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Chapter 6

THEATER AS INSTRUMENT TO PROMOTE INCLUSION OF MENTAL HEALTH PATIENTS: AN INNOVATIVE EXPERIENCE IN A LOCAL COMMUNITY

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ABSTRACT

People with mental illness often face with stigma in local communities. Spreading knowledge about this matter may positively influence social attitudes reducing prejudice and discrimination, while empowering activities may promote social inclusion. Theater is one of the proposed instruments to encourage socialization and build networks between the Public Mental Health Service (PMHS) and the local community. It appeared a useful strategy to encourage the expression of emotions and to improve a better inclusion of patients with mental disorders. This study explored with qualitative methods the perceptions of the stakeholders (professionals, actors-mental patients, their relatives, other actors) involved by local PMHS in the organization of a performance. Their participation in the play gave the opportunity to analyze the perceived changes in well-being and social inclusion ascribed to this experience. Depth interviews and a focus group were conducted, including actors, relatives, professionals, and audience. Data analysis was realized by means of a qualitative analysis software (Atlas.ti). Results highlighted perceptions about the improvement of well-being and capabilities in the view of participants. This research supports the importance of such experience and show relevant issues for enhancing empowerment, promoting health, building social networks and improving social inclusion.

Keywords: public mental health services, inclusion, social theater, community based interventions, qualitative research.

1. INTRODUCTION

Health is defined by the World Health Organization as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (1946, as cited in World Health Organization [WHO], 2006, p.1) that may be reached if an individual or group “is able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment […] a positive concept emphasizing social and personal resources, as well as physical capacities” (WHO, 1986, p. 1). As highlighted in Mental Health Action Plan 2013-2020 (WHO, 2013), the mental health (MH), as integral part of health and well-being of the individuals, could suffer the effects of concomitant variables. Determinants of MH are related to individual, social, cultural, economic, political and environmental factors such as living standards, job conditions and, most important in our discipline, the social support in the local community. In this perspective, health promotion may be considered as a social and political process, requiring an active participation in the planning and realization of actions towards well-being.

Participation becomes essential in every action of health promotion. It assumes that individuals are able to care their own health, in order to acquire or strengthen their coping strategies through an educational process aimed to improve the quality of life (WHO, 1998). However, for people with mental illness, the associated stigma makes the participation to the community life more difficult, weakening their social relationship. People affected by mental illness are discredited because of negative attributions related to their disease, hence they become bearers of stigma, which in turns produces social exclusion and thwarts their recovery (Wahl, 2012). Stigma may act on two levels: both as self-stigma and social stigma (Corrigan, Watson, & Barr, 2006). The internalization of stigma (*self-stigma*) leads individuals to consider other people's attributions relevant for themselves, producing negative effects on self-esteem and self-efficacy (Corrigan et al., 2006; Goffman, 1963; Pescosolido et al., 2010, Thornicroft, Brohan, Rose, Sartorius, & Leese, 2009). Social stigma, which falls back also on families and social networks, may be an obstacle to the achievement of individual goals (Phelan, Bromet, & Link, 1998). Then, social rejection from living contexts conduces to unequal repartition of life possibilities, increases poverty, homelessness, unemployment, and reduces the optimism toward recovery (Link, 2006).

All this considerations highlight that the promotion of MH and social re-integration for people with mental illness must be a specific goal to support *in the community*, involving individuals, families, and institutions, creating significant connections in order to allow a change in quality of life for people in the social system (Wahl, 2012).

According to Foster-Fishman, Nowell, and Yang (2007), system change is realized across a process aimed to modify its *status quo*, in terms of form and function. By referring to system as "a collection of parts that, through their interaction, function as a whole" (Foster-Fishman et al., 2007, p. 198), both institutions and researchers have to promote intervention strategies acting on the system, involving the whole community, and establishing a care system for people with mental illness (Foster-Fishman & Droege, 2010; Foster-Fishman et al., 2007).

