Three Year Evaluation of a Geese Theatre Project: *Staging Recovery*

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Stephanie

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Introduction

Recovery capital relates to the availability, exposure, and access a person has to resources that support recovery from addiction (Granfield & Cloud, 1999). Like *social capital*, resources that are accessible, meaningful, and positive, give people a greater chance of recovery from addiction, without resorting to maladaptive and harmful coping strategies. There are, however, many psychological, social, and economic barriers preventing people accessing recovery resources. Many people in recovery experience a greater number of adverse childhood experiences when compared to non-addicts (Naal, El Jalkh, & Haddad, 2018); including, early childhood sexual and violent abuse resulting in post-traumatic stress (Narvaez et al., 2019); homelessness and recurring mental health conditions (Manning & Greenwood, 2019); imprisonment or criminalisation (Western & Simes, 2019) and in adulthood many experience domestic violence either as a perpetrator or victim (Wagman et al., 2018). Those in recovery, not only face stigma from others, but also have high levels of self-stigma (Stolzenburg et al., 2018), issues of self-esteem and poor locus of control (Heidari, Ghodusi, Bathaei, & Shakeri, 2018), depression and anxiety (Nestor et al., 2018). Thus, the capacity for people to recover from addiction, is acutely compromised by the many psychosocial and economic barriers developed over the life course.

Solutions for addiction have historically focussed on abstinence models (Coomber et al., 2013); substitute prescription (Heidebrecht, MacLeod, & Dawkins, 2018); harm reduction (McCann, & Temenos, 2015), and criminal justice action. While there has been some progress with these approaches, a shift away from the medicalisation and criminalisation of people, may offer a more effective and dignified way to support people into and beyond recovery. One approach worth exploring is the use of *the arts* as a mechanism to support the recovery process. Creative and arts-based activities/therapies offer holistic approaches to people engaged in, or attempting to enter, a process of recovery. They provide unique, yet, structured processes that allow a gradual and safe (Baim, 2017) exploration of people's emotions, feelings, and life experiences (Megranahan & Lynskey, 2018). This study aimed to evaluate one such arts-based project, called *Staging Recovery*.

Staging Recovery is a three-year project delivered by the Geese Theatre Company based in Birmingham, UK and funded by the Paul Hamlyn Foundation to people engaged in the recovery process. The project delivers intensive group work sessions (approx. 10 per block), using Geese Theatre drama methods, each of which result in two performances; one delivered in a 'traditional' theatre context, the other, in a less formal community setting. Staging Recovery serves as a vehicle to support those in recovery and those who are least likely to engage in a creative space. The project aims not only to expose participants to creative opportunities and experiences, but in doing so, hope

to help participants develop non-stigmatised identities; reduce/eliminate harmful behaviours; improve mental and physical wellbeing and; enhance participants' sense of achievement and hope.

This research, therefore, has two key research questions. It aims to examine (a) what direct and indirect outcomes are experienced as a result of engaging in Staging Recovery; and (b) what is the lived experience and meaning made by those engaging in the intervention?

Methodology

To examine both subjective lived experiences of participants, as well as a set of objective outcomes; a longitudinal mixed methods approach was adopted. Mixing methods, offers a flexible and dynamic approach to answering research questions from opposing ontological paradigms (Creswell, 2009). The longitudinal approach aimed to allow the researcher to follow participants across the lifetime of the project (3-years) and examine their experiences over time. In reality, the challenges and barriers faced by participants meant not all were able to engage fully at each data collection point. This experience is not uncommon in the field of social science, where the recruitment and retention of vulnerable populations, is recognised as difficult (Greene, 2007).

Sample

Purposive sampling was used to select participants (*N* = 11). Eleven participants (three female, eight male) took part in the survey, nine of whom also engaged in the interviews (three female, six male). The youngest participant was 25 years old and the oldest 60 (*M* = 48; *SD* = 11.2). Excluding Thomas who reported a continuing gambling addiction, participants had been in recovery from substance use (drugs and alcohol) for on average 37 months (*SD* = 30.9). Table 1 details these demographics; names are pseudonyms.

Table 1. Participant demographics

Participant Pseudonym	Age at first data collection point	Self-reported Addiction	Approx. Time in Recovery/Sobriety (months)
Louise	39	Alcohol	54
Alison	57	Alcohol	72
Deborah	57	Alcohol	72
Shaun	58	Alcohol	72
Matthew	43	Alcohol	36
Thomas	60	Gambling	Active
Lewis	25	Drugs/Alcohol	12
Mark	53	Drugs	6
Graham	42	Alcohol	10
Robbie	54	ND*	ND*
Declan	ND*	ND*	ND*
Total Mean/SD	**48.4/11.2**	**NA**	**37.1/30.9**

*Data not collected

Essential to the sample was for participants to engage and complete at least one project and performed in one final ensemble. Participants were introduced to the study at the start of the project by Geese Theatre practitioners. In addition, the researcher attended one of the first sessions to introduce herself and the research, she attended several final performances too. Time invested by the researcher in getting to know participants outside of the interview context, was invaluable to aid trust. Later, more of a snowballing recruitment process occurred, with veteran members recruiting newer members to take part in the interviews research. Table 2 outlines participation in the research across the three years. The first three-time lags fell a few weeks after each 10 session block, with the final time allowing for further blocks to be delivered. Not all participants agreed to be interviewed, although most did (*n = 9*). Due to participant availability, people either moving on or dropping out of the project, only two participants were able to be interviewed at each of the four collection points; five were interviewed twice; and two interviewed once. A combination of availability to attend the interview and no longer engaging with Staging Recovery meant that not all participants could be interviewed at all four data collection points.

