

**Evaluation of the impact and changes in attitudes to
military mental health issues for the audience
following *The Shell Shock Performance***

October 2018



Anglia Ruskin
University

**Cambridge Institute for
Music Therapy Research**

One must let the play happen to one; one must let the mind loose to respond as it will, to receive impressions, to sense rather than know, to gather rather than immediately understand.

EDWARD ALBEE, *National Observer*, April 5, 1965

Table of Contents

1 Foreword.....	1
2 Acknowledgements.....	1
3 Executive summary.....	3
3.1 Background to the study.....	3
3.2 Summary of key points arising from the study.....	4
3.3 Recommendations moving forward	7
4 Introduction	10
4.1 Theatre and the audience.....	10
4.2 Military personnel, veterans and drama.....	11
4.3 Aims of the study.....	13
4.4 Methods and Study Participants.....	13
5 Understanding the audience experience of the performance.....	15
5.1 Electronic survey response	15
5.2 Analysis of the electronic survey	16
5.3 Semi-structured interviews	24
5.4 Discussion of results	32
6 Future directions	36
6.1 Alternative formats	36
6.2 Signposting for assistance.....	36
6.3 Marketing, outreach and veterans' opportunities	36
6.4 Future evaluation of the <i>Shell Shock</i> project	37
7 References.....	38
Appendix One: Online Survey.....	42
Appendix Two: Semi-structured Interview.....	49
Appendix Three: List of Figures	55

1 Foreword

The soldier's experience

In contemporary society, post- traumatic stress disorder (PTSD) and other impacts of war are increasingly recognized. The effects upon veterans' physical psychological educational and social wellbeing are increasingly researched and reported. Similarly the arts are recognized as powerful and immediate vehicles for the expression and enhancement of the understanding of human distress and experience. In this project, the powerful portrayal of a soldier's attempts at adaptation to family, and work life, following war is examined through dramatic presentation and enactment. Through the play *Shell Shock* moment by moment encounters are performed and audience responses monitored and analysed.

Recognition is one aspect of the human encounter which reveals the relationship between one person and another. The rehearsal for this in a child's development, usually begins through the experience of the relationship between the baby/child and parents. The audience responses in this project could be seen to reflect a reciprocal role of responding to the needs and experiences of the protagonist in the play, the soldier. What we see quite often in the play, and in society, is a lack of recognition of the soldier's war experiences. These experiences are often far from home and private –almost taboo-from friends and family back home. Striking in the 21st century is that when watching *Shell Shock*, characters surrounding the soldier seem oblivious of his pain and distress. What unfolds in the research presented here, from an analysis of audience responses, is the many layered emotional process often unrecognized, which going to war entails, and society's disengagement from some of the issues, such as PTSD for example.

The team of collaborators, researchers and performers are congratulated on this innovative and rigorous project, which provides new insights into the impact of war upon veterans, and indicates that drama enables attitudinal change.



Professor Helen Odell-Miller OBE

05.10.2018

2 Acknowledgements

Our heartfelt thanks go to the following people and organisations:

This report would not have been possible without the participation of those who attended a performance of *Shell Shock* and then generously gave their time to participate in the audience survey. Additionally, some participants volunteered for in-depth interviews. We are grateful for your contribution.

The Veterans' and Families Institute (VFI) at Anglia Ruskin University assisted in designing the study. Matt Fossey, Director of VFI, and Professor Susan Klein were instrumental in the early stages of the research and the design of the survey.

Lisa Peacock, PhD student, assisted with the thematic analysis.

Jodie Bloska, Research Assistant at the Cambridge Institute for Music Therapy for Research, assisted with formatting and editing of the current report.

We appreciate the help of volunteers who engaged with audience members at some of the venues to explain the aims of the research.

The actor, production team, theatre staff and Ryan Gearing, Shell Shock Project Manager, who ensured we were kept informed of any developments and welcomed the research team to performance venues.

The research would not have been possible without the grant awarded by the Forces In Mind Trust, which encourages initiatives to improve the future for military personnel, veterans and their families.

Professor Helen Odell-Miller OBE,
Director of the Cambridge Institute for Music Therapy Research at Anglia Ruskin University

Dr. Linda Winn, Lead Researcher

3 Executive summary

3.1 Background to the study

The *Shell Shock* theatre production (<http://www.shellshock.org.uk>) is adapted from *Shell Shock: The Diary of Tommy Atkins*, a book by a combat veteran (Blower, 2011). The play is a single-person performance that charts the story of a soldier returning to civilian life. The character has been played by both male and female actors. Initially, the person returns, glad to be home and full of hope for finding work and resuming relationships. One by one these hopes fall away. Family members and friends react in different ways and do not necessarily understand the soldier's experience; they are concerned with their own life problems. The character battles with adjusting to civilian life. Employment applications are rejected. Eventually work is found, but the veteran is unable to maintain it, as anger, depression, and traumatic nightmares all impinge on life. Violent outbursts disrupt relationships. Sources of support melt away. Denial of mental health issues and fear of stigma manifest themselves (Deahl, Klein, and Alexander, 2011; Iverson et al., 2011; Sharp et al., 2015) and preclude the character from seeking help until a last-minute reprieve. The 2017 tour played in the South of England and at the Edinburgh Fringe Festival. A team from Anglia Ruskin University researched the impact of the performance on audience members.

The Research Focus

The quest for the research team was to evaluate the influence of a performance of *Shell Shock* on audience members. Firstly, whether the play made an impact on audience members. Secondly, whether the play could act as a catalyst for change in behaviour and attitude towards mental health problems in military personnel and veterans.

3.1.1 Seeking views from the audience

Eighty audience members volunteered to participate in an anonymous electronic survey (Appendix 1); paper copies of the survey were also available. The survey was designed by the author, a post-doctoral dramatherapy researcher, in

collaboration with Prof Helen Odell-Miller, Director of the Cambridge Institute for Music Therapy Research, and colleagues from the Veteran's Research Institute at Anglia Ruskin University. Previous relevant research and methodologies influenced the design (Braun and Clarke, 2012; Creswell, 2014).

Nine research participants volunteered for a telephone interview, which consisted of a set questions to provide a framework for discussion (Appendix 2). The interview provided the opportunity for the person to provide more detailed views to inform the study.

The data from the electronic survey produced quantitative results and participants also had the opportunity to add additional comments. The telephone interviews were transcribed and then themes emerged through scrutiny of the interviews. These findings are detailed in Section 5.

3.2 Summary of key points arising from the study

3.2.1 Attitudes to military personnel and veterans with mental health issues

Over 86% of survey respondents expressed the view that serving personnel and veterans were discriminated against if they displayed mental health issues. Over 75% of the survey respondents stated that witnessing the performance of *Shell Shock* had positively changed their attitude to serving military personnel and veterans experiencing mental health issues. One person reflected:

"It brought guilt over my own previous prejudice against ex services as employees and helped to understand more."

20% of survey respondents said the performance had helped them understand the behaviour of someone they knew.

In the telephone interviews, 90% of the participants emphasised that they were experienced with mental health issues. Just under 50% of the interviewees also spoke of how they gained insight into the behaviour of people returning from combat whom they had known as children. This suggested *Shell Shock* had invoked sense-making and empathy. The performance acted as a catalyst for

personal stories in over 90% of the interviews. One person (a veteran) found it had opened communication between himself and his now adult child, who had watched the performance with him. Another person who participated in the telephone interview had no previous experience of or contact with the military. This person commented that the performance had a profound effect:

“I’ve been very prejudiced ... that opinion [was] massively challenged during the performance and it really made me ... re-evaluate everything that I thought.”

This singular response may be indicative of the capacity of the play to create change in someone with less knowledge of mental health issues in military personnel. However additional respondents would be needed to clarify this aspect.

3.2.3 Awareness of the effects of mental health issues on families and carers of serving personnel and veterans

More than 90% of the survey respondents recorded an increased awareness of the problems faced by families and carers arising from the mental health issues of serving personnel or veterans after seeing *Shell Shock*:

“The play helps to promote a greater understanding of the particular problems veterans and their families face and may encourage them to seek help from the right quarters.”

‘Would definitely recommend this show to friends and family members so they could get a glimpse of day-to-day life with PTSD. A brilliant portrayal of this illness.’

This was expanded on in the telephone interviews. Each interviewee thought that the performance had caused them to consider the impact on families and carers:

“turned my thoughts more to the needs of families and the problems of domestic violence.”

“what it did was highlight family dynamics. I suppose that stayed with me. It will stay with me as a place I reference in my mind when I think about mental health and veterans.”

3.2.4 Educational value

100% of telephone interviewees thought there was great educational value in the performance:

“Helped to raise awareness in mental health in both serving and ex military personal and difficulties encountered in returning to civilian life.”

“I learnt more about PTSD. I had not realised it could get worse over time or that anger was so apparent.”

“My son joined the Army last year. Although he is absolutely fine, it warned me about what could happen in the future. Thank you. We'll be more prepared should anything happen.”