The central elements of the system are the structures connections, processes and relationships grounded in a system of *values and principles of care* (Hodges, Ferreira, Israel, & Mazza, 2010). According to these analysis, and taking into account the Community Psychology main concepts as empowerment (Zimmerman, 2000), sense of community (McMillan & Chavis, 1986) and community development (Chavis & Wandersman, 1990), we may suppose that carrying out empowerment-oriented interventions means to promote change and social inclusion, reducing stigma effects.

Among the innovative instruments to foster participation both of people with mental illness and the other community actors, theater is recognized as a powerful tool (Somers, 2002) improving empowerment and reducing stigma by means of disclosure in collective action (Christens, 2012; Corrigan, Kosyluk, & Rüsch, 2013). Through the expression and communication of shared emotions, social theater promotes the creation of a socio-physical space for significant relations (Tofteng & Husted, 2011), becoming an instrument to facilitate self-development and learning, discovering one's own potential and re-evaluating skills (Okwori, 2002). In mental illness, theater can reduce stereotypes, facilitates the inclusion in the social community, acknowledging the individuals and their social role. Planning the performance all together, people can re-discover their capabilities to interact with others, even to help others when they are in trouble, with positives effects on self-esteem and self-efficacy (Corrigan et al., 2006; Faigin & Stein, 2010).

Theater enhances the quality of interpersonal relationships and the sense of group membership, which increases range and density of social networks (Scott, 1991), fostering the inclusion in the community. For mental health patients theater has a relevant role for improving their skills (Fox, 2007; Moran & Alon, 2011): acting with others elicits the creation of an environment where social distance is reduced and skills are empowered by working on the individual responsibilities. It allows the appreciation of marginalized individuals (Rossiter, 2012).

Theater can lead to a relevant social change building a link between individuals and local community: it offers a different way of communication among citizens, allowing to put in touch with those who usually live on the fringe of society (Koh & Shrimpton, 2014; Twardzicki, 2008).

2. THE RESEARCH

2.1. Aim

The general aim of the research could be defined as: *the will to investigate the psychological value of the theater experience for the Public Mental Health Service (PMHS) patients, collecting different perceptions of the different social actors and stakeholders involved* *in the project.* It was a *participatory evaluation research*, oriented to explore and evaluate the meaning of theater experiences performed by mental health patients included in the local acting company. Evaluating such activity together with all involved social actors became an *empowering process* for all the participants, first of all for patients, but also for professionals, relatives and citizens.

2.2. The context of the research

The research project took place in a rural town in Tuscany, Italy. Since 2009 the PMHS promoted a project inspired to the values of community psychology, aimed at integrate its patients in a social activity involving the whole citizenship. Two acting teachers have been engaged, offering a free course to the community, using the small and beautiful theater of the town. All the participants knew that also health professionals and mental health patients could be involved, but none of them was explicitly labeled, therefore they didn't know the respective origins one another. They have been presented each other just as equal citizens involved in a social activity. A final performance has been organized to present the results of the course.

The script respected some characteristics in order to facilitate the participation of patients: many group scenes, broad use of the choreography, many mimed interpretations rather than dialogues and memorized parts. The performances weren't *easy*, but at the same time each of the scenes didn't need a long rehearsing, so to facilitate the participation of those who can't afford a continuative attending. In the year when the research was carried out, “The tempest” by Shakespeare was put on show with about fifty actors.

2.3. The research strategy. Reflexivity about methods

In order to investigate the perceived value of social theater the first step was to define a community psychology approach and suitable research methods.

The research group needed to choose quite flexible and not aprioristic methods, extremely fitting the subjective perception of the participants, and, at the same time, a methodologically correct strategy to comply with the scientific process. In community psychology it could be identified in the qualitative methods.

