THE AUSTRALIAN ACTORS' WELLBEING STUDY: A PRELIMINARY REPORT

Ian Maxwell, Mark Seton and Marianna Szabó

BACKGROUND

Performing Arts Medicine coalesced as a discipline following the first Symposium on the Medical Problems of Musicians held in 1983 in Aspen, Colorado, and the subsequent foundation of the Performing Arts Medicine Association (PAMA) in 1988, and of PAMA's journal, *Medical Problems of Performing Artists (MPPA)*, in 1986. Initially a medical organization limited to physicians, PAMA expanded to include all types of health professionals, as well as performers, educators, and administrators in both music and dance genres (PAMA n.d.). The inclusion of actors under the banner of Performing Arts Medicine, however, has been more recent.

Indeed, in a 2013 bibliographic retrospective, William Dawson notes that from 1960 to 1990 the field addressing performers' problems was known as "music medicine." The earliest article identified by Dawson specifically addressing actor-related wellbeing was on stage fright, in *Psychiatry Quarterly* in 1949 (Dawson 2013, 53). In a related 10 year (1997 to 2007) retrospective bibliographic review Dawson found that from 2002 to 2006 inclusive only 0.2% of all scholarly articles published on performing arts medicine dealt specifically with actors, while articles on musicians' health accounted for 70.8% and dancers' health accounted for 22.6%. Articles on general performing arts health accounting for the remaining 6.4% (Dawson 2007, 154).

In a 1992 editorial for *MPPA*, Alice Brandfonbrener called on medical practitioners to pay more attention to the specific health and wellbeing of actors as performing artists; a bare handful of contributions followed. The first was Randolph Evan's "A Survey of Injuries among Broadway Performers: Types of Injures, Treatments, and Perceptions of Performers" (Evans et al. 1996), which revealed a high level of physical injuries to dancers and actors, and vocal injuries to actors specifically, in Broadway productions and touring companies. In particular, hazardous features of stages and sets were cited as reasons for many of the injuries suffered. However, the survey did not investigate any psychological or lifestyle-related matters of wellbeing.

Such factors were included in Brandfonbrener's subsequent 1999 review of her own Chicago-based Performing Arts Medicine. Here, she acknowledged that the services she provided to theatre patients were "somewhat different" to those "typically required by musicians and dancers, albeit some of the theatrical patients are also singers and dancers" (Brandfonbrener 1999, 24). In addition, she observes that while the numbers of patients seen primarily for psychological symptoms was small, these problems demanded a greater amount of clinical time and effort. A significant proportion of these problems were related to substance abuse; in particular, alcohol.

Brandfonbrener also noted that "problems occasionally arise for an actor in the course of portraying a role because assuming the character's emotions may bring to consciousness some of the actor's own unconscious and unresolved conflicts" (Brandfonbrener 1999, 24). She concludes that this clinic review amply demonstrates why actors should be included "under the umbrella of patients served as performing artists" (Brandfonbrener 1999, 24). However, since, only five scholarly articles and one interview (with an actor) dealing with actors' health and wellbeing have appeared in *MPPA.*

Aside from *MPPA* there have been a handful of articles and unpublished dissertations addressing the psychological impacts of the acting profession in both training and workplace contexts. Richard Owen Geer noted a 1973 study by the psychiatrist Janice Rule, who raised concerns that actors may not always be able to healthily debrief from the roles they play (Geer 1993, 147). Geer takes up Richard Schechner's discussions of post-performance cool-downs in different cultures, while his own survey of various actor trainers' approach to actor's management of the performance cycle reveals that there is no one definitive model (Geer 1993, 151-154). His article concludes with his own proposal for a performance cycle sensitive to the various stages an actor goes through (Geer 1993, 150-151, 155).

