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“I’d Probably Be Dead Now”: Evaluating the Impact of Theatre Practitioners Working on a Recovery-Based Community Drama Project

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Abstract

Aside from the often-fatal consequences of substance abuse, people recovering from addiction suffer greater adverse childhood experiences, trauma in adulthood, and inequalities than non-addicts. As a result, psychological, emotional, and developmental barriers can prevent effective recovery, leaving people traumatised, vulnerable, and doubly stigmatised. The challenge, therefore, is for recovery practitioners to deliver responses that not only treat biological problems resulting from addiction but also address psychological, social, and cultural needs. One group of professionals providing holistic approaches to people in recovery are arts-based practitioners. This paper derives from a 3-year longitudinal study using Interpretative Phenomenological Analysis, to examine the psychosocial impact of one community-based drama project called Staging Recovery. The study found the work of theatre practitioners not only provided recovery participants safe spaces to explore sensitive and difficult recovery themes but the use of theatre techniques and ethically driven practice exposed participants to high-quality, social, cultural, and human capital.

Keywords Addiction and recovery · Community drama · Ethical practice

Recovery capital relates to the availability, exposure, and access a person has to resources that support recovery from addiction (Granfield and Cloud 1999). Like social capital, resources that are easily accessible, meaningful, and positive, give people a greater chance of recovery from addiction without resorting to maladaptive and harmful coping strategies. There are,

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however, many barriers preventing people from accessing recovery resources, particularly when addicts have additional underlying and untreated trauma. The psychological and social profile of people in recovery is alarming with many experiencing a greater number of adverse childhood experiences (ACEs) when compared to non-addicts (Naal et al. 2018): early childhood sexual and violent abuse resulting in post-traumatic stress (Narvaez et al. 2019), homelessness and recurring mental health conditions (Manning and Greenwood 2019), imprisonment, or criminalisation (Western and Simes 2019), and in adulthood, many experience domestic violence either as a perpetrator or victim (Wagman et al. 2018). Those in recovery not only face stigma from others, but also have high levels of self-stigma (Stolzenburg et al. 2018), issues of self-esteem, and poor locus of control (Heidari et al. 2018), resulting in depression and anxiety (Nestor et al. 2018). Inevitably, the ability of people to recover from addiction is acutely compromised by the many psychological barriers developed over their life course. Thus, when addiction and recovery practitioners¹ work with people in recovery, the skills, characteristics, knowledge, and ability of the practitioner play a vital role in providing meaningful opportunities to help foster recovery capital.

In addition to psychological barriers, people in recovery often struggle to access appropriate services. While several psychosocial and pharmacological community-based treatment and support services exist across the Western health and justice institutions, service provision over the recent decade has been compromised. For many (in the United Kingdom), significant funding cuts and policies aimed at reducing public spending have created increased pressures on mental health service provision (Cummins 2018). Likewise, welfare reforms have disproportionately increased the deprivation and mental distress of people in recovery (Monaghan and Wincup 2013). Thus, while treatment programmes are designed to support people into recovery and away from addiction, their application in the current economic climate is compromised, greatly limiting the work of recovery practitioners.

Given the multiple barriers and complexity people in recovery from addiction experience, it is unsurprising that research indicates effective treatment is found when interventions are bespoke and solutions are tailored to meet the needs of individuals rather than adopting a “one-size fits all” approach (Peacock et al. 2018). Indeed, recovery capital is integral to recovery and is nurtured through the delicate interplay of exposure and access to opportunities that help build a person’s personal, psychological, social, and cultural strengths (Best et al. 2018). Yet, exposure and access to opportunity alone are insufficient; instead, environments that are peer-led, supportive, and offer pro-social networks and interactions (Bathish et al. 2017) are critical. However, while peer support models of recovery play an essential role in drug strategies, such as the UK national drug strategy (HM Government 2017), recovery practitioners, as providers of care, must facilitate spaces of recovery and opportunity that are safe, supportive, and therapeutic (Testoni et al. 2017); arguably, clear ethical and safeguarding frameworks are necessary. While practitioners working therapeutically² in health or justice type agencies are guided by formal and recognised codes of conduct and ethical standards (see: The British Psychological Society, 2018; The British Association for Counselling and Psychotherapy, 2018; The International Society of Substance Use Professionals 2019), not all practitioners work in such official or formal contexts and as such are not bound by these standards. Indeed, as mental health services experience depleting resources (Mattheys 2015) and more informal

¹ The term practitioner is used here as an umbrella term to refer to any professional working with people in recovery, such as clinicians, drug and alcohol practitioners, therapists, and voluntary/charity workers.

² Not necessarily therapists.

providers are required to bear the cost of essential care for people in recovery, it is crucial, and an examination of their practice is undertaken.

