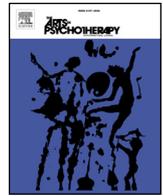




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journal homepage: www.elsevier.com/locate/artspsycho

Research Article

Changing identities through Staging Recovery: The role of community theatre in the process of recovery

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ARTICLE INFO

Keywords:

Recovery
Addiction
Identity transformation
Arts based interventions
Community drama

ABSTRACT

This study aimed to explore the experiences of six performers following their engagement in a community arts intervention called Staging Recovery. Staging Recovery is a three year drama project, delivered by The Geese Theatre Company, working with people marginalised within society and recovering from substance abuse. The study used Interpretative Phenomenological Analysis (IPA) to collect and analyse the data as IPA allows the exploration of sensitive and unique experiences; more so, it encapsulates the voices and experiences of participants, ensuring they are central to the phenomenon under examination. Nine themes emerged from the analysis, with five of these relating to Social Identity Theory. For the purpose of this paper, discussion centres on one theme: A Changed Identity is experienced through Staging Recovery but the Addicted Self is ever present. This theme highlights the identity transformation made by participants as a result of engaging in Staging Recovery; however, it also provides a spotlight to the inequalities and social barriers experienced by participants that continue to thwart their efforts to change and thus compromising efforts to true identity transformation.

Introduction

In England it is estimated that over one million adults are dependent on alcohol or drugs (Public Health England, 2018) with at least 52 health related risks directly attributed to alcohol use, including: liver disease, various cancers, depression, diabetes, stroke and death (Jones & Bellis, 2013). Multiple risks are associated with illicit drug use, including: premature death, increased self-harm and suicide, transmission of blood-borne viruses such as Hepatitis B and HIV, and physical injury (Burkinshaw et al., 2017). The consequences of dependency are a public health concern. The effects of dependency reach beyond the addicted individual, impacting families of users and wider society, in terms of social, economic, health, and legal ramifications. It is imperative therefore, that appropriate support is provided to those dependent on substances to help them recover and live a healthy, fulfilled life.

In the field of addiction, significant interest has been generated by the notion of *recovery capital*. First coined by Granfield and Cloud in 1999, recovery capital is defined as the availability and access to resources that support the recovery process. These resources, like social capital, require the exposure and access to social and structural mechanisms. Recovery capital, like social capital however, is not achieved by exposure alone, instead, people in recovery also require individual resources that aid recovery, such as: personal and psychological

strengths (Best, Hall, & Musgrove, 2018). To help improve people's recovery capital, consideration of three interdependent ecological levels are required, these include: The individual level (physical, human, personal recovery, growth), the micro level (social, family/social recovery) and the meso level (cultural and community recovery) (Hennessy, 2017). Inter-dependence of all ecological levels is critical for successful recovery, as focussing on the individual alone, is unlikely to generate success (Brooks & McHenry, 2015).

Like all change, however, the process of recovery is dynamic and unique and the interaction of resources available can both, impede or contribute, to the recovery capital available. Indeed, the socioeconomic status to which substance users belong determines the amount of accessible recovery capital. Thus, those in society belonging to lower socioeconomic groups are often greatly disadvantaged, and less likely to recover from substance use when compared to those with an abundance of social and economic resources (Hennessy, 2017). Addressing this imbalance is essential, as indirect discrimination in recovery is likely to lead to further harm, continued substance use, and disadvantage to those (and their families) needing the greatest support.

Understanding what prevents access, and engagement to social and economic resources is essential. One theory that may help explain this issue is the notion of Social Identity Theory (Tajfel, 1974). Social Identity Theory states that groups and communities function because individuals adhere to group norms and values; these norms and values

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<https://doi.org/10.1016/j.aip.2019.02.002>

Received 18 October 2018; Received in revised form 13 January 2019; Accepted 10 February 2019

Available online 18 February 2019

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serve as a guide to group members' behaviours. Indeed, belonging to a group strengthens a person's identity and predicts behaviour. Thus, a person affiliated with a group in which harmful substance use is the norm, will likely engage and adopt behaviours that are harmful. When attempting to foster new pro-social behaviours and perhaps affiliation to non-substance supportive norms, it is not enough for a person to simply be allocated to a new group and expect affiliation to automatically occur, the individual has to first internalise group qualities. When such internalisation occurs, the person's sense of self is attached to the group and their self-efficacy driven by the shared purpose and interest of the group (Tajfel & Turner, 1979). Thus, providing arbitrary opportunities and resources and expecting people using substances, to automatically affiliate with a new group and change their behaviour, is insufficient. Instead new identities must be nurtured through the exposure of new social groups that help define a new identity of recovery (Best et al., 2016).

Identity recovery works best when: treatment is delivered alongside others who are also in recovery; are peer led; delivered offering group support, and pro-social networks (Bathish et al., 2017). Such groups help those in recovery to develop normative values and in-group attachments that ultimately give people a shared sense of recovery identity and meaning. The role of social identity is therefore an important area for those providing recovery services. The use of arts-based pursuits such as 'community drama' have a rich history supporting change in various populations and across multiple areas including: health, personal development, and social development (Fernández-Aguayo & Pino-Juste, 2018). The purpose of this study is to explore one such project delivered by The Geese Theatre Company.¹

Context

The Geese Theatre Company (often referred to as Geese or Geese Theatre) was established in the UK in 1987 and works within a range of criminal justice and welfare contexts. The theatre company has traditionally worked with people convicted of criminal offences (including contexts such as youth offending, adult prisons and probation) as well as providing training for criminal justice practitioners (Blacker, Watson, & Beech, 2008). Using drama and theatre techniques, facilitators work with participants, usually in groups, to help practice skills to prevent further reoffending, explore difficult emotions or behaviours, or, build strategies to cope with problems in life. While criminal justice has dominated much of the Geese Theatres work, this is not at the exclusion of other social welfare concerns. Thus, Geese have delivered non-criminal justice projects working with groups such as; military veterans, women living in crisis often as a result of domestic abuse, young people leaving the care system, and people recovering from addiction.

While much of the Geese Theatres work is delivered across the UK, the Staging Recovery project, is based in the community of Birmingham City, home of the theatre company. While, the project receives self-referrals, most come from community agents working with this population, including, local drug and alcohol treatment centres, mental health teams, homeless shelters, and probation. Inevitably, participants referred, have a range of complex needs including, long term social, psychological, and economic hardship. While some, have a history of criminal convictions, many do not.

