level.

### ***Occupational form***

This current study supports the literature in relation to *occupational form*. Nelson (1987) described the relationship between *occupational form* and occupational performance as both being dynamic and influential when creating purpose and meaning

for individuals. The analysis within this study has highlighted the aspects of the form and function of theatre that appear to have contributed to participants' wellbeing. One example is the process of learning the script with other people. One participant who had social interaction issues had a pre-scripted dialogue, meaning he did not have to think about what he was going to say. This is a perfect opportunity for someone who is socially anxious, as it frees the individual to concentrate on how to express the words, rather than thinking about what to say. In the controlled and supportive context of therapeutic theatre, the person knows what he or she is supposed to be doing and the flow of dialogue is held together in a pattern by the script.

The form of therapeutic theatre naturally addressed many of the symptoms that people who live with mental illness experience and increased participants' wellbeing. Findings reveal that theatre engagement had a positive influence on the following symptoms: behaviour and appearance which gives a general description of how the person looks and presents. Participants had good hygiene and were groomed appropriately. Affect and mood: examples were given of anxiety diminishing, fear and paranoia reduced and in some cases resolved, voices disappearing, speech becoming coherent and audible and people feeling happy. The participants were orientated to time and place, socialised well, made friends, were organised and the list goes on. Focusing at a substrate level was the production and projection of participants' voices. They were coached in breathing and exercises of articulation where part of speech, that is the hard and soft palates, lips, tongue and diaphragm were developed and strengthened, enabling their voices to be stronger and heard on stage.

The study also builds on Riley's (2011) contribution to understanding the *occupational form* of textile-making, which highlighted how creativity and innovation had been shaped through understanding this occupation in its historical and sociocultural context. The theatre project expands on these understandings using another creative and

innovative occupation in linking specific aspects of the form, function, and substrates to the participants' experience of wellbeing.

### ***Creativity***

Creative occupations refer to the things people do that involve using imagination and creative skills (Griffiths & Corr, 2007). This research suggests that creative occupations enhance optimal wellbeing. When therapeutic theatre was viewed as a creative occupation, as in this study, its potential as a means of creating the self, creating opportunity, creating a life or a different future, became apparent. Similarly, creative expression has been described as being necessary for humans to survive and flourish in isolated and unfriendly environments (Denshire, 1996). As Reynolds (2004) emphasised, when people are working creatively, they are not thinking about their physical or mental hurts. In the literature Creek (2008) presented a creative process that was aligned with theatre processes. The findings demonstrated that participants experienced some of these creative processes that Creek (2008) described, refer to Table 2 on page 32. This study makes the claim that therapeutic theatre is an occupation that facilitates this creative process. It builds on the claims made by Perruzza and Kinsella (2010) who suggested creative arts' occupations are of value to health and wellbeing. Creek (2008) also provided occupational therapists with a creative process which can be used a framework for therapeutic theatre.

### **Implications for practice**

This study provides occupational therapists with evidence-based findings which they can articulate as a basis for therapeutic theatre interventions and community projects. Theatre promotes wellbeing within this mental health population. For me, as an occupational therapist using theatre as a therapy, the findings affirm the anecdotal claims made about the many positives theatre enables, and builds on the current

research. It also gives me a stronger basis from which to apply for future funding to support theatre initiatives and suitable language to encourage other professions and health workers to support theatre projects and advocate for arts and health.

For other occupational therapists, the findings will have different meanings. However the findings present a window of opportunity to interested therapists working in mental health to use theatre as part of their interventions and seek out the missing skills from the community or to do further study to gain the necessary skills to run similar projects.

Perhaps the most significant discovery is that within this therapeutic theatre model are aspects of the form of therapeutic theatre that occupational therapists have the skills to manipulate for therapeutic gain. Occupational therapists have the skills to enable roles that are meaningful to the person and the *occupational form* used to ensure achievement occurs. They can analyse occupation and match it to “the just right challenge” and then adapt, adjust and break the occupation into steps to create a positive meaningful experience. The notion of adapting the *occupational form*, has not been described in relation to theatre before. The findings of this study support the notion that suitably qualified people, including occupational therapists, should be supported to run therapeutic theatre to ensure that it is utilised as a mechanism for mental health recovery and wellbeing. Findings suggest that therapeutic theatre is a particularly good match for people who live with mental illness. Difficulties that people who live with mental illness commonly experience include issues of volition, cognition, social interaction, perception and sensory performance issues. The *occupational form* of theatre is ideal for addressing many of these types of difficulties.