One group of practitioners who provide holistic approaches to people engaged in or attempting to enter a process of recovery are those who provide creative and arts-based activities and therapies. Creative and arts-based activities provide a unique but often structured processes that allow gradual exploration of people's emotions, feelings, and life experiences (Megranahan and Lynskey 2018). This research explored an arts-based project in the West Midlands of England that used community-based drama to work with people in recovery from drug and alcohol addiction. Very little is known of the efficacy of community drama in facilitating recovery from drug and alcohol addiction (Leather and Kewley 2019), and if even less of the role of drama practitioners. It is worth noting this work is not the same as drama therapy. Drama therapy, in the UK for example, requires practitioners to qualify and register with the Health and Care Professional Council and adhere to the standards and practice (The British Association of Dramatherapists, 2005). Drama therapists use a range of drama and theatre methods as the therapeutic process, whereas community drama or applied drama in theatre is made by, and with, people within the community; it is a process used to engage performers and spectators in the exploration of issues of concern to participants (Saxton 2013). Thus, when community drama engages vulnerable and marginalised people, such as those in recovery, there are potential risks and challenges to the participants' wellbeing by the process itself. It is not the intention of this paper to discuss these risks; these have been outlined successfully by researchers over the decades (Boal 1995; O'Grady 2017; Reynolds and Zontou 2014; Zontou 2012). Instead, this paper uniquely examines the psychosocial impact of theatre practitioners on people in recovery, as the role of this practitioner group is rarely examined, particularly with this population. To provide a framework in which this notion can be scrutinised, *The Drama Spiral*, developed by Baim (2017), was used to analyse and chart the perspectives of those in recovery from addiction and engaged in a community-drama project over a period of 3 years. To date, the Drama Spiral has not been utilised in this way; as such, this study provides a unique perspective with which to examine theatre practice through the lived experiences of people in recovery and engaged in community drama.

The Drama Spiral

The Drama Spiral ("The Spiral") was developed to support theatre practitioners who work with people in a safe and ethical way by providing a unique decision-making tool (Baim 2017). A brief summary of The Spiral is provided here; however, readers can access the detailed accounts of the emergence, development, and application of The Spiral, in Baim (2018) and Baim (2017). Essentially, The Spiral provides a map or guide to which theatre practitioners can plot activities and sessions appropriate to the needs and readiness of participants. The Spiral (graphically presented in Fig. 1) guides practitioners to consider the appropriate degree of personalisation and sensitivity needed for group work and the development of suitable characters or scenarios, using a continuum of distance regulation. Practitioners can determine the degree of the distance needed for any given activity depending upon their assessment of participants' need for distance to characters or storylines. This, like all aspects of The Spiral, is dynamic and responsive; theatre practitioners can move up and down this continuum, as needed.

The spiral includes six rings. The outer ring typically involves theatre games and exercises that are highly distant from participants' personal lives and experiences, with the second ring

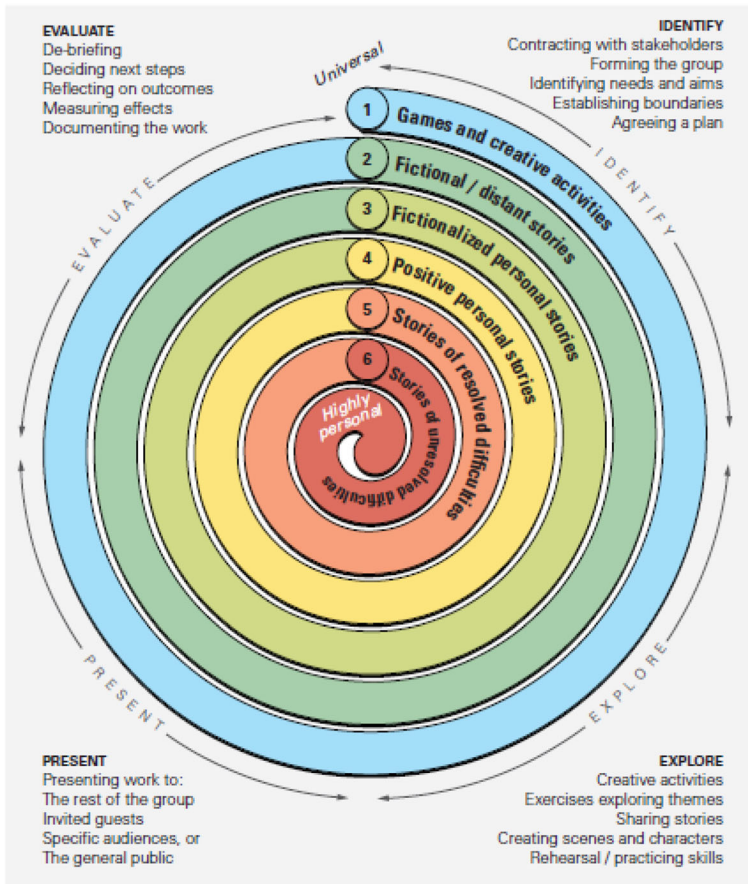


Fig. 1 The Drama Spiral (Baim 2017)

including activities such as fictional story development, or at least one step removed from the lives of participants. The third ring includes the development of characters and stories through activities that remain fictional but, in some way, represent distant versions of the participants' lived experiences. In the remaining three rings, activities, characters, stories, etc. become more personal and closer to the real-life experiences of participants, with the final ring using little fiction. Four key processes (and subprocesses) surround The Spiral in the form of a quadrant are essential to participatory theatre and include the notion of (a) identification, (b) exploration, (c) presentation, and (d) evaluation. Each of these components will be discussed later when mapped to participants' experiences.