Table 2. Data collection points across the three-year research period

	Quant Data Collection		**Qualitative Data Collection**					
Participant Pseudonym	**Pre-Test Date**	**Post-Test Date**	**Time One Nov 2017**	**Time Two Feb 2018**	**Time Three May 2018**	**Time Four Nov 2019**	**Total number of interviews (*n* = 20)**	**Total Interview Time (minutes)**
Louise	02.10.17	25.10.17	Yes	No	No	No	1	91
Alison	02.10.17	27.01.20	Yes	No	No	Yes	2	163
Deborah	02.10.17	27.01.20	Yes	Yes	Yes	Yes	4	259
Shaun	02.10.17	27.01.20	Yes	Yes	Yes	Yes	4	439
Matthew	02.10.17	25.10.17	Yes	No	No	No	1	83
Thomas	02.10.17	27.01.20	Yes	No	No	Yes	2	159
Lewis	15.01.18	10.05.18	No	Yes	Yes	No	2	124
Mark	15.01.18	10.05.18	No	Yes	Yes	No	2	191
Graham	15.01.18	10.05.18	No	No	Yes	Yes	2	135
Robbie	15.01.18	09.02.18	No	No	No	No	0	NA
Declan	16.04.18	10.05.18	No	No	No	No	0	NA
							(M = 2.2, SD = 1)	(M = 182.66, SD = 109.8)

Data Collection

Quantitative

The Intermediate Outcomes Measurement Instrument (IOMI) (Maguire, et al., 2019) is a tool used to measure individual change over time. Using 21 items, it measures seven psychological constructs (resilience; welling; agency/self-efficacy; impulsivity/problem solving; motivation to change; hope; and interpersonal trust). The questionnaire uses a five-point Likert responses to questions are given scores of from 5 to 1 for responses ranging from "Strongly Agree" to "Strongly Disagree." The tool includes an "initial" and a "follow-up" version. In the follow-up version, there are a further set of questions examining participants relationships with staff members. The tool was administered to participants by Geese Theatre practitioners, during the first and final session of each set of workshops. The completed and anonymous measures were emailed to the researcher by a Geese practitioner for analysis.

Qualitative

Interpretative Phenomenological Analysis (IPA), allows the exploration of participants' unique experience while also examining the meaning made of that experience (Smith, Flowers, & Larkins, 2009). One-to-one interviews facilitated the capture of this experience. All interviews were carried out in locations accessible to participants across Birmingham (these included, private rooms in a community centre, a local theatre, and Geese Theatre premises). Participants were reimbursed travel costs and provided refreshments throughout the interview. While an interview schedule was developed and shared with each participant, discussion flowed freely. This approach allowed the participant and researcher to engage in more of a conversation-like interview, rather than being structured and restrictive. This is in keeping with the essence of IPA in which discussion centres on what is important to the participant, rather than the researcher (Smith, Flowers, & Larkins, 2009). All interviews were audio recorded onto a digital password protected recording device. At the end of recording, electronic files were sent to a transcription company, and the electronic copy deleted from the device. All transcriptions were anonymised ensuring no participant or person could be identified. Participants were offered a hard copy of the transcription however, not all wished to receive a copy.

Data Analysis

Quantitative

Data was analysed using Excel and SPSSv26 software. To compare (pre and post-test) results, and measure changes in each of the seven psychological constructs across the cohort, a paired-sample t-

test was carried out. The test determines if there is any statistically significant change between the pre and post-test mean scores (Pallant, 2016).

Qualitative

Data was analysed using both NVivo 12 Pro and Dedoose software (see Table 3.). Dedoose was used for the two mid points as more than one researcher was involved in the analysis process. Dedoose software allows greater flexibility for team analysis. Two research assistants, under the supervision of the lead researcher, analysed data points two and three with the lead researcher bringing together analysis across all four data points in a final data triangulation using NVivo. Data was analysed, across all data points, using IPA analytical stages as detailed by Smith, Flowers, and Larkin (2009): (1) Close line by line analysis; (2) Identification of emergent patterns/themes; (3) Development of research dialogue between participant meaning and researcher interpretation; (4) Formation of a structure/relationship between themes; (5) Organisation of material to show thematic mapping; (6) Development of a fuller narrative; and (7) Researcher reflection.

Table 3. Software used across the four data collection points

Data Collection Point	Qualitative Software used	Final Triangulation
One	NVivo	NVivo
Two	Dedoose	
Three	Dedoose	
Four	NVivo	

Consent and Ethical Approval

All participants were given an information sheet detailing the project, this was discussed with questions answered, prior to the commencement of each interview, the lead researcher carried out all interviews. At the first interview, informed written consent was provided by each participant. Full ethical approval was granted by the Faculty of Business Law and Social Sciences Research Committee at Birmingham City University; following the researchers move to Liverpool John Moores University, ethical approval was further granted by Liverpool John Moores University Research Ethics Committee.

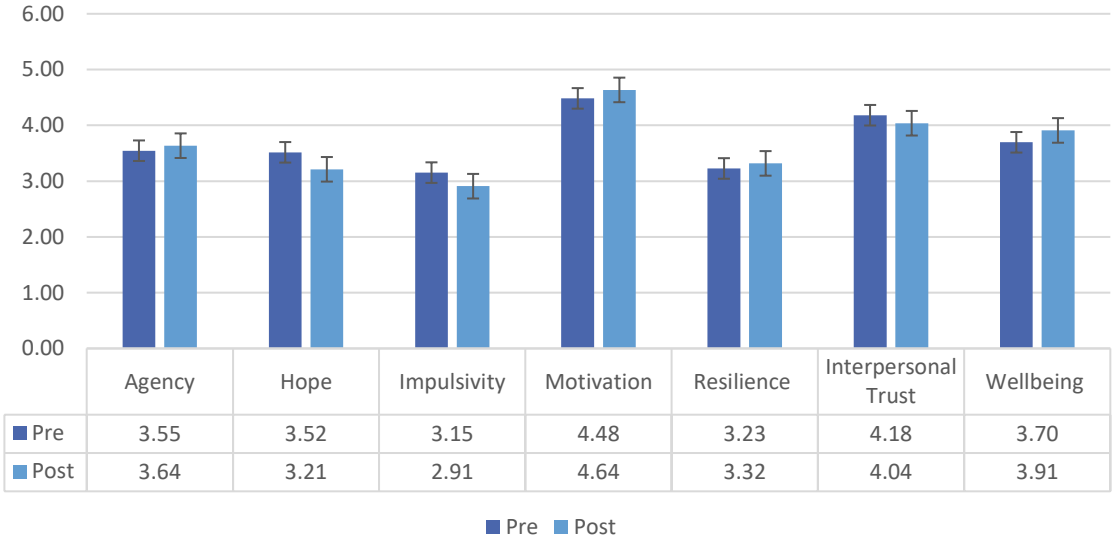
Research Findings

Quantitative

A paired-samples t-test was carried out to compare the mean scores across two different time points to measure the impact of Staging Recovery participants scores on the IOMI. There were no