In the electronic survey there was not a specific question on the educational value of *Shell Shock*. However it was referred to in additional comments:

“I can see that it could be used as a powerful educational tool for those professions who come into contact with serving or ex- military, e.g. GPs, police, prison officers, probation officers. Maybe watching it (or a filmed version) should be part of their training so that they can gain an understanding. Needs to be done countrywide to avoid the pockets of no awareness that seems to exist in some areas.”

3.2.5 Addressing stigma

100% of the telephone interviewees thought that the performance was successful in portraying the effects of stigma:

“I think it [the play] puts a spotlight on the effects of stigma.”

“Yes education . . . because we don’t tend to educate people on things like trauma, loss, grief, that are real and have very profound impact and it would be particularly valuable if it was emphasized and it became more readily accepted.”

3.2.5 Impact on audience members and recall of the performance

All respondents but one (99%) had found the performance powerful. All the people who participated in the telephone interviews, three to six months later, recalled the performance in great detail. It was of note that their recall of the performance was very accurate. Some said they felt they were in the theatre again when discussing it, several reported feeling physical responses as well as verbal and visual recall of the scenes:

“I remember being drawn into his world and feeling shocked. Shock at what he was having to hide. Yeah, empathetic about his need to hide what he was feeling and I’m feeling tearful even thinking about it.”

The ability of dramatic performance to improve recall has been noted before (Winn, 2016). Often a person with mental health problems suffers from impaired concentration, yet they are able to recall great detail of an observed performance, some months after.

The survey results and themes are reported further in Section 4.

3.3 Recommendations moving forward

The use of the play *Shell Shock* proved a strong vehicle to address mental health issues affecting serving military personnel, veterans, carers, families and those that seek to support them. It was clear that it provided a catalyst to reflect on and discuss personal experiences.

Participants had found it a powerful representation of what can happen to some military personnel when they try to reintegrate into civilian society. They found this educational and thought it would be of value to educate others. Additionally, the use of a performance also appeared to enhance recall of the issues raised.

Feedback received suggests that the *Shell Shock* Project should be further developed, in the following ways:

3.3.1 *An integrated educational workshop post-performance*

A post-performance educational workshop would be offered in various formats depending on the audience make-up, for example:

- General public – a structure to allow people to explore the issues raised;
- Professional / voluntary staff working with serving military personnel and veterans and/or their families;
- Veterans and military personnel;
- Arts Therapists and trainees;
- Under-18s.

The training package would be designed to be flexible to meet the needs of the audience.

The workshop would be delivered by an Arts Therapist and veterans who have received training in the delivery of the workshop, with access to supervision and support. Where possible and relevant, the actor and production team would be available for post-performance questions. Local services should be involved when possible, to provide information on support services available in the area. It would allow the opportunity for shared story-making and shaping a new narrative to move forward.

3.3.2 *Written materials*

The development of accessible written materials, such as:

- A booklet linked to the *Shell Shock* workshop containing information of sources of help for serving personnel, veterans, families and carers.
- Making hard-copies of the *Shell Shock* script available. For example, this may be helpful for trainee dramatherapists to enact the role as a learning method. Consideration should be given to this request; how it could be managed and be a source of income.

3.3.3 Widening availability of the play

There were suggestions to adapt the play for DVD or television although some felt that it would lose something if not seen as live theatre. However, the live performance does restrict accessibility and therefore the number of people it can reach. Some people have never attended live theatre and this might be an obstacle to outreach. Additionally, those suffering from trauma might also find digital medium better as it provides an element of distancing from the subject.

3.3.4 Evaluation of the Shell Shock Project

The information gleaned from those who participated has been immensely helpful in shaping these recommendations; we are grateful to all who gave up their time to contribute to the study.

However, far more people pledged to participate in the study than completed the surveys. Future research would be aimed at streamlining the feedback process. For example, an electronic audience survey to be completed immediately following the performance would be included and workshops would also be evaluated similarly.

The following pages of the report provide references to relevant literature as the foundation of the study, then further detail and discussion of the results. Moreover, the report reflects on the use of performance to influence behaviour and attitudes towards serving personnel and veterans experiencing mental health problems and considers the educational value of the play *Shell Shock*. Finally, it concludes with recommendations for the future of the Shell Shock Project.

4 Introduction

This section will provide background information by outlining the literature that has influenced the study. It then states the aims and evaluation methods.

4.1 Theatre and the audience

The use of theatre performance to provide an insight into health problems is not novel. The key US/Canadian study (Lorenz, Steckart and Rosenfeld, 2004) of 32 performances examined the impact on the audience of the story of a person dying from cancer. The audiences were surveyed to discover the impact and influence of the performances on them.

Nevertheless, theatre has not been used specifically to address mental health issues arising in the UK military and veteran community, with the aim of studying changes in audience attitudes.

4.1.1 Theoretical approaches

Previous studies have identified emotional and artistic domains in theatre:

1. Eversmann (2004) identifies four domains in theatrical performance:

- Perceptual
- Emotional
- Cognitive
- Communicative.

2. Maanen (2009) identifies three types of theatrical domains:

- Decorative
- Comfortable
- Challenging

Eversmann is focused on artistic values -- what occurs for the audience during the performance. Maanen's interest is in the way challenging performances may affect the perceptions of spectators and bring about changes to their belief systems.

The views of Eversmann and Maanen are not seen as oppositional; rather components of both are seen as complementary. Integration of these aspects of performance leads to a more thorough understanding of the data. A recommendation is made for qualitative data, to provide a further perspective of the impact of theatre performance (Toome, 2016).

4.2 Military personnel, veterans and drama

In the UK there has been an increase in wider society's interest in the plight of the warrior, which has led to the commissioning or reprise of many films, books and plays on the subject. Art, drama and music are popular amongst serving personnel; they often attend professional performances, sometimes within the theatre of war. The various services delivering this entertainment has been charted, going back to the 19th Century (Jones, 2012). When professional entertainers were not available, it was and is common for personnel to organize their own performances. If someone is suffering from trauma, to introduce a new concept (such as some of the psychological therapies) may feel a step too far. Using a familiar medium, but in a different way, will not provoke as much anxiety (Winn, 1994, 1998). Thus, attending theatre performances might not be such an obstacle for military personnel and veterans as for individuals who have never been to a theatre performance. They are particularly adept at performing roles and witnessing other people performing roles (Landy, 2006).

The use of one play with veterans for the purpose of research was *Homer's Odyssey* (Armitage, 2010). The focus on extracts from this play text amplified the theme of journeying for study participants (Winn, 2016). The veterans felt they had not yet come home (to self). The choice of the text resonated with the participants and they expressed enjoyment when considering the themes.

The participants went on to reframe their personal stories with the illumination provided by working with Armitage's adaptation of *Homer's Odyssey* and a further dimension was provided by their role as members of the audience (Jones, 2008). During that research, the role served by the audience emerged but had not been a primary focus.

Another performance project study involving veterans and theatre focused on the veterans' response to an audience (Johnson, 2010). The research revealed that the use of the drama text might impact on creativity, positive imagination and reframing of traumatic experiences (Winn, 2016). This concurs with the work of Shay (2002, 2010) concerning veterans and suggests that drama does make a positive contribution to assisting veterans in their journey homeward.

A key element of the studies, which provided a foundation for the current project, was distancing through story and metaphor. Gersie (1991, 1996) and Lahad (1995) developed structured therapeutic storytelling that provided a safe container for exploring issues including trauma. Shay (2002, 2010) used plays for veterans suffering from Post-Traumatic Stress Disorder (PTSD) to explore their situations, provide witness to them, and reframe their responses. Jenkyns (1996, 1999), in her seminal work on dramatherapy and the use of dramatic text, identifies how drama can be used for containment and distancing.

Advances in neurobiology and trauma (Levine, 1997; van der Kolk, 2006; Dolan et al., 2012) have discovered that the limbic system of the brain is not amenable to cognitive approaches. The emotion of trauma remains trapped in the body. This is recognised by some practitioners (Rothschild, 2003; Talwar, 2007; Hefferon, Greal, and Mutrie, 2010; Baum, 2013) and action therapies are recommended. Dramatherapy is one of these action therapies, as the therapist attends to body movement and quality of action. Combatants and veterans suffering from trauma may have marked tremors and exaggerated startle responses (Kessler et al., 2005; American Psychiatric Association, 2013); these physical reactions associated with combatants across the centuries are seen in traumatised combatants from recent conflicts (Walters and Hening, 1992; Orr et al., 2004; Levine, 2009). Another research report recommends a multimodal therapy approach, including dramatherapy, to address the neurobiological manifestations that may occur with PTSD (Hogberg et al., 2011).

There is a strong basis for the use of drama to address mental health issues in serving personnel and veterans. A focus on the impact of theatre on the audience, to educate and assess impact and changes in attitude towards this group, is an important area for research.

4.3 Aims of the study

The aims of the Shell Shock Project study were:

1. To evaluate whether the performance changed audience members' attitudes towards mental health issues in military personnel and veterans.
2. To evaluate the impact the performance made on serving personnel; veterans; their families; supporters and the general public who attended the performance.

