

Addressing Depression Stigma Through the Arts Using a Play Inspired by the TV Show *Friends*

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DEPRESSION IS THE LEADING CAUSE of disability worldwide, with an estimated 350 million persons affected by the illness. This has led to over 800,000 suicides each year, making it the second leading cause of death in 15- to 29-year-olds (Friedrich, 2017; WHO, 2018). The devastating impact of major depression could be potentially mitigated through improving prevention, early detection, and better access to evidence-based treatment (Beardslee et al., 2013; Gilbody et al., 2006; Kroenke et al., 2009). Nevertheless, individuals living with major depression, especially those in underresourced communities, are presented with many barriers to care, including lack of resources, poor access to care, and high out-of-pocket cost; even if accessing care, it takes time to find the right combination of therapy and medication (Miranda et al., 2013).

One of the biggest challenges of major depression, though, is the stigma, or shame, of living with the disorder (Bromley et al., 2016). Especially among young adults, the loneliness experienced while suffering with major depression is often further exacerbated by worsening of social withdrawal, energy level, hopelessness, and helplessness (Chang et al. 2008). It is within this context that sustained support, along with understanding from family and friends, is heavily important to aid in the recovery.

In an effort to destigmatize major depression, creative individuals often turn to theatre, film, or television to show the positive impact of the arts in relation to mental health, and essentially, like cognitive behavioral therapy and medication, how the arts aid in the healing process. When family and friends are scarce, individuals may depend more heavily on a parasocial relationship with a television character they may relate to or gain validation from a scenario that resonates with one's experience (Cohen, 2004; Rubin & McHugh 1987). Although films, television

shows, plays, poetry, and music have been a powerful platform in moving audiences through compelling narratives and while numerous productions advocate to reduce stigma or inform using the arts (Dupere, 2016; Morandi, 2018; Nutt, 2016; see also Friends of the Semel Institute for Neuroscience and Human Behavior, www.friendsofsemi.org/open-mind-series), there is very little research that examines the impact the arts or arts events have on audiences, specifically in times of stress and/or depression.

To raise awareness about major depression, a play was written to reflect an accurate and hopeful portrayal of a person living with major depression and how human connection, support, and the comfort of the arts contribute in the healing process. The context of the play was the TV show *Friends*, a sitcom that would be familiar to a wide audience in promoting dialogue among characters that was direct and delivered with compassion and understanding, especially since the sitcom revolves around six characters connecting and becoming best friends over 10 seasons. We conducted a study to systematically assess the impact of the play on depression stigma using a pre-, posttest study design. The aims of this study were to (a) describe the sociodemographic characteristics and prior experience with major depression among the audience members by performance site; and (b) examine change in attitudes about depression stigma and whether watching TV is comforting or the arts promote the healing process, within performance sites and in the overall sample.

Methods

The Play

The One With Friends, the feature-length play written by playwright Joseph Mango (co-author), takes place in a Los Angeles coffee shop and follows two characters living with depression—Lucy is going through a depressive episode after

the sudden death of her parent while Callum has been diagnosed with major depressive disorder and has suicidal ideation and self-injurious behavior. Lucy recently lost her mother to cancer and isolates herself from friends and family in order to not be a burden to others or be let down by their inattentiveness. Callum, a struggling actor on a visa from England, who has lived with depression since he was a teenager, recently lost many friends from his blind-sided divorce and is looking for connection. On an assignment from his therapist to help with his social anxiety, Callum tries his best to initiate a conversation with a perfect stranger and introduces himself to Lucy. The interaction goes well and Callum learns that Lucy is writing a reunion episode for the beloved and universally known sitcom *Friends* as a fun side project. She enthusiastically shares her love of *Friends*, which piques Callum's interest.

The next day, Callum is now confident enough to have another conversation with Lucy, but this time Lucy ignores him, causing Callum to blame himself and revert back to a depressive state. Callum decides to open up to Lucy about his depression and she takes the time to listen. He also informs Lucy that he binge-watched a dozen episodes of *Friends*, which provided solace and much needed laughs. Lucy reveals that she has isolated herself from friends and family and views the characters on *Friends* as her friends, especially since they are easily accessible through streaming, DVDs, and syndication. She explains to Callum her reasoning for not wanting to be friends with him and for taking on parasocial relationships. She expresses that she is unable to attach to anything because she inevitably experiences loss so she holds on to those TV characters because they are always accessible and will not take advantage of her or brush her off.