statistically significant changes in IOMI scores across any of the seven dimensions from Time 1 to Time 2 ($p>0.05$). There was a trend towards improvement in five dimensions: agency went from *M* = 3.5 to *M* = 3.6; impulsivity went from *M* = 3.1 to *M* = 2.9; motivation went from *M* = 4.4 to *M* = 4.6; resilience went from *M* = 3.2 to *M* = 3.1; and wellbeing went from *M* = 3.6 to *M* = 3.9. There was a deterioration trend in the dimension of hope from *M* = 3.5 to *M* = 3.2 and interpersonal trust from *M* = 4.1 to *M* = 4.0. While these were not statistically significant, detail of how these changes can be interpreted for individuals, in their broadest sense are summarised in a table from the IOMI Guidance (see Table 4 in Appendix). These changes in each domain are presented in Figure 1.

Figure 1. Average pre and post-test scores for Staging Recovery Participants



	Agency	Hope	Impulsivity	Motivation	Resilience	Interpersonal Trust	Wellbeing
Pre	3.55	3.52	3.15	4.48	3.23	4.18	3.70
Post	3.64	3.21	2.91	4.64	3.32	4.04	3.91

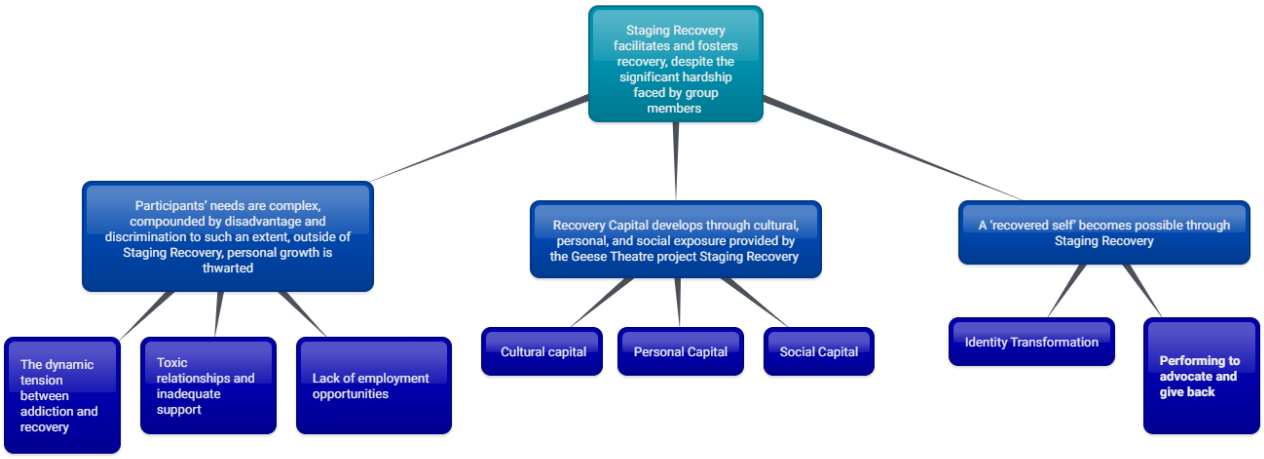
Before moving onto the qualitative analysis of this project, it is important to note, results such as these, should not be considered in isolation, nor should they be interpreted as sole evidence of an interventions' effectiveness or, indeed, ineffectiveness (Liddle, et al., 2019). Instead, they should be used as part of a broader evaluation. As such, the meaning of these findings, in relation to this current cohort, is considered in the discussion section of this paper.

Qualitative

Following the analysis of all interview data and with nine Staging Recovery participants, it was observed that through Staging Recovery and engagement with The Geese Theatre company, recovery from addiction was facilitated and fostered. The lived experiences over three years of participants from this project were developed into three main themes: *Participants' needs are complex, compounded by disadvantage and discrimination to such an extent, outside of Staging Recovery, personal growth is thwarted; Recovery Capital develops through cultural, personal, and*

social exposure provided by the Geese Theatre project Staging Recovery; and A 'recovered self' becomes possible through Staging Recovery. Themes and their related sub-themes are presented diagrammatically in figure 2. Following which, each theme is discussed in turn.

Figure 2. Thematic Map



Theme One: Participants' needs are complex, compounded by disadvantage and discrimination to such an extent, outside of Staging Recovery, personal growth is thwarted

In addition to years of drug or alcohol (in Thomas' case gambling) addiction, each participant faced a range of complex and significant mental health, psychosocial and/or economic needs. For example, poor mental health was experienced by Lisa and Graham, both of whom spent years coping with depression; Deborah was diagnosed with PTSD and had on occasions attempted to take her own life; so too had Mark, who was regularly hospitalised in a secure hospital; likewise Lewis spent time in hospital after being diagnosed with depression, anxiety and an adjustment disorder; Alison experienced "*a mental breakdown*" and Shaun spent years self-isolating after experiencing chronic anxiety. Compounding this, participants faced other problems such as homelessness (Alison, Thomas, Graham, Lewis, and Mark) and/or inadequate, unsafe, housing, all were unemployed, and all experienced levels of dysfunction in their adult relationships, whether this was through domestic/sexual violence (Alison, Deborah, Lewis), co-dependency (Shaun, Deborah), or loneliness (Alison, Thomas, Graham, Mark). The result of these problems simply increased participants vulnerability further, adding to the disadvantage and discrimination, to such an extent that, outside of their experience of Staging Recovery, their capacity or opportunity to experience personal growth was considerably frustrated.