4.4 Methods and study participants

A total of 1171 people saw the *Shell Shock* play in the venues listed in Figure 1. The electronic survey response was 6.25%. Audience members were made aware of the evaluation study and survey by means of a video clip played during the introduction phase of the performance. Reference was also made to the study in the complimentary programme. Further information was available in a section of the *Shell Shock* website.

Both quantitative and qualitative measures were used in the study.

4.4.1 Quantitative methods

An anonymised online survey (onlinesurveys.ac.uk) was available to all audience members over the age of 18 (Appendix 1). The same survey was also offered as a printed copy for those who could not access the Internet. The survey was analysed using the online surveys system tools.

The survey covered the following areas:

- Had the performance made an impact on the audience member?
- Following the performance did those responding think their attitudes towards military personnel and veterans' mental health had altered?
- Had they learnt anything from seeing the performance?

Performances were held in the south of the UK. At eight venues (Figure 1), volunteers or members of the research team talked to audience members about

the research prior to the start of the performance, during the interval and afterwards, as the audience left the performance area.

The Cambridge performance was held at the Mumford Theatre, Anglia Ruskin University. *Shell Shock*'s author, the actor, the producer and staff from the Anglia Ruskin University's VFI and Music and Performing Arts Department took part in a questions and answers panel after the performance.

Print copies of the online survey were distributed to audience members who volunteered to participate anonymously in the study. These were placed in a box when they left the theatre.

4.4.2 Qualitative methods

Participants of the quantitative survey were invited to express an interest in providing further information via a telephone semi-structured interview with the lead researcher (Appendix 2). They could do this by leaving contact details on a dedicated email address or via a dedicated telephone number.

The anonymised interview sought further information on the following points:

1. Impact of the performance
 - Had any particular aspect that created a lasting impression?
 - Had it provided a trigger for wider discussions of the performance or mental health issues?
 - Had any changes in views about mental health problems occurred?
2. Perceptions of stigma concerning mental health issues in serving personnel and veterans:
 - Had the performance changed or reinforced views?

The interview was then widened to glean further views and ideas, using the question: *Do you think the play could be used in any particular settings?* Finally, the participant was invited to comment on anything concerning the performance, which we had not covered and they wanted to add.

The interviews were recorded and transcribed. The transcriptions were then examined for key themes by an independent analyst.

5 Understanding the audience experience of the performance

This section details results from the survey. It then leads on to the thematic analysis of the telephone interviews and concludes with a discussion of the results.

5.1 Electronic survey response

The performance at Anglia Ruskin University had the highest response, of almost 50%. This venue also engaged with the audience through a questions and answers panel and by handing round hard copies of the survey. A total of 18 hard copies were handed back completed. At other venues a high number of audience members pledged to complete the survey but this did not happen. Figure 1 shows the number of survey respondents rose when research representatives were present to encourage participation.

Venues	Audience numbers	Volunteers present	Survey participants
Aldershot	72	Yes	2
Brighton Fringe	91	Yes	2
Cambridge	60	Yes	29
Canterbury	39	No	2
Edinburgh Fringe	192	Yes	4
Exeter	47	Yes	15
Folkestone	53	No	0
Havant	110	Yes	11
Horsham	224	No	3
Hove	61	No	0
London	107	Yes	5
Ludlow	32	No	2
Plymouth	45	No	3
Winchester	38	Yes	1

Figure 1: Shell Shock Performance venues, volunteer briefings and participants

5.2 Analysis of the electronic survey

The electronic survey was analysed using on-line tools and scrutinised by the research team to examine the results.

5.2.1 Personal experience of military service

A total of 68.8% of the respondents had not served in the military.

5.2.2 Association with serving military personnel or veterans

The survey recorded that over 86% of the study participants had a personal motivation for attending the performance. This included close association to the Armed Forces through family members, friends, work colleagues or ex-partners. Some people had relationships in more than one category. This may have been influenced by the fact that the performances were held in areas with a military base within close proximity, which increased the likelihood that audience members would have some contact with individuals who were serving or had served in the Armed Forces. Many older audience members would have known veterans due to UK Compulsory Military Service (CMS). CMS began in 1939 and was formalised through the National Service Act 1948. The Act was repealed in 1960. Between 1949 and 1963, it is estimated that 2.5 million young men in the UK completed CMS (Hickman, 2004).

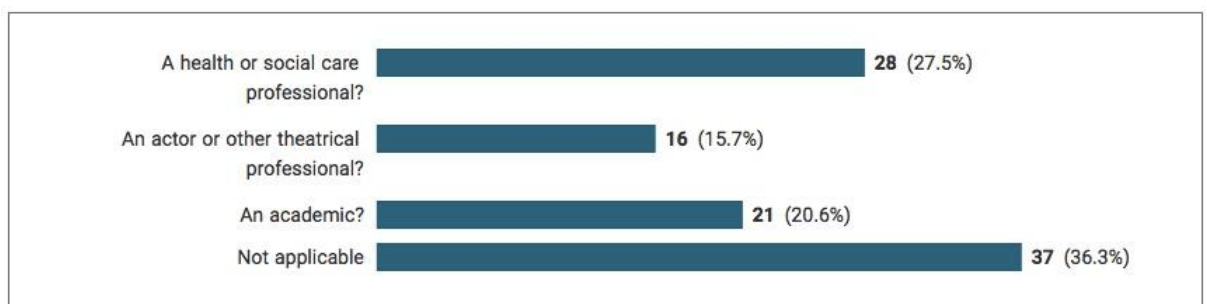


Figure 2: Professional backgrounds of respondents

Some respondents had backgrounds that suggested professional interest in the performance (Figure 2). The largest numbers were from a health or social care profession and would have pre-existing knowledge of mental health issues. This might have influenced their answers:

“Having worked for many years in Mental Health I am aware of the issues in the play. Notwithstanding I found this to be a fantastic and very emotional experience.”

5.2.3 Influence of the Shell Shock performance on attitudes towards mental health issues in military personnel and veterans

The majority of respondents thought that seeing *Shell Shock* had influenced their existing attitudes. The greatest number firmly believed their attitudes towards military personnel and veterans with mental health issues had changed (Figure 3). Comments from some who had said it had not made a change revealed this was because they already felt very aware of the difficulties faced.

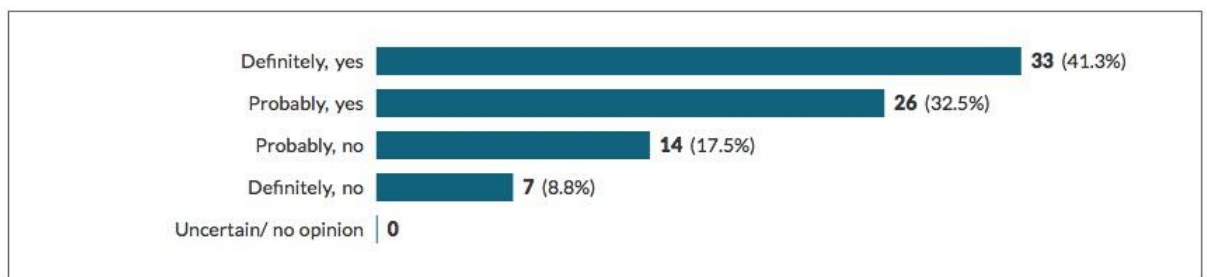


Figure 3: Change in attitude towards mental health issues in serving personnel and veterans

5.2.4 Raising awareness of psychological difficulties amongst serving personnel and veterans

Over 90% of respondents indicated that their awareness of psychological difficulties affecting serving personnel and veterans had increased (Figure 4). Similarly to the ‘change in attitude’ question, some who expressed no change in awareness commented this was because they were already working with veterans and understood the problems. Participants commented on their increase in awareness:

“I was in a relationship with a veteran with PTSD for five years and I thought that the performance very accurately reflected what my ex went through. I could say so much more.”

“Hope this excellent performance raises concerns about the lack of support provided by the State to the armed forces serving in war zones around the world!”

“I thought this piece succeeded in making you aware of the struggle veterans go through. It was engaging and confronting us which is so needed in our society so we can learn.”

“Raises awareness to those not connected with the armed forces.”

“Really made me think and later discuss PTSD.”

“It reminded me of myself, every single thing apart from the flashback part. I only have really bad memories, not flashbacks of the problem, it was as if I knew what was coming next.”

“Certainly raised my awareness and increased my empathy for ex/current service personnel with PTSD.”

“Being in no way associated with the military, I had no idea how much lack of support you get once leaving. I feel with my grandparents (as if many) being in the army there is a sense of 'heroism'- the problem with this is heroes are considered to be immune from mental health issues. Even today war and army life is glamorised...”

“I accompanied a group of veterans who have had varying degrees of difficulty adjusting to civilian life and it was a privilege to share the experience of this play with them.”