We aimed at enclosing different viewpoints, the in-depth subjective perceptions of the experience, and to delimit the factors and boundaries that made the project appropriate for that specific context. Consistently with the empowerment evaluation (Andrews, 2004; Carr, Lhussier, Wilkinson, & Gleadhill, 2008; Fetterman, 2002; Fetterman, Kaftarian, & Wandersman, 1996) and the participatory evaluation approach (Boyd et al., 2001; Suárez-Herrera, Springett, & Kagan, 2009), our interest was not to give a judgment about the social theater: the entire group of researchers and operators needed to change its conception of “evaluation” turning it around a “self-evaluation” process, aimed at put together the different perceptions. Therefore, there were some embedded methodological values which we wanted to transmit to the involved social actors: the will to give equal importance to every voice, to compare the different perspectives each other, to give participants an instrument to raise their self-consciousness about the experience, and finally to determine what works or not in that context and in that moment. According to the methodological approach of the Grounded Theory (Glaser & Strauss, 1967/2009; Strauss & Corbin, 1990) and its principle of “theoretical sampling” (Glaser & Strauss, 1967/2009, pp. 45-77), we tried to enclose all the social groups, including those not directly involved in the activity in order to appreciate the differences.

We managed the collected data trying to elicit the expression of values and meanings that participants ascribed to the experience. In-depth interview proved to be an open and flexible instrument, especially suitable to show the subjective perspective of weak social groups or minorities (Morse, 2000; Parker, 2005; Smith, 1995).

In-depth interviews were carried out with all the kind of stakeholders, while a specific focus group was also organized with the actors-patients. The methodological approach to conduct effective focus groups was derived by the recommendations manual of Bloor, Frankland, Thomas and Robson (2001), which suggest how to properly use focus group to collect complete data in a small lapse, using at the same time the technique as a way to prevent uneasiness in participants. This could be achieved choosing to involve participants who know each other and improving their perception to be an interest group. Moreover, specific recommendations about how to lead a focus group with psychiatric patients were derived from the study of Schulze and Angermeyer (2003), which highlight the strengths of focus group as a way to involve participants who may find face-to-face interaction intimidating. This may be particularly true for people with mental illness, who may be reminded of therapeutic relationships in an interview situation, and thus expecting to get help through an expert's knowledge and advice.

3. METHODS

3.1. Participants

Participants have been recruited by means of a purposive and non-probabilistic sampling. Assuming the principles of theoretical sampling, researches together with professionals decided the best strategy to gather the widest number of different points of view coming from individuals and/or groups with suitable features for the aim of the study. To understand the transformative embedded value, it is useful to describe the process that put researchers and stakeholders working together.

The first step was to participate in the activities promoted by the PMHS. One of the researchers (as *fieldworker*) was introduced to the group of actors, attending some of the rehearsals. At the same time, a second researcher collaborated with PMHS in order to re-define the initial objectives and values of the study. Together with the health professionals it was drown up a first list of the stakeholders to involve in the research. We tried to enclose also the social groups not directly involved in the activity in order to appreciate the differences.

At this level, it was very important to promote a real negotiated understanding of need that is the core of the participatory process. This meant to divert the attention of the psychiatric team from the research of the clinical evidences towards process evaluation. Once it happened, the whole process of cooperation between researchers and professionals improved on.

Selected participants have been:

- 13 actors, (five patients, involved in a focus group; three mental health professionals performing as actors and five other citizens, involved by means of in-depth interviews)
- 7 spectators, (three members of patient's families and four other spectators not personally involved)
- 8 health professionals differently involved in the project (three health professionals as managers of the project: two psychiatrists and one psychologist; three "observers" not directly involved in the project: a psychiatrist, a nurse and a social worker; two acting teachers).

The total number so consisted in: One focus group (5 individuals) and 23 in-depth interviews.

3.2. Instruments and procedures

The research group prepared an interview draft according to the suggestions given by the PMHS's team. Some photos, taken during the performance, were used as visual stimuli to elicit the expression of the emotions both in the interviews and in the focus group.