The dynamic tension between addiction and recovery

One common theme restricting personal growth across the sample was the notion of 'addiction' as an enduring state. While, participants believed they could at times function in a state of 'recovery', the idea of being 'recovered' from addiction was not likely. The fluid nature of addiction is noted by Mark who claims while he will "*always have a problem…it won't always be active*." All, except three participants, reported lapses throughout the period of the study. Participants reported a need to remain alert to the risks associated with a return to addiction. Lewis states he "*can never drink alcohol ever again…I think I'd always be in recovery. I've always got to be wary*." Even when in a place of 'recovery', the fear of returning to substance use is frightening:

> *I can't go down that road, man, no way. No way. Don't get me wrong, I love drinking, I love taking drugs, I love the feeling, but I can't afford to go down that road, because it's life and death. Like, if I start drinking again now, I can guarantee, within 12 months, I'll be dead* (Mark).

The permanency of this addicted label is further reinforced by others, for example to Louise's "*friends and family…I'll always be Louise with the drinking issues*" and for Shaun, addiction is genetic: "*Drink ran in our family…brother was an alcoholic and I think nearly all the brothers are alcoholics*."

One of the problems with perceiving addiction in this way, are the limits people then place on themselves, in that they believe they have no control over their problems. Because participants see themselves as 'addicts'; failure is inevitable. Outside of Staging Recovery, participants present examples to demonstrate their past and inevitable future failings. Mark recalls a suicide attempt when following, "*an argument with my mam, I thought, 'sod it, time to go. So, I got myself a Stanley blade and some cans, and I just tried to chop my head off*." Deborah describes lapsing into alcohol use after being unable to cope with her abusive partner "*it's been up and down with him, it's all about him, him, him, never me. Just got too much and I lapsed*." Alison states how the threat of having benefits removed is extremely destabilising, she knows she "*wouldn't be able to cope with it, my mental state wouldn't be able to cope with that…My head would fall off, I wouldn't be able to cope with it at all*." Likewise, Shaun says even after several years 'in recovery' "*nothing has changed. Your fears haven't gone away. They've probably got greater*" and failure is inevitable, "*good things can't last all the time*" says Graham who drinks to cope with his "*stress and depression*."

The support participants receive from those outside of Staging Recovery, is also problematic. Participants tend to draw support from those in the recovery community (people in treatment, associated with agencies providing support for addicts), and while, there are benefits to this, as Alison notes, "*they're all messed up in their own way*" and the co-dependency highlights the fragility

of one's own recovery "*if you put your trust in someone too much and then they relapse, they could cause you to relapse, because you're dependent on them*" (Mark). While having a shared experience brings comfort to Lewis because for him people without addiction do not understand what he is going through "*if I felt I wanted another drink or something, if I told that to my partner…she's going to be worrying for days and days and days*." In the main, the recovery community is a cause of frustration. For Shaun, "*all this behaviour is what got us all in the shit, of not taking advice, not taking things on-board…That's all I've ever seen in recovery, is people take, take, take*." Matthew echoes this sentiment stating how unreliable people in recovery are "*they say they want to do things*" but in reality, only a few "*will actually see it through*."

Toxic relationships and inadequate support

Outside of the recovery community, participants seek informal and formal support, however this is reported negatively. Informally, intimate partner relationships are reported as toxic or inadequate in that their partners are unable to provide support. Examples of domestic violence from Deborah who after being assaulted for years by her current, and previous partner "*headbutted him*" and Shaun who does not have support of his partner but he himself has "*become an enabler because if she [current partner] can't afford [drugs] there's only one other way she can get it and that would be prostitution*." Lewis spent time in prison after assaulting his partner although claims, "*there were no marks on her, so there was no evidence of there being an assault*." For Graham he notes a lack of closeness and intimacy "*I just like having a bit of company…it's loneliness in a way…people with mental health problems tend to lock themselves away*."

Extended family also appear to offer little support; Lewis' mother has "*never been a parent because she's not well*" and Louise's family "*when words are being said or in family squabbles, it's thrown in my face, about drinking*." Shaun has not disclosed his addiction and recovery with any of his family and Deborah continues to recover from the trauma she suffered as a child from her family.

Formal support is equally problematic and unhelpful. Deborah who following years of sexual and domestic abuse felt let down and not listened to by those in the system "*they [doctors] just don't understand. They just give you pills and that's it, they're supposed to make you better*." Mark notes how ongoing support is lacking, for him formal support is withdrawn once the substance use ends, even though he continues to experience multiple problems on top of his addiction, he asks for agencies to not **"***just concentrate on getting them off the alcohol or off the substance, concentrate a bit more on when they leave*."

Lack of employment opportunities

During this three-year study, none of the participants gained permanent employment, although several engaged in education courses and volunteering; the lack of employment opportunity for those who wanted to work caused despair and frustration. Alison reported feeling "*disheartened*" even though she was "*really trying, nobody wants me*." She felt both her age and mental health record were used against her "*I've got a 15-year gap [in CV] and I can't just fill it up with doing courses*" if asked and she disclosed she had been in recovery during those 15 years, she fears being judged as not "*reliable, she might "hit the bottle again*." This level of repeated rejection was frustrating for Alison as she wanted to live independent of welfare. Likewise, Lewis had "*imagined better for myself*" he felt his criminal record would cost him severely and rationalised that he'd "*been digging a hole for 10 years so it makes sense that it's going to take 10 years to fill that hole back in*." Louise also does not even see any hope "*because of my criminal record I've probably got no chance*." Even in their voluntary roles, participants were given rudimentary tasks and told "*there will be opportunities for you, be patient, you're trying to run before you can walk….[but] I've been sober for three years*" (Shaun).

While participants experienced significant barriers and challenges throughout their lives, and the lifetime of the project, these were somewhat alleviated, by their participation in Staging Recovery. The remaining two themes detail the ways in which this was experienced.

Theme Two: Recovery Capital develops through cultural, personal, and social exposure provided by the Geese Theatre project Staging Recovery

Despite significant and ongoing challenges participants faced in their lives, they embraced the work and opportunities presented to them by the Geese Theatre company. Through Staging Recovery participants' recovery capital flourished, with evidence of increasing cultural, personal and social capital.