In the end, Lucy comes to a realization that human connection is important in a world of social media and smartphones. Callum reveals that he is actually American and he used the British visa to try to be someone new and forget about the depressed person he always was; he also makes the decision to go back on his antidepressants. While neither character is cured by the end of the play, they are both left with a great sense of hope and are shown putting their own issues aside to help a depressed stranger, demonstrating that those who live with depression are still capable of helping others.

The play not only showcases struggles of depression and the resources/help avail-

able, but also uses the arts, in this case *Friends* and live theatre, as therapy and a healing resource. Lucy recalls an important episode from *Friends* when Phoebe (played by Lisa Kudrow) helps a complete stranger who is considering suicide and ends up saving the stranger's life. This scene was included in the play to give an example of how the arts, and a sitcom no less, can also be an educational source for its audience as well as leave the viewer with hope.

While the play veers through some heavy scenes, including Callum detailing an uncompleted suicide and showing his stomach covered in bandages from self-harm, another character, the Warm-up Comedian (Locker, 2015), breaks the fourth wall and interacts with the audience between scenes, unnoticed by Lucy and Callum, to check on the audience's mental health, provide light-heartedness, and engage the audience in mindfulness activities. The Warm-up Comedian mainly plays the role of a therapist for the live audience and offers support and comfort throughout the play.

Implementation

After 6 weeks of rehearsal, five performances of the 100-minute play were produced through the UCLA Narratives Project, with funding from the California Center of Excellence for Behavioral Health and supported by the Mental Health Services Act (MHSA). The first two performances were staged during Mental Illness Awareness Week at the Tamkin Auditorium located in the Ronald Reagan UCLA Medical Center on October 7 and 9, 2016, hereafter referred to as the "Los Angeles" site. All performers/production team were paid a stipend for the performances. To increase sample size in another community, the play was performed two times in New York City at New York University's Goldberg Stage on December 4 and 5, 2016, and hereafter is referred to as the "New York" site. One final performance took place at the Santa Monica Playhouse in Santa Monica, CA, on January 27, 2017, to improve outreach to a wider, community-based audience, and hereafter is referred to as the "Santa Monica" site. Due to limited funding, the producing team sought venues that were no cost to rent or provided nonprofit discounts. The play was performed free of charge in all three venues.

Study Design

To examine change in attitudes, we created a pre- and posttest study design, using

a convenience sample of audience members from three different venues across the 5 performances (Los Angeles: $n = 2$; New York: $n = 2$; Santa Monica: $n = 1$) between October 7, 2016, to January 27, 2017.

Participant Recruitment

Participants were recruited via e-mail invitations (sent to thousands of faculty and staff at UCLA) and public postings on the UCLA Center for Health Services and Society's social media accounts (Facebook, Instagram, Twitter), which included a statement detailing the optional research study component. The play was summarized as "an aspiring writer and a struggling actor both living with depression are about to find out that one TV show and six 'Friends' can change their lives." Articles about the event appeared in *The Huffington Post*, *UCLA Daily Bruin*, *The Mighty*, and the *Santa Monica Daily Press* with links to reserve free tickets. Interviews with the writer and research team appeared on Los Angeles' KPCC radio station. Nonprofit organizations, such as Bring Change to Mind and UCLA Friends of the Semel Institute, promoted the play on their social media accounts; e-mails about the play were sent to numerous student groups in Los Angeles and New York City. An EventBrite link to reserve tickets was provided in all advertisements as well as a website created for the play (www.theonewithfriends.com).

Participants

In total, 298 of 354 audience members, or participants (84%) completed the pre- and post- surveys. The participation rate is conservative because the total audience included a few members under the age of 18 years who accompanied an adult audience member at the Los Angeles/Santa Monica performances. The audience sizes differed across performance sites, such that almost two-thirds of the total audience members attended the Los Angeles-based performance ($n = 198$; 66.4%), 20.8% ($n = 62$) attended the play at the New York site, and the remaining 12.8% ($n = 38$) attended the final performance in Santa Monica.