Methods

It is well documented; qualitative research faces significant criticism in relation to areas of quality, credibility, and methodological rigour (Cypress 2017). Thus, to minimise and address concerns, the Standards for Reporting Qualitative Research (SRQR) framework (O'Brien et al. 2014) was used to report this piece of qualitative research. Each of the 21 items in the SRQR

was used, ensuring transparency of the process and authors' adherence to methodological rigour.

Findings and observations made are part of a larger longitudinal evaluation study undertaken by the first author in which the experiences of participants were collected over a period of 3 years. In this present analysis, we aimed to understand the impact of theatre practitioners as experienced by participants, by mapping recovery experiences onto the Drama Spiral; as such, the data was analysed using a concept-driven approach, rather than a data-driven approach (Gibbs 2007).

Qualitative Approach and Research Paradigm

Examination of subjective and socially constructed concepts such as addiction and recovery (Burr 2015) require a phenomenological approach; thus, Interpretative Phenomenological Analysis (IPA) was used to facilitate understanding of this idiosyncratic experience. IPA allows the exploration of unique and subjective experience and is sensitive and responsive to the issues important to participants, as well as the researcher (Smith and Osborne 2008). Little (if anything) is known regarding the role of theatre practitioners and their impact on people in recovery, and as such, an exploratory approach was utilised. The subject and context are unique and particular. Therefore, the findings from this research were not aimed at generalising to larger populations; instead, initial and cautious steps were taken to understand this extraordinary group of people on their journey of recovery from addiction through community drama.

Context

Staging Recovery is a 3-year community drama project delivered by the Geese Theatre Company (referred to as Geese or Geese Theatre) in the UK. Staging Recovery is one of the many projects of the Geese Theatre which delivers across correctional and social contexts to a spectrum of communities. Staging Recovery engages people, recovering from addiction by providing intensive group work drama/theatre sessions (approx. 10–12 per block). Geese theatre practitioners work closely with each Staging Recovery group of between five and ten participants, using Geese Theatre drama methods (Baim et al. 2002). Each block of work results in two performances: one performed in a “traditional” theatre context, such as at the Birmingham Repertory, the other in a less formal community setting, such as a drug and alcohol treatment centre or a university. The project serves as a vehicle to expose those individuals least likely to engage in a creative and cultural space, thus increasing their access to resources that might improve social and recovery capital. The Geese Theatre Company commissioned authors, who were independent of the theatre company, to carry out an evaluation of the Staging Recovery. Author one carried out data collection, analysis, and report writing activities with author two supporting the analysis and write up process.

Sampling Strategy

The population from which the sample was selected was small and unique; as such, purposive sampling was used to recruit participants who had engaged in at least one Staging Recovery cycle and performed at least one final piece. As the need to generalise was of little interest, the exploration of unique meaning and experience determined and justified the small sample.

Indeed, when examining the experiences and meaning people make of a phenomenon when using IPA, a sample size between 3 and 10 is advised (Smith et al. 2009).

Ethical Issues

The project was approved by the Business Law and Social Sciences Faculty Research Ethics of Committee at Birmingham City University in March 2017.³ All participants gave verbal and written consent prior to taking part in the study and provided verbal and written information about the study. Participants were free to withdraw at any point in the process. Considering the potential vulnerability of participants, the first author attended some early sessions and performances to introduce the project to participants. The time invested by the researcher in getting to know the participants outside of an interview context was invaluable as it enabled rapport to be developed prior to the first interviews.

Data Collection Methods

One to one interviews took place in a variety of locations across the West Midlands, including a community centre, a theatre, and Geese premises. All were held in a private room with only the researcher (first author) and participant present. While the researcher used an interview schedule, the interview approach was more conversation-like. The discussion is centred on what was important to the participant, rather than the researcher, yet these conversations remained central to the researchers' schedule including participants' experience of Staging Recovery, their experience of The Geese Theatre Company, and the participants' life experiences and journey of recovery. In addition, the first author attended one introductory workshop, three performances by Staging Recovery participants, and one de-briefing session; thus, personal observations were made and recorded in the researcher's notebook.

Data Collection Instruments and Technologies

Interviews were audio-recorded on a password protected digital recording device. At the end of the recording, the electronic audio files were sent to a transcription company, and the electronic copy was deleted from the device.

Units of Study

In total, 20 interviews of nine participants (three female, six male) were undertaken over 3 years. Interviews were carried out at four separate points in time, each lasting on average 82 min ($SD = 20$). Only two participants were interviewed across all four time points, with the remaining attending one or two interviews. The youngest participant was 25 years old, and the oldest 60. Excluding one participant who reported a continuing gambling addiction, all others were in recovery from substance use for an average of 42 months ($SD = 27.61$). The majority reported alcohol as the primary problematic substance. Table 1 details these demographics; names are pseudonyms.

³ Further approval was granted by Liverpool John Moores University Research Ethics Committee when author one moved institutions.

Data Processing

An external transcription company used by the university sent audio files for transcription. They electronically returned transcripts on Word documents. At this stage, the first author removed all identifying data, including names, places, and dates. Each transcript was saved onto the university server for secure storage. Participants were offered a hard copy of their transcription.