The scholarship on actor training has taken up this question. Burgoyne et al., for example, highlight acting teachers' lack of experience in recognising and promoting psychological wellbeing (1999). This study involved interviews with a limited sample of five student (rather than established, working) actors, responding to a broad question about whether or not their acting experiences had had a significant impact on their lives, and, if so, what the impact had been (Burgoyne et al. 1999, 3). The initial interviewees were described as using an 'inside-out' approach to creating a character; subsequent interviews were conducted with three who self-identified as 'outside-in' actors (Burgoyne et.al. 1999, 8). The study found that, in the context of an inside-out approach, actors may use strategies for connecting emotionally with their characters that, in interaction with other conditions, potentially result in the blurring of role/self boundaries:

> [w]hen this process is activated negatively, the actor's personal life may supplant the character in performance, leading the actor to lose control onstage. Conversely, the actor's character may take over offstage, with the actor carrying over character behavior into everyday life. A consequence of both processes may be emotional distress. (Burgoyne et al. 1999, 11)

However, the paper concludes that further research was required to identify the particular conditions that may influence whether the consequences are positive or negative, both with regard to the degree of role/self 'blurring', and the actor's ability to control the process (Burgoyne et al. 1999, 11).

The potential for personal distress is linked to actual methods of actor training in Cheryl McFarren's 2003 doctoral thesis. Setting out from her own traumatizing

audition experience, McFarren interrogates the wisdom and ethics of training techniques that intentionally enable students (consciously or unconsciously) to tap into trauma as a resource for the development and enactment of character. She highlights the fact that acting teachers are neither trained, nor necessarily equipped to recognise, hyper-arousal and dissociative responses in students, or to help process traumatic experiences so that these do not leave a harmful residue (McFarren 2003, 184). McFarren calls upon acting teachers to establish appropriate safeguards in the classroom should a student with a history of trauma become inadvertently triggered by acting exercises, in order to support the mental health and wellbeing of those in training (McFarren 2003, 201).

As of the time of publication, there has been no published population study of actors with regard to their health and wellbeing. However, researcher and actress Danielle Szlawieniec-Haw has recently completed an as-yet unpublished qualitative study of 20 professional Canadian, using a phenomenology methodology.

SETTING THE SCENE

Mark Seton took up the question of the well-being of actors in training in his 2004 doctoral research, a participant-observational study of actor training in contemporary Australia, in which he noted the pervasiveness of an idea of 'vulnerability' as a desirable, and even necessary, characteristic of successful actors. Student actors were expected to make themselves vulnerable, subjected to the frequently-expressed injunction to 'do whatever it takes …', which, implicitly could include exposing themselves to behaviours and practices which, in other contexts, might be perceived as bullying, and to possible sexual exploitation (Seton 2004). Seton speculated that this vulnerability might come at a cost to actors' overall wellbeing.

Subsequently, drawing upon his own further research, Seton coined the term 'post-dramatic stress', both as an evocation of what actors might be experiencing in their pursuit of emotional authenticity, and as a provocation to training orthodoxies; particularly those which champion extremes of emotional recall (Seton 2008).

In a similar vein, Richard Geer (1993) had used the phrase "emotional hangover" to describe actors' experiences of the aftermath of performance. Other research—Burgoyne et al.'s (1999) study of the impact of acting on student actors, and McFarren's (2003) thesis on acknowledging trauma and rethinking the use of affective memory as an actor-training tool—had canvassed similar questions.

Taking up the challenge of Brandfonbrener's 1992 editorial, Seton established a relationship with Bronwen Ackerman, an Australian physiotherapist and academic on the Board of PAMA, and set about establishing the Australian Society for Performing Arts Healthcare. In 2007 ASPAH was formally launched at its first annual conference, hosted at the Rex Cramphorn Studio at the University of Sydney's Department of Performance Studies. As a founding ASPAH Board member, Seton continued to research what was being done to identify areas of concern for the health and wellbeing of actors.

