

**SELF-ESTEEM, RECOVERY AND
THE PERFORMING ARTS**

ABOUT THE AUTHOR

Donna Douglass received her Bachelor of Arts in Music Therapy degree from the University of Pacific in Stockton, California, and her Master of Arts in Special Education from Arizona State University in Tempe, Arizona. She has worked many years in mental health as a clinician, administrator, and educator, specializing in the production of musical shows and plays. During her career, she founded two nonprofit organizations: the Salem Creative Arts Center in Oregon and *Project Arts* in Phoenix, Arizona. It was in the first program that she established *Theatre Extraordinaire*, her first musical theatre company for seriously mentally ill adults, followed by a second company of the same name in Phoenix. After relocating to Spokane, Washington, she founded *On Stage!*, a performing arts recovery program that included her third theatre company. It was the establishment of this program that offered the opportunity for an innovative university research study on the effects of the performing arts on skill building and work readiness.

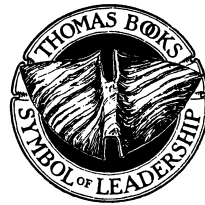
Ms. Douglass' extensive experience includes working in nursing homes, day treatment centers, private and state hospitals, and prisons, as well as 1 year in South Vietnam in Special Services. She founded the music therapy program at Arizona State University and was an associate professor of music and director of music therapy at Willamette University in Salem, Oregon. During her career, Ms. Douglass has written numerous songs and musical plays for her theatre company productions and a book titled *Accent on Rhythm: Music Activities for the Aged*. Currently, she is on the adjunct faculty at Washington State University Spokane and two community boards: The Supported Education Enhancing Rehabilitation (SEER) Advisory Board and the Spokane County Substance Abuse Advisory Board.

SELF-ESTEEM, RECOVERY AND THE PERFORMING ARTS

A Textbook and Guide for Mental Health
Practitioners, Educators and Students

By

DONNA DOUGLASS, M.A.



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*To my parents—
For the gift of music
and the joy it has brought into my life*

and

*To the many people with psychiatric disabilities
from whom I have learned so much,
and whose resilience has proven recovery is possible,
even in the most difficult of circumstances.*

FOREWORD

In my years as a clinical researcher, practitioner, and educator, I have seen many mental health systems attempt to create interventions that will lead to recovery of persons with psychiatric disabilities. Although some interventions have an impressive evidence base (e.g., family education and support, assertive community treatment), many programs struggle with finding ways to lead to significant positive changes in service users' quality of life and other areas of recovery. However, every now and then a program comes along that stands out. It looks different, and its outcomes are undeniable. This is the case with *On Stage!* and its predecessors, programs that appear unlike other mental health programs because they *are* unlike other mental health programs. As researchers try to identify new methods focusing on recovery (rather than symptom management and psychotherapy) for people with a serious mental illness, Ms. Douglass has discovered a unique approach, using the performing arts, that has proved to be an effective mental health intervention. In performing arts activities that develop self-esteem and resilience, participants find themselves in a normalized environment where they are, from day one, referred to as students, not patients or clients. Once enrolled in the program, many of these students find they finally have something to look forward to—a reason to get up in the morning. In classes and rehearsals that focus on performing, skill building and personal growth, students enjoy participating in activities that are motivating and personally satisfying—and fun. Although Ms. Douglass' approach to rehabilitation is not unassailable, there is a plausible theoretical framework provided, as well as preliminary findings that support the effectiveness of the program and its approach.