Data Analysis

Data was analysed using Nvivo 12v. For this analysis, a concept-driven data analysis process was undertaken. This required the development of a codebook using pre-existing concepts. These are usually taken from the extant literature (Gibbs 2007); however, this particular study applied Baim' (2017) Drama Spiral, so key aspects of The Spiral were used to formulate codes. In total, six parent codes and 32 child codes were included; these are detailed in Table 2.

Each transcript was examined line by line systematically allocating participants' text, where appropriate, to relevant codes. The analysis was shared, discussed, and agreed between authors one and two.

Techniques to Enhance Trustworthiness

To enhance the credibility of data analysis, interpretation, and application to the pre-existing codes even further, Clark Baim, the author and developer of The Drama Spiral, kindly reviewed and approved the method employed and subsequent analysis of narratives.

Results and Discussion

The presence of child codes for each participant across the data corpus is presented in Table 3. While not all child codes were present across the whole sample (see presenting to the general public, debriefing, and stories of resolved difficulties), all others were present to varying degrees; for example, only one participants' experience was coded against the child code

Table 1 Participant demographics and interview attendance

Participant name	Age at first interview	Addiction	Approx. time in recovery (months)	Interview time points				Total interview time (minutes)
				Time one	Time two	Time three	Time four	
Louise	39	Alcohol	54	Yes	No	No	No	91
Alison	57	Alcohol	72	Yes	No	No	Yes	163
Deborah	57	Alcohol	72	Yes	Yes	Yes	Yes	259
Shaun	58	Alcohol	72	Yes	Yes	Yes	Yes	439
Matthew	43	Alcohol	36	Yes	No	No	No	83
Thomas	60	Gambling	Active	Yes	No	No	Yes	159
Lewis	25	Drugs and Alcohol	12	No	Yes	Yes	No	124
Mark	53	Drugs	6	No	Yes	Yes	No	191
Graham	42	Alcohol	10	No	No	Yes	Yes	135

Table 2 Codebook for analysis

Parent code	Child code
Process of identification	Agreeing a plan Contracting with stakeholders Establishing boundaries Forming the group
Process of exploration	Identify needs and aims Creating scenes and characters Creative activities Exercises exploring themes Rehearsal and practicing skills Sharing stories
Process of presentation	Presenting work to invited guests Presenting work to specific audiences Presenting work to the general public Presenting work to the rest of the group
Process of evaluation	Debriefing Deciding next steps Documenting the work Measuring effects Reflecting on outcomes
Distance regulation (universal to highly personal)	Games and creative activities Fictional or distant stories Fictional personalised stories Positive personal stories Stories of resolved difficulties Stories of unresolved difficulties Highly personal
Factors influencing which part of spiral should be used	Comfort with personal disclosure Contract with group Personal focus Practitioner and director skill and training Readiness level of the group Vulnerability and risk

“positive personal stories,” whereas all participants presented experiences that could be coded against “rehearsal and practicing skills.”

In this instance, the quantity of codes was perhaps less important than the meaning made by participants; these are, therefore, now summarised under each of The Spiral’s six key domains.

The Process of Identification

This first domain offers theatre practitioners a means by which they can safely support people in recovery to engage in community drama. The domain includes processes of contracting with stakeholders, forming groups, identifying people’s needs and aims, establishing boundaries, and agreeing to a plan of action (Baim 2017). Geese practitioners work with a range of stakeholders to encourage people in recovery to engage in community drama. However, one of the psychosocial barriers people in recovery often face is a lack of trust (Smith and Marshall 2007); thus, the key to effective engagement by practitioners is the strategies and skills they adopt during these early identification stages. All data to support examination of this domain derive directly from participant experiences as recalled by the participants during their one to one interviews. Here, we note the tentative moments participants first met the Geese

Table 3 Presence of child codes by participants

Parent code	Child code	Presence of code by participants										Presence of code across samples	
		Alison	Deborah	Graham	Lewis	Louise	Mark	Matthew	Shaun	Thomas	Sum of participants	% of total sample	
Process of identification	Agreeing a plan	No	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	7	77.8	
	Contracting with stakeholders	Yes	No	No	Yes	Yes	Yes	Yes	No	No	5	55.6	
	Establishing boundaries	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	No	7	77.8	
	Forming the group	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	8	88.9	
	Identify needs and aims	Yes	Yes	Yes	Yes	Yes	No	No	Yes	No	6	66.7	
	Creating scenes and characters	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	7	77.8	
	Creative activities	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	8	88.9	
	Exercises exploring themes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	No	6	66.7	
	Rehearsal and practicing skills	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	9	100.0	
	Sharing stories	No	Yes	Yes	Yes	No	No	Yes	No	No	4	44.4	
Process of presentation	Presenting work to invited guests	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	8	88.9	
	Presenting work to specific audiences	Yes	Yes	Yes	No	Yes	Yes	No	Yes	Yes	7	77.8	
	Presenting work to the general public	No	No	No	No	No	No	No	No	0	0.0		
	Presenting work to the rest of the group	No	No	No	Yes	Yes	No	No	Yes	No	3	33.3	
	Debriefing	No	No	No	No	No	No	No	No	No	0	0.0	
Process of evaluation	Deciding next steps	No	No	Yes	No	No	Yes	No	Yes	Yes	4	44.4	
	Documenting the work	No	Yes	No	Yes	Yes	Yes	Yes	No	6	66.7		
	Measuring effects	Yes	Yes	Yes	Yes	Yes	No	No	No	5	55.6		
	Reflecting on outcomes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	8	88.9	
	Games and creative activities	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	No	7	77.8	
Distance regulation (universal to highly personal)	Fictional or distant stories	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	8	88.9	