“I was diagnosed with PTSD and psychotic depression just over 3 years ago. Watching the performance was like looking into a mirror and I feel that if more people watched it and began to understand PTSD then bigger steps could be made to help other sufferers.”

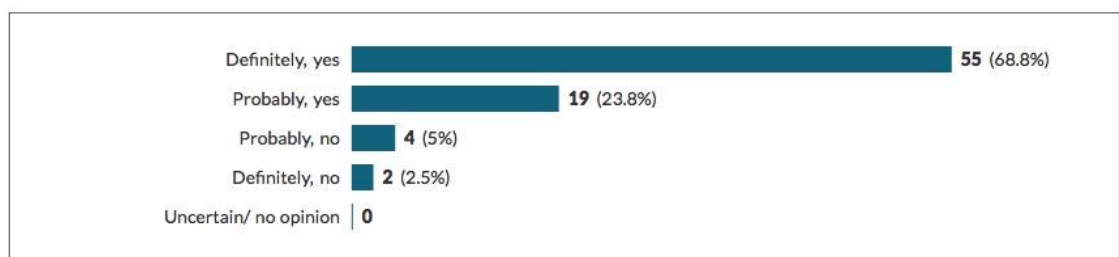


Figure 4: Increase in awareness of difficulties facing some serving personnel and veterans experiencing mental health issues

5.2.5 Discrimination

The survey revealed that 88% of respondents thought that serving personnel were discriminated against and 85% thought veterans were discriminated against if they showed signs of mental health issues. One individual commented:

“Not enough support is provided by the MOD and stigma is still very strong.”

5.2.6 Families and carers

The survey highlighted that *Shell Shock* assisted in raising awareness of difficulties facing some families and/or carers of serving personnel and veterans with mental health issues.

Over 90% of the respondents experienced an increased awareness of the problems faced by families and carers arising from the mental health issues of serving personnel or veterans after seeing *Shell Shock* (Figure 5):

“Fantastic portrayal of the struggle of mental illness and the isolation was particularly apparent. Having a partner with experience of PTSD and bi-polar and psychosis I could relate very easily.”

“No personal military background, but family ex-military and support a local peer-peer veterans group, mostly with PTSD. Performance was outstanding and the guys identified with issues, as did I.”

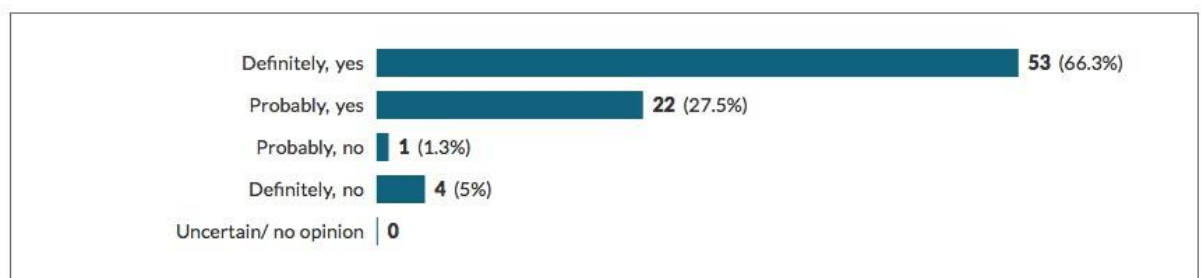


Figure 5: Increase in awareness of difficulties facing some families and/or carers of serving personnel and veterans with mental health issues

82.5% of respondents did not consider families and carers' were sufficiently informed about the risk of mental health issues that may arise from the military experiences of serving personnel or veterans:

“My husband is a serving soldier who was diagnosed with PTSD about 3 years ago, this performance was in many ways like watching our lives the last few years. Would definitely recommend this show to friends and family members so they could get a glimpse of day-to-day life with PTSD. A brilliant portrayal of this illness.”

83% of respondents indicated that not enough information was available on where to seek help for families and/or carers and 81% of the respondents thought not enough help was available to support for families and carers of serving personnel and veterans with mental health issues.

5.2.7 The Performance

The actor

Over 75% of the respondents said they identified with the sole character, Tommy, in his portrayal of the former soldier. Nearly 64% of the respondents said he reminded them of a personal experience. This rose to 81% saying the character reminded them of someone they knew. The actor received positive feedback from the participants:

“An amazing experience. Acting incredible.”

“Bold, bravura performance on a very difficult subject, acted with sensitivity and immense care/empathy.”

“Fantastic performance!”

“Tom Page’s [the actor in the majority of the performances] performance in Shell Shock was incredible.”

“The actor was outstanding, absolutely committed and totally believable.”

“Actor was extraordinary.”

“Excellent portrayal.”

“Thought Tom done an amazing job on his own.”

“The actor should be commended for his performance, it was superb.”

Emotions experienced by the respondents

Audience members experienced a variety of emotions throughout the performance. Just over 80% of the respondents felt upset by aspects of the performance, 34% felt irritated, but 66% experienced feelings of anger. Anxiety was experienced by 69%. Some aspects of the performance were thought amusing by 85% of respondents. Just over 86% of respondents felt hopeful. Only 5% of the respondents experienced no emotions. Many commented on their experience of different emotions throughout:

“Although the final few minutes were meant to bring hope, I found it weak by comparison to the power and despair of the previous minutes of him hanging himself. The whole performance was geared towards that last moment from when he found the noose at his mother's home. I was so overwhelmed with sadness that I couldn't move from my seat. The last few minutes [were] an irritant to what had proceeded. On my way home, anger also arose that we should condone and put our young men (too often so very young and malleable) into situations that will negatively shape and affect the rest of their lives. We in our comfortable seats don't really have any idea of the depth of the experiences of these men. Also because of the necessary culture of insensitivity in the armed forces, the admission that the serviceman has a problem exacerbates the situation and the trauma becomes more deeply entrenched. “

“Very believable and although I couldn't identify with him (as I am not and have never been in the military) it conjured up many different emotions.”

The quality of the performance

The majority of the respondents rated the performance as excellent or good. One person rated the performance as satisfactory and 1 person rated it as poor (Figure 6): these ratings were from a performance where the usual actor was sick

and so the play was performed by the substitute reading from the script. Some participants did identify areas where the performance could be improved:

“From a genuine ex-military, I would have expected boots fully laced and crisply folded shirt cuffs and even a kit bag without twisted strap! A crumpled white shirt is understandable especially when battling depression but so far as uniform goes, I think good turnout gets so ingrained it doesn't get switched off. I didn't want to be distracted by something that indicated the actor Tommy might not be authentic ex-personnel.”

“The reason I would not recommend the performance, is that I would recommend for some people for whom it would be an important education, for themselves, or for their families, in order to get help or understand PTSD post-war better. However, whilst the acting is excellent, the play was much too long and repetitive, so it began well but the script became repetitive and whilst this may have been intentional, that is what the irritation was. It could all be condensed brilliantly into one hour in my view. The end was very disappointing, without much impact – something did not quite work with the rope and then changing his mind – similarly something did not quite work in some places with rather bland humour. The actor was BRILLIANT. Also in terms of my answer, the reason I ticked 'no' to early questions about whether the play raised my knowledge or changed my attitude to mental health is because I have worked in the field for 40 years and so the play did not bring any new information for me really – however it had impact and would be excellent for audiences if shortened and made more intense as a result.”

It was noticeable that the criticism was constructive and offered suggestions to remedy their concerns. Their views contrasted with the other survey respondents:

“The performance was outstanding.”

“The performance was engrossing, I felt I left the outside world totally, and was living each moment as it happened. It was very powerful indeed.”

“This was an amazing performance, created and acted at the highest standard. I felt the need to give a standing ovation, which is something I almost never do as a theatre professional.”

“It was a very powerful, thought-provoking and moving performance.”

“I felt that the performance was a positive tool for raising awareness. I got the sense that the production values could be higher with greater resources.”

“I think that the use of the screen was over simplistic and could be improved with some more in-depth consideration about the nature of memory, time and the purpose of the screen/videos as part of the mise-en-scene [set, lighting, props].”

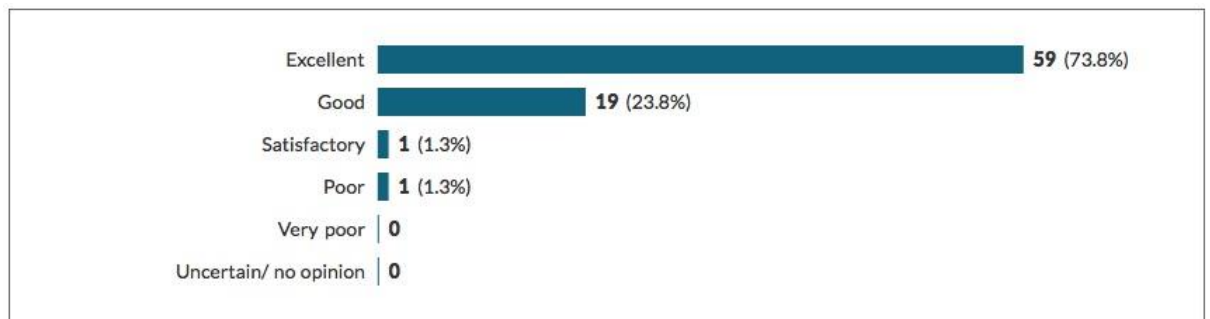


Figure 6: Rating the quality of the performance

Recommending the Shell Shock performance to others

Just over 96% of the respondents said they would recommend the performance to others:

“Needs to be shown more widely, possibly to students. Would also be a good idea to adapt the play for TV.”