### **Implications for research**

Collectively the findings bring to light a range of characteristics of therapeutic theatre that appear to have enabled individuals to make transformations. Through researching

the engagement of this client group in a creative occupation, new perspectives were brought to light compared to previous studies that did not focus on the participants' voices. This knowledge is useful in understanding and building on the work of Horghagen (2011) and Horghagen and Josephsson (2010). It is recommended that future research be undertaken to further elaborate the *occupational form* of theatre for the benefit of other occupational therapists wishing to use it as a therapeutic medium. For example, prospective studies could elucidate how temporal aspects of the theatre project assisted in developing wellbeing and recovery, including the way rehearsals were set up, show times, and how people perceive themselves changing from past, to present and to the future. Additionally, the *occupational form* of other creative occupations could be explored with a view to expanding understandings about specific occupational forms in relation to creativity and wellbeing. Exploring how change and transformations that often need individual therapy can be addressed through theatre as a collective and individuals' taking on new roles and using performance.

Further studies using a mixed methods design and focusing on the collection of quantitative data, to examine both the costs and benefits of a theatre production, would be useful. Relevant quantitative outcomes might include changes in hospital and respite admissions, levels of medication use and a measure of mental health symptoms and quality of life. The findings of this type of research could be used to advocate for more arts opportunities for mental health service users.

This study revealed that therapeutic theatre does build a bridge between communities and mental health populations and could be a vehicle for reducing stigma and discrimination. Research conducted by Fox and Dickie (2010) explored the processes of theatre participation and identified factors that inhibited and supported participant and community formation in mainstream theatre groups and a comparison of findings in therapeutic and mainstream projects could be useful.



## **Strengths and limitations of the study**

Horsburgh (2003) identified three interrelated criteria as the hallmarks of good qualitative health research. The first criterion is that there should be an interpretation of subjective meaning within the study. This has been demonstrated through the choice of a qualitative descriptive methodology that has meant that the data stayed close to the participants voice. The second criterion is that a description of background information and the overall structures, settings, and frameworks be provided, in order to present a wider context. The depth of literature provided and background of theory in Chapter Two met this. The third criterion is that the lay knowledge, that is, the voice of the participants, is considered equal in value to that of the professionals involved. The voices of people living with mental illness who were participants in this study have held a greater value than staff, as it has been their experience that has primarily been researched. The staff perspective was useful in that it aligned with the accounts from non-professional participants and also captured observations of cast and crew who were not in the study. A point of difference is that nobody has ever explored the occupation of therapeutic theatre to generate insights into how specific outcomes have occurred. They have solely looked at the benefits.

Another point of difference is that this project is a rare example where a longitudinal perspective is captured, as it included people who have come back to the theatre project over a period of five years.

At a more personal level, I have limited understandings of the psychodynamic models taught to drama therapists, which might have enabled me to have mastery in all the areas of therapeutic theatre as described in this paper. However, the intent was to generate knowledge through the lens of occupation.

Another consideration was whether my own assumptions would influence the findings. As outlined in my methodology chapter, steps were put in place to have a presupposition interview, two supervisors and a sound, rigorous process to ensure that the findings truthfully reflected the data. The theatre project included many people who had less of a voice who were unable to be interviewed because of this, but were observed as making their own transformations by the participants interviewed. It would have been great to have captured the experience of these people with less of a voice and this is missing. Finally I cannot help but wonder how the aspects of temporality have affected the flow of this study at a personal level, both positively and negatively, because it has taken me three years to complete this project.

## **Conclusion**

What started out as a simple project to enable people who live with mental illness in the community to access the arts through a live theatre experience, became the focus of this study. The findings reveal that taking part in theatre creates wellbeing; that there are identifiable links between theatre and wellbeing. During the analysis it became clear that there was something about the form and function of therapeutic theatre and the skill acquisition that was coached that underpinned the participants' experience of achievement and feeling good about themselves.

This study reveals that the form of therapeutic theatre, particularly when people with enduring mental illness engage in it, can transform their lives for the better. Let us move onto the next stage and use what has emerged in this study to promote wellbeing in mental health.

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## **Appendix A: Chronological account of how pantomimes were organised**

### **Chronological account of how pantomimes were organised**

Therapeutic theatre originated within the discipline of drama therapy, where a specific model of therapeutic theatre has been described by Snow et al. (2003). Their model aligned with the processes followed in this theatre project. It is outlined here to provide insight into the unique aspects of therapeutic theatre and identify a theoretical base on which this project sits. The present project was also informed by an occupational perspective ingrained within a recovery approach. A comprehensive overview of the processes participants experienced is provided below to provide context for the accounts the participants shared. This overview is given to demonstrate how the therapeutic theatre model was adapted to meet the needs of this specific population of people who lived with mental illness in a New Zealand context.