Table 3 (continued)

Parent code	Child code	Presence of code by participants										Presence of code across samples	
		Alison	Deborah	Graham	Lewis	Louise	Mark	Matthew	Shaun	Thomas	Sum of participants	% of total sample	
	Fictional personalised stories	No	Yes	Yes	Yes	No	Yes	No	Yes	Yes	6	66.7	
	Positive personal stories	No	Yes	No	No	No	No	No	No	No	1	11.1	
	Stories of resolved difficulties	No	No	No	No	No	No	No	No	No	0	0.0	
	Stories of unresolved difficulties	No	Yes	No	No	No	No	No	No	No	1	11.1	
	Highly personal	No	Yes	No	No	No	No	No	No	No	1	11.1	
	Comfort with personal disclosure	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	7	77.8	
	Contract with group	Yes	Yes	No	Yes	No	Yes	Yes	Yes	No	6	66.7	
	Personal focus	Yes	Yes	Yes	No	No	No	No	No	No	4	44.4	
	Practitioner and director skill and training	No	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	7	77.8	
	Readiness level of the group	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	7	77.8	
	Vulnerability and risk	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	8	88.9	

practitioners and considered engaging in the programme. Graham recalled Geese practitioners “coming in [to the treatment centre] and watching them. I thought to myself, ‘I’d never have the guts to have a go at that.’” Lewis too was hesitant but thought “I might give that a go and push myself.” Encouraging and motivating people in recovery to try a new activity, such as community drama, can be a challenge, as those with anxiety, self-stigma, or low self-esteem (Matthews et al. 2017) are often difficult to reach. Matthew recognised this challenge for Geese practitioners from his own recruitment experience. He, along with 20 to 30 others were introduced to Staging Recovery, but when arriving at the project, “there were only, I don’t know, maybe 6 or 8 people, I was quite shocked. I thought that there’d be 20 at least” he reflected how this “shows you sometimes people in recovery say they want to do things...like 99 out of 100 in a room will say, ‘yes’ but maybe 5 will actually see it through.”

To assist in the development of trust, Geese practitioners establish clear boundaries with the group. For people with a history of addiction, disrupted self-control and inappropriate decision-making have likely resulted in an inability to adhere to social contracts and boundaries (Baler and Volkow 2006). Marks’ disclosure about his life is a useful example of this problem; he spent aged “14 up to the present day...in and out of institutions...altogether about 30-odd years, in and out, in and out”; his ability to engage with social norms and boundaries beyond those correctional institutions was a genuine struggle “because I’m institutionalised. I don’t know anything but an institution.” Likewise, Lewis who struggles with social anxiety and a fear of speaking with people recalls how clear boundaries and rules helped him feel safer as “everyone seems to have a good respect for each other.” Boundaries set by the Geese practitioners also mean consequences for inappropriate behaviours are clear and help people abstain from substance use; Louise “know[s] that with Geese you can’t turn up there drunk and stuff...that helps me stay off the booze.”

All group work requires members to agree on a plan of action, to identify individual and group needs and goals. However, people with substance misuse histories often experience impairment in the executive function (e.g. planning, organisation, and task initiation) (Fernandez-Serrano et al. 2010). It is, therefore, perhaps unsurprising participants embraced a more fluid planning process; Mark explained “it’s not a set structure”; Louise highlighted “we don’t really know where we’re going, until, probably, after the third week. Then that’s when we start putting our little bits together.” Not having a plan is not a problem though; indeed, Graham purposefully avoided planning as he believed he “cope[s] better when I’m in the deep end.”

It is evident the Geese practitioners work carefully and sensitively to recruit and help participants identify a personal motivation to engage in community drama, in order that they might begin to experience new ways of exploring and processing their recovery from addiction.

Process of Exploration

Geese practitioners encourage participants to engage in a range of theatre methods to explore characters, stories, themes, or skills. The purpose of these techniques allows participants to begin to make sense of their own lives and experiences. Sense-making through theatre methods is an important therapeutic tool that aids healing and recovery (Baim 2018). The use of warm-up/icebreaker activities by the Geese practitioners was positively reported. Alison stated how she “love[s] them man, they’re just great...they make new ones up every so often”; likewise, Louise “loved” “our keepie uppie game, we really get competitive as well, when it comes to keepie uppie”.

Graham gave a good example where “you all stand in a circle and shout phrases out of EastEnders [a British TV soap programme] at each other. So, it goes around in a circle... ‘Oy’ and they can say, ‘Leave it’.” Warm-up games can generate meaning for participants; Louise recalled one game “where we throw socks around...we’re juggling all our life stuff.” By incorporating these types of creative games, Geese practitioners assist the cognitive function of participants, by engaging abstract reasoning, problem-solving, memory skills, etc. (Brady et al. 2011). Indeed, Louise echoed how “your mind is constantly flooded with ideas, because you know you’re going to have to come up with something...so you sort of start thinking straight.”