Cultural Capital

Participants recovery was aided by the opportunity to develop their cultural capital through Staging Recovery. One of the key areas this was observed, was through development of technical and creative skills, and exposure to a range of different artists. For example, through the method of puppetry, participants could "*explore different parts of your character, different parts of my life*" (Mark), as one activity required participants to "*make a puppet and then tell a story*" (Deborah). This type of creative activity allowed participants to explore sensitive and difficult themes, albeit in a safe and ethical manner. Some of the themes included addiction, recovery, mental health, homelessness, self-harm, and domestic violence. Engaging with these themes in a safe way means participants "*can*

just be whoever you want. You can be as stupid as you want. You can be as serious as you want. It doesn't matter. You can be you" (Mark). Exposure to new and creative methods helped develop transferable skills. For example, "*learning how to use different masks with the miming… I've learned how to improvise…and put it into practice in my life around me*" (Alison). The use of masks provides protection to participants, allowing them to try out new ways of presenting themselves, in fact it becomes "*much easier and I can wear a mask and hide my face*" (Alison). Mark feels the same in that during a role play "*you're not going to get harmed for the consequences of forgetting your lines or something like that*." Creating meaningful stories from what participants perceive as 'nothing', is powerful. Louise explains how "*we literally create it from nothing. We've got no tools, we've got no props…*" This message is an important one, especially for participants who have arguably lost everything in life, and feel they have nothing. Trying something new, like dance, was an achievement, in one example with Fallen Angels (a dance company) Lewis felt a sense of achievement, at first he was reluctant as he'd "*never danced before and I used to feel uncomfortable, but this time, I just thought, 'Just do it, man'*." As outlined in the first theme, participants lives are hard, having fun, is new, but Louise recognised how "*you learn through play and fun, and I think that's how Geese is as well, because it is a lot of fun.*"

Through Staging Recovery, participants gain access to cultural places and spaces, for which they would normally not enter. Initially, this brings discomfort "*the first time, like, part of the performance, we were sitting in the chairs and my heart was just pumping throughout…I was feeling so uncomfortable*" (Lewis) but it is also very important to participants "*the one at the REP was a big thing. It's just a big step to go onto a stage*" (Mark), indeed, it brings great pride and pleasure "*we rehearsed at the Royal Ballet…at the Birmingham Rep. Brilliant, a privilege… in the acting profession what people would give to use those dressing rooms and perform*" (Shaun). While performing in traditional theatre contexts is always a positive one for participants, performing in more community settings, such as treatment centres, brings different challenges, the investment of getting it right in front of peers is important because "*you don't want to mess up in front of them*" (Graham) whereas for Alison revisiting a place with people in the early stages of recovery perhaps reminded her of her own journey of recover and she could feel the "*negative energy around it because of the people… you could see they weren't in a good place.*"

Personal capital

The most obvious outcome, participants experienced through Staging Recovery are the range of positive emotions experienced. Being on stage or engaging in creative activities give participants a real sense of excitement and at times a physical "*buzz after I finished, and everyone was clapping. It was that good feeling inside…You get such a good buzz. I think it's all that nervous energy before the*

performance" (Lewis). Although, there is a cost to this, Louise recalls the feeling after the performance is over and "*the minute we've done it it's like someone's just let a balloon out, and you're like, "It's over." It's a horrible feeling afterwards. It's like your last day of school, it's like that and we're leaving each other again*." However, relief from the monotony of the outside world is felt by Graham whose sprits are lifted knowing he has Staging Recovery "*it gives me something to look forward to… it's like keeping us occupied.*" Thomas notes because of Staging recovery, he is "*more happy now than I used to be*."

All participants report an increase in their self-confidence, whether this is confidence to engage in a performance, or a general confidence in being with other people and in oneself. Alison recalls how "*before I started doing drama, I usually used to think, 'I wish I had the confidence to do that'…but I'm doing it. It was scary at first, now I'm like, Wow, I'm doing this in front of all those people*." It is through the validation of others that her confidence increases "*someone actually thinks you're good at something… Geese, it is a good confidence builder, it's absolutely amazing*." Even when people doubted themselves, "*I didn't think I could get on stage*" (Thomas) but tried, and where rewarded "*I got a really good feeling, knowing it was a situation that I found hard, but I still went for it*" (Graham). In addition, people find their confidence in meeting and being with others improves too, Lewis struggled to be around other people, his anxiety at times meant he avoided social situations but with "*practice and I just need to keep meeting people*" his confidence grew, likewise Grahams confidence in communicating with others helped him "*feel at ease with yourself in order to be able to communicate with them*." One of the outcomes of improved confidence is improved mental health, Graham recognises how being involved in Staging Recovery is:

> "*the best thing I've ever done in my life…It's really helped me out. It made me come out of my shell…I stayed in the house for two years…I couldn't even go out the door, I couldn't answer my phone… If somebody knocked at the front door I couldn't do it, I was a nervous wreck. But, since I've been doing Geese I'm able to go out by myself and speak to people.*"

Participants sense of self has been positively impacted during their time with Staging Recovery. Gaining a sense of purpose and meaning to life has been quite transformative. Participants recognise their own self-worth, Mark "*feel[s] like we're somebody now. We don't have to touch this [drink/drugs] now*" instead participants feel able to help others "*before I couldn't really help them because I couldn't help myself*" (Thomas). The transformation, in part, is gained through positive messages from others "*I've been used to being told, 'You're doing shit,' and then, all of a sudden, people are telling me, 'You you're doing good,' and, 'Oh, that was brilliant'*" (Mark) this feedback

"*made me feel like somebody…I feel like I can do something, I'm not worthless*" (Graham) and "*I've achieved something rather than just sitting there doing nothing*" (Lewis).

Participants' interpersonal skills are improved and developed through Staging Recovery. Alison reports how initially "*there were some people in there who got on my nerves… I learn in a group all the respect and everything, of course I take that with me and put it into practice in my life around me.*" Being able to develop communication skills and "*be able to express yourself in a recovery environment*" (Mark) helps build confidence in meeting and "*talking to people who I don't know or who I met before*" (Alison). Likewise, the development of cognitive skills are a noted improvement, areas such as problem solving, memory and recall are all found to improve through this work, Alison is "*not very good at remembering*" but knowing she can "*improvise with words when you're in a play*" reassures her and helps her recall. Louise notes how "*our mind is constantly flooded with ideas, because you know you're going to have to come up with something in a bit anyway, so you sort of start thinking straight*" this is something new to most participants, but a skill they can apply in everyday situations.