Initially funding needed to be sourced and a proposed budget was drawn up and presented to a variety of possible funders yearly over the five years when the project ran. Some of these funders included a local arts trust set up for people who live with mental illness, government community funding agencies, CMDHB and non-government community agencies working with people who lived with mental illness.

### **Considerations around the script and casting of roles**

I already had understandings about the importance of story content and casting roles with people who live with mental illness gained from more than five years running therapeutic story telling groups with a range of different mental health populations and ethnicities, both inpatient and in the community. Therapeutic story telling uses myths and legends that are enacted using mime, drama, music and movement. Group members take on different roles and so I was familiar with what roles might best suit people's occupational and emotional capabilities.

The year prior to running the first pantomime I had led a partnership project with a community organisation working with people who live with mental illness. The project used drama to address stigmatisation of the communities' attitudes towards people who lived with a mental illness. This was set up at a local theatre and ten cast members took part, who collaboratively were part of writing and acting out a script that depicted their personal stories of mental illness. I had to close the project down because some of the cast were becoming unwell through acting out the roles. I reflected that this marginalised population might benefit from a more positive fun experience of theatre and so the pantomime emerged as a medium to provide a theatre experience emerged.

It was from these past experiences that Pantomime was chosen in consultation with the co-director who had a background in mainstream theatre, because of its humour, potential to be adapted, "happy ever after" content and the types of characters involved. For example pantomimes have archetypal characters that include a hero, villain, prince, princess, the animus and anima (Boeree, 2006). These characters reflect basic patterns, models or universal themes common to us all which are present in the unconscious.

They exist out of time and space and were brought into people's consciousness through the characters and meanings represented in the pantomime.

I gained permission from playwrights to alter the scripts to make them family friendly and recovery focused. This also included gaining permission to use different songs for the chorus and individuals to sing. Attention to the script also meant that the words were carefully screened to ensure no-one felt threatened or abused in any way. For example, in an original script the two ugly sisters were called Anorexia and Nervosa, which was changed to Bubbles and Babbles. The original names would have been insensitive to both cast and audience as anorexia nervosa is a mental illness and the cast members might have transferred negative feelings and emotions into these characters.

I also drew on my own knowledge around theatre and characterisation from a theatrical perspective and as an occupational therapist focused around role development. According to Kielhofner (2002), when we come to think of and experience ourselves in a role it becomes part of our self-understanding. He described how, to an extent, we see ourselves and judge our actions in terms of our perception of the roles we inhabit. That is, a person's unique perception of their identity is reflected in the various roles they experience (Miller, 1998). That belief draws attention to the possibility that through experiencing new roles, far removed from being a person with a mental illness, cast and crew might develop new perceptions around role identity and the way they enact roles in their everyday life.

For people who see themselves in the role of a sick person living with a mental illness, being in the theatre gave an opportunity to take on a different role of actor, volunteer, lights person, make-up artist, etc. This concept supported my perspective that any role that the person chose to take on had the potential to positively influence their sense of self and that using occupational analysis I could adapt various theatre occupations to suit the person's strengths and skills, thus providing experiences of achievement.

### **Preparation for the auditions and rehearsals**

Confirmation of the availability of the theatre as a venue for rehearsals and performances was the next stage. A plan was made of all the rehearsal times for cast and crew that were needed, initially meeting with both the main characters and chorus at separate times once a week, for four weeks for up to three hours, then all cast and backstage crew meeting together twice a week over a day, for the next five weeks. We then progressed to three practices a week for up to four hours plus during the last three weeks and a whole day dedicated to running through the whole script, with everyone involved. There was extra voice and line coaching for cast who wanted, on, between, and during these last rehearsals.

Character profiles, which were a sentence or two describing the personal and physical traits of specific characters, what they might look like and the clothes they might be wearing were written, up along with a note of the tasks entailed for specific roles was available before at auditions. This was so potential cast could get an idea of the character they might want to audition for. For example the villagers, in Jack and the



Beanstalk, were described as happy go lucky boys who liked to sing and dance, who were always helpful and dressed in bright colours with bare feet. These were non-speaking parts. The giant, in Jack and the Beanstalk was described as a tall large figure with a loud booming voice, who uses big strong movements and has a demanding and bossy attitude. The giant is always grumpy and moaning about being hungry. This is a principal character with a large speaking part.

In preparation for gathering people together I drew from occupational therapy knowledge around group planning and group dynamics (Cole, 1998). This was useful in drawing up the registration contract and guidelines around respectful behaviour, which were discussed during this process. Cole (1998) was helpful in understanding some the roles people took on as part of being in the group, for example the joker, the follower, the leader, the interrupter, the passive participant and how to manage possible problematic behaviours by using their strengths and reinforcing the group guidelines set out. I was also able to identify my own style of leadership as being collaborative and how this was a good match with the recovery approach being used.