Exploring and developing characters can be a profound experience. For Graham, it helped him get “away from yourself”; he could “look back and see what different characters you’ve played” and develop confidence by “taking on other roles.” For those like Graham with a self-stigmatised identity, the exploration of an alternative self is empowering (Corrigan et al. 2009; Kewley 2019) and a potential provision of recovery capital. Evidence of this growth can be seen with Lewis, who recalled Geese practitioners leading exercises “where your character would meet another character at the bus stop”; even with his poor mental health, he could feel his “confidence grow...doing something I never thought I’d do.” It is possible that on the one hand, the exploration of alternative characters and identities serves as a welcome break from their own self and life; however, it might also empower and develop skills of empathy and interpersonal skills, both of which support the process of recovery (Ferrari et al. 2014).

It is unsurprising that themes of addiction, mental health, fear, stigma, and hope would feature thematically in the Staging Recovery’s group work. Some of the concepts and stories developed provided opportunities for the Geese practitioners to assist participants in testing and experimenting aspects in their own life, but at a safe emotional distance. Part of this process helped participants raise awareness of the issues people in recovery experience. In one exercise, a Geese practitioner wore a theatre mask, while participants “were all throwing negative stuff at him. You name it, we said it. When he took the mask off, I said, ‘How did you feel with all that thrown at you?’ He said, ‘I was scared.’ I said, ‘Well, now you can understand where we’re coming from’” (Deborah). Likewise, in a performance called *Switched On*, participants felt it is important that spectators (a wide range of treatment professionals) understood their lived experience. For Deborah, the presentation of this theme was crucial because “your voices are heard...if you see what goes on behind doors...you will understand it more and more.” While advocacy for people in recovery is important, Geese practitioners encourage participants to also focus on stories of hope. Thomas explained how he wanted to “try to put across a message without trying to be too down about it...the group didn’t want to put across the message that once you’re in a situation you can’t get out of it.” By performing messages of recovery and hope, Geese practitioners assist participants to further develop social and recovery capital (Marino 2015).

All participants reported an overwhelming increase in confidence to perform; for Mark, rehearsal itself assisted to “build up my confidence.” Yet skills outside of the theatre were also improved. For Lewis, meeting new people and practicing basic communications skills were needed, not just for performing but “I need to do it for me, for my own health.” Geese practitioners help participants develop and hone new skills and competencies, all of which are crucial factors needed to develop recovery capital.

Process of Presentation

The process of presentation occurs within several settings (ranging from informal to more formal) including performance/presentation to peers, known and familiar audience members,

and unknown audiences. In the instance of peer presentation, Geese practitioners encourage and guide participants to regularly present work to fellow participants. This gave participants the chance to perform in front of others and give each other feedback and praise, but in a safe controlled manner. The notion of audience members as passive spectators is challenged here (Erel et al. 2017); as for Matthew, the opportunity to present and “express yourself in a recovery environment” was vital. Presenting to peers arguably gives Geese practitioners some control over audience feedback and helps prepare anxious participants ahead of the final performance. Presenting short scenes or sketches to each other minimises the risk of psychological exposure, as reported by Lewis, alleviating his fear of failure “rather than worrying about ‘am I going to mess this up’, I was just appreciating what I was actually doing, just being in the moment” in the safety of his peers.

More formal performances were also undertaken during the period of this evaluation. Participants performed three ensembles titled: Complexed, The Fisherman, and Switched On. These were performed in both traditional theatres and more community-based contexts, such as universities, treatment, and community centres. Invited audience members included participant family members and friends, key workers (such as drug support workers, probation officers), service users in treatment or recovery, students, and other third sector and theatre practitioners. Geese practitioners recognise how performing to others can generate as equal a meaning to spectators as it is can to performers telling “their” story (Torrissen and Stickley 2018). For example, performing to family members who have felt the strain of addiction is an emotive and cathartic opportunity for participants to show progress and restore social bonds (Conrad 2013). During his first performance in “Switched On,” Lewis played the role of a person facing homelessness and financial ruin. It was important to him his family were able to see him engaging in this drama production as he felt it demonstrated changes in his behaviour as opposed to them witnessing prior substance use behaviours. Their witnessing of his performance gave him validation; his mother and partner “were proud of me, that I’d done something positive. I think they recognised that it was a big step to take.” However, not everyone is able to have family attend; for example, in the case of Graham “all I want is my son and daughters to come and watch me”, but because family bonds are irreparably damaged, his family was not able to be invited. Likewise, for some participants, they themselves do not feel ready for their family to attend; there is a risk they can face feeling further isolated.

Process of Evaluation

A process of debriefing was provided by the Geese practitioners, at the end of workshops or following performances. The opportunity for participants to hear and give each other feedback was important. Giving effective feedback requires interpersonal skills; equally taking feedback requires a degree of awareness and resilience. Practice at this process is likely to be beneficial for people recovering from drug and alcohol abuse, as debriefing and assessing performance can serve as a transitioning tool (Atwater 2016) that may help develop new narratives, positive thinking, make meaning from experiences, and empower. The first author witnessed a debrief led by Geese practitioners whereby participants shared experiences, listened to each other, and provided mutual support; however, participants did not discuss the process of debriefing during interviews.