Social Capital

Participants recognise the value of being part of Staging Recovery in terms of being part of a family, a genuine sense of belonging is felt, Louise states how "*it's just nice just belonging to a group…having that belonging feeling…it's like a little family group*." Even for those who have "*never worked with a team before*" (Mark) or in a group, "*there just seems to be that bond*" (Matthew). Part of this Matthew explains is that people "*generally seem to care about one another*." Lewis notes people who are "*on the same journey, come in and get the same thing from it that I was getting from it and to see them doing well, it's good*." In addition to the shared understanding, participants provide support and care for each other, they feel they have someone to turn to when things turn bad "*I've got Geese and I've got people around me*" (Alison) because they are "*good people… good friends*" (Deborah). This kindness is extended to new members joining group, people are welcomed and encouraged, this reciprocal care and "*support that we all show each other is so lovely*" (Louise).

In addition to peers, participants' trust in Geese practitioners is very strong. Matthew notes how the practitioners are "*lovely people…there was a trust element…they don't cast any doubts over anything you're doing*." Providing a safe place for participants to work is key to the development of their social capital, particularly for those who have lacked self-belief, Louise reports how "*sometimes I hate living with myself…how can I expect anybody else to put up with me, but Elaine and Amber do*" their care and support is noted by Deborah who recognises even though the practitioners have not faced addiction, "*they understand. They're very caring…The support's there if you needed someone*

to talk to, they're always there…They all got time for you." Being "*really welcoming…made us feel comfortable*" says Graham who was "*a bit nervous the first few times but they make you feel at ease…I know to put more trust in them.*" Even when things "*are going pear-shaped*" (Shaun) participants are able to trust and seek confidence in Geese practitioners. This is a great relief to Deborah who recalls an incident when she needed to confide in practitioners, who in turn, brought her great comfort. After she had experienced a lapse, she needed to talk to someone about it, for her, she only had the Geese practitioners to turn to "*If I didn't tell them it'll play on my mind and I probably will have a drink again, probably will have another one. As soon as I told them, that was it, I was fine after that. I had been suffering but I won't go through that again*."

Meeting new people and engaging in activities outside of the usual mundane tasks mean that participants have a sense of purpose, something to look forward to, for Shaun, it has "*become my new hobby, my new thing that I look forward to. My new enjoyment.*" Louise thinks about the project all the time, when she knows "*I've got drama the next day…when I'm going to bed and I'm planning the next day. I look forward to it, I'm like, 'Oh, I can't wait*.'" Participants not only look forward to engaging in the project for their own personal rewards, but to also advocate and educate others. Graham identifies that Geese "*give you something positive and I feel like I'm giving something back when I'm in these plays and people are coming to see it*." Thomas also feels as though he wants to "*help people who listen… I don't want them to live the sort of life that I've lived…it makes me say to myself I'm better. I can say to myself I've done something useful*."

Staging Recovery has assisted participants to develop their recovery capital, through the exposure of cultural opportunities, development of personal resources, and the strengthening of social bonds. The enhancement of participants' recovery capital has resulted in participants being able to consider the possibilities of a recovered self.

Theme Three: A 'recovered self' becomes possible through Staging Recovery

Identity transformation

Participants repeatedly report across the three years of the study how most times in their lives they live with fear, shame, and even self-hatred, yet, in spite of this context, they continue to attempt to improve themselves and live a fuller life. Engaging in new and positive experiences such as Staging Recovery helps bolster a more positive image of their sense of self. Despite their vulnerabilities, participants present with courage when embracing new opportunities provided by Staging Recovery and while reflecting on progress made, identity transformation is observed.

One of the useful ways to explore this theme is to examine the identities participants had prior to their Geese experience. Participants, in the main did not initially see themselves as a person who

would enjoy or engage in drama. This was a result of feeling shy, or having no confidence: "*I grew up with no confidence and I was very painfully shy*" (Alison); "*I 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*" (Louise); or a result of peer pressure; "*if I was to walk into the pubs I used to use and announce that I am now a (laughter) a drama queen…I would be ripped to shreds*" (Shaun); or even that there was no knowledge or awareness of such projects; "*I couldn't do all this six years ago, no way…I probably wouldn't know them, or, never heard of them*" (Deborah). Participants were fearful and full of self-doubt. Alison "*was very wary of people. I was too scared to have an opinion about anything…I kind of grew up fearing people really, adults*". This led to some participants finding it difficult to accept criticism and complements; "*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*" (Louise).

Yet, after time with Staging Recovery, participants began to recognise the resilience developing within them. As a result of Staging Recovery, a renewed sense of confidence slowly grows as the old self is eroded; Louise feels "*there's something about drama that does make me think, 'Yes, I can do this now.*'" Following the exposure to Staging Recovery, participants are able to consider a new sense of self. One of the reasons for this is shift, is recognition of the resilience they have developed, Alison has learned "*how to be strong again."* While, participants recognise they still have some way to go, they have begun to make changes and the development of resilience through Staging Recovery, has helped. Shaun reflects on how he feared what others though while he is on stage, previously he "*would have jumped ship…but somehow, I got the resilience*." Thomas has also learned to develop a greater mental toughness, through the use of humour shared with the group at Staging Recovery, he states how "*you've got to have a sense of humour, you know, it's the only way that gets you through it…I've been in some dark places*." This is similar for Louise who recognises she has "*grown so much in myself…I don't feel I'm making a fool of myself*."