Study Procedures

As audience members checked in, they were reminded about the research component and upon agreeing to participate in the study, were given a two-sided paper version of the anonymous survey, along with a pencil. They were asked to complete 15 questions before and 13 questions after the play to measure their attitudes about

depression (28 questions total). A short announcement was made prior to the play to remind attendees to complete the pre-survey along with an announcement after the play reminding attendees to complete the post-survey. A research study information sheet with study details as well as rights, benefits, and risks, was made available to all audience members before and after the performances. Study procedures were approved by the Institutional Review Board of UCLA.

Measures

The survey questions were selected to align with the trajectory of the main characters' attitudes throughout the course of the play. The questions explored whether audience members have used the arts to get through a stressful/depressed period, identified depression among themselves or loved ones, felt comfortable around persons with depression, and minimized persons with depression. For example, the post-survey included these questions: Has the play moved you in feeling less likely to minimize a person who has self-harmed themselves? How willing would you be to make friends with someone suffering from depression?

To assess the therapeutic benefit of the play, two survey questions were developed for this study that inquired about the extent of agreement with the following statements: (1) watching TV is comforting; and (2) arts promote the healing process. For each question, audience members were asked to rate their extent of agreement using a 5-point Likert scale (1 = *strongly disagree*; 2 = *disagree*; 3 = *neither*; 4 = *agree*; 5 = *strongly agree*). To assess change in depression stigma, we asked four of six social distance questions from the MacArthur Mental Health module of the 1996 General Social Survey (GSS). In the GSS, these questions are posed to participants after reading vignettes describing a person with mental illness, including major depression (Pescosolido et al., 2000). We adapted this component of the survey instrument for assessing participant attitudes toward interacting with someone suffering from depression before and after the play. For each stigma survey item, attitudes were rated using a 4-point Likert rating scale (1 = *definitely unwilling*, 2 = *probably unwilling*, 3 = *probably willing*, 4 = *definitely willing*). In addition, we calculated the mean score for these ratings using the total sum to create continuous variables.

Data Analysis

To examine differences in sociodemographic characteristics and prior experiences with depression by performance site, chi-square tests of proportions for dichotomous variables and student's *T* tests for continuous variables were conducted. For independent variables that significantly varied across three sites, pairwise comparisons were also conducted. For the belief and depression stigma ratings, dichotomous variables were created to examine pre- and postperformance change. Agreement with the statements related to comfort from TV watching or promotion of healing through the arts was defined as ratings of agree or strongly agree. For depression stigma, perceived stigma was classified as reporting definitely unwilling or unwilling to make friends, socialize, work or have a person with depression marry into one's family. For the total sample and for each performance site, change in beliefs and stigma pre- and postperformance was examined using two approaches: (a) assessing whether there was a significant difference in the proportion of audience members with more positive attitudes toward TV watching and the arts and reduced stigma following the play compared to prior to watching the play; and (b) examining whether the mean score on these ratings significantly improved after the play compared to before the performance. To explore predictors of change within the Los Angeles-based audience, logistic regression models examining each covariate one by one was conducted given small sample size.

Results

Sociodemographic characteristics and prior experience with depression among the participants by performance site are summarized in Table 1. Overall, the audience age averaged 38.6 years ($SD = 16.8$), and ranged from 18 to 81 years. Slightly more than one half of the total participants identified themselves as non-White ($n = 154$; 52.7%), 65.4% ($n = 191$) were female, and 81.4% ($n = 223$) had a bachelor, master, or doctoral college degree. Almost 4 out of 5 audience members reported annual incomes of \$25,000 or greater ($n = 191$; 79.3%), and 26.1% ($n = 63$) reported annual incomes of \$100,000 or more. Sociodemographic characteristics did not vary by performance site, but given the relatively small sample sizes at the New York and Santa Monica sites, the analysis was likely underpowered to detect differences.

Among the total participants, 60.2% ($n = 177$) reported personally suffering from depression during their lifetime, but only 36% ($n = 107$) reported receiving any depression care. In addition, 86.8% ($n = 257$) of participants reported having at least one family member or friend who suffered from depression and slightly more than one half ($n = 153$, 51.9%) reported family or friends receiving any depression care. The performance in New York City attracted an audience with the largest proportion of persons who endorsed personally suffering from depression ($n = 43$; 69.4%) or having a family or friend who suffered depression ($n = 60$, 96.8%).

