Performing Arts Healthcare in Australia—A Personal View

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In 2006, as part of a national regional-arts conference, I attempted to bring together health care workers with an interest in caring for performing artists. The plan was to gather in symposium, to share ideas and expertise, and inaugurate a network of practitioners across Australia. It was a good idea—at least I thought so at the time, and the generous experts who agreed to participate for free also seemed to think so. However, the exigencies of mounting a symposium in a regional city, in a field hitherto never organised in this country, with no finance, and only one assistant (albeit very capable!—Marilyn Bliss—to whom I am forever grateful) proved too much. After much lost money and sleep, and with a feeling of crushing defeat, I cancelled the project. As sometimes happens, the momentum has continued. From that quixotic project has grown a new organization, the Australian Society for Performing Arts Healthcare (ASPAH).

As the minor alchemist who tossed the catalyst into a cauldron that now roils with possibilities, I have a sense of my own limitations, a generalist doctor and avocational performer from an obscure town, who until 3 years ago didn't know that a name existed for a field of practice he was imagining.

Over the last 5 years, I have occasionally seen patients for whom artistic performance is central to life, and whose illness or injury threatens that meaning. I felt, and continue to feel, inadequate for the task—both my medical knowledge and performing arts literacy are inadequate. I spoke to colleagues about the concept of developing a branch of practice to care for performing artists, but always met with a puzzled look. I wasn't aware of the literature, nor that there were already well-regarded workers in the field. I didn't know what to call my imaginary friend, but decided on "performing arts medicine."

This was an effort to express the notion that health care should be offered across the range of performing arts (not just "music medicine" or "dance medicine"). I thought care should not be simply reactive, responding only to injury or dysfunction as it arose, but should be provided by practitioners with a holistic approach, favouring partnership with the patient and collaboration with colleagues, while encouraging research and observation. I also believed strongly that there must be serious engagement with these two questions: why are the arts important, and why is health care for the arts valid?

THE IMPORTANCE OF ART

Why *is* art important? We must be certain to engage with this question, because without an adequate answer, the field of performing arts medicine or performing arts health care (as we have decided to call it in Australia) rests on fairly flimsy foundations. This is one of the reasons I believe, that performing arts medicine in other countries has not gone from strength to strength as it should have.

This question about the importance of art is three-fold: (1) what is art to me, (2) what is art to the artist, and (3) what is art to society?

Some years ago, I mounted a project at my hospital called "Shakespeare goes to Hospital," and as a *raison d'être* for that effort—using the artists' eyes to reinterpret the meaning of health, illness, and hospital within a community—I was struck by the art critic John Russell's definition of art.[1] In *The Meaning of Modern Art* he wrote 11 short words that sum up the importance of art: "When art is made new, we are made new with it."

Here is a fuller quote, which serves to give a stronger meaning to what we could achieve in caring for the health of artists and their ability to perform:

> When art is made new, we are made new with it. We have a sense of solidarity with our own time, and of psychic energies shared and redoubled, which is just about the most satisfying thing that life has to offer. "If that is possible" we say to ourselves "then everything is possible," a new phase in the history of human awareness has been opened up, just as it was opened up when people first read Dante, or first heard Bach's 48 preludes and fugues, or first learnt from Hamlet and King Lear that the complexities and contradictions of human nature could be spelled out on the stage.

Picasso, in typically robust fashion, said that "art is a lie that makes us realize the truth."[2] It is a confection made from trick-

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ery—a sleight-of-hand, a subterfuge which depends for its success on our collusion with the tricksters, yet which somehow gets us closer to *what matters*.

This "truthful subterfuge" goes some of the way to explaining the meaning of art to the artist, but artistic endeavour could be seen as having two parts, internal and external. The external effects of an artist's work will have unique meaning for that artist and may be a strong motivator of the creative and performance process, but the internal milieu that drives the artist to create and perform is one that health care practitioners would do well to respect and study. The concept of habitus, self awareness and perception of oneself as the embodiment of and conduit for the art, and the artistic contribution to social capital go very deep for many performers. To borrow the beautiful phrasing of Dylan Thomas, I think that artists are driven by the same "force that through the green fuse drives the flower"[3]; it is a force that "drives our green age."