Staging Recovery is delivered to groups of up to 12 participants, who attend approximately 12 all-day sessions (delivered three times a

week, for four weeks); culminating in two performances; one in a 'traditional' theatre context, the other, in a less formal community setting. Less traditional settings have included, Higher Educational contexts, mental health facilities, and drug and alcohol treatment centres.

Sessions are delivered and led by two trained group work facilitators, who use a range of drama-based techniques, including many of Geese's own drama methods (Baim, Brookes, & Mountford, 2002). Sessions are purposefully interactive, experiential, and led by participants own personal experiences and interests. Early sessions are designed to explore issues and ideas for the final performance, with mid-project sessions producing and developing the piece, and later sessions, practicing and refining the performance. Thus, the intensity and focus of the performance increases over the four weeks. However, a typical session would include some core features, including time spent "checking in." This provides time for participants to share/raise concerns or issues (not necessarily addiction specific) as well as fostering a supportive and open tone for the group. Following this an ice-breaker or warm-up game takes place. Facilitators chose a game most appropriate for the dynamics and mood of the group. When the group is fully warmed-up, focus is then given to the performance. At the end of the day, a "cool-down" game and a debrief takes place.

Development of the final performance, although led by Geese facilitators, emerges from participants engaging in scene work and role play. For example, at the start of the project participants are asked to bring in an object, think of an experience, or a feeling (not necessarily related to addiction or recovery); working in pairs, participants develop a scene around the item. Performing each short scene to the rest of the group, discussion and further scene work helps refine the idea and performance further. This process continues until, as a group, focus and structure to their piece begins to form. Participants engage in activities of scripting, directing, and performing, over the remaining sessions. To help develop needs that are specialist and technical, Geese often arrange professional artists to deliver guest workshops to participants. To date these have included sessions on poetry, dance, music, and stand-up comedy.

The project aims to work in a meaningful and creative way with people in recovery. Importantly, it also aims to serve as a vehicle to expose those least likely to engage in a creative space to increase access to resources that might improve the social and recovery capital available. This study examines the unique experiences of six participants following four weeks with the Geese Theatre Company culminating in two community performances in late 2017.

Method

Given 'addiction', 'recovery', 'identity', and so on, are subjective constructs, embedded within social, historic and cultural meaning (Burr, 2015); Interpretative Phenomenological Analysis (IPA) was used to facilitate understanding of idiosyncratic experience. IPA allows the exploration of sensitive and unique experiences (Smith & Osborne, 2008), encapsulating the voices and experiences of participants (Larkin & Thompson, 2012). Indeed, the intent of IPA is exploratory not explanatory thus, the open research question asks: What are participants' experiences of Staging Recovery and what meaning do they make of this experience in light of their experiences of recovery and addiction?

Ethical approval was gained through Birmingham City University Ethics Committee.

Sample and sampling

Purposive sampling was used to select participants who had engaged in Staging Recovery and performed in the final piece. From an Interpretivist perspective, the need to generalise findings is not of interest, instead, the exploration of unique meaning and experience, determined the need for a small sample. Six performers were part of the

¹ The terms 'community drama' and 'drama-based approaches' are used to refer to methods used by The Geese Theatre Company when delivering the Staging Recovery project. Theatre and drama techniques are used to help participants work positively within groups and promote personal change and growth. While, therapeutic approaches and principles are adopted by facilitators, the project is not 'drama therapy'. As such, this study does not aim to examine this project through a drama therapy lens.

Table 1
Demographics of sample.

Name	Gender	Age	Substance	Approx. Time in Recovery (years)	Previous experience with Geese	Interview length (mins)	Brief introduction to the participant
Louise	Female	39	Alcohol	4.5	Yes	91	Louise has been recovering from alcohol use for over four years, during this time she has experienced several lapses. She reports experiencing significant mental health such as depression. Louise found herself with a criminal record and community sentence as a result of a violent assault during a significant period of alcohol abuse. Louise carries great shame and guilt for her substance abuse not only because of the impact of the alcohol use on herself but also on her family and children. During her period of sobriety her relationships with her children have greatly improved as has her confidence and self-esteem during her time with Geese Theatre.
Alison	Female	57	Alcohol	6	Yes	83	Alison has been in recovery for at least six years but still experiences significant physical, mental health, and social impacts as a result of her substance use. Alison spent time living in a recovery community and although relapsed during her first attempt was able to successfully complete treatment at her second attempt. During both periods of alcohol use and sobriety Alison has experienced periods of and unemployment, homelessness, sexual abuse, and violence. She discussed losing intimate relationships with family and a partner, for which she deeply regrets. Alison draws on a religious faith as well as some social connections she has made during a period of recovery.
Deborah	Female	58	Alcohol	6	Yes	57	Deborah is married and lives with her husband who is also recovering from substance abuse, she reported being free from alcohol for at least six years. Deborah has spent time in treatment and recovery centres but has lived independently in the community now for many years. Deborah discussed during this interview the loss of her son who was taken into care due to her being unable to care for him. This loss had a profound impact on Deborah. Deborah also disclosed experiences of sexual abuse at the hands of her father for the majority of her childhood. Her relationship with her family, as a result of disclosure of the abuse, has broken down, as such, her family ties are limited.
Shaun	Male	58	Alcohol	6	Yes	108	Shaun is single and has one adult son who he has a very positive relationship with. Shaun reported during his teens and early adulthood a lifestyle embedded within a male dominated culture of football and football hooliganism. This lifestyle was dominated by alcohol and alcohol fuelled activities. While on the one hand Shaun reports growing up in an extremely male dominated culture, since his recovery he has embraced alternative cultures.
Matthew	Male	43	Alcohol	3	Yes	83	Matthew lives with his partner and new born baby. After spending time in a treatment centre Matthew now lives independently and has been free from alcohol for at least three years. During periods of drinking Matthew reports significant periods of stress and pressures from both his work and personal life choices. After re-evaluating his life, Matthew now embraces alternative experiences, his philosophy in life has changed in an effort to protect his well-being. Matthew in particular embraces new challenges and is interested to self-develop and grow.
Thomas	Male	60	Gambling	Active	Yes	101	Thomas unlike other participants has experiences a gambling addiction; he does not describe himself as an ex-gambler but instead claims that he now controls his addiction by putting measures in place to ensure his gambling will not become out of control. As such Thomas is still actively gambling. Thomas has spent periods of time homeless or in temporary accommodation as well as periods of incarceration for offences such as fraud. Thomas is unemployed but is active within his community and had engaged in a choir and band.

ensemble and all six agreed to take part in the study. A summary of the demographics of participants is provided in Table 1. Names are pseudonyms.