Sociodemographic characteristics and prior experience with depression did not vary by performance site, with three exceptions. Perceived unmet need for depression care in self was significantly higher in the Los Angeles and New York audiences compared to the Santa Monica audience (LA: 24.1% vs. 5.6%, $p = .012$; NY: 35.5% vs. 5.6%, $p < .001$). For reported experience of a family member or friend with depression, New York participants were more likely to endorse this experience compared to Los Angeles-based participants (96.8% vs. 84.7%, $p = .012$), and participants at the Santa Monica performance (96.8% vs. 81.6%, $p = .010$). Further, unmet need for depression care among family or friends was more likely to be reported among the New York audience compared to the audience at the Los Angeles performances (36.8% vs. 29.9%, $p = .015$).

Change in the proportion of audience members with positive attitudes or improved willingness to associate with persons with a history of depression by performance site are summarized in Table 2. Overall, at baseline most participants reported positively about how watching TV was perceived as comforting ($n = 256$; 87.7%) and that the arts promoted the healing process ($n = 280$, 95.9%). In addition, the majority of participants reported little depression stigma as indicated by willingness to make friends ($n = 274$; 94.8%), socialize ($n = 273$, 94.5%), and work with a person who suffers from depression ($n = 267$; 92.4%). Even among the most sensitive stigma survey item, 84.1% ($n = 243$) of participants reported a willingness to have someone with a history of depression marry into their family.

For each of the attitudes, there was significant positive change following the performances in the Los Angeles audience, with only one exception (making friends). Although the absolute number of persons

endorsing disagreement with the positive influence of TV or the performing arts was small, among these participants, 63% (14/22) and 58% (7/12) shifted to perceiving these mediums as comforting or healing, respectively. In addition, perceptions of stigma positively shifted for more than one half of the participants who arrived at the performance with feelings of depression stigma (making friends: change in 50% [5/10]; socialize: 64% [7/11]; work: 50% [7/14]; marry: 52% [17/33]).

Change in mean scores for attitude and stigma ratings is summarized in Table 3. With only three exceptions at the Santa Monica performance, there was significant change in positive attitudes toward comfort received from watching TV, the belief that the arts promote the healing process, and improved willingness to make friends, socialize with, work with, and marry a person with a history of depression. At the Santa Monica performance, improvement in belief about the healing impact of the arts and willingness to work with someone with depression approached but did not attain statistical significance ($p = .07$), and there was no significant change in willingness to socialize with a person who had a history of depression. These findings should be interpreted carefully because of the small sample size.

Exploratory analyses using logistic regression did not find significant predictors of change in attitudes among the Los Angeles audience. Although there was no statistically significant change in attitudes at the New York City or Santa Monica performance sites, differences may have not been detected given smaller sample sizes. In addition, significant changes among the total participants should be interpreted cautiously because they are likely confounded by significant differences in change at the Los Angeles performance site.

Discussion

Findings from this study suggest that it is feasible to implement an innovative study to create and perform a play that sought to communicate an accurate and hopeful portrayal of a person living with major depression. The play also engaged the audience in participating in a study to examine change in attitudes using a pre-, posttest design across the five performances. In addition, this play attracted audiences with 10 times higher reported rates of major depression compared to estimated national prevalence rates of 6.7%

Table 1. Sociodemographic Characteristics and Prior Experience With Depression by Performance Site