Ms. Douglass has taken it upon herself to write a book about her lifelong work, experiences, and approach to promoting normalizing and recovery-based experiences. Furthermore, it is about as readable and moving as a textbook can be. Consequently, I feel she has much to share with students, practitioners, family members, and users of mental health services. Written with a human touch, Ms. Douglass is not afraid to talk about her own experiences

and how her work focuses on “one person at a time.” She has done a considerable amount of research into understanding why and how her programs work. She has conceptualized, in a social learning framework, what it is about participating in a demanding performing arts program that is “healing and transforming,” effectively describing how her approach to recovery fits into the social learning model. Specifically, her students build self-esteem and resilience through skill development and graded exposure in a group format that provides the opportunity for observational learning and reinforcement. Additionally, in a unique approach to reducing performance anxiety, students experience carefully constructed desensitizing experiences by performing first for each other and then gradually for small to large audiences. Ms. Douglass’ approach is both intuitive and provocative—offering a hypothesis that the organization inherent in music and dance can promote healing and development in persons with neurocognitive and perceptual disabilities. She further touches on this subject in a discussion on the healing influence of music and movement on cognitive development and learning.

As most people know, mental illnesses are isolating conditions, in part, because of the misunderstanding and “stigma” associated with them. The performing arts programs created by Ms. Douglas provided destigmatizing experiences not only for users of mental health services, but also for providers, family members, and the community. Another unique aspect of her program was the partnership established with Whitworth University in Spokane involving service learning student volunteers in her productions. This program had two important functions: It provided normalizing role models for the users of mental health services, and it reduced stigma as volunteers learned that persons with psychiatric disabilities can be productive, talented, and accomplished. It was definitely a two-way street because both sides benefited from the experience.

Designed to be more than a description of an effective mental health recovery program, this book also provides practical tips and guidelines on how to implement a similar program in the community. Just as seen in her instruction methods with mental health service users, Ms. Douglass’ teaching of practitioners is highly practical, hands on, and demonstrative. Program guides, member sign-in forms, and costume designs are all provided. This book is an invaluable guide to anyone interested in implementing a musical theatre program for people with psychiatric disabilities.

In closing, as someone who was fortunate to be found by the author in the “yellow pages” (see story #11) almost 15 years ago, I am indebted to what Ms. Douglass has taught and imparted to me personally. More significantly, her substantial contribution to the training of many students and providers has led to the achievement of recovery goals by students and the reduction

of stigma in service providers. Finally, my hope is that this book will significantly enhance the dissemination of Ms Douglass' incredibly rich knowledge base, and thereby promote the recovery of many more persons afflicted with a mental health disability—"one life at a time."

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PREFACE

Do not go where the path may lead—
Go instead where there is no path and leave a trail.
—Ralph Waldo Emerson

How do I start a program like yours? How do you motivate people to get involved? How do you help people deal with stage fright? How do you retain people in your programs? These are just a few of the questions I have been asked by family members, professionals, and others after they have seen the shows I have produced with casts of people with psychiatric disabilities. Then there are the questions I have asked myself: What is there about stage performance that keeps service users motivated and looking forward to the next show? What are the specific benefits of a performing arts experience? Finally, why does this approach to recovery work? This book has been written to answer these questions and to (1) introduce Self-Esteem in Recovery (SEIR), a recovery model created for people with a serious mental illness; (2) address the need for innovative programs promoting recovery; (3) provide a new recovery model for use in the arts therapies and related fields; and (4) offer a program that can be adapted for people with physical and developmental disabilities.

THE AUDIENCE

This book is offered as a new resource on recovery for two groups of readers interested in expanding their knowledge on recovery programs for people with a serious mental illness. The first group includes practitioners, educators, and students in mental health and related fields. Specifically, it is intended for *mental health practitioners* providing direct services in the arts and related fields and for activity directors interested in staging variety shows in long-term-care facilities; for *educators* looking for innovative resources to provide new insights and theories along with ideas for research; and finally for

entry-level students in the areas of music and other arts therapies, recreation therapy, psychosocial rehabilitation, and psychiatric occupational therapy. Further, literature cited throughout the book provides a background and foundation for the theories and principles of the SEIR model. The second target group is for individuals or organizations desiring to establish a musical theater program within their communities.

