

FROM FEAR TO FREEDOM How Creative Alternatives Theatre Can Help Overcome Self-stigmatization

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There is a widespread mindset that people with psychiatric illness do not have the capacity for self-determination. One unfortunate outcome is self-stigmatization, in which people with psychiatric illness avoid self-advocating activities or enrolling in emancipatory learning opportunities to avoid the pain of even lower self-esteem (Imel, 1999). Instead, they accept their vulnerable position and unwittingly perpetuate the oppressive mindset by relating from that place of fear, thereby halting their own rehabilitation (Landon & Seeman, 2000).

In the words of one woman in her mid-twenties with bipolar disorder who I interviewed about the fear associated with self-stigmatization:

There is a fear of other people finding out and there is the deeper fear, of people knowing but not understanding; of people knowing and rejecting you for this. Instead of the lens becoming clearer, it becomes cracked and broken. Every facet of your personality is suddenly interpreted as an aspect of your illness. “My, don’t you look manic today.”

Services to help someone like this woman may include physician visits, medications and one-on-one or group therapy — or hospitalization when she is “crashing to the ground.”

Given the number of people affected by mental, neurological or behavioural problems — the World Health Organization (WHO) estimates 450 million people worldwide — it is important to find ways to shift the seemingly inevitable outcome of self-stigmatization. And with the cost of mental illness in 1993 in Canada estimated at least to be \$7 billion (Health Canada, 2006), there is not just an ethical but economic value in better intervention models to provide empowerment, supportive relationships, social change and learning (Nelson, Ochocka, Griffin and Lord, 1998; WHO, 2003).

Some of the solution may come through peer-led programs like Creative Alternatives Theatre (CAT) that may be part of an emerging mindset and practice in mental health called psychosocial rehabilitation.

This article discusses findings from a recent study I conducted that sought emerging theory and program improvement about CAT. I collected the impressions of seven participants, aged 28 to 67, who participated in the program from two to six months in a drop-in centre for people with long term or persistent psychiatric illness (Wislesky, 2006). In total, the program ran for almost two years under my leadership/training.

THEORETICAL BACKGROUND OF CREATIVE ALTERNATIVES THEATRE

To understand the role of CAT, it is important to see where it fits in the theoretical picture. Overall, the guiding principle for the program is that conditions promoting a spiral down can, when inverted, promote a spiral up.

A key principle of psychosocial rehabilitation (PSR) is to develop novel programs, guided by the client, that enhance goal-directed, self-regulated, autonomous behaviours — or self-advocated self-determination (Field, Martin, Miller, Ward & Wehmeyer, 1998). It is a shift away from the institutional or medical model of mental health care that seeks to measure recovery to an ambiguous standard of health, and instead is a practice that WHO says is “the most important advancement in services for people with serious mental disorders (2005, paragraph 5).

The term “self-advocate” may summon up the picture of an aggressive, unreasonable person. Actually, a self-advocate is just someone who has overcome the fear of stigmatizing attitudes enough to communicate his or her own interests, desires and rights. It also involves making informed decisions, and shifting the responsibility for those decisions from the therapist or institution to her — or himself (Wehmeyer, 2002; WHO, 2003).

To self-advocate, however, one must have a favourable self-concept (Atkinson, Zibin, & Chaung, 1997; Silverstone & Salsali, 2003). When people know their own interests and can risk making mistakes without losing self-esteem, they can determine for themselves what actions to take by mentally “maximiz[ing] outcomes because they know what they can and cannot do” (Franken, as cited in Huitt, 2004, para.6).

Humanistic theorists say that self-concept is a socially constructed phenomenon (Purkey, 1988; Gendlin, 1997) and develops through a “process of taking action and then reflecting on what we have done and what others tell us about what we have done” (Huitt, 2004, para. 8).

Conversely, studies show that lower self-esteem, regardless of the definition, lowers one’s ability to self-determine a high quality of life (Atkinson, et al., 1997). This in turn deflates a person’s self-concept (Huitt, 2004; Purkey, 1998) indicating that there is a repetitive downward cycle between low self-esteem and psychiatric disorders (Silverstone & Salsali, 2003). On the flip side, it has been shown that populations initiate positive social change when they believe their hopes and dreams can be realized (Landeem & Seeman, 2000; Nelson et al., 1998; Russinova, 1999).