Recruitment

Participants were first introduced to the study at the start of their Staging Recovery project by the researcher who attended one of the first sessions. During this first session, she was able to introduce herself, discuss the purpose and aims of the research and explain the requirements of participating in the study. Time invested by the researcher in getting to know the participants outside of an interview context, was valuable. This allowed participants and the researcher to build rapport, prior to the interview.

At the end of the project, Geese facilitators, invited performers to participate in the study, they provided information sheets outlining the project, including the contact details of the researcher. Participants interested in taking part in an interview were allocated to an interview date and time, and their name was passed on to the researcher ahead of the interview. Participants were free to withdraw at any point.

At the point of interview, the researcher went over the participant information sheet to ensure the participant was made fully aware of the project and the requirements for participation. The participant was given the opportunity to ask further questions and of course leave the interview and withdraw their involvement in the study at any point. Participants were required to sign a consent form before the interview started.

Data collection

Interviews took place in a local community centre, in a private room, with only the researcher and participant present. The researcher used an interview schedule; however, the nature of IPA means interviews are more conversation-like than a formal interview; as such, discussion centred on what was important to the participant. Discussion concentrated on participants experience of Staging Recovery, The Geese Theatre Company, their life experiences, and journey of recovery. Interviews were audio recorded and transcribed verbatim. Transcriptions were anonymized to ensure no participant or person could be identified. Participants were offered a hard copy of the transcription.

Data analysis

Data was analysed using four analytical stages of IPA as detailed by (Osborn & Smith, 1998), these are summarised in Table 2, adapted from Kewley, Larkin, Harkins, and Beech (2016) to reflect the use of qualitative software package NVIVO 11.

Quality

When carrying out an IPA study, as with all qualitative research, ensuring validity and quality is essential (Smith, Flowers, & Larkin, 2009), as is the need for effective data management. To ensure this, an independent audit tool was used. Independent audit provides transparency and ethical rigour by ensuring all documents are stored, filed, and recorded, in such a manner that a clear audit trail is available (Larkin & Thompson, 2012). The audit includes documents such as, the research proposal, ethical application, notes from early meetings with the host, evaluation and progress reports, researcher journal extracts, interview schedules, audio tapes, transcriptions, notes made on transcriptions, tables detailing the development of themes, as well as drafts of written up themes.

Results

On completion of the analysis a total of nine themes emerged, detailed in Table 3.

Central to this paper is the notion of identity, not an uncommon theme to emerge from the use of IPA (Smith et al., 2009). Indeed, across five of the nine superordinate themes, explanations of identity and identity change were found. Fig. 1 provides a view of these and the participants' in which each subordinate theme is related. Each participant is represented by their initial. Manuscript word count limitations prevent all themes being discussed here in full but are detailed in Table 3. Instead, one theme: *A Changed Identity is experienced through Staging Recovery, but the Addicted Self is ever present*, provides an excellent platform for the subsequent discussion. As is often the case in phenomenological exploration, large volumes of data are generated (Smith et al., 2009). To ensure full representation of the experiences of participants in this study, regrettably, not all findings are fully discussed in this paper. However, all super and subordinate themes are clearly documented, as the author recognises the aversion to dividing up results across different publications (Mojon-Azzi & Mojon, 2004; Rogers, 1999). Should the author choose to publish remaining themes in full, there will be no duplication or re-presentation of this theme. Indeed, a clear link to this paper will be made.

The remainder of this section details the superordinate theme: *A Changed Identity is experienced through Staging Recovery, but the Addicted Self is ever present*. This section provides a description of each subordinate theme along with analysis and participant narrative. In keeping close to the character of IPA, the author aims to remain as close to the essence of participants experience and thus, many of their own words are illustrated throughout. A final word regarding the choice to include the participant Thomas, who describes himself as having a gambling not substance addiction. The decision is intentional; even though the source of his addiction is different to the whole group, IPA does not strive for homogeneity across the sample in the same way other approaches do. Thomas' experiences of recovery through community drama are deemed equally valuable indeed, the idiosyncratic nature and interest in IPA, also allows for such inclusion.

A changed identity is experienced through Staging Recovery but the addicted self is ever present

Collectively, superordinate themes demonstrate the dynamic process of identity transformation for participants following their time with Staging Recovery. Participants present identities that resonate with both an 'in recovery' identity and one of addiction. While addiction is in the past for most participants (Thomas disclosed a continued use of gambling), commentary of who they are today, continues to include elements of harmful labels associated with an 'addicted' identity or an 'addict in recovery.' Not one participant describes themselves as 'recovered'. Despite this, participants report, that their participation in Staging Recovery, has strengthened their resolve. Each superordinate theme will be presented in turn, for brevity; a selection of quotes from participants that capture the essence of the theme are included.

Addicted vs. sober self

Identities are described using language such as 'sobriety' and 'addiction' rather than 'recovery', they are used in the present tense but shift between descriptions of their self as an addict and one being sober. Identities are described as uniquely separate, Louise describes, 'me now, sober, to me drinking, is two different ladies, it really is.' Louise drank to self-soothe, her personal experiences with alcohol are complicated, combined with mental health difficulties Louise reports that although her 'doctor offered me depression tablets 16 years ago I, didn't think I was depressed, but I just drank to self-medicate.' Now understanding her mental health condition, and receiving treatment, Louise can distance herself from negative behaviours she attributes to bouts of

Table 2
Interpretation of Osborn and Smith's (1998) four step analysis process using NVivo Software.