A sense of a transformed self is a difficult concept for participants to articulate, particularly given that they retain an equally strong connection to their addicted self. However, transformation in their identity can be observed in their sense of independence Alison has "*learned to be with myself…I do it [process emotions] with myself, I think I'm quite good at it*" and Thomas' accountability for poor choices he made has improved, he used to "*beat myself up because all my mistakes have been self-inflicted*" but he recognises how even though he hurt the people he loved (and is unable to repair the harm), he is able to "*live with myself…when I'm doing something like drama or music…it makes me feel worthwhile that I'm actually trying to help somebody*." This sense of hope resonates across

the group, who all survive hardship but like Thomas who previously "*couldn't see a future*" and was "*just existing*" now has hope. Lewis has demonstrated to himself, he can achieve and overcome his problems, Staging Recovery "*was the first time I've pushed through anxiety*" thus, he no longer needs to "*shy away from things*." For the first time he has begun to appreciate the importance of being a father "*just being a dad and being there. Not running away from my responsibilities. Coping with it*." Participants carry significant shame of their past behaviours, but, working with Staging Recovery has helped begin to reject that self-stigma: "*I can look at myself in the mirror now and I can actually think I'm doing something positive. I'm doing something right. I can look people in the face now*" (Thomas).

Performing to advocate and give back

Of importance to participants is their motivation and drive to convey messages to varying audiences. Audiences include residents and staff from local recovery treatment centres, recovery agencies, or specific criminal justice key workers, but also more personal audiences such as family and friends. Presenting to audiences from the recovery community, such as, people in the treatment, or, professionals working in the recovery community, is not easy; Graham feels it is harder to perform to 'peers' at the treatment centre because "*you don't want to mess up in front of them*" however, it was equally as rewarding in that he wanted to both promote the work of Geese Theatre. He wanted to inspire people to continue with recovery and treatment and so in his own performance he presented some of the challenges he experienced, "*because, I don't want people to go through what I've been through, and all the depressing situations, and health problems, and arguments with family, and ending up in police cells, and… So hopefully, like, people will watch that and think, 'I'll stop what I'm doing now before it gets too far.*'" Presenting a narrative of hope to others who face similar challenges or barriers, is clearly rewarding and empowering.

Presenting scenes that show the hardship and challenges of addiction and recovery to professionals is equally as important, but, from an advocacy perspective. Deborah felt strongly about professionals understanding her lived experiences. Her performances meant that "*voice[s] are heard…we did one to doctors but they understood it…I said to them you only see what we tell you but if you see what goes on behind doors which you don't see you will understand it more and more*." Being a part of a performance that helps create impact and even changes to systems and services designed to support people in recovery, is important to participants; they see their role when performing to professionals and providers, as one that can advocate on behalf of other service users.

When performing to close family and friends, this provides a different experience. Often, during their years of substance use participants report how they have hurt or let down family members.

Thus, the opportunity to show progress, and the changes made in their lives help restore damaged relationships. Mark recognised the hurt he caused his mother throughout his years of substance abuse, so, having his mother see him perform in a place of recovery was one step he needed to achieve, he felt having "*my mum to be there as well, that was the icing. I couldn't have got any better than that. I couldn't have asked for any better in life. So, I've achieved one of my life goals. That's achieved now.*" Likewise, the opportunity to receive praise and validation for hard work was recalled by Lewis, who said his mother and partner "*were proud of me, that I'd done something positive. I think they recognised that it was a big step to take, because when I was drinking, I couldn't even go outside. I had that much social anxiety that I'd have to send my girlfriend to the shop to get my drink. I couldn't even go outside without getting quite drunk first*."

Despite participants' vulnerabilities, personal challenges, and persistent identification with an addicted self, through Staging Recovery, participants identities began to transform. A shift towards a more positive and recovered self was observed when participants were able to engage in meaningful performances to relevant audiences.

Summary and Conclusion

This project followed Staging Recovery participants over a three-year period, it aimed to both examine direct and indirect outcomes experienced by participants, and to understand what meaning was made by those who engaged in the project. While no significant positive changes were found in any key psychological dimensions (resilience; welling; agency/self-efficacy; impulsivity/problem solving; motivation to change; hope; and interpersonal trust) as measured by the IOMI, there were also no significant negative changes. These results should, however, not be considered in isolation (Liddle, et al., 2019), surveys of this type normally need larger numbers to detect change, thus, non-significant results do not necessarily mean non-therapeutic change. Likewise, it is critical these results are viewed alongside the lived experiences of participants, particularly given the substantial vulnerability and marginalisation participants endured. Over the three-year period of this study, each participant faced some form of difficulty, hurdle, crisis, and for some, chronic levels of chaotic functioning in which many problems co-occurred. Issues include, unemployment, coping with (re)lapse, mental health episodes, grief/loss, post-traumatic stress, relationship breakdowns, domestic abuse, homelessness, ill health, and rejection from statutory and other formal support networks.

Problems experienced by participants were undeniably apparent throughout the qualitative analysis process and outlined in theme one: *Participants' needs are complex, compounded by disadvantage and discrimination to such an extent, outside of Staging Recovery, personal growth is thwarted.*

Participants reported (outside of Staging Recovery) how their problems, prevented, and indeed hindered, any possibility of growth or positive change. Arguably, given the experiences and challenges of participants' outside of Staging Recovery, one might expect a significant decrease in the IOMI measures; yet, this was not observed. However, positive change was reported upon by participants regarding their encounters with Staging Recovery, in-spite of the context of their own personal lives. This was detailed in theme two where: *Recovery Capital developed through cultural, personal, and social exposure provided by the Geese Theatre project Staging Recovery.* Without Staging Recovery, participants would not have been exposed to recovery opportunities, and would not have developed and fostered cultural, social, and personal capital to the extent they did. Indeed, as detailed in theme three: *A 'recovered self' became possible through Staging Recovery.* While participants did not report being "recovered", implicit in their narrating of a future self, was the possibility of a future and recovered self. This concept is discussed in greater detail in a paper called "*Changing identities through Staging Recovery: The role of community theatre in the process of recovery*" (Kewley, 2019) a copy is provided alongside this report.