The main topics treated in the interviews and focus groups were:

- Subjective concept of wellbeing;
- Perception of the mental illness;
- Relatives and audience's perceptions about actors' theatrical competence after the performance;
- Changes after the experience;
- Increased (or decreased) participation in the other local community activities.

Every interview lasted about one hour and a half; each of them was registered and transcribed verbatim, granting privacy and anonymity to every participant. Participants have been contacted by the researchers and interviewed both in the PMHS (professionals) and during the rehearsals (actors and acting teachers), while relatives and audience were contacted during the performance. Focus group with actors-patients was carried out in the PMHS office.

3.3. Data analysis

The qualitative analysis, inspired to the *"Grounded Theory"* approach, and proceeded along these steps:

- data collection and analysis were carried out simultaneously, the collection of interviews was stopped when no other interesting elements were emerging to extend our conclusions (theoretical saturation);
- for theoretical sampling the choice of participants to interview have been not aprioristic, but emerged step by step. "Negative cases" (people who were not directly involved in the experience, e.g. audience and some of the professionals) have been considered too.

The coding phases have been discussed among the research group to reach an agreement on the definitions, then the labels have been assigned to the codes and the underlying contents were analyzed. The software Atlas.ti for computer assisted qualitative research was used. We will show in the graphs the emerged macro-areas of contents and how they consist of codes with different level of importance and closeness to the main category. We will present explanation and interpretation of findings as a narrative, using the participants' words (*quotations*). Each of the links between two codes is established by one (or more) significant quotations that explains that relation.

In the text macro-areas and codes are marked in bold. Participants' quotations have references – generated by software Atlas.ti – that respectively indicate the number of *Primary Document* in the software, the progressive number of the quotation, and its line number in the document.

4. FINDINGS

We are showing here only the main results, related to the most relevant and meaningful points of view. For the sake of brevity we cannot report here all the other interesting voices, as negative cases or acting teachers. In a further wider study we could expose the whole results.

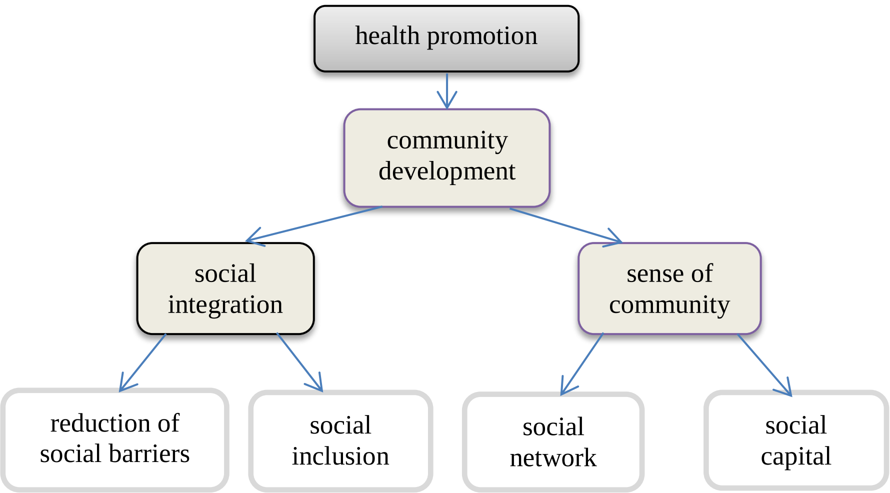
4.1. Professionals

The most relevant topic presented by professionals concern the relation between the value of the theater experience, and the needs and problems met by the PMHS. They talk about the new kind of patients and their greater perception of social stigma, which often hold the call for help back because of the fear to be labelled as a fool, particularly in youth.

The increasing presence of young people with severe mental illness lead the service to renovate some therapeutic strategies, including the theater, as a more acceptable way to promote recovery and reintegration into the social network.

