in this issue, the diversity of research that now exists in performing arts medicine is clear, ranging from health surveys to postural measures and interventions, from anthropometric measures to muscle activity analyses, and to ambient sound technology in music classrooms. In addition, summaries in this issue illustrate the continued expansion of performing arts medicine in countries such as Cuba and Japan, while the inaugural performing arts medicine meeting in South Africa will occur in Pretoria from the 2–3rd of October 2017.

In modern medicine, approaches to healthcare no longer only encompass injury management, but increasingly focus on understanding the performance demands and health risk exposures faced by performing artists. Quantitative and qualitative scientific and health analyses by performing artists, clinicians, educators, and researchers are increasingly helping us to develop effective, targeted, and relevant health promotion and performance optimisation strategies worldwide. While such research increasingly identifies improved methods of preventing and managing potential psychological, audiological, or physical challenges faced by performing artists, we still need to work hard to address very important barriers to implementing appropriate health approaches. One of the challenges to better health management in performing arts populations relates to stigmatization.

Stigma is a multifaceted and broad concept, reported in the literature to be influenced by a wide range of factors, such as personal background, perceptions of stigma towards others, perceptions of illness as a sign of weakness, and so forth. Stigmatizing responses have been defined as “devaluing and discrediting responses of observers toward individuals who possess a particular characteristic that deviates from societal norms.” This phenomenon has been widely reported in many domains encompassing people with mental health problems, chronic pain sufferers, athletes, and military personnel amongst others.

In musicians, injury is usually associated with a negative stigma, including diminished respect and damage to the reputation, even potentially affecting the employment and hence earning capacity and future opportunities for freelance professional musicians. In the domain of dance, male ballet dancers, aging performers, and dancers with non-traditional body morphology may be exposed to labelling and discriminatory attitudes. A key objective following the recent Actors’ Health and Well-Being Study in Australia has been to reduce stigma surrounding mental health conditions, such as depression and anxiety, in this population. Injured singers may be too embarrassed and afraid to report injuries, and if they do, they risk being labelled by health professionals with potentially psychologically harmful diagnostic terms such as “vocal abuse,” leading vocalists to feel they are somehow responsible for their own injuries by their poor technique. Similarly, terms used to describe the cause of an injury, such as “misuse,” have also been suggested to imply incompetence of a performer rather than perhaps the faulty biomechanics as may have been the intention of the treating clinician.

Other stigmatizing behaviours may be observed in health professionals, whereby their own attitudes and approaches may potentially reinforce stigma or negative consequences such as discrimination or further disability. In my own clinical experience, I have often had other health professionals inexperienced in working with performing artists make comments like “aren’t they all just drama queens” or “don’t they just sit down to play” or “if it hurts, why don’t they just try playing the violin on the other side,” and so forth. Return-to-work providers without specific empathy and expertise can devise unrealistic rehabilitation and return-to-occupation processes, leading those injured in their occupational activity to feel shame and a loss of self-esteem, and ultimately may lead to internalized stigma side effects such as depression and other ill health consequences.

The impact of this negative stigma in relation to health in performing artists creates a substantial barrier still to performing artists seeking help in a timely manner, rather than suffering in silence and increasing their risk of developing chronic complex health conditions. We can all play a role in changing behaviours. For example, mandate or strongly encourage all music students to wear ear plugs, so that the child musicians doing so do not get teased or bullied. Try to work with performing arts administrators to explain the likely reduction in chronic debilitating injuries if early reporting and management of health issues is implemented. For those involved in the field of the performing arts in any capacity—performers, students, educators, researchers, organisational representatives, health professionals, as well as alternative modality providers—we can all work to dispel the myths and stigmas surrounding ill health. Acting in an empathetic manner and seeking to support those suffering ill health in a constructive manner can greatly help reduce this cultural affliction in
the performing arts. Promoting positive health behaviours will lead to a greater uptake of simple and effective strategies to reduce the risk of incurring physical, psychological, or audiological injuries, and help to create a healthier working environment for our performing artists.

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