Tasks were set up for each role and broken down into appropriate steps that each person engaged in. This was done for the stage crew, caller, lighting crew, costumes, make-up, refreshment, pianist, and sound personnel. For example the role of doing sound involved songs being recorded in the sequence of being performed. Songs were numbered and highlighted in the script as were the chimes needed for the fairy entries and exits in Cinderella and Peter Pan. The sounds person was also responsible for fading the music depending on what was happening on stage.

### **Auditions**

Next the production was promoted within CMDHB mental health services through advertising for interested cast and crew. This was done by hanging fliers in local CMDHB community centres, local mental health inpatient unit, and community agencies that worked with people who ran programmes and provided supported accommodation for people who live with mental illness, the Intensive Community Team ICT and also through the South Auckland Mental Health Occupational Therapist (SAMHOT) network. Word of mouth was also used. Most cast and crew needed support with transport to and fro rehearsals and performances, this was done by support workers, keyworkers and sometimes family. A few people lived close and walked or caught the bus. Some support workers stayed for the first few rehearsals until the cast or crew felt comfortable and in one or two situations they were there for the whole time.

Auditions were organised and structured to make this a safe and positive experience by staggering the time at which people arrived, to avoid too many people being there at once. Tea, coffee, milo, and biscuits were available to provide an opportunity for those waiting to be occupied and to socialise. Before accepting to take a part in the pantomime all members of the cast and crew completed a registration process which involved individually discussing and signing a contract. This acknowledged their commitment to attending all practices and performances, permission to be in photos, and non-tolerance of drugs, alcohol and negative behaviours. Negative behaviours were

explained as no swearing, put downs, no bullying, respecting peoples space and attention to personal hygiene.

Staff involved were also given a copy of the rehearsal schedule and made a commitment to attend if they were to be part of the project, even when they were rostered off on rehearsal days. Everyone was able to audition for the parts they wanted to. It was explained to the group as a whole and reinforced in individual conversations that everyone was valued and if they did not get the part they wanted, they would be offered an alternative role. A person's skill match with the role they auditioned for and suitability of this role was taken into consideration in consultation by the two co-directors, of which I was one.

Theoretical concepts gathered from the Model of Human Occupation around role development that enabled volition, habituation and performance capacity were applied whenever applicable (Kielhofner, 2002). This involved being aware of each person's current roles, daily routines, interests, values and efficacy in relation to theatre, what they found to be enjoyable and satisfying. This information was gathered informally and individually at auditions, when discussing roles they wanted to try out for and possible changes in their daily and weekly routines to allow participation.

Tempo was a significant part in making sense of how processes and people involved in the project had the capacity to organise themselves and be organised by others. For example, the pace and rhythm of production meant that cast and crew had to manage their daily routines in a timely way to get to the rehearsals on time and get ready to play their roles at the right time, at a just right pace that co-ordinated with others. More importantly the tempo was able to be graded and adapted to suit the participants, both collectively and individually.

In understanding the relationship between tempo and temporality, I could make sense of how this influenced the way cast and crew engaged in the theatre experience and worked towards performances. This awareness was also supportive in establishing and being able to maintain a pace and rhythm that was graded and adapted to enable participants to focus, learn and achieve.

An example was one guy who seldom left his bedroom, let alone went out in public due to hearing loud disturbing voices. When he first came to the theatre he wore headphones, nobody hassled him about this, it was sufficient that he had changed his daily rhythm to come out of the house. He took on a role back stage and this meant he needed to be able to do set changes in a timely and accurate way. To take part in the pantomime he needed to be able to follow instruction and be around a lot of different people. Eventually he took off the earphones and was able to focus and keep to the rhythm and time sequences that were needed. His daily pattern changed for the period of the twelve weeks and he was able to form a positive memory of theatre from being in the present and engaging.

## **Rehearsals**

Rehearsals were the next process and as outlined earlier a detailed schedule of time, location, and which cast and crew needed to be at specific rehearsals, was distributed to all those involved. They always opened and closed with a karakia/prayer led by someone from the cast or crew. Starting with a karakia/prayer ensured cultural safety for those involved, and is accepted practice when working in South Auckland in mental health. At these times cast and crew sat around the stage area and also had the opportunity to voice concerns and share ideas. At the first rehearsal each member of the cast and crew was invited to briefly introduce themselves, why they wanted to be involved in the theatre and what they hoped to gain. People responded well to this and it was done as part of the therapeutic process in that individual goals were verbalised and also aligned with the recovery principles, which will be outlined in Chapter Two. The personal statements reinforced participants' choice in taking part in the pantomime.