Professionals are concerned in patients' health promotion (Figure 1), which means not only to reduce symptoms but also to increase socialization and participation in the daily life relationships. They underlined also the great differences among patients: *Patients are changing. Young people with severe psychopathology are arriving at the service ... very young. For these younger patients it is absolutely important to be in touch with peers, so we decided to promote a theater workshop for them, to facilitate the integration…* (Professional, 20: 3, 8).

Figure 1. Health promotion.



To be more effective in activities aimed to mental health, community development – as the process towards improved networks for social support and socialization – is a critical point.

This includes social integration: ... *as soon as the curtain of the theater was opened the first day, the stage was full of people! It was surprising for us… because working with mental illness… we always feel isolated… generally we are asked for interventions in removing problems* (Professional, 20: 5, 8); reducing social barriers and above all the stigmatization: *Working together in a group, with other citizens, is important for patients… who may become active participants. So they may reveal their skills, their capabilities, their "normality"… the normal part of themselves* (Professional 33: 17, 13); through this kind of action social inclusion may be possible: … *finally there were forty persons on the stage, and ten of them were patients… and therefore it was no longer a project for patients! Patients were on the stage, but no one noticed them* (Professional, 20: 7, 8).

The final outcome is to build a sense of community, consisting primarily in a better sense of belonging and in a greater emotional sharing: *another important thing is that… there is a harmony, a synergy, a membership expresses by the group. This means that the distance among us may be reduces. And this isn't simple to do for all the patients* (Professional, 33: 12, 10); increasing social networks: *they had the opportunity to improve their relationships, also weak ones, not necessarily close and meaningful, but, however, they felt as part of the community, where it's possible to meet the others without feeling lonely* (Professional, 20: 22, 12); and the social capital: ... *the well-being is important for everyone. We live together, and if the person close to me feels bed I can't say "this is his problem". Indeed, it's also my problem, because I cannot live well with someone with a health problem…* (Professional, 14: 17, 36).

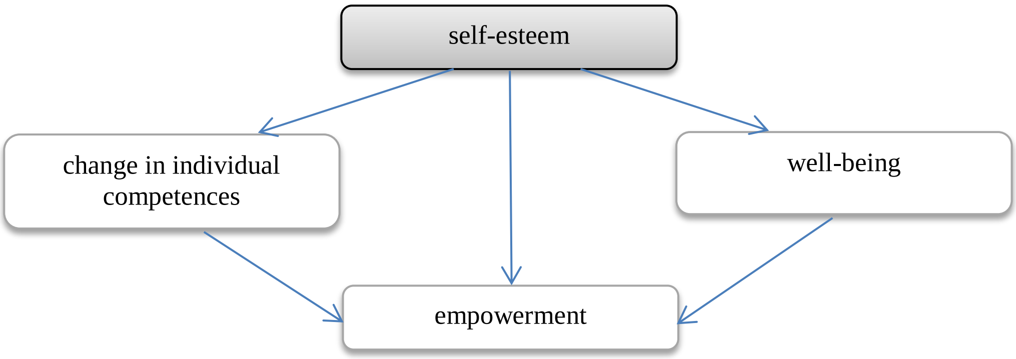
4.2. Relatives

The actors' relatives valued this project as a way to promote individual serenity and a change in the social bonds building. Relatives often describe experiences of indirect stigma concerning their son/daughter or husband/wife, thus, to see their relative in a social place, with other citizens, playing theater, was always described as a significant positive event for them.

Relatives generally perceived positive changes and recognized the importance of theater as a way to grow together and deal with others, increasing patients' self-esteem and their active participation. At the same time they also noticed their personal growth, reducing the self-labeling processes (Figure 2).

The first consideration offered by many relatives was that the patient's self-esteem has been increased: *a positive experience for them, for all of them. They learnt to have confidence in themselves and to live with others* (Relative, 12: 12, 42).

Figure 2. Perceived changes.