Step	Summary
Step One – familiarisation of transcripts	<ul style="list-style-type: none"> ● Transcripts are first read and then re-read, while listening to the audio of the interview – allowing for the re-familiarisation of the participant and their narrative ● Initial thoughts were documented using the coding option in NVivo
Step Two – Line by line analysis	<ul style="list-style-type: none"> ● Step two requires a close line by line analysis of the text ● Detailed notes and comments are made through the development of codes ● Codes include commentary on conceptual observations, the linguistic style of the participant (e.g. pauses, repetition, tone and laughter), insightful descriptions provided by the participants, and commentary that was important and relevant to them personally ● This step was repeated to ensure all text and narrative was analysed and interpretation documented. Where required codes were re-worded, collapsed into each other, or new codes altogether were formed
Step Three – Shift from analysis to interpretation	<ul style="list-style-type: none"> ● A summary overview of each interview, participant and key observations was then made on a separate Word Document ● Here a shift from observation to interpretation occurred through the emergence of clusters or themes. This involved drawing together commentary and interpretations, and then mapping these into meaningful clusters in NVIVO ● As clusters developed a title, a description of the cluster also emerged, this was documented on a separate Word Document ● Moving chronologically through the interview transcript, data was added to existing clusters and where appropriate new clusters identified ● NVivo ensured emerging clusters remained close to the participants' narrative, as quotations or phrases spoken by the participant are highlighted and associated in the software to each code and cluster. Page and line numbers are also recorded for an audit trail and ease of access ● The coding framework served as a map for each of the remaining transcripts. Where new codes emerged, these were added, with previous transcripts being considered in light of new codes
Step Four – Theme development	<ul style="list-style-type: none"> ● With all transcripts analysed, clusters from each transcript are drawn together into larger and more concrete themes ● This process was iterative and so required continued re-visitation of original transcripts and at times deeper (re) interpretation of narratives ● When themes were complete, a label or title for each theme was developed, representing both the essence of participants' narrative and researcher interpretation

Table 3
Nine themes from the analysis of Staging Recovery.

Superordinate Themes	Subordinate themes
The fear of Staging Recovery ending is detrimental to participants mental health	<ul style="list-style-type: none"> ● Anticipation ● Loss ● Mental health
When working on Staging Recovery, the sense of belonging and support is very strong; getting a physical buzz from just having fun	<ul style="list-style-type: none"> ● Physical buzz ● Belonging ● Challenged ● Feels good ● Fun ● Other interventions not as effective ● Passion for geese ● Sense of duty or responsibility to geese ● Addicted versus sober self ● Critical and fearful self
The commitment to Geese is strong as the experience is priceless and cannot be compared to any other intervention	<ul style="list-style-type: none"> ● Hard to explain why such a good experience ● Not judged ● Supported ● Trust ● Geese staff ● The geese experience is priceless and cannot compare
A changed identity is experienced through Staging Recovery but the addicted self is ever present	<ul style="list-style-type: none"> ● Staging Recovery supports identity transition ● Separate and secret self
Paradoxically, without offending or addiction, Staging Recovery would not be an option	<ul style="list-style-type: none"> ● Offending opens the door to Geese ● Shame and fear
Engaging in a Staging Recovery ensemble has improved health and well-being, sense of self, skills and social capital	<ul style="list-style-type: none"> ● Health and well-being (break from life, mental health, motivation to stay clean and healthy) ● Improved self (achievement, confidence, motivation, pride, purpose, self-esteem, self-awareness, self-belief) ● Employment issues ● Homelessness ● Hostile upbringing ● Loss ● Able to use other people's life experiences ● Anxiety of performing ● Catch ups are essential ● Moving on from geese ● Pace is fast ● Performing in theatre ● Processing experience after the event ● Consequences of addiction ● Different to others in recovery ● Experience of people in recovery ● Relate to others with the same substance issue
Performers are significantly socially, economically and psychologically disadvantaged	<ul style="list-style-type: none"> ● Improved skills (acting, coping, creativity, expression, planning, social skills) ● Social capital (new friendships, support, teamwork) ● Pressures on family children ● Psychological mental health issues ● Relationship breakdown ● Victim of sexual abuse ● Relationship with audience ● Responsive and dynamic ● Review or reflection on performance ● Something wonderful from nothing ● The importance of something tangible to take away ● Working under pressure
The process of Staging Recovery is important, it's fast, responsive, and dynamic nature engages and pushes performers to work under pressure.	
Staging Recovery provides an opportunity for people to relate and learn from the recovery experiences of others	

depression and periods of drinking, and not to her sober self:

‘With my depression, when I drink obviously it's all negative that comes out of my mouth, there's nothing positive. But then when I'm

sober I can flip the coin and think of something nice’

Offered in a present tense, as well as the combination of substance use and mental health demonstrates Louise's journey into recovery has

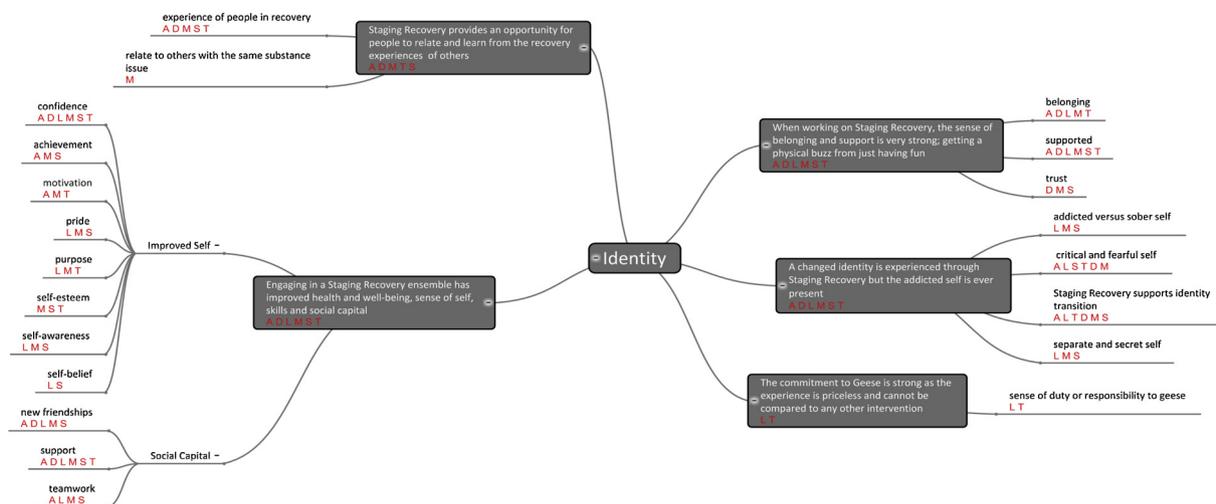


Fig. 1. Five Themes with connections to the theory of Identity. *A = Alison; D = Deborah; L = Louise; M = Matthew; S = Shaun; T = Thomas.

been a knotty process. Her overly simplistic explanation may represent her transitional status between an identity of an addict and someone in recovery for which she is yet to make full sense of for herself. She abdicates responsibility of her drunken behaviours claiming, ‘that isn’t me.’ And draws assurance from others within the community drama group to confirm that: ‘when I’m sober, I’m the nicest person you can come across ... apparently, this is what I’m told, I’m quite lovely and quite funny to have around.’ The opinion of others is perhaps further indication that she can only be a ‘lovely and quite funny’ person, when validated by ‘non-addicted’ others belonging to a more (perceived) superior ‘out group’.