Variables	Total N = 298		Los Angeles N = 198	New York City N = 62	Santa Monica N = 38	p-value
	Analytic N	N (%)	N (%)	N (%)	N (%)	
Age, Mean (SD)	298	38.6 (16.8)	40.6 (18.0)	35.2 (14.2)	33.9 (12.6)	0.015
Race/Ethnicity	292					0.247
White/Caucasian		138 (47.3)	86 (44.3)	34 (56.7)	18 (47.4)	
Non-White/ Caucasian		154 (52.7)	108 (55.7)	26 (43.3)	20 (52.6)	
Gender	292					0.896
Female		191 (65.4)	128 (65.6)	40 (66.7)	23 (62.2)	
Male		101 (34.6)	67 (34.4)	20 (33.3)	14 (37.8)	
Education	274					0.089
High school/some college		51 (18.6)	38 (20.8)	4 (7.0)	9 (26.5)	
Bachelor Degree		86 (31.4)	55 (30.1)	19 (33.3)	12 (35.3)	
Master/Doctoral		137 (50.0)	90 (49.2)	34 (59.6)	13 (38.2)	
Income	241					0.192
<\$25,000		50 (20.7)	32 (20.0)	9 (17.3)	9 (31.0)	
\$25,001-\$40,000		40 (16.6)	26 (16.3)	7 (13.5)	7 (24.1)	
\$40,001-\$99,000		88 (36.5)	54 (33.8)	24 (46.2)	10 (34.5)	
\$100,000 or up		63 (26.1)	48 (30.0)	12 (23.1)	3 (10.3)	
Prior experience with depression						
Personally suffered depression	294					0.203
Yes		177 (60.2)	115 (58.7)	43 (69.4)	19 (52.8)	
No		117 (39.8)	81 (41.3)	19 (30.6)	17 (47.2)	
Received care for depression	297					0.482
Yes		107 (36.0)	69 (35.0)	21 (33.9)	17 (44.7)	
No		190 (64.0)	128 (65.0)	41 (66.1)	21 (55.3)	
Unmet need for depression care	293					0.004
Yes		71 (24.2)	47 (24.1)	22 (35.5)	2 (5.6)	
No		222 (75.8)	148 (75.9)	40 (64.5)	34 (94.4)	
Family/friends suffered depression	296					0.029
Yes		257 (86.8)	166 (84.7)	60 (96.8)	31 (81.6)	
No		39 (13.2)	30 (15.3)	2 (3.2)	7 (18.4)	
Family/friends received care for depression	295					0.364
Yes		153 (51.9)	106 (54.4)	31 (50.0)	16 (42.1)	
No		142 (48.1)	89 (45.6)	31 (50.0)	22 (57.9)	
Family/friends unmet need for depression care	294					0.033
Yes		103 (35.0)	58 (29.9)	29 (46.8)	16 (42.1)	
No		191 (65.0)	136 (70.1)	33 (53.2)	22 (57.9)	
Pairwise Comparisons						
			<i>Los Angeles vs. New York</i>	<i>Los Angeles vs. Santa Monica</i>	<i>New York vs. Santa Monica</i>	
Unmet need for depression care			$\chi^2 = 3.10, p = 0.078$	$\chi^2 = 6.26, p = 0.012$	$\chi^2 = 11.03, p < 0.001$	
Family/friends suffered depression			$\chi^2 = 6.33, p = 0.012$	$\chi^2 = 0.23, p = 0.630$	$\chi^2 = 6.64, p = 0.010$	
Family/friends unmet need for depression care			$\chi^2 = 5.97, p = 0.015$	$\chi^2 = 2.18, p = 0.140$	$\chi^2 = 0.21, p = 0.649$	