THE FORMAT

Because this book is written for two distinct groups of readers, it is divided into two parts. Part I, *Background and Evidence*, is written as a text with two goals: (1) to *serve as a resource* for educators teaching introductory classes, and (2) to *provide background information* for those interested in starting a community musical theatre company for people with a serious mental illness and other disabilities. Chapter 1 is a brief history of the evolution of mental health practices in the United States. Also included is a literature review on self-esteem and a summary of a research study conducted by the author on the effects of the performing arts in recovery. Chapter 2 describes the history and development of the SEIR model and includes a description of The Recovery Wheel, an evaluation tool created by the author to assess progress on the eight SEIR goals. Chapters 3, 4, 5 and 6 provide information on how a SEIR program can be utilized to reduce stress, develop resilience, reduce performance anxiety, build cognitive skills, and promote stigma reduction.

Part II, *Getting Started*, is designed as a guide to anyone interested in implementing a musical theatre company for people with psychiatric disabilities. Created from the author's extensive experience in producing variety shows and founding theatre companies, this section describes the process that has led to many successful stage productions. In Chapter 7, the reader will find a guide describing a recruitment process and the first informational meeting. The remainder of the chapter describes how a show is created, from selection of a theme to preparation for opening night. (Because it is beyond the scope of this book to include, in detail, the methods designed to implement a SEIR program, a handbook on clinical applications of the model is being developed for this purpose.) Thus, with the information in this section and Part I, those interested in starting a community musical theatre company should have enough background to begin a project that will greatly benefit a wide range of people with disabilities.

SPECIAL FEATURES

After so many years of clinical work, the author has hundred of stories to tell about her students and their journeys, via her programs, to recovery. So included within the text are several of these success stories, some titled *One Life at a Time*, others told in short vignettes. In addition, there are descriptions of the unique experiences the author and her students have encountered during their “travels” together. For example, there was the incident when a portable stage collapsed during a performance and another when a cast member walked out 5 minutes before the curtain went up on a major event! Then there are the unique circumstances surrounding the founding of the author’s two nonprofit organizations, Salem Creative Arts Center and Project Arts, and the most recent, On Stage!. Also of particular interest is the role the author’s theatre companies played in reducing the stigma associated with mental illness. Specifically, it was not only the public performances that educated audiences, but, more importantly, the personal contact between community volunteers and cast members that seemed to have the most lasting effect. Finally, it is the author’s hope that the content of this book will interest educators, clinicians, and students to consider pursuing research on the effectiveness of the performing arts and the SEIR model on the recovery of people with a serious mental illness.

D.D.

INTRODUCTION: A PERSONAL PERSPECTIVE

I am often asked two questions: Why did you decide on music therapy as a career? Why, when working with people with disabilities, has stage production and its related activities always been your intervention of choice? This brief autobiographical sketch may offer some answers to these questions and provide insight into the reasons for my pursuit of a career in mental health.

Music has always been an important part of my life due to my musical family and my mother's insistence that I take piano lessons and practice a lot! In the 1920s and 1930s, my parents played in a family dance band, with my mother on piano, Dad on trumpet, an uncle playing saxophone and clarinet, and another uncle on drums. I was told stories of how this small band of musicians would drive in a Model A Ford to various grange halls where they played for dances, often arriving home around 4:00 a.m. As a child, I remember watching musical variety shows at the local grange halls where my parents were frequent participants. Sometimes these events included those old-fashioned minstrel shows where the performers were in black-face, dark suits, and top hats.

The earliest recollection of my own stage experience is when, at around age 6, I sang a vocal solo titled *Alice Blue Gown* before an audience at a local grange hall. It is not surprising that I do not recall exactly how I felt about my performance. But I do remember my excitement over the wonderful costume created for this special occasion by a family friend: a fancy blue gown with lace and ribbons and a hat to match. How I loved that dress and the way I felt when wearing it, like a princess or perhaps even a queen, anxiously awaiting to hear the accolades from an adoring audience. Following my debut on the stage were many years of study in the performing arts that included lessons in classical piano, ballet, tap, and voice. During that time, I performed dozens of times on the piano in festivals and contests, always evaluated on my performances by one or more serious-faced judges sitting behind long tables and waiting, it seemed, for me to make a mistake. In retrospect, I realize that early on I began experiencing extreme performance

anxiety brought about by two major fears: a lapse of memory and making a mistake. Although some students could perform in high-stress environments with seemingly little anxiety, I was not so lucky. Although my anxiety level varied according to the performance environment, any situation requiring a “perfect” performance would bring about all the signs of extreme nervousness: sweaty palms, racing heartbeat, and, on one occasion, knees that locked prior to walking onto a stage. (I was given a gentle push to get me started!)