A further tension between the development of an addicted and reformed self is reported by Shaun. He details a life ingrained in a macho culture, often involving alcohol fuelled violent activities, who as a young man, believed that:

‘Only drinkers are truly happy ... the only way you can be a real man was a football hooligan ... or fight outside pubs or inside pubs. Generally being obnoxious and a tough guy ... that’s how you earned your stripes. That’s what made you a real man ... who is the hardest football team ... all that gang mentality’

Unsurprisingly, the gang identity Shaun adopted into adulthood meant that anti-social behaviours often followed. Shaun was often involved in: ‘Fights and a few scrapes ... I broke my leg and broke my shoulder ... stitches ... I was always coming home with a black eye ... arrested for ... drunk and disorderly ... wake up in the cell in the morning ... I even got arrested abroad’

By stopping drinking however, the social identity he had adopted for most of his life, also ended. The need for Shaun to develop a new identity outside of this culture, has, however, been a challenge; particularly given that he still loves football, and is still in contact with his old friends. Shaun is no longer involved in alcohol or football related violence, and has been sober for the last six years, but, three years into his recovery, stripped of any identity, Shaun began to isolate himself, disengage from friends and with no new network to replace them, he experienced high levels of anxiety: ‘The anxiety was killing me rather than the actual illness.’

Developing a new pro-social network away from the safety of alcohol and his friends during his recovery was, therefore, very difficult. Since working with Staging Recovery, Shaun’s identity has developed. He learned how to cope with his fears and by allowing himself to embrace new experiences; although not easy, he remains; ‘scared that, deep down, you will be laughed at and judged. I’ve kind of learned ... to actually let myself go and ... for me to let myself go like that, it’s really tough.’ By actively seeking new community drama opportunities Shaun

learns more about himself and his own abilities; ‘the things that I couldn’t do, I can do.’ Interestingly, although drama has ‘become my new hobby, my new thing that I look forward to,’ he still holds a strong identity with his old cultural group and can ‘still slip back into that ... apart from drinking.’

As a result of the engagement in community drama, we see an upward trajectory in the identity transformation of some participants. However, for others who perhaps have been deeply scarred by experience, affiliation with an ‘addicted self’ is a strong force. We see this in the case of Alison. Her drinking was a regular part of everyday existence, ‘drink was an excuse for everything ... If I was happy, sad or anything ... for me drinking was part of my life, it was normal ... The local pub was my second home because I couldn’t stand being at home.’ Alison reports her ‘addicted self’ was not driven by addiction per se, but rather, a response to issues stemming from her childhood, impacting on early psychological development, mental health, and confidence as a young adult. Alison experienced homelessness and violence, the alcohol helped to dull her feelings; ‘I ended up just getting robbed of everything I owned right down to the clothes I was in ... I did suffer quite a bit of sexual abuse from guys ... The drink numbed everything.’ Now, six years into her recovery, Alison reflects on her process of change focusing only on the physical changes of recovery, she reports:

‘With all the drink and the smoking, the self-abuse, I don’t look as good as I did. I’ve still got a belly from the alcohol levels that I drank ... I’m losing my teeth and stuff, I’ve got false teeth ... I hated myself so much you know. I can remember I probably didn’t look in the mirror for about two years. When I did I looked in the mirror I didn’t recognise myself, that’s how much I’ve changed’

There are clearly positive health benefits to no longer drinking but Alison focuses only on the harmful physical consequences. Like Louise, she struggles to see her own positive internal change. Seeking assurance from others, her ex-partner tells her ‘there was never anything bad about you really.’ For Alison this validation is important because she ‘always thought I was a horrible person,’ even after her many years of sobriety, she is unable to identify goodness within herself. With ‘so many regrets’ Alison struggles to psychologically cope with her own experiences and the consequences of her behaviour towards people she loves: ‘I still re-live it at times and have flashbacks. It’s never going to go away; I’ve just got to learn how to live with it.’

This brief insight into the meaning’s participants’ make of their alcohol related experiences and their new Geese Theatre experiences show how difficult and complicated the transition to recovery can be. While the behaviour and association with being an ‘alcoholic’ has ceased, the internal affiliation with an addicted self appears to persist in

the majority of this group. Identities serve as a mental map of who we are; they develop, change, and are informed, by lived experiences and interactions with others. For those whose life experiences have been harmful, damaging, and where trauma remains, specialist treatment and support is needed, indeed, it is perhaps no surprise, that navigating new prosocial or positive mental maps, with such a context, is a real challenge. Participants' disclosures during this study, however, demonstrate that new identities can surface through the exposure of community drama groups such as that provided by Staging Recovery; albeit slowly, new identities can emerge.

Critical and fearful self

This superordinate theme is a view of the self, across at least four of the six group members, all held highly self-critical and negative perspectives of themselves. This critical and fearful view of the self was presented not only when participants discussed their life outside of Staging Recovery, but also when it came to performing with the ensemble. While self-awareness is important, a barrage of negative self-talk is also likely to be quite damaging. Indeed, for participants, their self-criticism was so harsh, it is considered harmful to the development of their new identities and abilities to affiliate with a new group. These vulnerabilities appear at times unintentionally magnified through the attachment and engagement with a community drama group.

The personal investment participants give to Staging Recovery are strong, for example, Louise relies on the community drama project to such a degree, she would be 'be devastated if they stopped,' she has worked with the theatre company for four years and does not 'want to leave ... I'd do it every day of the week if I could.' Likewise, Alison wants to 'stay with them as long as I can, I really do ... I want to keep going with Geese as long as I can because they're just amazing.' As does, Deborah who is not 'stopping this. No, no, I'm not going to stop something that I enjoy.' However, while strong group affiliation is important to group success, it may create unintended personal pressure to already vulnerable individuals, who want to do the right thing and get the performance right, not for themselves, but for Geese.

Group affiliation and attachment to shared goals is clearly strong here and a good indication of the adoption of a new group identity. Yet, because of participants fear of failure and low self-esteem, the drive for perfection unrealistic and results negatively for participants. For example, when Alison decides her work is substandard, she feels there is little point reengaging and so accepts defeat:

'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."

Likewise, even when others feel the rehearsal has gone well, Louise is dissatisfied with her performance:

'I hate it when I get things wrong when I'm rehearsing. I'm my own worst critic. They always say to me, "You're fine, you're fine," and I'm like, "No, it's not fine. I've got to do it again." I'm very precise, I like to ... Do you know what I mean?'