Warm-ups took place as a group at the beginning of each rehearsal. At the first rehearsal warm-ups were focused on team building to strengthen relationships and group cohesion. This was done through drama based games in which people worked in pairs and small groups. Guidelines were established through group brainstorming and encompassed respect and no put downs. Refreshments were available during the breaks. The warm-ups, the establishment of availability guidelines and having refreshments was to create a nurturing positive environment.

At the first rehearsal a simple reading of the whole script was done in front of the stage. Lots of affirmation was given, no coaching at this stage, consistent with working on using recovery based principles. This was also part of the process of building a sense of self-worth and motivation for participants to be involved in the pantomime (Kielhofner, 2002).

The second rehearsal and subsequent ones kept the same format and extended the use of the environment to the stage and other parts of the theatre. Warm-ups related to specific theatre and voice techniques that needed to be practiced, so as to encourage development of theatre skills as a group. As time went on, additional 1:1 coaching was done when appropriate with the other co-director who was also a voice coach. This was done for example if someone was finding it challenging to learn their lines, get into character, enter or exit the stage, remember where to put props, timing with lighting or sound effects, or lacking confidence.

Initially cast and crew were scheduled to come to rehearsals at different times to avoid people waiting around doing nothing, give the principal actor's time to work on specific scenes on stage, and the chorus to practice their songs and dances without too many people watching. As the final weeks drew near, rehearsals involved more people being at the theatre at the same time. These included stage and lighting crew, chorus, dancers, pianist, band, singers, sounds, costume, make-up, refreshment personnel and a prompt. All issues were dealt with in a positive way, with no-one yelling or getting angry with anyone. This was led by myself and the other co-director, who both mirrored these expected ways of dealing with issues to all cast and crew involved. Both staff and those living with a mental illness needed some prompting and direction to do this at times,

and then were able to lead this process themselves. There was an attitude of “we can do this and let’s have fun” that prevailed. The pianist was in full swing, the choice of songs was positive and the show was destined for performance.

### **Performances**

Performances brought with them lots of anxiety, nervousness and excitement which was acknowledged as part of experiencing theatre and working towards performing to a live audience. The three performances included a final dress rehearsal that close friends, whanau and staff, who could not attend the public performances were invited to, and an evening performance and matinee where whanau, friends, staff and the public were welcome. The audience paid a <sup>4</sup>koha of a gold coin to attend the performances. The two public performances with full houses where up to 100 people or more attended with community, family and friends who applauded loudly and met with cast and crew after performances to shake their hands and acknowledged their performances.

### **Post-performance celebration and evaluation**

Two weeks later a celebration barbeque was held, which was well attended with only one or two people absent. Individual time was given for each person to describe and discuss challenges and positives during the theatre production with a staff member. This process aligns to the therapeutic theatre process as outlined earlier by Snow et al. (2003). It reinforced the fourth stage of the creative process presented further on in this paper by Creek (2008) of verification. It also highlighted many occupational gains cast and crew experienced, which led me to look for evidence based research on which to attach this feedback to support future therapeutic projects. None could be found that matched this client group or used a therapeutic theatre model.

However my occupational perspective gave me a solid framework on which to make sense of and articulate therapeutic theatre to a wide range of audiences. The journey to discover evidence based links between therapeutic theatre and wellbeing continued. Part of this journey included a sense of advocating and enabling access to the arts for people living with mental illness living in the CMDHB catchment.

## Appendix B: Regional Ethics approval



Northern X Regional Ethics Committee  
Private Bag 92522  
Wellesley Street  
Auckland 1141  
Phone: (09) 580 9105  
Fax (09) 580 9001  
Email: northernx\_ethicscommittee@moh.govt.nz

18 June 2012

Ms Jenny Stembridge de Aguilera  
Rd 4  
No 50 Wharf Road  
Pukekohe

Dear Jenny

Re: Ethics ref: **NTX/11/EXP/292** (please quote in all correspondence)  
Study title: Therapeutic theatre in a community mental health project: A qualitative descriptive study. Protocol, 11/11; PIS/Cons V#2, 06/12  
Investigators: Ms Jenny Stembridge de Aguilera (Principal), Prof Clare Hocking (Supervisor)

Thank you for your response received 11 June 2012 with the requested documents and amendments.

The above study has been given ethical approval by the Chairperson of the **Northern X Regional Ethics Committee** under delegated authority.

### Approved Documents

- Protocol [version dated November 2011]
- Information Sheet/Consent Form [version 2, dated January 2012] – please amend date from January on footer to **June 2012** (as given in paragraph 1 of Consent Form).

The following document

- Letter of Maori support from CMDHB dated 03/02/2012
- E-mail from CMDHB Research Office dated 7 February 2012 regarding locality approval.

Ethical approval is valid until 30 December 2013, provided that Annual Progress Reports are submitted (see below).