Despite long hours of practice, repeated episodes of performance anxiety, and the memorization of innumerable music scores required for the many festivals, guilds, and other contests, I managed to complete 12 years of piano study before leaving for college. It was while in high school that I discovered three kinds of musical performance that gave me the greatest satisfaction and the least anxiety: accompanying vocal and instrumental soloists, playing in dance bands, and playing for musical theatre productions. In all of these situations, I knew that if I made a mistake, I had a chance to recover through improvisation and opportunities to keep going no matter what happened. Although I may have been somewhat nervous, the debilitating dread that was ever-present when I was playing classical music was not there.

Thanks to my mother, a piano teacher, I learned to play popular music at a time when this style of playing was strictly forbidden by my classical piano teacher, who, for some reason, thought playing popular music would interfere with my musicality in the performance of classical music. (I remember living in fear that she would hear of my wayward behavior!) However, I continued to pursue my interest in playing popular music, thus developing a skill that has proved to be invaluable throughout my career—and my life. (By the way, I eventually transferred to another piano teacher who was not at all critical of my performing with dance bands and other pop music groups.) Clearly then, the personal experiences I have had over the years, especially my constant struggle with performance anxiety, played a major role in the development of programs that focus on reducing anxiety and improving self-confidence and self-esteem. (I can only imagine what performing might have been like if someone had taught me techniques of stress reduction; i.e., deep breathing, positive thinking.)

Although the development of the recovery model described in this book was created recently, my interest in using the performing arts in the recovery process began years before the word “recovery” was associated with mental illness. With each production, beginning at Napa State Hospital in the 1960s, I witnessed dramatic improvements in self-confidence and self-esteem, outcomes that resulted in my continued interest in the therapeutic benefits of the performing arts. Over time I realized that, although “opening nights” are the highlight of any production, what happens during rehearsals and backstage can contribute to the participants’ personal growth and well-

being. For example, the camaraderie that develops among cast and crew can create what is frequently referred to as a theatre “family.” Moreover, there is something very special about being part of a process where everyone involved works very hard toward a common goal, learning to deal with the stress caused by a bad rehearsal but coming together to experience the ultimate in emotional highs—a great opening night.

I believe adamantly in the healing power of the arts. It is this belief that provided the motivation behind the creation of the Salem Creative Arts Center (Salem, OR), Project Arts (Phoenix, AZ), and On Stage! (Spokane, WA). Further, I believe that every person, with or without a disability, is innately creative and only needs the opportunity to discover, develop, and express that creativity. Finally, I think every person with a disability should be given the opportunity to discover and utilize the strengths and abilities that will support their recovery and lead to successful achievement of their life goals. By combining my personal experience in performance with a background in providing music therapy and recovery services to people with disabilities, I believe I have created a recovery model that will help these persons experience what they truly deserve: to be treated with respect, accepted for who they are, and afforded opportunities to improve their quality of life and overall well-being. After all, people with a mental illness are people, too, just like you and me.

LESSONS LONG REMEMBERED

When working with people with a mental illness and related emotional problems, one learns early on the importance of keeping one’s emotions under control, especially in a crisis situation. I learned two lessons during my training and later work experience that strongly influenced my ability today to “keep my head while everyone around is losing theirs.” The first lesson occurred during my internship in 1959 at the Menninger Foundation in Topeka, Kansas. To create consistency in the way that employees responded and reacted to patients, a protocol known as *A Guide to the Order Sheet* was written with details on how to relate to patients in specific circumstances (Menninger Foundation, 1982). Sometimes referred to as “attitude therapy,” a psychiatrist might, for instance, prescribe a “matter of fact” approach, indicating that the employee was to refrain from showing any emotional response or expressing any opinions when working with the patient. Another directive was “active friendliness,” granting permission to interact with the patient in a relaxed, friendly manner. Although attitude therapy is no longer utilized at the Menninger Foundation, the lessons I learned from this unusual treatment approach were invaluable because it taught me to be more

aware of my own behavior and how it could affect my relationship with my patients. (I also learned the importance of keeping my keys out of sight due to the intimidating effect they could have on patients: another Menninger protocol.)