“I think it should be compulsory viewing for decompressing troops, during military basic training, as part of mental health awareness courses and to military families.”

“I only wish more people had been there to see it.”

“Important work -- would be especially relevant behind the wire. Overall the play was excellent -- however, I was irritated that violence towards his girlfriend was portrayed as inevitable/understandable. There is another play from her point of view there I think! Many thanks for a moving, thought-provoking production.”

“Outstanding and hit home a very important message that needs to be taken to the government and acted upon urgently.”

“I was very impressed with the performance... Needs to be done countrywide to avoid the pockets of no awareness that seems to exist in some areas.”

“Brilliant evening. Base, garrison, station and locality should show one.”

“The audience would have been more suited to an anxiety and depression performance. The majority of the audience had never served in an operational theatre. Therefore a generalised mental health show would have been more suitable in my opinion.”

“I have recommended this performance to others, it was excellently scripted and performed and gave a very good insight into the problem it presented.”

5.3 Semi-structured interviews

The interview sought to discover further insights into the impact of the *Shell Shock* performance on the participant (Appendix Two).

The participants for the telephone interviews had volunteered after completing the electronic survey; a brief background of each interview participant is summarised in Figure 7. Interviewees are referred to by a code to protect their anonymity. They were nearly evenly split between those who had served in the military and those who had not – four people had served, five had not. No serving

military personnel volunteered for the interviews. More than half of the respondents (five of nine) were age 55–64. It is noteworthy that respondents came from six different performance locations. Therefore, responses are less likely to be dependent on a particular performance.

Respondent Code	Age Category	Military (M) or Non M (NM)	Current Employment	Location of Performance
01	55-64	NM	Health and educational services	Edinburgh
02	55-64	NM	Health and educational services	Edinburgh
03	18-34	NM	Health and arts services	Exeter
04	35-54	NM	Health and educational services	Edinburgh
05	55-64	M	Small business owner	Ludlow
06	35-54	M	Ministry of Defence	Plymouth
07	18-34	M	Military charity	London
08	55-64	NM	Health service	Havant
09	55-54	M	Social care	Exeter

Figure 7: Background of telephone interviewees

5.3.1 Thematic analysis of the telephone interviews

The themes the study was designed to investigate are reported first. Additional themes identified during the analysis process are then detailed.

5.3.2 Stigma towards serving military personnel and veterans with mental health issues

There were many comments about the existence of stigma against mental health issues within the military or expectations for those in military service:

“Without a doubt still stigmatized.”

“Play brought into absolute sharp focus that men in the military had an expectation of being strong.”

“Definitely still stigma in the military attached to mental health problems.”

The telephone interviewees either worked to support veterans, were a veteran or worked in another mental health field (Figure 7) so with the exception of one participant, they did not feel *Shell Shock* had affected their personal thoughts about stigma experienced by military personnel and veterans with mental health issues:

“I wouldn’t say it taught me anything new about it.”

“No effect; I am already aware.”

“I am informed about mental health so no change.”

“Previously had an open mind about mental health issues so no change.”

The participant who acknowledged a great challenge and change to their previously held belief has been quoted in Section 3. When it was considered whether *Shell Shock* raised awareness with serving military personnel and veterans and their families, friends and the wider community a marked contrast emerged. 100% of the interviewees thought the performance successfully captured the stigma experienced by serving military personnel and veterans with mental health issues:

“I can see it was trying to break stigma, which of course is also very strong in the military, about PTSD.”

“Stigma in the military brilliantly addressed.”

Other respondents felt that the performance was helpful to educate civilians:

“Stigma is in society rather than just the military.”

“I think it raises awareness among civilians and uncertainty with the military guys.”

One veteran referred to generational changes among those in the military:

“Easier for this generation to say [when] things are difficult.”

One veteran added that they wanted to ensure that those who wanted it were offered help. Another veteran commented:

“It is difficult to get mental health help after service, in part [people] don’t know how to get help.”

This participant continued by pinpointing family education as the key:

“If the family are educated in what to look out for, and what they can do – because then there is a massive support network.”

All respondents offered a variety of comments connected to stigma. All responses indicated stigma was directly addressed in the play’s content; some were from thoughts and experiences people had, perhaps inspired by the play. In either case the issue of stigma was part of the audience experience for those interviewed. The next section addresses the emotional impact of the story of the play.

5.3.3 Emotional impact of the performance

The emotional impact of the performance may be indicated by the ability of respondents to recall memorable moments at a later date. Catharsis, or a release of deep feelings, can occur when watching characters in a play and provide a physical reaction (Bailey, 2006). This play provided a cathartic experience for some audience members as indicated of a physical response to the performance:

“The mental health aspect of the character made me sad.”

“The scene where he ‘loses it’ . . . made me feel sick.”

“Crying.”

“Tight stomach.”

The respondents commented further on feelings they experienced in response to the performance:

“To know there is a way out and it’s ‘okay to talk about it’”

“It’s presented in such a sincere way we have complete identification with the character”

“You’re not alone”

“My son was with me at the performance and it affected him far more than I ever realized—because he saw me sitting there crying”

“[When the character said] ‘No! I’m going to carry on’ – it left a great impact on me”

5.3.4 The veterans’ responses to witnessing the actor’s performance

The issue of mental health and the main character evoked a particular response from this category of respondents. They reflected on their own mental health challenges or related it to their experience with mental health issues within the military community:

“I believe that with age comes maturity and the ability to cope. Youngsters don’t have that experience or ability to learn to forget or not so much forget but to put it in a box somewhere in the recesses of your mind. And keep it there locked up. . . . It’s the way I cope.”

“Very real . . . certain bits of it that I’ve experienced.”

“I know people that are struggling to control them [nightmares]. He portrayed it so well, what we struggle to control.”

“Very true to what I know myself and what I’ve seen in other people. It was portrayed very accurately considering he was an actor.”

“He portrayed the conflicts that so many of us had or are having, still, years later. Being pulled between what’s right, what’s wrong.”

Witnessing the performance may have offered an opportunity to raise issues infrequently or never previously discussed between veterans and family members. Talking about the performance rarely went beyond the audience in

attendance. Only two respondents indicated they spoke about the performance to people who had not shared the audience experience. One person spoke to theatre staff following the performance in a discussion on production issues.

One veteran participant commented that he thought the play might bring up issues that could damage serving personnel's career development.

"You tend not to dwell on your mental side, because it could be a barrier to you getting promotion and promotion is what you're after. At the end of the day you get a pension based on what you do when you get to the end of your service. And any barriers that are put in your way you just try and get around them. So I don't think that it helps people talking about things like PTSD or mental health."

5.3.5 Educational potential and comments related to audiences for future development

Every respondent offered a number of suggestions for further development of the *Shell Shock* performance. These were of two types. The first were connected to potential future audiences that might benefit from seeing the performance (Figure 8). The other considered delivery formats for the production (Figure 9).

Military audience	Non-military audience
"Basic [military] Training."	"With changes, show to children to show mental health is a good thing to talk about."
"Good to show pre-deployment or generally."	"Good for people who treat veterans or are involved with veterans."
"Adjunct to TRIM." (Greenberg, Langston, Jones, 2008)	"Helpful for people in recovery."
"Show when returning from active service or show before they go."	"Play performed in schools as part of mental health provision for boys to open up, become more aware and more choice in what do (e.g. job vs. join military) [paraphrased for clarity]."
"Good for training purposes."	"Everyone should be encouraged to see it."
"Part of initial military training."	Helpful for program of study for art therapists in a program about recovery

"Useful in the public arena and also in military settings, as an educational tool."	"Use script as part of in-service training for art therapists."
"It would be very interesting in terms of military personnel."	"Art conference or health conference."
	"[Could be used] As part of University of Exeter's Impact Series."
	"Helpful to employers with veteran employees."
	"Training package to show how to manage transition."
	Mental health performance
	"Raising the awareness level in an educational setting it would definitely be suitable for that"
	Any group anyone that . . . has mental health problems, which could be anyone of us."
	"Yes education . . . we don't tend to educate people on things like trauma, loss, grief, that are real and have very [sic] profound impact and it would be particularly valuable if it was emphasized and it became more readily accepted."
	"I'd love to share it with students. I think it would be useful that way."
	"It would be very interesting in terms of informing medical psychotherapeutic personnel."