In 2011, Seton was approached by Mary Cotter, the incoming Director of the Equity Foundation, the professional development arm of Equity, the mission of which is to enhance the lives of Australian and New Zealand actors. Mary had been alerted by members of Equity's National Performance Committee to a deeply-concerning body of anecdotal evidence about actors' wellbeing. Actors were, it was claimed, experiencing high levels of stress, depression, bullying, sexual harassment, alcohol and drug abuse. Having read Seton's report of his 2006 Churchill Fellowship-funded research into the healthcare of actors in training and in the workplace in the UK and Northern Ireland (Seton 2009), Cotter proposed a collaboration: a project to develop a body of qualitative and qualitative research that might lend some weight to the anecdotes. In response, Seton assembled the team comprising of the current authors. What follows is the preliminary report on the findings of Phase One of the Actors' Wellbeing Study (AWS).

AIMS OF THE STUDY

The aims of the first phase of the AWS, then, were:

1) to gather qualitative data about a range of factors pertaining to actors' physical, psychological, and emotional health, and to use that data to compare actors to other populations;
2) to gather demographic data about the population of actors;
3) to gather data about the training and working experiences of actors; and
4) to use this data to better understand the factors that bear upon the health and wellbeing of actors, and to identify correlations between experiences of training and in the workplace and actors' health and wellbeing.

METHOD

The first phase of the study, for which this current article is a preliminary report and analysis, was conducted as a self-administered on-line survey, promoted through the Actors' Equity publication and by industrial officers employed by the Media, Entertainment and Arts Alliance.

A pilot survey was assembled by the researchers in consultation with the Equity Foundation, and first offered to a small sample of actors approached directly by the Foundation. In light of feedback from that pilot group, some modifications were made prior to the launch of the survey in April 2013.

The survey remained open to potential participants for a period of 125 days, and re-advertised throughout that period.

The survey results on which this current paper reports are responses to:

1) demographic questions, addressing age, gender, place of residence, marital status, and languages spoken by respondents;
2) a series of questions about training, including the place in which training took place, and the level of qualification completed. In addition, questions were asked about experiences of health and well-being related education in the course of training;

3) questions about the actors' working life, including the length of their time in work, their income from acting and non-acting sources, including details of non-acting work, and periods in which respondents were not actively working as actors;
4) questions about actors' practices of warming up for and cooling down from performance;
5) questions about experiences of health problems during professional life, about the effects of work-related stress upon relationships, and about experiences of bullying and harassment in the workplace;
6) The Satisfaction With Life Scale (SwLS, Deiner, Emmons, Larsen & Griffin 1985);
7) The Depression Anxiety Stress Scale (DASS, Lovibond and Lovibond 1995);
8) The Alcohol Use Disorders Identification Test (AUDIT; Berman, Bergman, Palmstierna and Schlyter 2003); and
9) The Drug Use Disorders Identification Test (DUDIT-E; Berman et al. 2007).

For several questions, respondents were offered the opportunity to elaborate upon their responses in open-ended text boxes. These qualitative responses are not dealt with in this current report.

848 separate commencements of the survey (including some false starts and double attempts) were recorded; after the data set was cleaned up, the total number of respondents was 782. As might be expected, not every participant answered every question; the number of respondents is indicated in the analysis below.

EXISTING DEMOGRAPHIC DATA ON AUSTRALIAN ACTORS

The most thorough research on Australian artists, including actors, as a population, is constituted by the several studies produced by David Throsby and his colleagues (Throsby and Mills 1989; Throsby and Thompson 1994; Throsby and Hollister 2003; and Throsby and Zednik 2010). The focus of these studies is economic, rather than upon wellbeing and health; however, the demographic data they present provides a useful ground against which to test some of the findings for the present research.

Drawing upon data provided by a number of arts organisations (see 2010, 16-17; 95-6) Throsby and Zednik estimated the population of actors in Australia in 2009 to be between six and eight thousand, with the best estimate being the midpoint between those figures: 7,000 (2010, 17). This compares with their 2001 estimate of 6,500 and their 1993 estimate of 4,200, while in 1987, their figure included dancers: 3,400 (20). Throsby et al.'s data—and specifically that presented in the 2010 report—will be used, when possible, below, to reflect upon our own findings.