I learned the second important lesson when I was activities director in a day treatment center. Our medical director, a psychiatrist and one of my most memorable mentors, was a compassionate man who taught his staff the importance of refraining from being “caught up” in the emotions of the moment. I will never forget the expression he used to describe how we should react: “Keep it in neutral” no matter what happens. Throughout my long mental health career, I never forgot those words, a lesson that helped a great deal, as reflected in the following two stories.

Story 1. In the mid-1960s I was employed as a classroom teacher in a school and treatment center for emotionally disturbed adolescents. Now why, you might ask, was I teaching academics when I had no formal training in the area? As it turned out, the agency hired me out of desperation: teachers kept leaving. In fact, a previous teacher left rather quickly after students set fire to the papers on her desk! At this point, the administration had decided that someone with a mental health background was needed to keep the students under control, so they hired me. (As it turned out, I wore two hats in that job: a classroom teacher and a music therapist.) An example of the importance of “keeping it in neutral” occurred when, in the former role, I entered the classroom and sat down at my desk. As I began pulling open the center drawer, there was a loud “bang” as caps (used in cap guns) exploded. The result was two runs in my stockings, one in each leg. Now I could have reacted in one of two ways: by freaking out and running from the room (students were waiting for this!) or demonstrating to the “culprits” that the act was no big deal, which is exactly what I did. I recall looking up from the damage to my stockings and saying, “Someone owes me for a new pair of nylons,” and beginning the lesson of the day. Needless to say, my students were very disappointed in my reaction and hopefully realized that it would take more than a minor explosion to take me out of “neutral.”

Story 2. This same agency, because of its volatile population, seemed to always be confronted with a crisis of some degree. An example is a situation that took place when I was wearing my music therapy hat. For weeks we had been rehearsing a variety show to be presented as a fundraiser for the school. Everyone was excited because this was the first time a show had been part of such an event. However, an incident during dress rehearsal the night before almost caused cancellation of all festivities. The house parent (I’ll call him “Evan”) of one of the residents got into argument that resulted in Evan threatening his wife with a knife. The police were called, and Evan was taken to jail. When students got the news, they were devastated. This man was great-

ly admired and respected by everyone, so it was not surprising that students wanted to cancel the next day's event. However, before they made that decision, I assembled the cast on stage and asked one question: What would Evan want you to do? The answer, of course, was that he would want the show to go on, and that is exactly what happened. And what a performance it was. Those students sang and danced their hearts out—for Evan, for the school, and for a public that, with their applause, showed their appreciation for an incredible show. Little did that audience know how close this event came to an unexpected cancellation. Here once again was another reason to “keep it in neutral,” not give up and prove once again that no matter what happens, “The show will go on.”

The preceding stories are just two examples of how the early lessons in emotional control got me through some very stressful situations, including physical attacks by patients, bombs in Vietnam, and all of those stage shows where a last-minute crisis was a sure thing. So I offer this bit of advice to my readers: Take a deep breath (or more if necessary), stay positive, and, for your own sanity and those around you, Keep It In Neutral!

ACKNOWLEDGMENTS

This book is the product of three influential sources: the many service users who turned my vision of performing arts recovery programs into a reality, the insights I have gained from those willing to share their recovery stories, and the collaboration with colleagues at WSU Spokane. Although it is impossible to cite everyone who has contributed, I want to acknowledge those whose influence has been significant.