The social meanings of art are profound, and form part of the validation of performing arts health care. Not only is health care for the individual performer important, but the effects of that health care on social structure and capital give added meaning to the whole project.

An apposite question that arises during the discussion of meaning relates directly to how we and others might see health care in regard to the arts. I like to turn Picasso's phrase on its head when looking at medicine and the therapies: if art is a lie that tells the truth, is medicine a truth that tells a lie? Health practitioners must be ready to address this question, because we must strive for a certainty so that in each of our fields, our practice is built on solid evidence and intellectual honesty. We must also realise that for the artist (whom we might regard as a member of a sort of priestly caste searching for meaning and truth) our particular form of "therapeutic truth" to which we hold so fervently, may seem false and untrustworthy.

WHY HEALTHCARE FOR THE ARTS?

Why is health care for the arts valid? The best answer I have found is again in a single sentence of short words. In a letter to the *Medical Journal of Australia* in 1987, Tom Hall, a violinist and ex-editor of *Senza Sordino* (*Journal of the International Conference of Symphony and Opera Musicians*) wrote, "The vitality of the art and culture of any society is threatened by those forces that disable its artists."[4] This is a profound utterance. I like to call thoughts like these "renaissance statements," thoughts that illuminate an aspect of the human community and condition that hitherto has been hidden or just out of reach. Thoughts and statements like these are what advance civilisation.

Health care workers interested or expert in the performing arts can be responsible in a unique way for individual artists' health but, in doing so, further the work of cultural evolution, including resistance of forces that threaten the arts. Vanessa Redgrave, speaking of her experience in Sarajevo, put it this way: "Good theatre is essential for keeping society . . . humane and sane. . . . The arts are fundamental to human existence and human resistance."[5]

The meaning and importance of art can be summed up with one word, the Greek eudaimonia, meaning well-being of spirit or human flourishing. The people we may work with in performing arts health care are important as individuals, and thus are deserving of well-being of spirit, but also are important for their role in stimulating a renewal of human flourishing.

WHAT IS TO BE DONE?

Australia is an old, dry, and vast continent, with a small population mostly gathered on its shores, looking to the ocean and the interesting cultures beyond. The few hardy souls who are scattered through the nonmetropolitan regions and the interior suffer isolation and a form of cultural famine. We are faced with considerable challenges—the geographical difficulties interplaying with the social, cultural, and professional fabric—that must be addressed if we are to provide performing arts health care that is suited to this country.

These are some of the special challenges we face in Australia:

1. The vast distances in this country may have been shrunk by the internet and by outreach programs such as the Queensland Arts Council (www.qac.org.au) and Flying Arts (www.flyingarts.org.au), but artists living and working in rural and remote places and those who tour there have no access to health care that takes especial cognisance of their art and health together.
2. Currently, quality health care for performing artists is provided by specialists in niche areas. While this may not be inherently inappropriate, to foster interest and the acquisition of skills among generalists may well be a way to improve health outcomes for performing artists, as well as stimulating ongoing interest and development in the field to keep it vibrant and strong. It is also the only way I can see of responding to the tyranny of distance.
3. Quality performing arts health care is currently mostly available to only professionals in the few metropolitan areas of this country, and even then on a poorly organised basis. Better organisation of this health care is a desirable primary goal, but we would do well to consider how to care for the health of performers who are amateur, pro-am, or teachers (for whom the meaning of their art is arguably no less than the professionals).
4. Among the medical disciplines (and I suspect the therapies), there is a de-skilling of generalists, driven by the twin forces of specialisation and litigation. Our challenge will be to build a vibrant community of therapists and practitioners who are confident in their knowledge and skills, as well as the utility of their work to artists and the community, and who communicate effectively with one another to improve this field.
5. There is a perceived lack of private philanthropy in Australia. This may or may not be true, but we will have to garner support from both the private and public sectors for this new field to grow. I suspect that alliances with private benefactors will possibly be easier initially,

because performing arts health care does not fit with current government funding guidelines for the arts *or* health. Direct lobbying of government agencies and politicians is therefore an important step.