Geese practitioners are key to guiding the direction of the group and mapping out the next steps, ensuring all members are protected while also having a voice. Deciding the next steps ought to be an active process, yet people with a history of addiction may have impaired

executive functions, and thus, the process of planning and setting future goals can be a challenge (Fernandez-Serrano et al. 2010). We see this with participants appearing unaware planning is taking place “for the first few weeks we don’t really think about it...there’s nothing concrete for a few weeks, and it comes together at the last minute” (Graham); Louise “love[s] the way we don’t really know where we’re going”, and the responsibility for planning is left to the Geese practitioners “because the Geese guys know what they’re doing” (Shaun).

Although Geese practitioners encourage a process of reflection, participants did not discuss the detail of this process during the interview, yet evident reflection had been undertaken. When asked to reflect on their experiences of performing, Mark measured this through audience feedback: “there was some good feedback...there were brilliant questions. Meaningful as well,” whereas others, like Lewis, reflected on their own performance: “I know what to do better next time...errors that I could improve on.”; others, like Alison, were often overly critical “I think if I didn’t do something right, I’ll go, ‘That was rubbish, I need to do that again, improve on it or something.’ I might think, ‘There’s no point me doing that because I’m never going to be able to get it’”, and Louise said she hates “it when I get things wrong when I’m rehearsing. I’m my own worst critic.”

With appropriate permissions, Geese practitioners documented the process of participants using photographs, blogs, videos, and social media. All participants commented on the use of videos as a form of documentation. Most participants valued the videos and the opportunity to keep a personal copy. However, most did not enjoy watching themselves; indeed, Mark regretted it: “I didn’t like the way I sounded. I looked too fat...I will never watch another one.” Others embraced the opportunity and even celebrated the process. Louise spoke about her plan to show “a couple of my mates and my sisters, I’m holding them a girly night and we’re all going to watch my DVD together.” For others, such as Shaun, the use of the video served as a tool to explain the work of Staging Recovery. However, Shaun was yet to share his experiences with his family and friends as he described continuing to feel the stigma and shame of his addiction. It was clear, however, he would consider it useful: “if you hadn’t seen what we do, it’s hard to explain...so the only way...is, give someone the DVD...but I’m still scared that, deep down, you will be laughed at and judged.”

Distance Regulation (Universal to Highly Personal)

Baim (2017) borrows the notion of distance regulation from the field of psychology, a term used to describe how members of a family/social group regulate emotional closeness (Byng-Hall and Campbell 1981). We see Geese practitioners control participants’ emotional distance through the retelling of activities, stories, and character’s development. Geese practitioners use warm-up games that are fictional and personally distant; these are used to help with introductions, building trust, and improving skills. Disclosures are not encouraged in these activities; however, personal meaning can still be gained. To maintain distance, Geese practitioners use fictional or distant stories. For example, in one performance called “Switched On,” TV personalities, such as “Jeremy Kyle” (UK TV chat show host), were used to examine stories of stigma in the media. Using comedy and humour provided further emotional distance for participants, but the story provided a message of hope, as Thomas remarked “the group didn’t want to put across the message that once you’re in a situation you can’t get out of it.”

When working at a “medium distance,” stories and characters remain fictional but develop from participants’ lived experiences. Geese practitioners use more personal accounts of participants’ experiences but altered stories in some way. One example of a performance titled

“Complexed,” participants became characters in a doctors waiting room. The characters were connected by a shared experience but separated by their own complex lives. Adopting new characters or roles as outlined by the role theory (in the context of drama therapy) (Landy 2009) enables people to examine the helpfulness of the current perceived roles and test out new and alternative roles. To generate a greater or lesser emotional distance to these roles, the Geese practitioners also included the use of theatre masks in which role and meaning could be explored: “It’s like the masks that you wear in life, that you can be this person on the inside and you put up a front on the outside” (Lewis). Personal sense-making was made by Louise after Geese practitioners introduced an old Brazilian story called “The Fisherman.” The use of metaphor in re-telling and adapting the story meant in, “even a little bit of that story I can see in my life.”

When working with personal experiences, particularly those that have been difficult, drawing on those that are resolved can be powerful. To do this, Geese practitioners provide high levels of mutual support, care, and preparation. In one example, Graham recalled his journey of recovery and his pain of addiction; he wanted to share his recovery with others, because “I don’t want people to go through what I’ve been through, and all the depressing situations, and health problems, and arguments with family, and ending up in police cells... hopefully, like, people will watch that and think, ‘I’ll stop what I’m doing now before it gets too far’.”

Working with harmful, traumatic, and unresolved experiences can create vulnerability; thus, only trained facilitators/therapists should embark on highly personal work, with clear support, supervision, and a rationale to do so. The key to this level of work is advocacy in which the “performance” can be used to communicate injustice or help prevent the recurrence of suffering. Deborah spoke about a character she played, in which the story resonated her own unresolved issues. Deborah discussed experiences of childhood abuse, problems in her relationship and current feelings of suicide, “I did want to end it yesterday... Just take my own life, that’s it.” Yet, supported by Geese practitioners to play a fictional character of a child victim enabled her to advocate on behalf of victims of abuse: “the one that I had [the mask], that one looked like a young girl sitting in a corner, scared and the look on the face, that’s why I can relate to it...I used to look like that every day.”