To Michael Smith, manager of the Bing Crosby Theatre where On Stage! presented its annual public performances. To the many community mental health agencies in Spokane, especially Family Service Spokane, the Evergreen Club, and Spokane Mental Health, who supported the On Stage! mission with their referrals, making it possible for us to fill our classes. To the National Alliance for the Mentally Ill (NAMI) in Spokane who featured the On Stage! theatre company at so many NAMI events. To the musicians in my combos who donated their valuable time so we could always have live music at our shows, with kudos to Loren Rux on trumpet, Brian Flick on guitar, and Ron Baer on drums. To the Westminster United Church of Christ for providing rehearsal space for 9 of the 10 years On Stage! offered its mental health services. And to Steve Cada, property manager for SAMCA, LLC, whose advocacy made possible a special lease agreement, allowing On Stage! to move into its own facility.

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In any major project, there are always people and organizations whose contribution to the project's completion has been invaluable. Writing of this book is no exception. So with deep appreciation and gratitude, I offer a special thanks.

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To Dennis Dyck, PhD, Vice-Chancellor and Director of Research at WSU Spokane, who, as then director of WIMIRT, believed in my vision to establish a performing arts recovery program in Spokane. Instrumental in procuring the research funding that launched On Stage!, Dr. Dyck's advocacy and strong belief in our mission strongly influenced the continuation of our program, despite critical funding issues, for 10 years.

To Katherine Crow, choreographer extraordinaire, whose delightful, creative dance routines gave life to each and every On Stage! production and whose inherent ability to connect with our cast members built morale, lifted spirits, and helped each person to be successful. The messages she communicated to the cast—"There's no such thing as a mistake" and "It is ok to fail as long as the effort is made"—freed everyone to perform to the best of their ability.

To the Jim and Donna Simanton Foundation, whose yearly support enabled On Stage! to survive despite funding cuts and other fiscal challenges. And to Donna Simanton, who, after Jim's passing and the closure of On Stage!, continues to be a dear friend and champion of good causes.

To the many mental health service users whose loyalty and dedication were responsible for the success of my three theatre companies. Your willingness to work so hard for the many weeks it took to produce our shows is

a tribute to the resilience of the human spirit and proof that recovery from a serious mental illness is possible.

To Donna White, a music therapist, my former student, and now a life-long friend, who became my partner in implementing Project Arts in Phoenix. It was her valuable participation in and dedication to our mission that provided the support I needed to make this program possible. In addition, I will always appreciate the valuable assistance Donna offered when I was creating the first draft of this book in the mid-1990s.

To my publisher, Michael Thomas, whose belief in the value of my work made this book possible. Working with you has been a pleasure, and I am honored to be associated with your esteemed publishing house.

And finally, to each and every person who has contributed so much to this project, a line from one of our On Stage! show tunes seems to say it all:

“Hats off to you, my friends,
Hats off to you!”

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**SELF-ESTEEM, RECOVERY AND
THE PERFORMING ARTS**

Part One

BACKGROUND AND EVIDENCE

Chapter 1

HISTORY AND RESEARCH

MENTAL HEALTH PRACTICES: THE EVOLUTION

Recovery from mental illness is not the same as cure. It means regaining control over one's life if not one's illness. It means leading a useful, satisfying life even though symptoms may reoccur.

–William A. Anthony

The ethical treatment of people with a serious mental illness has been a major concern of mental health advocates for decades. However, it was not until the 1950s that significant advances in psychiatric medicine began to change treatment approaches, offering hope to the thousands of patients confined in state institutions. Because these changes led to the evolution of mental health treatment as known today, it seems important that readers know how scientific research has promoted treatment innovations. Knowing this may further the understanding and appreciation of the role the recovery movement has played in the lives of service users today. Therefore, a brief overview of the topic is presented here, in which the author has taken the liberty to use her experience in mental health as the basis for dividing the history of psychiatric treatment into three categories of practice: *Confinement, Deinstitutionalization, and Recovery*.

Confinement

Ancient Theories

Confinement and mistreatment of the mentally ill has a long and disturbing history, beginning when society became convinced that victims