### Amendments and Protocol Deviations

All significant amendments to this proposal must receive prior approval from the Committee. Significant amendments include (but are not limited to) changes to:

- the researcher responsible for the conduct of the study at a study site
- the addition of an extra study site
- the design or duration of the study
- the method of recruitment

Significant deviations from the approved protocol must be reported to the Committee as soon as possible.

Annual Progress Reports and Final Reports

The first Annual Progress Report for this study is due to the Committee by **18 June 2013**. Please note that progress reports are the responsibility of the researcher and forms can be found on the website, [www.ethicscommittees.health.govt.nz](http://www.ethicscommittees.health.govt.nz). (Website will change after July 2012 to [www.ethics.health.govt.nz](http://www.ethics.health.govt.nz)). Please provide report before due date to ensure ethical approval is continued. A Final Report is also required at the conclusion of the study.

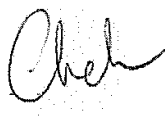
Statement of compliance

The committee is constituted in accordance with its Terms of Reference. It complies with the Operational Standard for Ethics Committees and the principles of international good clinical practice.

The committee is approved by the Health Research Council's Ethics Committee for the purposes of section 25(1)(c) of the Health Research Council Act 1990.

We wish you all the best with your study.

Yours sincerely



Cheh Chua(Ms)  
Administrator  
Northern X Regional Ethics Committee

cc: CMDHB Research Office

## Appendix C: Amendment to recruitment process



Health and Disability Ethics Committees  
1 the Terrace  
PO Box 5013  
Wellington  
0800 4 ETHICS  
hdec@moh.govt.nz

12 September 2012

Ms Jenny Stembridge de Aguilera  
Counties-Manukau DHB  
Rd 4  
No 50 Wharf Road  
Pukekohe

Dear Ms Stembridge de Aguilera

Re: Ethics ref:	<b>NTX/11/EXP/292</b>
Study title:	Therapeutic theatre in a community mental health project: A qualitative descriptive study

I am pleased to advise that this amendment has been approved by the Northern A Health and Disability Ethics Committee. This decision was made through the expedited pathway.

Please don't hesitate to contact the HDEC secretariat for further information. We wish you all the best for your study.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'B J Fergus'.

Dr Brian Fergus  
Chairperson  
Northern A Health and Disability Ethics Committee

Encl: appendix A: documents submitted  
appendix B: statement of compliance and list of members

## Appendix D: Counties Manukau District Health Board Research approval



*A Community Partnership*

Middlemore Hospital  
Private Bag 93311, Otahuhu  
Manukau 1640  
Auckland, New Zealand  
Telephone 64-9-276-0000

CMDHB Research Office  
Ground Floor, Room 56  
Clinical Support Building  
Middlemore Hospital

22-Jun-12

Dear Jennifer Stembridge de Aguilera

Thank you for the information you supplied to the Research Committee regarding your research proposal:

Research Registration Number: 1163

Research Project Title: A descriptive qualitative study of therapeutic theatre in an adult mental health community project

I am pleased to inform you that the Counties Manukau District Health Board Research Committee has approved this research with you as CMDHB investigator.

We wish you well in your project and require an update on how it is progressing. A copy of the progress report that is required by the Ethics Committee is sufficient, and should be submitted to the **Research Officer by 18 Jun 2013**

Please note failure to submit the progress report may result in the withdrawal of ethical approval.

Yours Sincerely,

A handwritten signature in black ink, appearing to read 'Penelope Eadie'.

Penelope Eadie  
Acting Research Officer  
Counties Manukau District Health Board  
DDI: 09 276 0279 Ext: 8279  
MB: 021 470 303  
Email: eadiep@middlemore.co.nz



## Appendix E: Counties Manukau Maaori Research Review Committee

03/02/2012

Ref: Dec\_app\_04

Jennifer Stembridge de Aguilera  
Tiaho Mai, Adult Mental Health Unit,  
Private Bag 93311, Otahuhu Auckland 1640.

[jstembridge@middlemore.co.nz](mailto:jstembridge@middlemore.co.nz)

Teena koe Jennifer

Ngaa mihi rangatira mo ouu whakaaro ki teenei kaupapa rangahau hauora

Re: ***Therapeutic theatre in a community mental health project: A qualitative descriptive study.***

The Counties Manukau Maaori Research Review Committee thank you for the responses to our feedback.

We have appreciated the opportunity to engage with you regarding the relevance of this research for Maaori. The committee is able to approve your research project to be conducted in the auspices of CMDHB.

We wish you every success in your research and the Committee would appreciate a copy of any research publications produced as an outcome of this research.