Table 2. Change in Attitudes and Depression Stigma by Performance Site

Variables	Overall				Los Angeles N=198				New York City N=62				Santa Monica N=38			
	Overall	Pre	Post	P	N	Pre	Post	P	N	Pre	Post	P	N	Pre	Post	P
Attitudes																
Watching TV is comforting	292			<.001	193			<.001	62			0.031	37			0.125
Strongly disagree/disagree/ neither		36 (12.3)	12 (4.1)			22 (11.4)	8 (4.1)			9 (14.5)	3 (4.8)			5 (13.5)	1 (2.7)	
Agree/strongly agree		256 (87.7)	280 (95.9)			171 (88.6)	185 (95.9)			53 (85.5)	59 (95.2)			32 (86.5)	36 (97.3)	
Arts promote the healing process	286			0.022	189			0.039	61			1.000	36			1.000
Strongly disagree/disagree/ neither		15 (5.2)	6 (2.1)			12 (6.3)	5 (2.6)			1 (1.6)	0 (0.0)			2 (5.6)	1 (2.8)	
Agree/strongly agree		271 (94.8)	280 (97.9)			177 (93.7)	184 (97.4)			60 (98.4)	61 (100)			34 (94.4)	35 (97.2)	
Depression stigma																
Make friends	289			0.057	191			0.227	61			0.500	37			1.000
Definitely unwilling/unwilling		15 (5.2)	7 (2.4)			10 (5.2)	5 (2.6)			3 (4.9)	1 (1.6)			2 (5.4)	1 (2.7)	
Probably willing/definitely willing		274 (94.8)	282 (97.6)			181 (94.8)	186 (97.4)			58 (95.1)	60 (98.4)			35 (94.6)	35 (97.3)	
Socialize	289			0.012	191			0.039	62			1.000	36			1.000
Definitely unwilling/unwilling		16 (5.5)	7 (2.4)			11 (5.8)	4 (2.1)			2 (3.2)	1 (1.5)			3 (8.3)	2 (5.6)	
Probably willing/definitely willing		273 (94.5)	282 (97.6)			180 (94.2)	187 (97.9)			60 (96.8)	61 (98.4)			33 (91.7)	34 (94.4)	
Work	289			0.002	192			0.039	61			0.500	36			0.250
Definitely unwilling/unwilling		22 (7.6)	10 (3.5)			14 (7.3)	7 (3.6)			3 (4.9)	1 (1.5)			5 (13.9)	2 (5.6)	
Probably willing/definitely willing		267 (92.4)	279 (96.5)			178 (92.7)	185 (96.4)			58 (95.1)	60 (98.4)			31 (86.1)	34 (94.4)	
Marry into family	289			<.001	192			<.001	62			0.250	35			0.250
Definitely unwilling/unwilling		46 (15.9)	23 (8.0)			33 (17.2)	16 (8.3)			8 (12.9)	5 (8.1)			5 (14.3)	2 (5.7)	
Probably willing/definitely willing		243 (84.1)	(92.0)			159 (82.8)	176 (91.7)			54 (87.1)	57 (91.9)			30 (85.7)	33 (94.3)	

Table 3. Change in Mean Rating Scores of Attitudes and Depression Stigma by Performance Site

Variables	Overall N=298				Los Angeles N=198				New York City N=62				Santa Monica N=38			
	N	Pre Mean(SD)	Post-Pre Mean(SD)	p- value	N	Pre Mean(SD)	Post-Pre Mean(SD)	p- value	N	Pre Mean(SD)	Post-Pre Mean(SD)	p- value	N	Pre Mean(SD)	Post-Pre Mean(SD)	p- value
Attitudes																
Watching TV is comforting	292	4.26 (0.81)	0.32 (0.62)	<.001	193	4.26 (0.81)	0.31 (0.64)	<.001	62	4.24 (0.84)	0.27 (0.55)	<.001	37	4.24 (0.75)	0.41 (0.64)	<.001
Arts promote the healing process	286	4.54 (0.64)	0.18 (0.52)	<.001	189	4.48 (0.67)	0.19 (0.52)	<.001	61	4.71 (0.49)	0.13 (0.46)	0.031	36	4.61 (0.59)	0.19 (0.62)	0.07
Depression stigma																
Make friends	289	3.55 (0.65)	0.19 (0.52)	<.001	191	3.55 (0.64)	0.18 (0.52)	<.001	61	3.55 (0.64)	0.23 (0.56)	0.002	37	3.58 (0.68)	0.19 (0.46)	0.017
Socialize	289	3.76 (0.5)	0.17 (0.47)	<.001	191	3.55 (0.62)	0.18 (0.5)	<.001	62	3.66 (0.6)	0.16 (0.43)	0.006	36	3.55 (0.76)	0.11 (0.4)	0.103
Work	289	3.52 (0.68)	0.19 (0.52)	<.001	192	3.49 (0.66)	0.19 (0.52)	<.001	61	3.58 (0.64)	0.2 (0.48)	0.002	36	3.53 (0.86)	0.19 (0.62)	0.07
Marry into family	289	3.3 (0.8)	0.27 (0.57)	<.001	192	3.26 (0.8)	0.27 (0.6)	<.001	62	3.39 (0.75)	0.26 (0.63)	<.001	35	3.32 (0.91)	0.26 (0.56)	0.01

(Kessler et al., 2005), and an even larger proportion of persons who had at least one family member or friend who had suffered from major depression. Since the play was produced through a research center dedicated to improving access and quality of mental health care, there was likely a positive selection bias towards attracting audience members who felt more comfortable disclosing experiences with depression. The reported unmet need for depression care also was relatively high (self: 64%; family/friends: 48.1%), also consistent with national estimates (Wang et al., 2005). These findings were consistent across performance sites, suggesting that a free-of-charge play related to major depression may be an effective mechanism to bring together a critical mass of persons that understand the significance of public advocacy efforts to improve access to care for mood disorders.