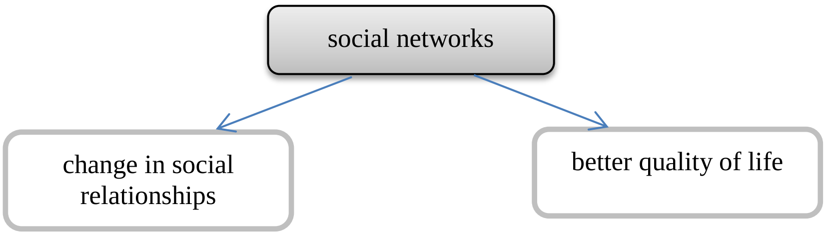
Relatives noticed a change in individual competences: *Especially at the beginning… the contact with others [was difficult]… then, being more able in public speaking… and overcoming the shame…* (Relative, 13: 6, 32); and so a greater feeling of well-being: … *self-confidence… or maybe greater quietness* (Relative, 13: 12, 40); … *a strong emotion… I thought that he should do it more frequently! It would be really a good thing for him…* (Relative, 12: 10, 38). Consequently, the main implicit output they talk about was the empowerment of the participants.

Empowerment is described as a process from learned helplessness towards the capability to control one's own life, actively participate and act in a group. This code seems to be embedded in quotations like these: *Perhaps it's a way to compare themselves with other people… and surely this may influence positively their self-presentation, the way of speaking, especially for shy persons…* (Relative, 13: 1, 9). …*Well, before the performance she was very excited!* … *However she managed her emotion, and carried out her assigned task* (Relative, 11: 23, 48).

4.3. Actors-patients

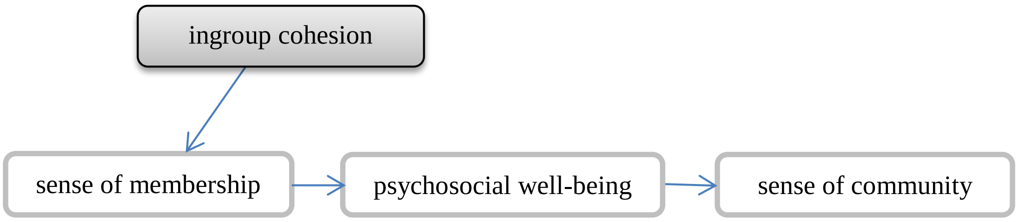
The patients participating in this activity perceived it as a way to create social bonds and improving their quality of life. Talking about the performance, the sense of cohesion among all the participants was emphasized. Thus, the quotations from the actor-patients were aggregated around two main codes: the building of social networks and the ingroup cohesion.

Figure 3. Social networks.



They noticed a change in social relationships: … *once I was very shy, but the theater experience has helped me so much… Now I feel better and I have found lots of friends, I know all of them* (Actor-patient, 7: 29, 195). Then the friendship seems impact also on the quality of life: *before [this experience] I was alone, without any friends […] working together we may better know each other, socialize. We could come here often and meet our friends…* (Actor-patient, 7: 8, 81; 3, 165).

Figure 4. Ingroup cohesion.

