

The Forgotten Patients

In any discussion about performing arts medicine it is generally assumed that the "arts" under consideration are dance and music. This assumption, however, leaves out a large and important group of performers, those in the theater. I believe this has been a major oversight that should be corrected if performing arts medicine is to live up to its name.

Consider the rationale underlying the existence of performing arts medicine. In my view there is a tripartite mission: (1) to provide informed, timely, appropriate, and cost-effective medical care to performing artists for the occupational and other medical problems that compromise performance; (2) to encourage prevention of injury and illness through education; and (3) to study the mechanisms of injuries in order to select proper and effective prophylaxis. Nothing in these goals is specific to musicians and dancers, nor do they preclude the consideration of other performers, in this case actors and actresses.

It is appropriate to ask whether the approaches of performing arts medicine are as suitable for addressing the medical problems of actors and actresses as for musicians and dancers. It is true that many of their illnesses and injuries are less directly consequences of their occupation than are, for instance, those of violinists and ballerinas. However, they too face a variety of occupational risks on stage, including vocal overuse and abuse, falling scenery, respiratory hazards of special effects, staged scenes of violence that result in unplanned injuries, and a plethora of unpredictable but inevitable untoward happenings on and off stage that are part and parcel of life in the theater.

As with other performers, there are also health risk factors in the life-styles

of many people associated with the theater. Among these are sleep deprivation; poor dietary habits; excesses of caffeine, tobacco, and alcohol; and a higher use of street drugs than I have encountered either in musicians or in dancers. This is not to imply that actors and actresses are a homogeneous group of Bohemians. Far from it—they are delightfully diverse. However, as in the other performing arts, there is an acceptance of alternative life-styles. While not necessarily condoning risk-taking behavior in their peers, there tends to be an attitude of "live and let live" unless the situation approaches an emergency level. Consequently, many of these individuals fail to seek help when treatment might be appropriate and efficacious.

Many actors and actresses live a hand-to-mouth existence. Seeing the doctor is rarely part of their adult experience. Based on hearsay and occasionally personal difficulties, they may distrust the medical establishment across the board. They frequently are uninsured, and their time commitments and availability are such that the only medical care they may have sought is in the emergency room. (Many of you can readily understand why that experience may have left them with negative feelings toward the traditional medical care system!) Like their cohorts in other performance disciplines, they often prefer to consult alternative care providers.

Not all of the medical problems of actors and actresses are connected to financial limitations. Many "superstars" have been subjected to medical care that was mediocre or worse and welcome caregivers who are sensitive to their needs and familiar with the demands of life in the theater. Although money is not an issue, because of their fame they face the medical

hazard of the treatment designed for who they are rather than for what they need.

Theater people tend to be wanderers even when they are not on tour with a show. Many will show up in a distant city to do a show with an open run of weeks to months. This means they are away from their usual support systems, including medical care, significant others, friends, pets, and their own beds, customary diets, and exercise habits. These disruptions add additional stress that may make it difficult to cope with medical problems related or unrelated to their current performance demands.

The work schedules of all theater people are characteristically brutal. It is not unusual for an actor to be performing in one show while simultaneously rehearsing for the next. Many actors have only one day off per week and do eight shows a week, including two days with back-to-back performances. Depending on the nature of the show, this can be difficult or even catastrophic for the performers. Many producers can no longer afford to provide understudies, putting even greater pressure on the ailing actor/actress to go on, even when affected by a potentially career-threatening problem. Musicals are particularly hazardous in this regard, because although the performance schedules are similar to those of non-musical theater, the vocal demands are more akin to grand opera, in which one would never dare to mount a production with daily performances.

Returning to the *raison d'être* of performing arts medicine, the need to provide actors and actresses with immediate, appropriate, low-cost medical care is totally consistent with the goals of our specialty. We are discussing a highly intelligent, motivated group of

artists who, from a strictly selfish point of view, provide a refreshingly different perspective of the world. They need to have medical care in a timely fashion or they are at risk of increasing illness, disability, and financial hardship. By and large, their medical problems are not served well by an emergency room, and their schedules may conflict with the office hours of capable practitioners. As in the case of musicians and dancers, theater people tend to respond positively when their negative preconceptions of medical care are not borne out. Most are eager to be educated, concerned about their long-term health, and greatly appreciative of finding care and empathy rather than hefty bills and judgmental admonitions.

Regarding the many areas of potential research in "theatrical medicine," those in the psychological realm are particularly intriguing. In addition to all of the stresses discussed earlier,

some additional factors clearly add to the psychological hazards of the theater. I refer to the need of the actor/actress to portray convincingly the emotions of their characters and, indeed, temporarily to take on the personality traits of this character. Just as there are natural musicians, so there are natural actors, but for most actors and musicians the requirements of their trade involve hard and frequently painful work. It has been my observation in providing medical care to many actors and actresses that this process, while integral to being what they are, can put them in touch with some of their own feelings for the first time. For some this is a positive experience, but for others the process can range from difficult to unbearable. Even the most mature, stable, and experienced actor suffers the effects of playing Willy Loman night after night, and this is not confined to what transpires on the stage. This consequence is one that all

of us should think about when we go to the theater and especially when we are treating the medical problems of actors and actresses.

Taking care of actors and actresses is not all grim: they are interesting and very verbal. The problems vary from show to show. When choreography in a musical is particularly physical, all of the dancers may appear on our doorstep; when an updated version of *Romeo and Juliet* uses short blades rather than swords, poor Romeo could close out his days with his wounds (superficial) and skip the poison. It is also not unusual to be called on for medical advice as to how a character with a particular disease might appear or act, or somewhat less common, "Could we borrow a spinal tap set? We'll give you credit in the program." For a frustrated thespian, that's not a bad deal!

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