6. We must be sure to understand, accept, and promote the value of the performing arts in social culture. We live in the home of the "cultural cringe," that often-referenced deep-seated reflex which hobbles our cultural audacity, telling us that Australian arts and culture are somehow inferior on the world stage. Arts practice, arts literacy, and the sheer joy of the performing arts must be regarded as central to a healthy society.
7. Litigation has changed the face of community life in Australia. Indemnity issues for artists, their employers, and therapists working in this field need to be addressed. Of particular difficulty is the question of non-specialists providing care, but this must be vigorously addressed; it would be madness to let these stultifying forces prevent vibrant expansion of knowledge and practice of performing arts medicine.

As formidable as the challenges may be, we are presented with some exciting opportunities:

1. Could we in Australia do it differently than the models already in existence in other countries? There have been several successful attempts at setting up this field of practice. I believe we can build a uniquely antipodean model, with a broader base, clearer focus, a more holistic approach, and a catholicism that welcomes all practitioners. This will ensure vibrancy and vigour and give a greater chance of relevance and longevity.
2. As part of this model, we can look at building networks using the technology of the 21st century. The client then could be confident that even though distance may prevent a visit to a specialist, it will not prevent collaboration on their case. It will also prevent isolation and discouragement of practitioners.
3. We must consider an Australia-wide multidisciplinary/generalist practice model. Specialists in the field should remain clinical, research, and therapy leaders, but I envisage a network of interested workers across the disciplines and regions.
4. Research in the clinical sciences to support practice should be fostered. This research will underpin progress in the field and stimulate the confidence of practitioners and the artists they serve.
5. The focus of performing arts medicine should be broadened from simply considering injuries and illnesses that might be directly attributable to playing or performance, to the gamut of illness and lifespan change that will have impacts on a performer's art. For example, obesity, genetic disease, hormonal effects, normal and abnormal growth, intercurrent illnesses both acute and chronic, drug therapy and misuse, surgery, and psychological and psychiatric disorders are all of interest. Social workers, anthropologists and sociologists should be included.
6. The effects of mental illness and related conditions on performers, either detrimental or enhancing, should be studied. The issues of meaning with respect to performance itself and the ability to perform and continue to do so are important. Logotherapists and related thinkers could breathe vibrancy into the critical question of what place performing arts health care has in the warp and woof of the social and cultural fabric.
7. Difficulties arising from a lifestyle that may involve travel, long hours of isolation and self-doubt, and intermittent employment and poverty should be of interest to workers in the social sciences and therapies. These professionals should be actively included in any Australian organisation.
8. Chronic pain and chronic illness in performing artists are areas that need to be addressed. The interplay of performance with chronic pain in the performer, the effects of medication and therapy for pain, and responses to chronic illnesses are important areas for future study.
9. Areas for further work that could be addressed by Australian performing arts health care are lifespan issues, the child performer, endocrinology, ergonomics, biomechanics, artistic technique, and instrument design. There is a strong lode of innovation and design inventiveness in Australian history—this could be mined for use in the field of performing arts health care.
10. The principles of mass-gathering medicine could also be included in performing arts health care. Living and performing in crowded conditions in open venues presents many of the same difficulties faced by participants in any other mass-gathering event.
11. An interdisciplinary course in performing arts health care would be a great step forward. As a start, this could be offered through existing institutions as a modification of current courses in musculoskeletal medicine, but with a broader scope and an inclusive focus on cross-disciplinary and regional generalist practice.

Performing Arts Healthcare is a fledgling clinical movement in Australia, and ASPAH was formed to respond the task of developing this discipline across the county. This task will require concentrated effort, strong belief in and commitment to the performing arts, and partnerships among individuals, corporations, and government agencies.

REFERENCES

1. Russell J: The Meaning of Modern Art. New York, The Museum of Modern Art and Harper & Row, 1981; quoted by Eisenhuth S: One's plea for simplicity. The Australian Suppl 2000 (Oct 26 to Nov 1), p 8.
2. Picasso P: "We all know that art is not. . . ." In Andrews R, Biggs M, Seidel M (eds): Columbia World of Quotations. New York, Columbia Univ. Press, 2006.
3. Thomas D: The Poems. London, J.M. Dent & Sons Ltd., 1971.
4. Hall T: (Letter) Med J Austr 1987; 146:390.
5. Barber L: "She's got issues—interview with Vanessa Redgrave." The Guardian. 2006 (Mar 19). http://arts.guardian.co.uk/features/story/0,,1734102,00.html#article_continue; accessed 3 Mar 2008.