Kia piki te ora,



**Karla Rika-Heke**  
Chair  
Maaori Research Review Committee  
CMDHB

## Appendix F: Invitation

Date

Dear .....

Thank you for your interest in my study that looks at finding out your experiences of being involved in the annual Christmas Pantomime (Theatre Project).

Along with this letter is an information sheet and consent form. I am very happy to go over this in person or over the phone to answer any questions.

It is important that you understand that it is your choice to join the study. Choosing not to participate will not effect the support you receive from Counties Manukau in any way.

To join in this study you will need to send back the opt in section of this letter within the next two weeks in the stamped addressed envelope provided.

Thankyou for you interest in this study.

Sincerely

Jenny Stembridge de Aguilera

Principal Researcher

Phone: 092704742 extension 2575

.....  
Please contact me to discuss the information I have received and what I need to do to be involved in your study that looks at finding out my experiences of being involved in the annual Christmas Pantomime (Theatre Project.)

Name.....

Signature.....Date.....

## Appendix G: Participant Information Sheet

# Participant Information Sheet



### Project Title

Therapeutic theatre in a community mental health project: A qualitative descriptive study.

### An Invitation

You are invited to take part in a descriptive qualitative study looking at the value of participating in an annual Pantomime. This is part of working towards the Principal Investigators Masters in Occupational Therapy in Health Science. Participation in this study is voluntary and you are able to withdraw at any time without it affecting any of your future health care.

### What is the purpose of this research?

The purpose of this study is to gain understandings of the value of how participation and or supporting a community theatre project that focuses on enabling people who experience mental illness to experience theatre and its link to health and well being.

To also inform clinical practice, mental health services and the wider community services of specific health gains and challenges in relation to the occupation of being involved in the theatre project.

The report of the findings from this research will be written up as the thesis for a Masters Degree. It is hoped that findings from this study will be published in a health journal and presented at conference. Findings will also be disseminated to include Mental Health Services that are specifically inclusive of Māori communities and their families.

### How was I chosen for this invitation?

You were chosen for this study because you have either participated or supported the annual pantomime event over the last five years.

After being contacted by phone and voicing an interest in participating and looking at being involved in the study, a letter of invitation with information and a consent form is sent by post. Participants who choose to take part in the study will then return an acceptance letter and be contacted the researcher, where more information will be given and informed signed consent obtained.

### What will happen in this research?

You will be recruited to be interviewed individually in a place of your choice. It is planned that two meetings will take place. The first is to meet and talk through the information sheets and gain informed signed consent for approximately half an hour. The second visit is an interview that is expected to take no more than one and half hours. If necessary you may be asked for an extra interview. You are able to bring a support person/people/whanaau with you.

Up to fifteen people will have the opportunity to be interviewed individually by the researcher. All interviews will be guided with the same semi-structured questions. The focus of these questions will be around telling your stories about what you value about being involved in the theatre project and the roles you took.

**What are the discomforts and risks?**

If you are feeling unwell at the time of the interview it is better to wait until you are feeling well before being interviewed. Also if you feel uncomfortable before or during the interview please let it be made known. No discomfort or risks are anticipated.

**How will these discomforts and risks be alleviated?**

If you feel uncomfortable during any part of the study you are free to withdraw. Support is available from your community health teams.

**What are the benefits?**

The immediate benefit is that you will have an opportunity to discuss the value of the theatre project and this will be an affirming process.

Your contribution will be valuable because there are no studies of this type that have been done in New Zealand. It will be an opportunity for this research to validate therapeutic theatre and projects that focus on creativity and well being. Also to gain evidence based research to support funding for future theatre projects.

**How will my privacy be protected?**

Interview recordings will only be available to the researcher and her supervisors. Transcriptions will be coded and no names used that can identify you as a participants in this study. This includes reports or publications.

**What are the costs of participating in this research?**

Your time is very valuable in this study and much appreciated. Individual interviews will go for approximately a one-hour interview.

Those who do not work for mental health will receive petrol vouchers to as a koha to help cover their costs.

After receiving this invitation you are asked to contact the researcher by phone or mail if you want to take part. You will need to respond within two weeks from receiving this information. A stamped addressed envelop is enclosed for you to return if you opt to take part in the research.

**How do I agree to participate in this research?**

To participate in this study you need to discuss the information sheet and sign a consent form. This will occur after you contacted the researcher to be part of the study. Once you have completed the consent form the researcher will contact you to arrange a time to meet to be interviewed.

**Will I receive feedback on the results of this research?**

Yes a summary of outcomes will be sent to all participants upon the completion of the thesis if requested.