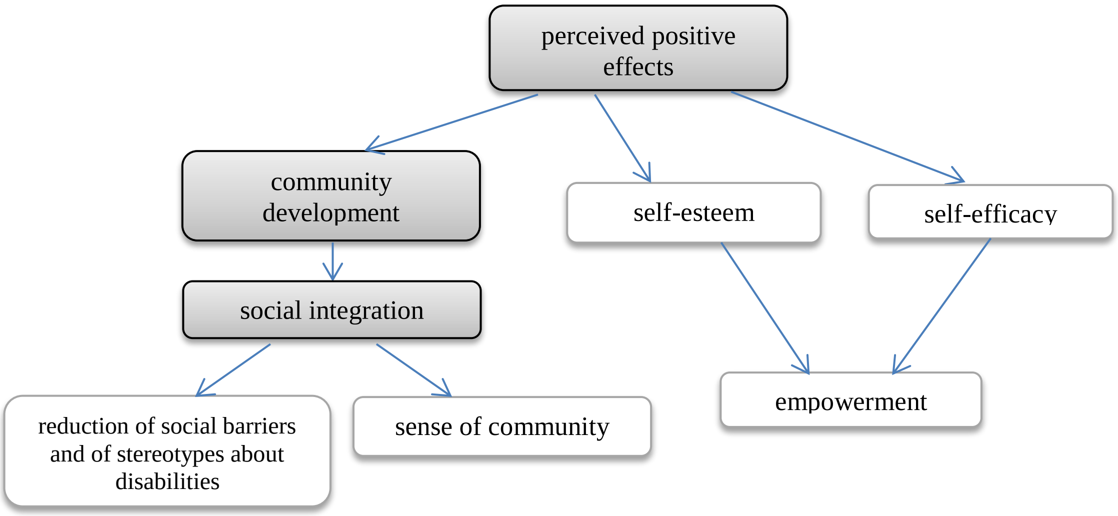


The ingroup cohesion has been perceived as a powerful condition which led to a strong sense of membership: *We perceived friendship and a sense of contact among us…* […] *we felt so close one another that the audience was a surplus* (Actor-patient, 7: 18, 154; 25, 230). Also in this case psychosocial well-being was cited: *We felt a "hymn to the pleasure"* (Actor-patient, 7: 23, 270), said emphatically one of them.

In a circular way, this process seems to strengthen the perceived sense of community: *Unity is strength!* (Actor-patient, 7: 21, 216); … *a sense of cohesion… the unity among everyone… I think that unity perhaps comes out from this [experience]…* (Actor-patient, 7: 39, 214).

4.4. Actors-not patients

Figure 5. Perceived positive effects.



Many relevant observations came from the interviews of the other actors. Like the patients, they perceived the social theater as a way of personal growth and social development, affecting their self-esteem and promoting the appreciation of their own talents, Moreover, they receive an additional reinforcement by the awareness of their social commitment towards the integration of people with mental illness: … *if we are able to bring on the stage some people with psychiatric disease, which are always ashamed, I should think it's fantastic! I think it's good for them and also for our society…* (Actor not-patient, 8 : 64, 41).

On the individual side, it may be observed an increased self-esteem: *Well… the fear of forgetting a cue or speaking not so well… However it was a challenge that gave me more confidence… and let my self-esteem grown up, too* (Actor not-patient, 3: 8, 13); and self-efficacy: *I think it is important for everyone, not only for patients… I think it is important for an individual to say "I staked myself and I did it! I didn't turn back, I was worry but I didn't run away"… I think it is nice* (Actor not-patient, 6: 44, 51).

As in the other cases, an embedded process of empowerment is recognizable: *It's a good experience for those who don't want to dominate the others… the social theater… I think the first rule is to help others to fulfil themselves* (Actor not-patient, 6: 26, 64). Even in this group we can talk about community development: *If there had been more participation we would have more integration for these persons… they are always seen with some special attention: "It may be dangerous! Maybe is better to keep them away". Instead they are persons to keep close to us… We have to help them as much as possible, to stay close to them… They have to stay 'inside' the local community… for a better inclusion* (Actor not-patient, 8: 19, 28). So it will be possible to obtain social integration:*… it's a way to learn how to live together: [this experience] teaches you to accept differences…* (Actor not-patient, 6: 12, 51).

Even the reduction of social barriers and of stereotypes about disabilities has been perceived: *On the stage, in this performance, there were the same fears, the same emotions… we were the same people…* (Actor not-patient, 32: 6, 24). And, finally, an increased sense of community came out: *I like this mix of people… there is no ghetto here …* (Actor not-patient, 3: 37, 24).