The Australian Department of Employment's 'Joboutlook' website, which sources data from "Australian Bureau of Statistics (ABS) monthly labour force survey and supplementary surveys" combines actors into a single employment category

with "Dancers and Other Entertainers." The site reports that this category has experienced a 31.7% retraction in employment over the past five years, and 40.4% in the past two years (Department of Employment 2012).

RESULTS

This current report presents the basic quantitative demographic, training and work experience findings of the survey, and an overview of responses to the psychometric instruments. In doing so, it presents the most comprehensive existing demographic picture of actors in Australia, and draws some provisional conclusions about aspects of those actors' health and wellbeing.

We do not offer an extensive analysis of the results of the psychometric instruments, nor do we draw upon the significant body of qualitative data collected by the survey, which will be treated in further reports and other publications. Nor does the report develop extended analyses of correlations between different aspects of the data set, such as the relationship between experiences of training and subsequent income levels, workplace experiences and health and wellbeing outcomes. That work will be developed in a book-length publication currently in preparation.

THE ACTORS' WELLBEING STUDY DEMOGRAPHICS

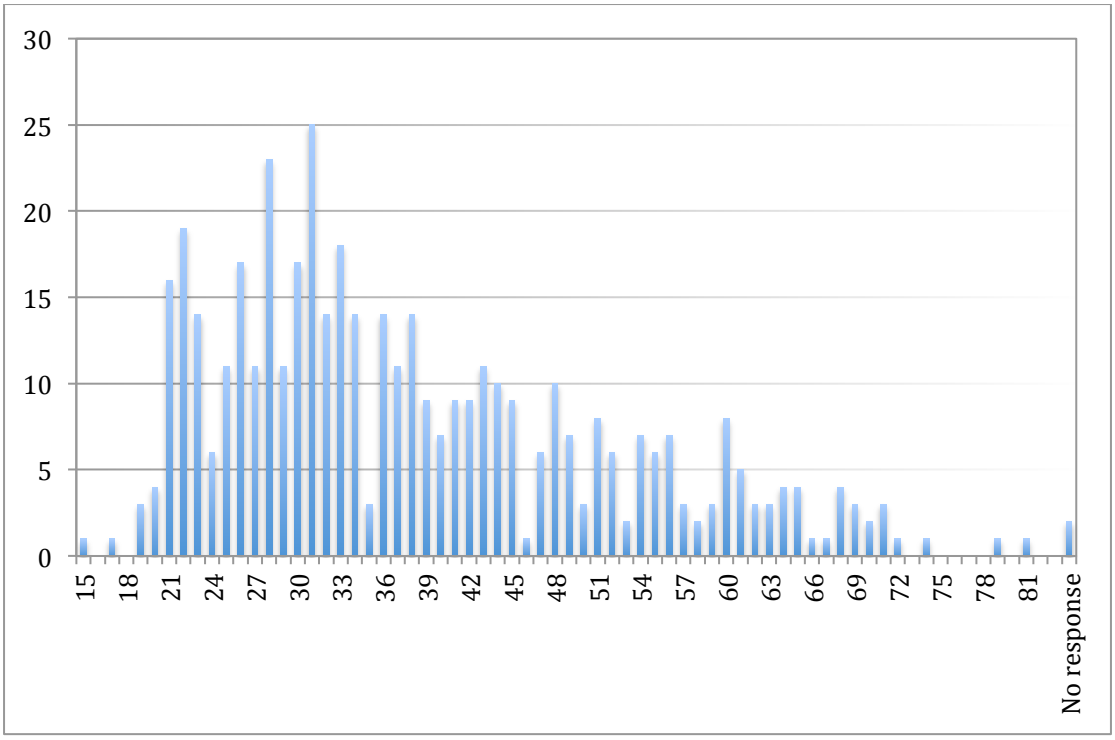
GENDER

Of 782 AWS respondents, 449, or 57.4%, were female, 331 male (42.3%). Two respondents did not answer this question. This distribution contrasts dramatically with Throbsy and Zednik 2010, who find that 62% of actors were male, and 38% female