**What do I do if I have concerns about this research?**

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, Clare Hocking, Professor of Occupational Science and Occupational Therapy AUT. [clare.hocking@aut.ac.nz](mailto:clare.hocking@aut.ac.nz) phone 09 9219162

Concerns regarding the conduct of the research should be notified to the Executive Secretary, AUTEK, Madeline Banda, [madeline.banda@aut.ac.nz](mailto:madeline.banda@aut.ac.nz), 921 9999 ext 8044.

**Whom do I contact for further information about this research?**

***Researcher Contact Details:***

Jennifer Stembridge de Aguilera 2709196 (extension 6305) [jastembridge@middlemore.co.nz](mailto:jastembridge@middlemore.co.nz)

***Project Supervisor Contact Details:***

Clare Hocking, Professor of Occupational Science and Occupational Therapy AUT. [clare.hocking@aut.ac.nz](mailto:clare.hocking@aut.ac.nz)  
phone 09 9219162

**Maaori Health Support**

If you have any concerns relating to Maaori Health arising from this study please contact the Manager, Te Puna Waiora / Maaori Mental Health Services, CMDHB on 2595099

**General support**

If you have any queries or concerns regarding your rights as a participant in this study, you may wish to contact an Independent Health and Disability Advocate:

Free phone: 0800 555 050

Free fax: 0800 2 SUPPORT (0800 2787 7678)

Email: [advocacy@hdc.org.nz](mailto:advocacy@hdc.org.nz)

Please feel free to contact a member of the research team if you wish to discuss matters further.

This study has been approved by the Northern X regional ethics committee

## Appendix H: Consent Form

### Consent Form

For use when interviews are involved



**Project title:** Therapeutic theatre in a community mental health project: A qualitative descriptive study.

**Project Supervisor:** Clare Hocking / Daniel Sutton

**Researcher:** Jenny Stemberidge de Aguilera

REQUEST FOR INTERPRETER			
English	I wish to have an interpreter	Yes	No
Maaori	E hiahia ana ahau ki tetahi kaiwhaka Māori/kaiwhaka pakeha korero	Ae	Kao
Cook Island Maaori	Ka inangaro au i tetahi tangata uri reo	Ae	Kare
Fijian	Au gadreva me dua e vakadewa vosa vei au	Io	Sega
Niuean	Fia manako au ke fakaaoga e taha tagata fakahokohoko kupu	E	Nakai
Samoan	Ou te mana'o ia i ai se fa'amatala upu	loe	Leai
Tokelaun	Ko au e fofou ki he tino ke fakaliliu te gagana Peletania ki na gagana o na motu o te Pahefika	loe	Leai
Tongan	Oku ou fiema'u ha fakatonulea	Io	Ikai
If you have a hearing impairment and require a sign language interpreter please indicate your need here		Yes	No

- I have read and understood the information provided about this research project in the Information Sheet dated March 2012
- I have had an opportunity to ask questions and to have them answered.
- I understand that notes will be taken during the interview and that it will also be audio-taped and transcribed.
- I understand that I may withdraw myself or any information that I have provided for this project at any time prior to completion of data collection, without being disadvantaged in any way.
- If I withdraw, I understand that the information about myself including tapes and transcripts, will not be used.
- I agree to take part in this research.
- I wish to receive a copy of the report from the research (please tick one): Yes  No

Participant's signature:

.....

Participant's name:

.....

Participant's Contact Details (if appropriate):

.....  
 .....  
 .....

Date : .....

*Note: The Participant should retain a copy of this form.*

Therapeutic theatre in a community mental health project: A qualitative descriptive study project  
 Version 3 March 2012

## Appendix I: Semi-structured Questions

### Guided interview questions

#### Setting the scene

1. Tell me which of the parts you did and what was your role?
2. Tell me what you remember about what you did and who else was involved in the pantomime.

#### Exploring a little of the overall experience

1. Can you tell me what it like when you were auditioning/rehearsals/actual performances
2. Can you remember something particular that happened?
3. What about something during one of the performances?

#### Exploring possible skills

1. Focusing for a moment on the whole process of auditioning, rehearsing and performing what skills if any do you think you have strengthened or gained?

#### Exploring challenges

1. Focusing now on any challenges you may have experienced during any part of being involved in the production?

#### Exploring highlights

1. What would you describe as some of the highlights of being involved?

#### Reflection

1. Looking back on these experiences now what does it mean for you?
2. Overall what was the experience like for you?
3. How would you describe your health and well-being / recovery in relation to being involved in the production?
4. Has anything happened subsequently because of being involved in the theatre project?
5. Would you be interested in being part of another production?

# Appendix J: Initial Codes





## Appendix K: Data Analysis Diagrams

- performing / doing / taking the stage / being in the moment
- doing of the theatre skills
- feelings while doing / from doing / spiritual / doing being

- transformations
- inside the shows
- after the show