Her pressure is self-driven 'because I want to get everything right. If I ever went up there and did anything wrong, I would just crucify myself for the rest of the year, I know I would' and the consequences result in self-blame.

Wanting a performance to go well and being motivated to succeed are positive value and demonstrate strong affiliation. However, the fragility of participants' sense of self-worth means that failure is often internalised by harsh criticism of the self and not the performance of the group. Louise's critical voice is likely to stem from a place of low self-worth and esteem as a result of life experiences: 'sometimes I hate living with myself ... even I don't want to live with myself sometimes, so how can I expect anybody else to put up with me.'

Identity is bound by social, cultural and psychological experiences;

together these make us who we believe we are, and who we choose to present to the world. Experiencing new cultures, social groups and social rules can be a daunting experience, particularly when life has already made us vulnerable. Having the courage to embrace new opportunities, in spite of these fears, is as participants note, a difficult test. While participants are wracked with fear, shame, and even self-hatred, in spite of this, they continue to battle through. The fragility of participants' sense of self, however, makes them vulnerable and must be a consideration when working with this population. In saying this, engaging in the new and positive challenges experienced through community drama, is likely, to help bolster a more positive image of the self.

Staging Recovery supports identity transition

One of the useful ways to explore this theme is to examine the changes participants reported prior to their Geese experience. Participants in the main did not appear to see themselves as a person who would enjoy or even engage in drama. This was a result of feeling shy or having no confidence like Alison who, 'grew up with no confidence and I was very painfully shy;' Louise, 'was the woman who was walking round looking at the floor, head down, no confidence, probably weighed about six-and-a-half-stone, there was nothing to me;' Shaun, 'can see now, it was our own insecurities;' and Deborah had no knowledge of community drama, she felt she 'couldn't do all this six years ago, no way ... I probably wouldn't know them, or, never heard of them.'

Some traits and behaviours, prior to engaging in community drama, were deeply rooted. Alison, for example 'was very wary of people. I was too scared to have an opinion about anything ... I kind of grew up fearing people really, adults.' Yet through community drama her self-confidence is improved, 'Geese, they're a good confidence builder.' Now, she is less fearful and does 'love helping people. I can't help people financially, but anything else if I can help them I will.' Accept complements, is another example where for Louise notes 'five years ago, if I'd have had something that positive said to me, I'd have been like, "No, don't know what you're on about, you must be talking about somebody else." I would've dismissed it. I wouldn't have even stayed in that conversation, I would've walked away.' Whereas now, after her community drama experience, she is keen to receive audience feedback: 'I wanted to know what they thought, I wanted to know how they felt, and then that then made me feel better about it.' As her renewed sense of confidence slowly grows her old self erodes; Louise feels 'there's something about drama that does make me think, "Yes, I can do this now."' She feels 'to have someone to believe in you as well, it's lovely.'

Likewise, Matthew, 'loved getting the feedback from drama students. I thought that was really good ... it's so interesting to hear what you do is interpreted in so many different ways by people and for academic people to say [what] they thought.' Unlike most participants, Matthews' sense of self, pre-Geese, was not one that dismissed any creative curiosity while he 'didn't think I'd be doing things like doing Geese. I never thought I'd end up being at uni, to be quite honest,' however, he also did not expect to become addicted to alcohol. Indeed, 'I never thought any of this would happen.' It seems that for Matthew, circumstance and poor choices resulted in a life he was unhappy with and one he felt restricted and limited by:

'Things go in boxes. If you're a bit more of a free spirit, freelance kind of a person, that doesn't work, does it, that system? ... I think it took it me a while to understand that. I just, initially, thought, "I need to get married, because it's the thing to do" I felt like I spent 16 years ... not growing up. Well, not being myself'

Matthew reflects, with perhaps a note of regret, that 'a lot of the things, like doing this with Geese and other people that I've got involved with, it's only stuff that I should've been getting involved with years ago, but I didn't. It's a bit weird.' It appears Matthew, unlike other participants was previously exposed to good levels of social capital but

for individual reasons failed to engage. However, since being involved in community drama and other similar opportunities Matthew has begun to realise his true self.

Shaun's pre-Geese identity, somewhat clashes with his new affiliation; at times he is torn by what his new group association represents and how this might play out should the two come together. On the one hand he values and embraces this new creative life, indeed he immerses himself to such an extent, that his identity has been quite transformed, for example when not on a community drama project, he misses it:

'I'm starting this plastering and the guy who runs it is great. He used to work in prisons. I'm thinking, "I don't want to be here. I want to be back at Geese with my new buddies and I don't like you lot anymore. You ruffians" [laughs].'

This identity shift given the entrenched macho culture Shaun grew up in, where anyone engaged in community drama would be criticised and ridiculed, indeed Shaun himself has 'grown up criticising people like me who do [drama] ... I haven't totally crossed that barrier of the "drama is okay". Drama is okay in this world, but it's still not okay.' Shaun jokingly notes that he if told his mother he had become an actor her response would be: 'Stick to the drink [Laughter].'

It is to Shaun's credit that he continues to make changes in his life as the strength of 'out-group' labels and symbols continue to permeate into Shaun's sense of self. While he appears to have shaken most of his old life, i.e. he no longer drinks; he is not yet willing to reveal his true self to others outside of community drama, the pull to continue with the old self is strong.

For the majority of participants' their pre-Geese identities did not involve the arts or elements of creativity, instead they were driven by either alcohol fuelled activities or defined by negative external experiences of abuse and harm. It was only following exposure to community drama, through Staging Recovery, that participants consider a new creative sense of self.