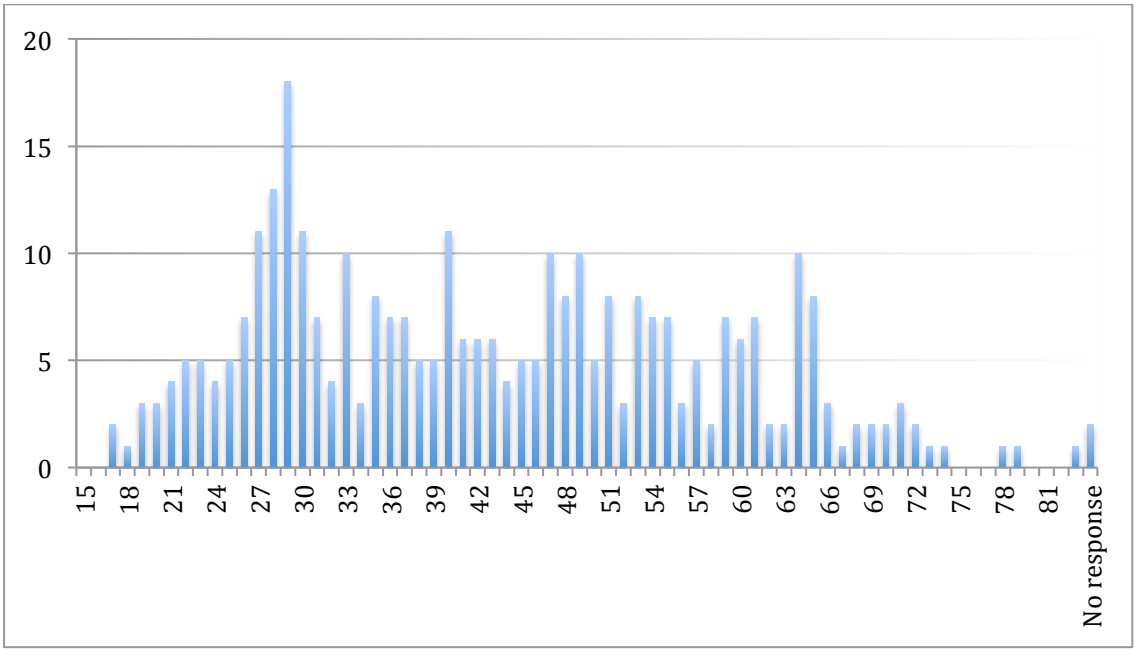
AGE (AS AT AUGUST 2013)

The mean age of respondents was approximately 40.17 years; for males, 42.9, and females 38.2. (These figures are approximate, as they are calculated on rounded-down whole year data). The median age of respondents was 37 (females 34; males 42). Joboutlook.gov.au identifies the median age in the category Actors, Dancers and Other Entertainers as being 30.