Figure 8: Educational potential for Shell Shock audiences

Television or video production	Theatre production
"Would work as longer television programme (would reach more people since theatre not for everyone); well-known actor involvement would be helpful."	"Performed live would be great."
"It could possibly be effective in another medium [Note: This interviewee, who is a non-military veteran, also shared "If I hadn't had a ticket given to me, I would not have chosen to go and see it" –perhaps	"Live performance is important. You can walk away from the TV. The impact of the live performance is far greater than television could ever be."

the context of the Edinburgh Festival was an influence here, with the vast variety of opportunities – and this person is quick to add “I would have missed out on something phenomenal.”	
“If TV or video [<i>Shell Shock</i>] would reach a wider audience but lose some impact so tweaking the script would be necessary, so if the viewer gets overwhelmed, they can stop it.”	“If [they] make the script available it would enable people to rehearse and experience parts.”
“Video could work but it will be more distanced.”	“Live performance—seeing you feel it more but video valuable too.”
“If on television, class as documentary so that people will know it’s based on facts.”	“Live stream; not film.”
“I think the wider audience you get the better.”	
“A young audience may be open to film because they are affected by films.”	

Figure 9: Suggestions for future delivery formats of *Shell Shock*

In general, the respondents saw the performance of *Shell Shock* as a helpful way to educate other people – both military and non-military – in a variety of settings.

There were a few suggestions offered to develop the *Shell Shock* Project:

“More focus on type of help received”

“More educational follow-up”

“Add the positive benefits of getting help”

“The age of performer should match age of audience for identification”

“More advertising needed”

5.3.6 Production feedback and suggestions

The majority of audience production feedback comments were positive, focusing on the impact of the story and the performance, however a few comments focused on the suggestion that the work would benefit from further development. Positive feedback comments included:

“Actor captured what its like to be in the military.”

“Exceedingly powerful . . . Amazing portrayal of impact of PTSD.”

“Incredibly realistic text.”

“Drawn into his world.”

“Held by play and performance.”

“Not didactic, not patronizing; so captivating and it was so insightful.”

“I think it was written very skilfully. And it was performed very skilfully.”

One respondent spoke about how the production would benefit from further development to create a higher level of emotional impact.

“New level of production; greater level of investment, layers. ... Do more to develop it – more layers such as more intricate film footage that moves like memory, more subtle and poetic, less blocky. . . . Production needs more development time.”

5.4 Discussion of results

5.4.1 Study limitations

The low percentage of audience members who participated in the pilot study means the results should be read with caution. Those who responded to the telephone interviews had a motivation to do so. They had prior involvement with the military, education and health-care and some in more than one category (see Figure 7). However this also meant their comments came from an informed background.

Nothing is known of the audience members who did not take part in the research. It was of note that numbers of people at the attended venues who said they would complete the survey far exceeded those who did. The study participants exhibited a high level of previous knowledge about mental health issues and military-related health issues. There was no pre-performance measure of previously held

knowledge about mental health in general or in the military or veteran population. This impedes the evaluation of any change in attitudes, actions or feelings even among a highly informed audience.

5.4.2 The audience

Impact

All audience members who participated in the survey had revealed that the performance had made an impact on them. At the least it had created some thoughts about the soldier returning from battle. The majority had found the performance powerful and identified with the character and/or the stories of the unseen characters: the parents, partner, friends, and employer. Several participants identified with the domestic abuse sub-plot; this was confirmed and elaborated on in the telephone interviews. 99% of respondents agreed that the performance raised awareness of potential mental health issues for serving military personnel and personnel. The person that dissented elaborated they thought it would have impact on civilian audience members.

Physical reaction to the performance

Where the researcher or volunteers were present following a performance, immediate feedback by audience members was that it had been a powerful and moving performance that they needed time to reflect on. It was noted that many were tearful. In the survey and interviews, participants acknowledged a re-experiencing of those feelings, if not quite as strong, when they thought about the play.

Recall

The *Shell Shock* performance was recalled in vivid detail by the interviewees. This suggests that witnessing the story enriched the memory. The engagement of physical and physiological in addition to visual and sound aspects had served as further hooks back to the story.

Veterans

Veteran audience members exhibited identification with the performance and drew comparisons between themselves and the character. This offers the opportunity to self-reflect, talk to family members and friends or seek help when needed. From interviews with veteran respondents, it is clear that the performance provided an avenue to begin to share their own experiences in the military. Storytelling is an important therapy mode for those who have experienced trauma, even many years ago (Johnson, Lahad and Gray, 2009). Storytelling is a means to reach toward the future by narrating the past and present (Frank, 2010; Gersie, 1997).

5.4.3 Educational potential

All interviewees thought that the *Shell Shock* performance would be useful to educate about potential psychological problems. Amongst those identified were serving personnel; veterans; families and carers; professional groups and volunteers; and the general public. Some thought that it could be used positively in encouraging employers to understand and offer work to veterans with similar problems. It was thought that with some rewriting the play would also be suitable for use in schools.

Stigma

All respondents thought that a degree of stigma exists towards serving personnel and veterans who suffer mental health issues. Veterans also mentioned the stigma felt when seeking help. Participants identified that education should include where to go for help and what type of assistance is available for serving personnel, veterans and supporters.

Attitudes and behaviour towards military personnel and veterans with mental health problems

Most survey and interview participants did not feel their behaviour and attitudes had changed much; they felt this was due to their prior knowledge and experience. One person experienced a profound change in previously held prejudice. This person doubted this would have happened without witnessing the

performance. In spite of previous awareness of the issues through textbooks and the written media, it was the engagement with the performance that shifted previously held beliefs. Respondents agreed that viewing a performance of *Shell Shock* would be an influential way to address prejudice.

The play concludes with the character deciding not to take his own life and instead to call the Combat Stress Helpline. Some participants commented that the audience does not learn how he became aware of this organisation, the assistance they provide and the impact that this help has on the character and his life. Further, because the audience does not witness the process of getting help or the character reflecting on what it is like receiving help, these potential dimensions of education and overcoming stigma are not addressed. This aspect could be addressed as part of an educational package in the future.

6 Future directions

This section draws on the findings when making recommendations for the development of the Shell Shock Project.

6.1 Alternative formats

Overall, it was thought that witnessing a live performance had been particularly powerful. However, there were discussions about the importance of reaching more people. This includes those who can't or won't go to live theatre. The possibility of a recorded performance or a television play should be explored. There were some thoughts expressed about access to licensed scripts. This would give some practitioners, students and veteran drama groups the chance to explore the dramatic text further.

6.2 Signposting for assistance

Although materials were available at performance venues and on the *Shell Shock* website, respondents had not always been aware of this. Attention should be given to how this can be addressed. Some venues were better at distributing this information than others. Consideration could also be given to how people can discreetly access this detail, such as through posters and leaflets in toilet areas.

6.3 Marketing, outreach and veterans' opportunities

At performances audiences expressed concern about the small numbers attending although the play has received excellent reviews and feedback. Steps should be taken for increased marketing and publicity for future performances. Audience size and make-up will be influenced by the purpose of the showing. When it is being performed as part of a workshop, as suggested in the Executive Summary above, audience size would be smaller to allow for group-work and discussion.

In the case of venues where there is a more commercial intent a post-performance talk could be held. This is an opportunity for people to speak about

their feelings arising from the performance. It is witnessed by others, but not a counselling session. Finding similarities among experiences can be beneficial. The actor, a mental health professional and veterans trained for this purpose would enable this session. Veterans who have not yet acquired the experience but want to take on this role should be given training and recognition as part of the Shell Shock Project. This would create further skills for their employment opportunities where appropriate.

6.4 Future evaluation of the Shell Shock Project

Consideration should be given to measuring audience views pre- and post-performance to allow for insight into changes in audience perception of military mental health issues after watching the production. We are indebted to those who gave their time to participate in the study; however, pledges to participate in the pilot study did not materialise for the majority of audience members. An alternative method for the collection of data should be implemented to encourage better participation in the surveys. An electronic response system pre- and post-performance would collect immediate responses. Members of the veteran community could be invested in to promote participation at the venues and to encourage follow-up interviews. It has emerged that recall of the impact and detail of the performance remained strong for participants. There would be benefit in a further study of that aspect 6-12 months after the performance.

If the project develops to the workshops and packages suggested, these should be evaluated. The project is a dynamic process and evaluation with regular reports would ensure that the project continues to achieve its aims. A further matter for evaluation will be the involvement of veterans and what affect this might have on their employment and educational potential.

7 References

American Psychiatric Association, 2013. Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA: American Psychiatric Publishing.

Armitage, S., 2010. *Homer's odyssey*. London: Faber and Faber.

Bailey, S., 2006. Ancient and modern roots of dramatherapy. In: S.L. Brooke, ed. *Creative arts therapies manual: a guide to the history, theoretical approaches, assessment and work with special populations of art, play dance, music, drama, and poetry therapies*. Springfield, IL: Charles C. Thomas. pp.214–222.

Balfour, M., 2009. The difficult return: contexts and developments in drama-based work with returned military personnel. *Applied Theatre Researcher/IDEA Journal*, 10, https://researchrepository.griffith.edu.au/bitstream/handle/10072/30005/61033_1.pdf?sequence=1&isAllowed=y [Accessed 25 August 2018].