Integrated with the social environment of the CAT program is *Focusing*. Linda Olsen, Ph.D believes, “healing involves the *Focusing* process directly” (Olsen, 1999, p.2). She maintains that the spontaneity experienced during the *Focusing* process leads to the “human organism balancing itself, physically, emotionally, and mentally” (p.2). *Focusing* has also been shown to enhance personal growth with people who live with psychiatric illness such as schizophrenia (Hendricks, 2001). It was found that even a slight development of *Focusing* capacity was helpful when other models and techniques, other than medications, made little effect. Hendricks states, “this repeated finding deserves attention [because] helping such a person distinguish between emotions and felt senses and providing an interaction that

attends to the person's body sense of situations helps experiencing become ordinary and manageable" (2001, Discussion of the Findings section, para. 6).

RESEARCH METHODOLOGY

I collected both qualitative and quantitative data for an action research study (Glesne, 1999; Kirby & McKenna, 1989; Palys, 2003) of the Creative Alternatives Theatre program through surveys, observational field notes and informal focus groups.

The approach was within the "Interpretivist paradigm" (Glesne, 1998; LeCompte & Schensul, 1999; Palys, 2003; Stringer, 1999). "Interpretivists believe that what people know and believe to be true about the world is constructed — or made up — as people interact with one another over time in specific social settings (LeCompte & Schensul, 1999, p. 48). This was also a value of the CAT program itself.

My role was to "get into the phenomenological world of the other, that is, deeply know people who are different from oneself" (Palys, 2003, p. 214) by participating as actor, story teller and witness in the program.

THE CREATIVE ALTERNATIVES THEATRE PROGRAM

The CAT program was developed over seven years in a variety of contexts as a therapeutic community development tool. It has been successfully implemented with youth in prison to seek alternatives to violence, with elementary and secondary students as curriculum enhancement, as organizational development for team building and more.

Program development was informed by learning opportunities such as acting, directing and producing with community theatre, certification as a Focusing Oriented Therapist and Trainer, course work in adult learning and leadership through my Master's program and other life experiences. I am currently developing a facilitator's manual with the same title of this article that will be useful for team leaders, parents, community leaders, and mental health professionals.

What is unique about CAT, among theatre-based therapeutic and community development programs, is that *Focusing* is integrated throughout the model to draw out implicit experiencing as the basis for enactments and as a debriefing tool.

Following are some participant responses to the program that I have shaped into a poetic transcription:

My Life Can Be

Belonging, I feel good, Similar feelings, Accepted.
Regardless how you see yourself,
I am treated well and respected.

Speaking up with confidence. Synchronization.
Working out suppressed emotion.
It extends. Practice Extroversion.

Meetings took place in a section within a modern and comfortably decorated common room. This was our stage. Each meeting began when I emptied my bag of eight large coloured scarves into the centre of the area, which avoided announcing the start in an authoritative 'teacherly' style.

With members sitting on high back leather office chairs in a circle, I asked them to sense into their bodies to notice what colour scarf might represent how they were at the moment. This invited participants into the *Focusing* process of identifying their implicit knowledge through their body sense. Each participant then could say why they chose that colour.

Each person spoke without inquiry into the sharing, though we all listened and appreciated each one, demonstrating the positive community feedback needed to build a favourable self-concept. One participant commented that this is an opportunity to "realise that we all are not alone and that we can connect with each other in a different way than normal. Most of the time we talk about other stuff and I don't get to know people on that deeper level." (Fieldnotes, February, 2006). Other comments were, it "engages colour with feeling and inner messages" (Survey #014), and it is an "opportunity to express inner self" (Survey #016) and "good introduction to feeling better" (Survey #012).

One participant said, "I've got so much going on with my family right now and it was like a tornado inside and made my stomach all tight."

"Is that uncomfortable for you?" I asked.

"Yes, but it's okay because I think I know what to do. I just need to separate from the tornado. I just need to let them swirl around and I can stay separate."

"That sounds like something new for you."

"It is. I've always gotten so caught up in it all and tried to fix it and it just sucks me right in but I see that I don't need to do that." The participant was smiling.

I responded with, "Wow. That sounds wonderful" and others joined in giving responses that were similarly congratulatory. I asked this participant if we might use this as a theatre enactment.

In this case, two people enacted the scene by creating a tornado-like sculpture using coloured scarves that went on for only a few moments. This was followed by one other person entering the stage area who divided up the pieces of the "tornado." Following this enact-

ment there was a lively discussion about staying separate from other people's "tornados" and separating our own pieces within our own "tornados."