Overall, the majority of persons attending the play endorsed positive attitudes about watching TV and the healing capacity of the arts as well as reducing depression stigma. Although limited to a few audience members, significant improvement in the proportion of audience members with positive change in these attitudes was identified at one site (Los Angeles). When examining change using the mean scores, the impact of the play was further strengthened. There was significant improvement in positive attitudes toward watching TV and the healing impact of the arts as well as reduced depression stigma, with only a few exceptions at the performance site with the smallest sample size. Together, these findings suggest that the impact of the play to reduce depression stigma was promising.

Whether a person has a favorite go-to film, TV show, book, or music album, the arts seem to inspire positive feelings and escapism. In the 2017 documentary *Spielberg*, which details the life and films of director and film enthusiast Steven Spielberg, he states in the film, "Movies are my therapy" (Meslow, 2017). Further, in a 2016 interview, actress Jennifer Aniston, who portrayed the character of "Rachel Green" on *Friends*, reflected on the impact *Friends* specifically has had: "It's comfort food and it makes people feel better when they're feeling down and when they want to distract themselves, they can always [turn it on], because it is always on." She summarizes the show as ". . . just friends sitting, communing together. I hope that it actually will inspire people to remember that connection and speak with each

other” (Aniston, 2016). While we do not suggest that movies and TV shows are a replacement for mental health care or are a suitable escape, these activities may be used in adaptive ways such as providing comfort, especially during times of loneliness.

This play was purposively written to stimulate hope and emphasize the role primary support, directly from others, has in one’s recovery. While it was important to the playwright to accurately portray an individual living with depression and anxiety, no suicide attempts or self-harm are depicted on stage. The play ends with hope for all the characters along with formation of new friendships. The goal was to avoid triggering a depressive episode as well as provide anyone experiencing depression with a sense of hope.

In the play, we modeled social support skills and demonstrated their role in helping persons living with depression (Krull, 2018; Smith, Hill, & Kokanovic, 2015). Specifically, many scenes in the play show the characters listening to each other, especially when sharing their feelings, struggles, and symptoms (lack of sleep, loneliness, fatigue) with the intent of modeling how to react when a family member or friend expresses they are depressed and/or suicidal. There are also scenes of the characters providing encouragement to one another, whether it is continuing therapy, reaching out to friends, or taking medication. In one scene, Lucy commends Callum for reaching out to a friend and seeking help when he shares a time he had suicide ideation.

The main limitation of the study is that it is a pilot test using a convenience sample of audience members and a measure developed to align with the themes of the play. Additional research would be needed to establish the psychometric properties of the attitude measure. Another limitation is that the venues selected for the performances were at or close to major universities, thus attracting a highly educated audience. An important next step would be to examine the impact of this play using larger, more diverse audiences. The authors also recognize that given the proximity of the Santa Monica venue to the Los Angeles venue, these sites could be merged for analysis; however, the sites were kept separate as the venues were different—a community playhouse in Santa Monica as opposed to a hospital auditorium on UCLA’s campus, where the play may have attracted more health care professionals and students, especially since it was heavily advertised through UCLA and the UCLA Health System. The Santa Monica Play-

house promoted the play to their members/community via social media. Nevertheless, our early findings suggest that the impact of the play on further reducing depression stigma at two performances were promising. In the play, we combined television with theatre to engage an audience around a beloved TV show as a way to disseminate education around depression, the stigma surrounding it, the resources available, and to reinforce empathy and kindness.