Baum, R., 2013. Transgenerational trauma and repetition in the body: the groove of the wound. *Body, Movement and Dance in Psychotherapy*, 8(1), pp.34–42.

Blower, N. 2011. *Shell shock: the diary of Tommy Atkins*. East Sussex: FireStep Press.

Braun, V. and Clarke, V., 2012. Thematic analysis. In: Cooper, H., ed. *APA handbook of research methods in psychology*. Vol. 2. Research designs. Boston, Mass.: American Psychological Association.

Creswell, J.W., 2014. *Research design: qualitative, quantitative, and mixed methods approaches*. 4th ed. London: Sage.

Dolan, S., Martindale, S., Robinson, J., Kimbrel, N.A., Meyer, E.C., Kruse, M.I., Morissette, S.B., Young, K.A. and Gulliver, S.B., 2012. Neuropsychological sequelae of PTSD and TBI following war deployment among OEF/OIF veterans. *Neuropsychology Review*, 22(1), pp.21–34.

Eversmann, P., 2004. The experience of the theatrical event. *Theatrical events: Borders, dynamics, frames*, 1, pp.139-174.

Frank, A.W., 2010. *Letting stories breathe: a socio-narratology*. Chicago: University of Chicago Press.

Gersie, A., 1991. *Storymaking in bereavement: dragons fight in the meadow*. London: Jessica Kingsley.

Gersie, A., 1996. *Dramatic approaches to brief therapy*. London: Jessica Kingsley.

Gersie, A., 1997. *Reflections on therapeutic storymaking: the use of stories in groups*. London: Jessica Kingsley.

Greenberg, N., Langston, V. and Jones, N., 2008. Trauma risk management (TRiM) in the UK Armed Forces. *Journal of the Royal Army Medical Corps*, 154(2), pp.124-127.

Hassall, L., 2014. Breaking the silence: exploring experiences of Post-Traumatic Stress Disorder with returned veterans to develop a contemporary performance narrative, the return. *About Performance*, 12, pp.27–146.

Hawke, L.D., Michalak, E.E., Maxwell, V. and Parikh, S.V., 2014. Reducing stigma toward people with bipolar disorder: impact of a filmed theatrical intervention based on a personal narrative. *International Journal of Social Psychiatry*, 60(8), pp.741–750.

Hefferon, K., Grealy, M., and Mutrie, N. (2010). Transforming from cocoon to butterfly: the potential role of the body in the process of posttraumatic growth. *Journal of Humanistic Psychology*, 50(2), pp.224–247.

Hickman, T., 2004. *The call up*. London: Headline.

Hogberg, G., Nardo, D., Hallstrom, T. and Pagani, M., 2011. Affective psychotherapy in post-traumatic reactions guided by affective neuroscience: memory reconsolidation and play. *Psychology Research and Behavior Management*, 4, pp.87–96.

Jenkyns, M., 1996. *The play's the thing*. London: Jessica Kingsley.

Jenkyns, M., 1999. Not with bag and baggage but with scrip and scrippage. *Dramatherapy*, 21(1), pp.10–14.

Jones, E., 2012. *Morale: psychological wellbeing of UK Armed Forces and entertainment: a report for the British Forces Foundation*. King's College, London.

Jones, P., 2008. Research into the core processes of drama therapy: vignettes and conversations. *The Arts in Psychotherapy*, 35(4), pp.271–279.

Johnson, D.R., 2010. Performing absence: the limits of testimony in the recovery of the combat veteran. In: E. Leveton, ed. *Healing collective trauma using sociodrama and dramatherapy*. New York: Springer. pp.55–80.

Johnson, D.R., Lahad, M. and Gray, A., 2009. Creative therapies for adults. In: E.B. Foa, T.M. Keane, M.J. Friedman, and J.A. Cohen, eds. *Effective treatments for PTSD: practice guidelines from the International Society of Traumatic Stress Studies*. 2nd ed. New York: Guilford Press. pp.479–490.

Kessler, R.C., Chiu, W.T., Demler, O., Merikangas, K.R. and Walters, E.E., 2005. Prevalence, severity and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62(6), pp.617–627.

Lahad, M., 1995. Masking the gas mask: brief intervention using metaphor, imagery, movement and enactment. In: A. Gersie, ed. *Dramatic approaches to brief therapy*. London: Jessica Kingsley. pp.139–145.

Landy, R.J., 1993. *Persona and performance: the meaning of role in theatre, therapy and everyday life*. London: Guilford.

Landy, R.J., 2006. The future of drama therapy. *The Arts in Psychotherapy*, 33(2), pp.135–142.

Levine, P.A., 1997. *Waking the tiger: healing trauma : the innate capacity to transform overwhelming experiences*. Berkeley, CA: North Atlantic Books.

Levine, S.K., 2009. *Trauma, tragedy, therapy: the arts and human suffering*. London: Jessica Kingsley.

Lorenz, K.A. Steckart, M.J. and Rosenfeld, K.E., 2004. End-of-life education using the dramatic arts: the Wit educational initiative. *Academic Medicine*, 79(5), pp.481-486.

Orr, S., McNally, R., Rosen, G.M. and Shalev, A.Y., 2004. Psychophysiologic reactivity: implications for conceptualizing PTSD. In: G. Rosen, ed., *Posttraumatic Stress Disorder: issues and controversies*. Ch.6. [pdf] [online]. Available at: <<http://www.al-edu.com/wp-content/uploads/2014/05/Rosen-ed-Posttraumatic-Stress-Disorder-Issues-and-Controversies.pdf>> [Accessed 4 September 2018].

Rothschild, B., 2003. *The body remembers casebook: unifying methods and models in the treatment of trauma and PTSD*. New York: Norton.

Shay, J., 2002. *Odysseus in America: combat trauma and the trials of homecoming*. New York: Simon and Schuster.

Shay, J., 2010. *Achilles in Vietnam: combat trauma and the undoing of character*. New York: Simon and Schuster.

Talwar, S., 2007. Accessing traumatic memory through art making: an art therapy trauma protocol (ATTP). *The Arts in Psychotherapy*, 34(1), pp.22–35.

Toome, H.L. 2016. Do You Feel the Same? Different Dominants of Theatrical Experience. *Nordic Theatre Studies*, 27(2), pp.22-35.

Twardzicki, M., 2008. Challenging stigma around mental illness and promoting social inclusion using the performing arts. *Journal of the Royal Society for the Promotion of Health*, 128(2), pp.68–72.

van der Kolk, B.A., 2006. Clinical implications of neuroscience research in PTSD. *Annals of the New York Academy of Sciences*, 1071, pp.277–93.

Van Maanen, H. 2009. *How to study art worlds: on the societal functioning of aesthetic values*. Amsterdam: Amsterdam University Press. p.193.

Walters, A.S. and Hening, W.A., 1992. Noise-induced psychogenic tremor associated with post-traumatic stress disorder. *Movement Disorders*, 7, pp.333–338.

Winn, L., 1994. *Post traumatic stress disorder and dramatherapy: treatment and risk reduction*. London: Jessica Kingsley.

Winn, L.C., 1998. *Towards a model of dramatherapy for the assessment and treatment of PTSD*. University of Exeter, unpublished M.Phil thesis.

Winn, L.C., 2011. Post-traumatic stress disorder and drama therapy. In: *The REAL (Rehearsal, Embodiment, Action, Living) model applied in the recovery for the treatment of trauma*. Proceedings of the 3rd Annual Conference of the Romanian Play Therapy and Dramatherapy Association, Brasov, Romania.

Winn, L.C., 2016. *Combat veterans' perspectives on a dramatherapy journey: a phenomenological mixed methods case study*. Anglia Ruskin University, unpublished PhD thesis.

Appendix One: Online Survey



Anglia Ruskin University

Anglia Ruskin University Shell Shock Study

Page 1: Audience Survey

Shell Shock Study

Performance evaluation.

Thank you for attending this performance of Shell Shock. It would be very much appreciated if you could spend a few minutes completing the anonymous survey.

The research has obtained ethical approval from Anglia Ruskin University. You are under no obligation to take part. Detailed information about the research is available at www.shellshock.org.uk or through the link: <http://bit.ly/2qmBn2j>.

Your opinions will contribute towards a report of whether such performances are of value to the understanding of the impact of mental health difficulties, which might arise from military service.

If you wish to discuss the survey further please contact:

Dr Linda Winn. Research Associate, Department of Music and Performing Arts

shellshockstudy@anglia.ac.uk

Page 2: The Shell Shock Performance

About you: the purpose of this section is to ask some general questions about yourself to give us an overall demographic profile of the participants in this survey.