The enactments also allowed participants to reflect on the difficult paradoxes within their lives with ease. For example, one participant told the story of their satisfaction being in the theatre program but that they are frustrated with their illness and wish they did not have to come. To express this story, we used a style that Jonathan Fox (1994), the developer of Playback Theatre, calls 'pairs.' One person stood in front of another and took a pose suggesting a warm feeling with a peaceful looking smile. The actor in the back leaned out while holding their head yelling, "I wish I wasn't this way anymore" (Fieldnotes, February, 2006). The acknowledgement that this story was a universal one with participants was demonstrated through enthusiastic applause.

STUDY CONCLUSIONS: "KNOW THYSELF"

The study showed that the CAT program helped create a community that enhances "psychosocial competencies, which are, essentially, abilities that enable individuals to deal effectively with demands and challenges of everyday life" (Lemma, Alberto & Cavallo, 2000, p. 19) and may be an integral part of the continuum of community-based mental health care. Through an integration of Focusing and theatre, the CAT program helped participants build their ability for self-determination by supporting the development of a favourable self-concept.

By symbolically representing implicit experiences within a community context, in dramatic forms, participants shifted from a poor self-concept to a more favourable one. Comments included "[I] hear personal stories from others and get to reinterpret them" (Survey #014) and "it's so much better to have an audience" (Fieldnotes, February, 2006) indicating that having witnesses to provide feedback is helpful for reconstructing self-concept. One participant stated, "I think that the theatre program helps one focus on the daily happenings both good and bad. It has helped me resolve a negative event in my life and helps me to view it in perspective" (Survey #013). Another suggested that enactments help "overcome obstacles in life since it takes guts to do them" (Fieldnotes, February, 2006) while another stated that "making decisions [during the enactments] builds confidence" (Fieldnotes, February, 2006).

This finding corroborates Gendlin's work that suggests a person may shift their self-concept by noticing the symbols they give to their thoughts, feelings and events (1997). He says, "Experiencing itself changes in the act of symbolizing it" (Gendlin, 1997, p. 267). Hendricks adds, "helping such a person [living with psychiatric illness] distinguish between emotions and felt senses and providing an interaction that attends to the person's body sense of situations helps experiencing become ordinary and manageable" (2001, Research Studies section). This suggests that Focusing can help participants shift their self-concept from helplessness over their psychiatric illness to mastery within the context of their situation.

Secondly, participants developed a favourable self-concept as they reflected on the community feedback they received (Huitt, 2004; Purkey, 1988) and as they communicated their implicit knowing by observing, reflecting and taking action in the development of CAT

enactments, followed by positive feedback from others (Purkey, 1988; Gendlin, 1997; Huitt, 2004). As one participant said, “When you find your idea is accepted and can go as far as you can and get support, you realise people care — it boosts your self esteem” (Fieldnotes, February, 2006).

The following poetic transcription made of participants’ responses suggests they were developing supportive relationships, as well as compassion within themselves:

Warm Relationships

Bring me closer. People trust in me
Make good friends.
I found out that I’m free.

This is supported by Boehm and Boehm (2003), who studied participation in community theatre in which participants shared personal experiences. They found that “an increase in personal empowerment is manifested in the following aspects: self-esteem; mastery; critical awareness; expression of one’s inner voice; propensity to act” (p. 294). As one study participant said, the CAT program provides an opportunity to “discover, confront, and express suppressed emotions and rationalizations” (Fieldnotes, February, 2006).

In this environment, where art represents life and the outcome is not predictable, participants were celebrated when they took risks for practicing to identify, express and act within the safety of a rehearsal space. This means that the program becomes a rehearsal for living. A poetic transcription from the participants’ own words reveals this finding further:

A Place to Communicate Freely,

Age Twenty-Eight, Sixty-Seven. Get out of my Comfort Zone,
I’m bored.
Laugh. Stretch. Laugh. Have fun.
No, I’ve never done this before.

Expressing creative feelings,
in a free environment with others.
To get praise. Create.
And to do some more.

Overall, participants demonstrated that the old adage, “Know Thyself” is the key to enhancing self-determination and overcoming the fear associated with self-stigmatization. This is vital information for PSR program developers as they seek learning opportunities that will expand participant’s understanding of who they are and what they like to do.

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