4.5. Audience's point of view

The audience perceived the usefulness of theatre for enhancement of patients' self-esteem and self-efficacy. Some of them saw the project as an instrument to promote awareness about the mental illness. For others, however, this aim was considered almost impossible to achieve;

It's difficult to forward the message [to the society], … I don't think it's so easy to make people aware of issues like these…Perhaps it's more useful to those who perform the play than to the society (Audience, 28: 17, 35). Moreover they acknowledge the effects on patients' relatives: *I imagine that it was a pride for parents to see his son performing a play… and this is important* (Audience, 29: 12, 30).

4.6. Perceived weaknesses

Participants also highlighted weaknesses in this experience: some of them are organizational difficulties, as the lack of time to prepare performances, or the unsufficient funding to guarantee the continuity of the project. Others weaknesses were related to an irregular attendance at the meetings, so the group wasn't steady. Actor-patients claimed their wish to change repertoire, without a repetition of the same plays, even though may be difficult for them to learn a new role.

An interesting quotation came from a professional who was involved also as actor: ... *I am afraid to make a mistake, to forget a cue… but I have also to pay attention to patients… I have to hold my anxiety and their anxiety… this was the main difficulty* (Professional, 17: 13, 15).

Professionals underlined other important aspects: the first was related to *the possibility to stop and rethink of experience […] it would be necessary to verify our activity, monitoring it so to understand if it works, and how it works* (Professional, 24: 34, 26; 32, 26).

But the most critical aspect was: *…how can we transfer positive outcomes of this patients' experience in everyday life?* (Professional, 25: 35, 25), *… in everyday life, perhaps there is less ignorance about mental illness than in the past, but the culture of fear is still present* (Professional, 24: 63, 38-39).

5. DISCUSSION AND CONCLUSION

According to literature, results show the perception of the effectiveness of theater as a powerful instrument to improve the quality of life of mental patients, according to Moran and Alon (2011). The empowerment process is realized by the definition and the achievement of a common aim, experiencing a new image of self and the building of new relationship. This is one of the main strengths perceived by participants, in accordance with Faigin and Stein (2010).

Positive effects are highlighted in the individual and social sphere: these are identified in the increased self-esteem and social skills both for patients and other actors. Moreover, positive effects are underlined by patients' relatives and PMHS professionals. For the latter this experience has been important also to redefine themselves and their professional role, an issue not enough deepened in previous studies.

Actors – both patients and not-patients – underlined the importance of sharing the management of the activity and the organizational decisions about it, their participation in planning and realization, the involvement of both citizens and professionals in the same objective were indicated among the strengths of the research.

The group was perceived by all the participants as a powerful resource: while the explicit aim was to realize the show, the community indirectly enriched social networks, rediscovering values as in-group cohesion and friendship. The participation seems to have favored a real reduction of social barriers, enhancing the reintegration process in the local community. These topics had a relevant space in the majority of the interviews.

To sum up, the analysis suggests some guidelines to set up similar experiences:

- a key element of the social theater was the style of the advertisements and dissemination. Every message indicated the provision of a resource for the whole community. This was even more effective in the small local dimension where the research took place. For example, the final event arranged in the city theater was really presented as a cultural opportunity for the citizenship and not as a voluntary or charity action;
- an element of the success was a sufficient guarantee of privacy to prevent the identification of different kind of actors. Even if sometimes people understood more than they heard, all the possible labeling procedures were avoided; no one knows who was a MH patient;
- professionals were coherent in recommending this activity to their patients and also to other citizens. They really supported it in every step of the management, sometimes taking a challenge personally;
- the presence of experienced acting teachers was essential to adapt the script to the particular needs of actors.

6. FUTURE RESEARCH DIRECTIONS

Future research directions will aim at involving other elements of the local community such as schools, which may be a powerful instrument for spreading knowledge and commitment not only in young people, but also in teachers and students' families, so to create ties with other knots of the social network. A suitable outcome may be a *system of care*, involving social, health and educational institutions, suggesting a way to conceive the well-being promotion related to other life environments, as leisure or sport or entertainment activities, so to build a community able to contrast stigma and to foster social empowerment. A community that cares.

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