References

- Aniston, J. (2016). Jennifer Aniston talks friends reunion, office christmas party, and Justin Theroux. In Lorraine, edited by Lorraine Kelly. ITV.
- Beardslee, W. R., Brent, D. A., Weersing, V. R., Clarke, G. N., Porta, G., Hollon, S. D., . . . Iyengar, S. (2013). Prevention of depression in at-risk adolescents: longer-term effects. *JAMA Psychiatry*, *70*, 1161-1170.
- Bromley, E., Kennedy, D. P., Miranda, J., Sherbourne, C. D., & Wells, K. B. (2016). The fracture of relational space in depression: Predicaments in primary care help seeking. *Current Anthropology*, *57*, 610-631.
- Chang, E. C., Sanna, L. J., Chang, R., & Bodem, M. R. (2008). A preliminary look at loneliness as a moderator of the link between perfectionism and depressive and anxious symptoms in college students: Does being lonely make perfectionistic strivings more distressing? *Behaviour Research and Therapy*, *46*, 877-886.
- Cohen, J. (2004). Parasocial break-up from favorite television characters: The role of attachment styles and relationship intensity. *Journal of Social and Personal Relationships*, *21*, 187-202.
- Dupere, K. (2016, October). Black visual artists are bravely addressing mental health in their work. In *Mashable*. Retrieved from <https://mashable.com/2016/10/10/black-mental-health-art>.
- Friedrich, MJ. (2017). Depression is the leading cause of disability around the world. *JAMA*, *317*, 1517.
- Gilbody, S., Bower, P., Fletcher, J., Richards, D., & Sutton, A. J. (2006). Collaborative care for depression: A cumulative meta-analysis and review of longer-term outcomes. *Archives of Internal Medicine*, *166*, 2314-2321.
- Kessler, R. C., Chiu, W. T., Demler, O., & 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*, 617-627.
- Kroenke, K., Strine, T. W., Spitzer, R. L., Williams, J. B. W., Berry, J. T., & Mokdad, A. H. (2009). The PHQ-8 as a measure of current depression in the general population. *Journal of Affective Disorders*, *114*, 163-173.
- Krull, E. (2018). Social support is critical for depression recovery. *Psych Central*. Retrieved from <https://psychcentral.com/lib/social-support-is-critical-for-depression-recovery/>
- Locker, M. (2015). *Warm-up comics: The funniest people in TV who are never on TV*. Retrieved from <https://www.vanity-fair.com/hollywood/2015/10/tv-warm-up-comics?verso=true>
- Meslow, S. (2017). *How HBO's Spielberg find the unknown side of the world's best-known filmmaker*. Retrieved from <https://www.gq.com/story/hbo-spielberg-documentary-review>
- Miranda, J., Ong, M. K., Jones, L., Chung, B., Dixon, E. L., Tang, L., . . . Wells, K. B. (2013). Community-partnered evaluation of depression services for clients of community-based agencies in under-resourced communities in Los Angeles. *Journal of General Internal Medicine*, *28*, 1279-1287.
- Morandi, J. N. (2018). *The Suicide Musicals: Combating the stigma of mental illness*. Retrieved from <https://www.the-crimson.com/column/the-might-of-musicals/article/2018/11/6/TheSuicide-Musicals/>
- Nutt, A. (2016). *Turning madness into music: A former psychiatric patient's life is now an opera*. Retrieved from <https://www.washingtonpost.com/news/to-your-health/wp/2016/09/16/turning-madness-into-music-a-former-psychiatric-patients-life-is-now-an-opera>.
- Pescosolido, B. A., Martin, J. K., Link, B. G., Kikuzawa, S., Burgos, G., Swindle, R., & Phelan, J. (2000). *Americans' views of mental health and illness at century's end: Continuity and change*. Bloomington, IN: Indiana Consortium for Mental Health Services Research.
- Rubin, R. B., & McHugh, M. P. (1987). Development of parasocial interaction relationships. *Journal of Broadcasting & Electronic Media*, *31*, 279-292. doi: 10.1080/08838158709386664
- Smith, L., Hill, N., & Kokanovic, R. (2015). Experiences of depression, the role of social support and its impact on health outcomes. *Journal of Mental Health*, *24*(6), 342-346.
- Wang, P. A., Lane, M., Olfson, M., Pincus, H. A., Wells, K. B., & Kessler, R. C. (2005). Twelve-month use of mental health services in the United States: Results from the National Comorbidity Survey Replication. *Archives of General Psychiatry*, *62*, 629-640.

WHO. (2018). *World Health Organization—Depression fact sheet*. Retrieved from <https://www.who.int/en/news-room/fact-sheets/detail/depression>

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