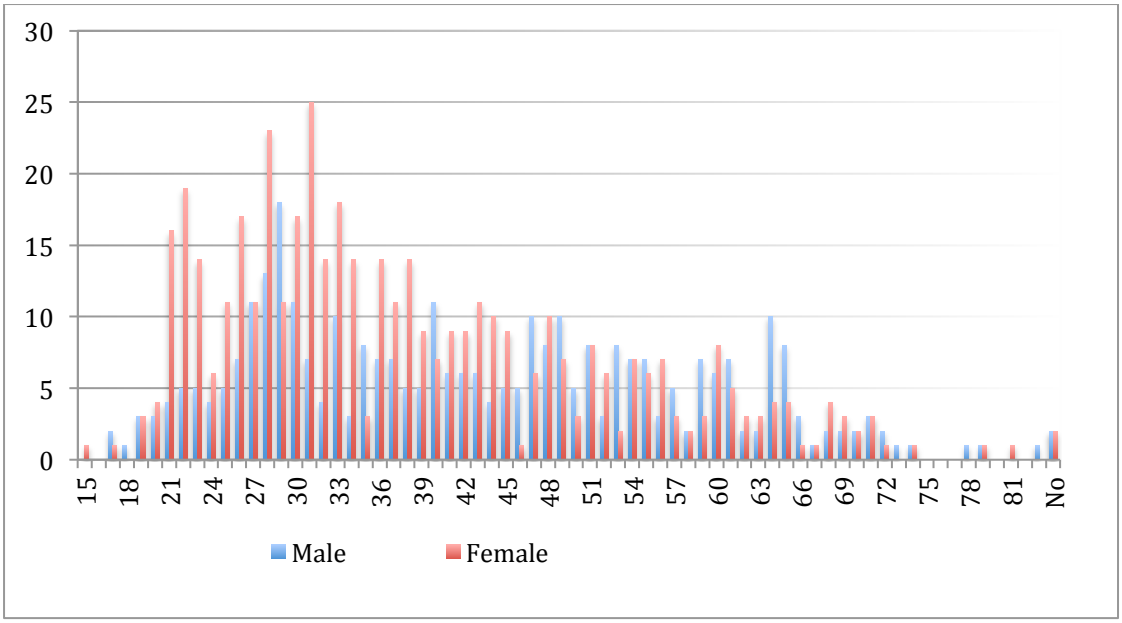
Graphs 1 and 2 present, respectively, the age profile of female and male respondents to the survey. Graph 3 combines age data from male and female respondents for comparison. Graph 4 compares the age profile of AWS respondents with that of actors in Throsby and Zednik (2010). Throsby and Zednik did not provide a gender breakdown of age.



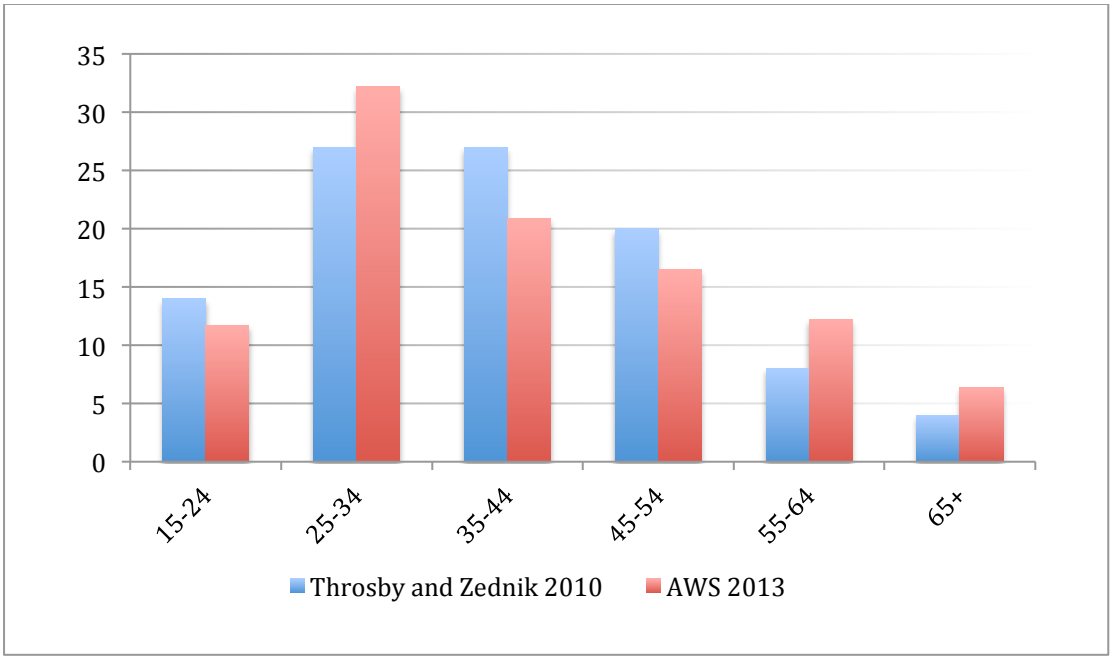
GRAPH 1 AGE: FEMALE RESPONDENTS.