1. What is your age? * Required

- ☐ 18-34
- ☐ 35-54
- ☐ 55-64
- ☐ 65+

2. What is your gender? * Required

- ☐ Female
- ☐ Male
- ☐ Transgender
- ☐ Prefer not to say

3. Are you, or have you ever served, in the military? * Required

- ☐ No
- ☐ Yes, currently serving
- ☐ Yes, served in the past

4. Do you currently know a serving, or ex-serving, member of the military? Please select all that apply. * Required

- ☐ No
- ☐ Yes, a family member
- ☐ Yes, a friend or neighbor
- ☐ Yes, a work/ ex-work colleague
- ☐ Yes, other relationship

4.a. If other relationship, please state: Optional

5. Are you, or have you ever been: Please select all that apply. * Required

- ☐ a health or social care professional?
- ☐ an actor or other theatrical professional?
- ☐ an academic?
- ☐ not applicable

6. Where did you see the performance? Please select all that apply. * Required

- ☐ Aldershot
- ☐ Brighton –(20th-22nd June)
- ☐ Brighton Fringe
- ☐ Cambridge
- ☐ Canterbury
- ☐ Edinburgh Fringe
- ☐ Exeter

- ☐ Folkestone
- ☐ Havant
- ☐ Horsham
- ☐ London
- ☐ Plymouth
- ☐ Winchester

The purpose of this section is to ask some general questions about whether the Shell Shock performance had any effect on changing your attitudes to, and knowledge of, mental illness in both serving and ex-serving military personnel. There are no right-or-wrong answers.

7. Overall, did the performance change your attitudes to mental illness in serving military personnel? Please select one response. * Required

- ☐ Definitely, yes
- ☐ Probably, yes
- ☐ Probably, no
- ☐ Definitely, no
- ☐ Uncertain/ no opinion

8. Overall, did the performance change your attitudes to mental illness in ex-serving military personnel? Please select one response. * Required

- ☐ Definitely, yes
- ☐ Probably, yes
- ☐ Probably, no
- ☐ Definitely, no

☐ Uncertain/ no opinion

9. Do you think that the Shell Shock performance has helped to increase your awareness of difficulties facing some serving and ex-serving military personnel because of mental illness? Please select one response. * Required

- ☐ Definitely, yes
- ☐ Probably, yes
- ☐ Probably, no
- ☐ Definitely, no
- ☐ Uncertain/ no opinion

10. Do you think that the Shell Shock performance has helped to increase your awareness of difficulties facing some families and/or carers of serving and ex-serving military personnel with mental illness? Please select one response. * Required

- ☐ Definitely, yes
- ☐ Probably, yes
- ☐ Probably, no
- ☐ Definitely, no
- ☐ Uncertain/ no opinion

The following statements reflect some opinions people hold about mental illness in relation to serving and ex-serving military personnel as well as more generally. Please select one response.

11. How much do you agree or disagree that serving personnel are discriminated against if they show signs of mental illness. Please select one response. * Required

- ☐ Agree strongly
- ☐ Agree slightly
- ☐ Neither agree nor disagree
- ☐ Disagree slightly
- ☐ Disagree strongly

12. How much do you agree or disagree that ex-service personnel are discriminated against if they show signs of mental illness? Please select one response. * Required

- ☐ Agree strongly
- ☐ Agree slightly
- ☐ Neither agree nor disagree
- ☐ Disagree slightly
- ☐ Disagree strongly

13. How much do you agree or disagree that ex-service personnel should be compensated for mental illness which was directly related to their military duties (such as PTSD)? Please select one response. * Required

- ☐ Agree strongly
- ☐ Agree slightly
- ☐ Neither agree nor disagree
- ☐ Disagree slightly
- ☐ Disagree strongly

The following three questions are about families and/or carers of serving and ex-serving personnel with mental illness. For each question, please indicate how much you agree or disagree by selecting one response.

14. How much do you agree or disagree that families and/or carers are sufficiently informed about possible mental illness associated with the military experience of serving and ex-service personnel? Please select one response. * Required

- ☐ Agree strongly
- ☐ Agree slightly
- ☐ Neither agree nor disagree
- ☐ Disagree slightly
- ☐ Disagree strongly

15. How much do you agree or disagree that families and/or carers are given enough information about where to seek help for serving and ex-service personnel with mental illness? Please select one response. * Required

- ☐ Agree strongly
- ☐ Agree slightly
- ☐ Neither agree nor disagree
- ☐ Disagree slightly
- ☐ Disagree strongly

16. How much do you agree or disagree that the families and/or carers are given enough help to support serving and ex-service personnel with mental illness? Please select one response. * Required

- ☐ Agree strongly
- ☐ Agree slightly
- ☐ Neither agree nor disagree
- ☐ Disagree slightly
- ☐ Disagree strongly

The following statements are about the possible effect of the performance of the actor on your personal emotions.

17. I identified with the character portrayed by the actor. Please select one response.

* Required

- ☐ Agree strongly
- ☐ Agree slightly
- ☐ Neither agree nor disagree
- ☐ Disagree slightly
- ☐ Disagree strongly

18. The situation portrayed by the actor reminded me of a personal experience. Please select one response. * Required

- ☐ Agree strongly
- ☐ Agree slightly
- ☐ Neither agree nor disagree
- ☐ Disagree slightly
- ☐ Disagree strongly

19. The character portrayed by the actor reminded me of someone I know. Please select one response. * Required

- ☐ Agree strongly
- ☐ Agree slightly
- ☐ Neither agree nor disagree
- ☐ Disagree slightly

☐ Disagree strongly

20. I felt upset. Please select one response. * Required

- ☐ Agree strongly
- ☐ Agree slightly
- ☐ Neither agree nor disagree
- ☐ Disagree slightly
- ☐ Disagree strongly

21. I found some parts of the performance amusing. Please select one response. * Required

- ☐ Agree strongly
- ☐ Agree slightly
- ☐ Neither agree nor disagree
- ☐ Disagree slightly
- ☐ Disagree strongly

22. I felt hope. Please select one response. * Required

- ☐ Agree strongly
- ☐ Agree slightly
- ☐ Neither agree nor disagree
- ☐ Disagree slightly
- ☐ Disagree strongly

23. I felt anxious. Please select one response. * Required

- ☐ Agree strongly
- ☐ Agree slightly
- ☐ Neither agree nor disagree
- ☐ Disagree slightly
- ☐ Disagree strongly

24. I felt irritated. Please select one response. * Required

- ☐ Agree strongly
- ☐ Agree slightly
- ☐ Neither agree nor disagree
- ☐ Disagree slightly
- ☐ Disagree strongly

25. I felt angry. Please select one response. * Required

- ☐ Agree strongly
- ☐ Agree slightly
- ☐ Neither agree nor disagree
- ☐ Disagree slightly
- ☐ Disagree strongly

26. I did not feel any emotions. Please select one response. * Required

- ☐ Agree strongly

- ☐ Agree slightly
- ☐ Neither agree nor disagree
- ☐ Disagree slightly
- ☐ Disagree strongly

About the quality of the Shell Shock Performance. The purpose of this final section is to obtain your views on the quality of the Shell Shock performance.

27. Overall, how would you rate the Shell Shock performance? Please select one response. * Required

- ☐ Excellent
- ☐ Good
- ☐ Satisfactory
- ☐ Poor
- ☐ Very poor
- ☐ Uncertain/ no opinion

28. How likely would you be to recommend the Shell Shock performance to others? Please select one response. * Required

- ☐ Very likely
- ☐ Quite likely
- ☐ Neither likely nor unlikely
- ☐ Quite unlikely
- ☐ Very unlikely

29. Do you wish to make any further brief comment about the performance?

Appendix Two: Semi-structured Interview Guide

Introduction

Many thanks for consenting to take part in this anonymised follow up to the Shell Shock Performance. At any time, the interview can be stopped, if you change your mind about taking part. You are free to not answer a question.

The research is to find out whether the Shell Shock performance has made any impact on the members of the audience. I will ask some questions to guide the conversation. Is that okay with you?

Can I first ask you a few general questions about yourself? No material will be used that will identify you as an individual?

What is your age?

18-34; 35-54; 55-64; 65+

Have you ever served in the military?

Could you tell me what type of work you do?

About the performance?

Where did you see the performance?

Are there any particular aspects of the performance you recall?

Can you tell me a bit more about that

Prompts: How did you feel at the time, and now?

Did you discuss the play with anyone afterwards?

Did it affect how you feel about mental health problems?

Do you think the play could be used in any particular settings?

Research has shown there is still stigma attached to mental illness within the military. Do you think the performance addresses this?

Is there anything I have not asked concerning the performance that you would like to discuss?

Appendix Three: List of Figures

Figure 1: Shell Shock Performance venues, volunteer briefings and participants

Figure 2: Professional backgrounds of respondents

Figure 3: Change in attitude towards mental health issues in serving personnel and veterans

Figure 4: Increase in awareness of difficulties facing some serving personnel and veterans experiencing mental health issues

Figure 5: Increase in awareness of difficulties facing some families and/or carers of serving personnel and veterans with mental health issues

Figure 6: Rating the quality of the performance

Figure 7: Background of telephone interviewees

Figure 8: Educational potential for *Shell Shock* audiences

Figure 9: Suggestions for future delivery formats of *Shell Shock*