Separate and secret self

Participants are somewhat reluctant to pronounce their affiliation or explain the community drama activities to outside social groups. This may indicate participants are yet to fully embrace a new identity and instead we observe identity transformation, in progress. For Louise, Geese are a 'little family thing ... it's like a little family group.' Community drama provides her with a bond and closeness 'it's amazing how close you get working with these people for four hours a day, you do have a friendship blossom as well ... it's just nice just belonging to a group as well ... it's having that belonging feeling.' Serving almost as a second family, the group share most intimate feelings and show vulnerabilities; she feels she 'can go to them and talk to them about anything, really, if I needed to. I kind of feel like they're a little second family for me.' As a result of the intimacy Louise experiences, she views the group as her 'private family.' who are supportive, allow friendships to blossom, and allow her to make mistakes; 'The support that we all show each other is so lovely.' It is also a group just for her: 'From the minute I get in there, for those two hours, I'm not Louise, I'm not mum, I haven't got to do the shopping, I haven't got to do the cleaning.' The space and place in which community drama takes place, is one in which she is her real self, she is not performing or dealing with other labels but is able to just be herself. The time is sacred and special, a time when the rest of the world is irrelevant and closed off, community drama allows her to not:

'worry about what I look like, or I haven't got to worry about what I said, because, half the time, you're never really wrong in drama ... that's why I love it when I work with them, because it's like someone's put a light on for me and that's my place to shine'

Outside of drama, she sees her life as meaningless, although a loving and committed mother, drama is just for her:

'Something for me to do, rather than doing the housework that's destroyed within 10 minutes ... it's my selfish moment, I call it. It's like I'm not a mum and I'm not doing the housework. I love the feeling that I get for those few hours a day, it makes the rest of my day, no matter how much my kids fight and argue at home it doesn't bother me because I've been to drama'

Although lack of esteem drives her guilt, community drama is really the only time she can be her true self 'I think it's where I find Louise, for those four hours out of the day. I think that's why I love it so much.'

While for Louise her secrecy is because community drama is a sanctuary, for Shaun, secrecy is driven by shame. Shaun is unable to speak with friends and family about community drama because they hold rigid beliefs and attitudes towards drama type activities. Shaun's secrecy, therefore, serves as a level of protection from the ridicule he may receive from his old friends. His son 'knows I do it, but he doesn't know what I do.' As for his old 'drinking pals, they're just in their own world of ... hard working, building site mentality, men will be men and women are women and whatever.' His old friends are aware he has stopped drinking, but they do not know about his community drama, and new love of the arts; 'they know I go to groups. I think they think I've got a part-time job or something or I'm a cleaner or something.'

Not all participants equally express their involvement with community drama to 'out group' members, to some extent a layer of secrecy or privacy is observed. This appears to be more a result of pressure from old networks where other groups normative values conflict with the new groups norms. Identity transformation is understandably a deeply personal experience, why would people in recovery want to expose themselves to potential ridicule and criticism from others outside of this new safe group? Participants navigate difficult and varying social norms as defined by other networks, while also attempting to integrate into a new group with new norms. It is, therefore, understandable that a tentative and testing-out transition is observed.

Discussion

This study used IPA, to examine the unique experiences of six participants engaged in a community drama project: Staging Recovery. While nine themes emerged and are presented in full in Table 3, this paper reported only one theme: *A Changed Identity is experienced through Staging Recovery, but the Addicted Self is ever present.* This study found that while participants had begun to assimilate 'recovered' identities, the strength of the old addicted identity remained strong and at times served as an obstacle to recovery. A brief discussion follows to explore this phenomenon further.

In order for people engaged in substance use to make meaningful change they need to develop new recovery identities (Hennessy, 2017). Biernacki (1986) states that 'addicts must fashion new identities, perspectives and social world involvements wherein the addict identity is excluded or dramatically depreciated' (p.141) however, findings from this present study indicate that such transformations take considerable time. Recovery from substance use and the development of recovery capital for participants in this study was and continues to be a lengthy and protracted process. Given that participants in this study reported decades of substance use and years in recovery ($M = 4.25$, $SD = 2.40$), it is perhaps unsurprising that addicted identities persist. While the desirable 'exclusion or dramatic depreciation' of addict identities, as noted by Biernacki, was not found in this cohort, progress towards this end state was observed. What appears to have facilitated this change is a strong group affiliation experienced by participants with Staging Recovery.

One of the reasons for the success of this particular outcome is likely to be the nature and design of Staging Recovery as a community drama project. The Geese Theatre Company delivers the project while placing importance on all three social ecological levels, thus, exposing participants to new personal and social opportunities that enhance their

recovery capital. Improved health and wellbeing is best achieved when all three social ecological levels are engaged (Dustin, Bricker, & Schwab, 2009) and Staging Recovery appears to go some way to achieve this. On the ‘individual level’, activities such as role play, skills development, team work, the exploration of addiction and recovery through poetry/dance/music etc. all help to build an individual's sense of efficacy, confidence, sense of achievement, and self-awareness. Although not discussed during this paper, this was observed across all participants and Table 3 summarises the theme: *Engaging in a Staging Recovery ensemble has improved health and well-being, sense of self, skills and social capital*. At the second ‘micro level’, the importance of peer and group capital is strong for participants; activities are group based and while some activities require individual work (i.e. the writing of a personal poem) importance is placed on the collaboration of individual pieces and the culmination of the final performance. It is through this group interaction that the theme: *Staging Recovery provides an opportunity for people to relate and learn from the recovery experiences of others*; emerged where all participants reported being able to learn from others and gain support and strength from peers and Geese practitioners. Finally, it is the third meso ecological level, in which Staging Recovery is perhaps unique. The Geese Theatre Company offer an opportunity to participants, who, because of social, economic, and psychological disadvantage would not usually engage in community drama. It is this new social context in which the opportunity to transform social identity appears to offer the greatest benefits to participants as the provision of this new platform, appears to promote recovery capital.

The benefits of engaging in community drama to enhance social capital is perhaps most helpfully explained by Social Identity Theory (Tajfel, 1974) and Self Categorisation Theory (Turner, Brown, & Tajfel, 1979) however, from a recovery capital perspective, the Social Identity Model of Recovery (SIMOR) provides an excellent perspective for application (Best et al., 2016). SIMOR postulates that the process of developing a recovered social identity is fostered by membership of groups that promote and value recovery. It is through the process of engaging and internalising the shared values and norms of recovery-oriented groups that enables a process of identity transformation from one of an addicted self to a recovered self. It is within the new group and community in which identity transformation is possible, as the individual internalise new norms and values, and begin to develop a new recovered self. New groups do not have to be formal recovery groups (such as Alcoholics Anonymous) to provide this transformation (Best et al., 2016); instead it is the sense of belonging, the need to socially influence (i.e. encourage others to join) and the association with people in recovery, than those not in recovery, that nudges people towards new recovered identities. This process is, however, time bound and while each person moves into identity transformation at a different rate, it is clear that change is not instant. Instead people with addictions and in recovery appear to adopt some caution to identity transformation, testing new identities before fully embracing them. This is unsurprising, as those in recovery, like all participants in this present study, are especially stigmatised and challenged. Not only do they face the ordeal of addiction, they also face socio-economic disadvantage such as; homelessness, unemployment and, low educational achievement. In addition, they face considerable personal and psychological obstacles, such as; poor mental and physical health, isolation, family breakdown, and histories of violence and abuse. Identity transformation can therefore, only ever be a slow process for people with such complex and multi layered problems.