One of the major factors contributing to participants' positive experiences was the treatment and care received by Geese Theatre practitioners. Consistent throughout each participants' unique experience, was that of dependable compassion and dignity. All participants reported being able to rely on practitioners' unfailing dedication and care. While this present study aimed to examine the experiences of participants' it did not aim to make causal claims regarding the phenomenon. However, claims made by participants regarding positive practitioner/participant relationships by all participants were so great, an alternative framework was needed to explore this issue further. Not part of the original research strategy, a separate analysis was, conducted, and is documented in a paper called "'*I'd probably be dead now': Evaluating the impact of theatre practitioners working on a recovery-based community drama project*" (Kewley & Van Hout, *in review*). Interview data was analysed using a concept-driven approach and mapped onto each domain of The Drama Spiral (Baim, 2017). The Drama Spiral is an ethical framework developed to support theatre practitioners work with people in a safe and ethical way. In summary, the analysis found through the highly skilled ethical practice of Geese Theatre practitioners, participants were able to engage and perform personal stories and explore recovery/addiction themes at a safe and supported distance. The importance of Geese Theatre practitioners (and their quality of practice) cannot be underestimated when considering participants' recovery process, so much so, a separate piece of analysis was felt worthy.

Limitations

As with any piece of research several limitations are recognised. First, relates to the sample. To examine people's experiences, participants were required to have completed at least one cycle of workshops and a performance, this meant people who dropped out part way through were not captured in this sample. Likewise, people who moved on from the project, not because of a return to substance use, but perhaps they had gained employment and so could not attend, where not followed up and, therefore, the impact of the project in the longer term for those participants, was not explored. The study aimed to explore participants experiences of the project, however, Geese practitioners worked extremely closely and intensively with participants, thus, their perspectives would have would have provided a worthy point of interest. The second issue relates to use of questionnaires to measure change. It was reported at times participants begrudgingly completed questionnaires pre and post each project. They often verbalised how unimportant and time wasting they viewed the task, it is therefore, unclear if their answers ought to be considered reliable.

Recommendations

This research has begun to outline some of the experiences people in recovery report following time on a community-based drama project. To complement this work and explore its transformational nature the following research recommendations are made:

- It would be useful to gain the perspectives of theatre practitioners experiences of delivering initiatives such as Staging Recovery
- Understanding the experiences of those who "move on" from such initiatives were not captured in this sample, thus, people who perceive themselves as "recovered" might provide valuable insight
- While this study focused solely on the role of community-drama in the recovery field, an examination or comparison of the effectiveness of different art mediums would be of interest

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Appendix

Table 4. Summary of dimensions measure by IOMI. This table is found on pages 16-18 of the Liddle et al., (2019) guidance notes

Dimension	Description	What poor scores mean	What positive changes might look like
Resilience	Resilience is a complex skillset or capacity which allows an individual to recover from adversity, and to move on in a positive manner to reconstruct or begin again. It is related to individual coping skills (and efficacy), but also to wider relationships and support networks.	Those with low resilience are more likely to give up in the face of setbacks ('what was I thinking – nothing will change for me'). Those with low resilience are also more prone to depression.	Increased capacity to move on and continue to try, even in the face of setbacks and adversity.
Agency / self-efficacy	This dimension is about whether an individual is able to make autonomous and independent decisions about their own lives - and to make things happen in the outside world as a result of those decisions.	Passivity in relation to decision-making about one's own life. A perception that 'things happen to me', rather than 'I make things happen. Prioritisation of luck, or fate.	Increases in the individual's confidence in their own ability to make decisions about their own future, and to implement plans that they make to bring about change.
Hope	Essentially, hope is anchored in a calculation about perceived scope for positive future change. It is also linked to motivation and to self-assessments of efficacy.	A sense that the future is hopeless (feeds into low agency, low motivation etc.). Low levels of resilience based on inaccurate perceptions and assumptions that are associated with a lack of hope. Sense that since it is inevitable that things will not work out well for me; I should therefore cut my losses and reduce my effort and commitment.	A new sense of hope – this could be a catalyst for a number of other changes e.g. a more flexible and positive perception of the future, internal motivation, and agency.
Wellbeing	This is a somewhat broader dimension than the others, which is usually defined in terms of general or overall mental/emotional/psychological health or balance. Our own construct involves a focus on positive self-regard and confidence.	Low levels of positive self-regard or self-esteem. Low levels of confidence.	Improvements in self-perception, estimations of self-worth. Increased levels of confidence.
Motivation to change	This dimension is strongly linked to positive engagement, and a key focus within it is on internal rather than external motivation.	Low levels of engagement with activities that may help with desistance (e.g. education, employment, programmes, etc.). Engagement with activities through external motivation (e.g. a desire to kill time, play the game).	Shift from no motivation to high levels of internal motivation. Shift from external motivation to internal motivation.

		High levels of internal motivation to continue with offence-supportive activities.	Increase in levels of engagement – in the project's work, or with other interventions. Reduced internal motivation to continue with activities which support offending.
Impulsivity / problem-solving	Impulsivity and problem-solving are closely linked. Impulsive behaviour is marked by a lack of reflection and planning, and therefore by a disregard of the consequences of behaviour. People who are highly impulsive also generally lack well-developed problem-solving skills.	High levels of impulsive behaviour. Poor problem-solving skills based on inaccurate perceptions, perceived limited range of options, no contingency planning.	Reduced levels of impulsivity. Increased ability to make conscious choices from a range of options. Increased planning and ability to think through options and consequences. Increase in focus and discipline and the ability to concentrate on one thing for a period of time.
Interpersonal trust	This dimension concerns attitudes toward and connectedness with others (with strong links to notions of social capital).	Other people are out to get me, dog eat dog attitude, people can't be trusted. Lack of interest in others. Sense of persecution, no one cares about me. Sense of being isolated and disconnected (indication of a lack of social capital, low skills, or poor attitudes towards others).	Increase in positive attitude towards other people. Increase in connectedness (to a wider range of people, pro-social connections).
Practical problems	This part of the instrument is designed to determine the extent to which participants regard the key areas referred to as being problematic for them at the time they provide feedback, and to measure changes in those assessments over time. The 8 areas listed are strongly linked to HMPPS' resettlement pathways and the wider literature.	A multiplicity of areas in the participant's life appear to be problematic, to the extent that any efforts to engage them in programmes or other interventions are seriously undermined.	Reductions in the extent to which key areas of the individual's life are problematic for them, and corresponding increase in the scope for effective delivery of work to facilitate desistance. Reduction in or abstinence from drug use, controlled drinking or abstinence from drinking. Stable and secure accommodation. Improved health and access to health care. Employment or training which may lead to employment.