Factors Influencing Which Part of Spiral Should Be Used

Geese practitioners create a space in which participants feel psychological comfort and safety, both within the group and in one to one situations. Alison learned “if something is bothering me too much I can go to [name] or [name] and say, ‘I just want to let you know how I’m feeling about this. I’m alright now, I just wanted to talk about it.’” Deborah agreed and noted “if you needed someone to talk to, they’re always there”; while Lewis’ level of comfort with disclosure was normally low, due to low confidence and self-worth, he saw a future when he might “throw a bit more of myself into it.” One of the explanations for this improved confidence is the professionalism and expertise of Geese practitioners. The care, compassion, and patience of Geese practitioners are characteristics Louise noted are vital because “we’re like a little classroom of kids sometimes, having a little natter in the corner and we have to have our cigarette breaks...they [Geese practitioners] have got the patience of a saint to put up with us, because they’ve always got a smile on their face and they never lose their rag with us.” This patience generates a sense of trust and safety; Graham recalled how Geese practitioners “were really welcoming...they understood we’re going to find it a bit nervous the first few

times...they've just got a way about them where they make you feel at ease." When participants feel fearful or anxious, Matthew explained Geese practitioners: "make you feel confident with what you're doing. They don't cast any doubts over anything you're doing."

Readiness Level of the Group

Knowing how "ready" a recovery participant or group is for a personalised and focussed work requires skill and training. Engaging in community drama requires some level of personal exposure, and for many, this can be a place of genuine discomfort (O'Grady 2017); however, with the support of the Geese practitioners, participants report improvements in their readiness to engage in more focussed and personal work overtime. Alison reported through Staging Recovery her confidence has grown and is more positive "I'm in a place now where I've pushed myself out of my comfort zone, whereas before I wouldn't." Through the trust developed by Geese practitioners, Lewis can now perform, whereas before, he "couldn't even speak in a group when I first started there, I was that self-conscious." Lewis' response is understandable; the power of storytelling can heal and help people communicate their experiences, regardless of how challenging these may be (Baim 2017). However, exposing any vulnerability requires practitioners to make decisions about safe emotional distance. This is not to say that people with vulnerabilities cannot work in a personal manner, but only highly skilled and qualified practitioners should attempt this. It is worth noting the vulnerable state of most participants; Alison faced years of abuse and mental health challenges and "now and again I still get anxiety, anxiousness and stuff. It's never going to go away." Likewise, Deborah still has "PTSD. I don't get support for" following unresolved child abuse, and Graham "was in hospital last Christmas. I was feeling suicidal, and the police had to stop me jumping off the top of a car park"; Lewis was "diagnosed with an adjustment disorder...I was back in prison, because I went round my ex's house and smashed her car up." Louise "drank to self-medicate," Shaun still has "major self-esteem problems," and Mark has many psychiatric episodes "I've been on life support machines about three or four times. I've been in comas... all down to drink, drugs and stuff like that." Yet, despite these vulnerabilities, the Geese practitioners work in a way that helps participants feel safe and able to engage with community drama to such an effect that Graham reported "without this Geese, bloody hell, I don't like to think what would've happened to my life." Louise described her fears without Geese "I'd probably still be drinking, in fact, I'd probably be dead by now, or worse."

Conclusion

This study explored the impact of Geese practitioners working with participants on a community drama project called Staging Recovery. Not only did it find practitioners supported participants to explore sensitive and difficult recovery themes, in a safe and ethical manner, but the unique collaboration demonstrates the need for people in recovery to be exposed to high quality, social, cultural, and human resources (Granfield and Cloud 1999, 2001; Cloud and Granfield 2008; White and Cloud 2008; Neale et al. 2014). Initiatives such as Staging Recovery are critical in that they target vulnerable and marginalised populations (Harrison et al. 2020); working with cohorts impaired by experiences of crime, intimate partner violence and abuse, homelessness, unemployment, etc., require greater attention and support according to the UK 2017 Drug Strategy (HM Government 2017). The power of this collaboration is

further evidenced by the meaning participants place on their attachments with Geese practitioners. This cannot be underestimated, as during their time on the project, participants encountered frequent and significantly complex life challenges, often placing them in high-risk situations and opportunities to relapse. Yet, the empowerment achieved through this alliance facilitated greater autonomy and meaning (Best et al. 2012; White 2007). Indeed, the fellowship essential to recovery (Valentine et al. 2007) reached beyond that of peer support but extended to the professional relationships with Geese practitioners; the consequence of this is neatly summed up by Louise who claimed Geese practitioners “saved my life.”

Limitations

While not all aspects of the Drama Spiral were accounted for in the stories of participants, the majority were. For those areas not discussed, this is likely a result of the researcher not directly asking participants about this, or that Geese practitioners deemed certain work inappropriate, and thus not experienced by participants. As such, an important perspective missing from this study is the accounts of the Geese practitioners. The experiences of theatre practitioners when applying ethical frameworks to their practice, such as the Drama Spiral, are an important area of future work. For practitioners working in the recovery community, understanding the benefits of adhering to a sound ethical framework from the experiences of those in recovery and those delivering recovery interventions is essential to help improve practice and generate spaces for safe recovery.

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Compliance with Ethical Standards

Conflict of Interest The authors declare that they have no conflict of interest.

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