There is however, a real space for communities to begin to offer recovery safe environments. Testoni et al. (2017) reported that where context is therapeutic and person centred, psychodrama, for those facing addiction, provides a powerful means to change. This is evidenced by this present study of Staging Recovery, although community drama and not a psychodrama, it does demonstrate that this unique setting, not only provides a genuine platform for individuals to personally and psychologically grow, but assist people to build and develop new

prosocial networks and friendships, as well as benefit from the opportunity to engage in new cultural and community groups, thus, build their social and recovery capital.

While this study brings to focus the unique context of community drama in the field of recovery, there are of course some limitations to this study. The study examined the experiences of a small number of participants at only one point in time. Change takes place over time; therefore, further examination of this concept must be examined through a longitudinal design. A further limitation of this study, as a result of the small sample size, is the lack of ethnic diversity in the sample. Understanding the experiences of diverse populations while in recovery is essential as there may be unique needs and challenges faced by populations within different ethnic groups. While these limitations are acknowledged there are also several strengths to this study, including: its unique community drama context; the methodological choice of IPA that enabled in-depth exploration and idiosyncratic experience of people in recovery; and, a focus on the role of ‘the community’ to provide social and recovery capital.

Those on a journey of recovery face a great many obstacles; as found in this study, many encounter personal and psychological problems, to socio-economic deprivation and thus, disadvantage on many levels. It is hoped that this study might stimulate debate and further examination of this population, and the unique community drama-based context, such as those provided by The Geese Theatre Company. In doing so a greater understanding of how such projects may help facilitate and grow the recovery capital of those facing addiction may be developed.

References

- Baim, C., Brookes, S., & Mountford, A. (2002). *The geese theatre handbook: Drama with offenders and people at risk*. Waterside Press.
- Bathish, R., Best, D., Savic, M., Beckwith, M., Mackenzie, J., & Lubman, D. I. (2017). “Is it me or should my friends take the credit?” The role of social networks and social identity in recovery from addiction. *Journal of Applied Social Psychology*, 47(1), 35–46.
- Best, D., Beckwith, M., Haslam, C., Alexander Haslam, S., Jetten, J., Mawson, E., et al. (2016). Overcoming alcohol and other drug addiction as a process of social identity transition: The social identity model of recovery (SIMOR). *Addiction Research & Theory*, 24(2), 111–123.
- Best, D., Hall, L., & Musgrove, A. (2018). The bridge between social identity and community capital on the path to recovery and desistance. *Probation Journal*.
- Biernacki, P. (1986). *Pathways from heroin addiction: Recovery without treatment*. Temple University Press.
- Blacker, J., Watson, A., & Beech, A. R. (2008). A combined drama-based and CBT approach to working with self-reported anger aggression. *Criminal Behaviour and Mental Health*, 18(2), 129–137.
- Brooks, F., & McHenry, B. (2015). *A contemporary approach to substance use disorders and addiction counseling*. Alexandria, VA: John Wiley & Sons.
- Burkinshaw, P., Knight, J., Anders, P., Eastwood, B., Musto, V., White, M., et al. (2017). *An evidence review of the outcomes that can be expected of drug misuse treatment in England*. London: Public Health England.
- Burr, V. (2015). *Social constructionism*. Routledge.
- Dustin, D. L., Bricker, K. S., & Schwab, K. A. (2009). People and nature: Toward an ecological model of health promotion. *Leisure Sciences*, 32(1), 3–14.
- Fernández-Aguayo, S., & Pino-Juste, M. (2018). Drama therapy and theater as an intervention tool: Bibliometric analysis of programs based on drama therapy and theater. *The Arts in Psychotherapy*, 59, 83–93.
- Granfield, R., & Cloud, W. (1999). *Coming clean: Overcoming addiction without treatment*. NYU Press.
- Healthier Lives: Alcohol & Drugs. (2018). Available from: <https://healthierlives.phe.org.uk/topic/drugs-and-alcohol>.
- Hennessy, E. A. (2017). Recovery capital: A systematic review of the literature. *Addiction Research & Theory*, 25(5), 349–360.
- Jones, L., & Bellis, M. A. (2013). *Updating England-specific alcohol-attributable fractions centre for public health liverpool*. John Moores University.
- Kewley, S., Larkin, M., Harkins, L., & Beech, A. R. (2016). Restoring identity: The use of religion as a mechanism to transition between an identity of sexual offending to a non-offending identity. *Criminology and Criminal Justice*, 17(1), 79–96.
- Larkin, M., & Thompson, A. (2012). Interpretative phenomenological analysis. In A. Thompson, & D. Harper (Eds.). *Qualitative research methods in mental health and psychotherapy: A guide for students and practitioners* (pp. 99–116). John Wiley & Sons, Oxford.
- Mojon-Azzi, S. M., & Mojon, D. S. (2004). Scientific misconduct: From salami slicing to data fabrication. *Ophthalmologica*, 218(1), 1–3.
- Osborn, M., & Smith, J. A. (1998). The personal experience of chronic benign lower back pain: An interpretative phenomenological analysis. *British Journal of Health Psychology*, 3(1), 65–83.

- Rogers, L. F. (1999). Salami slicing, shotgunning, and the ethics of authorship. *American Journal of Roentgenology*, 173(2), 265.
- Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis*. London: Sage.
- Smith, J., & Osborne, M. (2008). Interpretative phenomenological analysis. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods* (pp. 53–79). London: Sage Publications.
- Tajfel, H. (1974). Social identity and intergroup behaviour. *Information (International Social Science Council)*, 13(2), 65–93.
- Tajfel, H., & Turner, J. C. (1979). An integrative theory of intergroup conflict. In W.g. Austin, & S. Worchel (Eds.), *The social psychology of intergroup relations* (pp. 33–47). Monterey, CA: Brooks-Cole.
- Testoni, I., Cecchini, C., Zulian, M., Guglielmin, M. S., Ronconi, L., Kirk, K., et al. (2017). Psychodrama in therapeutic communities for drug addiction: A study of four cases investigated using idiographic change process analysis. *The Arts in Psychotherapy*.
- Turner, J. C., Brown, R. J., & Tajfel, H. (1979). Social comparison and group interest in ingroup favouritism. *European Journal of Social Psychology*, 9(2), 187–204.