GRAPH 2. AGE: MALE RESPONDENTS.



GRAPH 3. COMBINED COMPARATIVE AGE OF RESPONDENTS.



GRAPH 4. COMPARISON OF AGE DATA WITH THROSBY AND SEDNIK 2010.

The data from both studies shows that work appears to peak for both male and female actors around the age of 30-32 (we note that joboutlook.gov.au puts the median age for Actors, Dancers and other Entertainers at 30). For women, the decline thereafter is steady and unrelieved; for men, the decline is not so marked, and it seems that more opportunities arise as they enter their 50s, a trend maintained into their 60s. Female actors seem to enjoy a brief window of opportunity in their early 20s.

COUNTRY OF BIRTH

628 respondents (80.3%), identified Australia as their country of birth. 9% were born in the United Kingdom (n=70); with 31 of those respondents stating

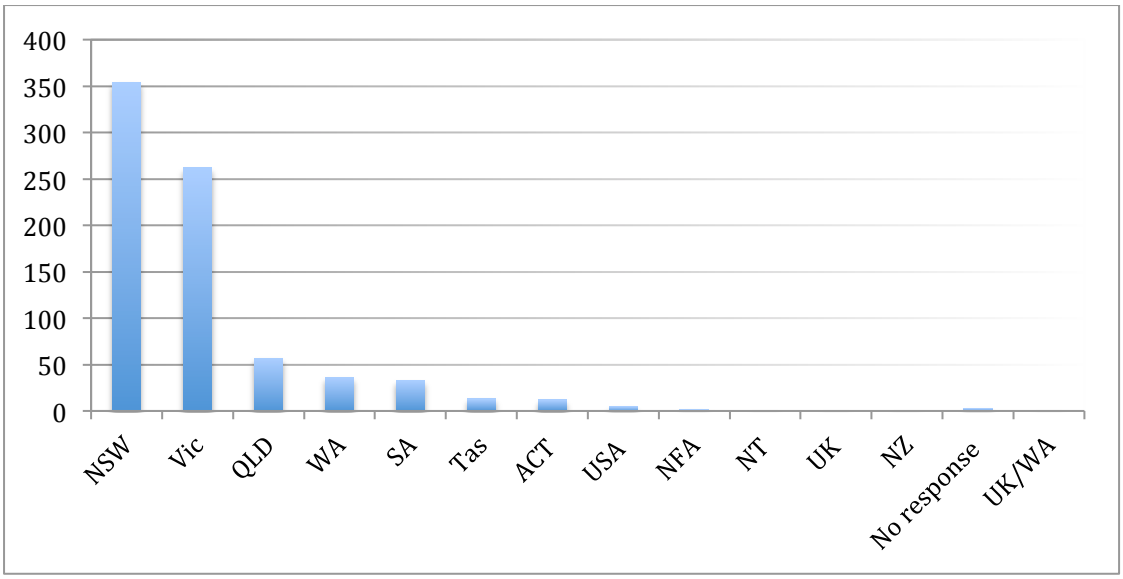
England as place of birth, five Scotland, and two Wales. 21 were born in New Zealand (2.7%), and 12 in the United States (1.5%). 17 were from Asia (2.2%) and 16 from European countries (2%).

LANGUAGES SPOKEN AT HOME

48 respondents (6.1%) spoke a second language at home. 30 of these were European languages; 8 reported speaking an Asian language. Six respondents reported using a third language at home.

PLACE OF RESIDENCE

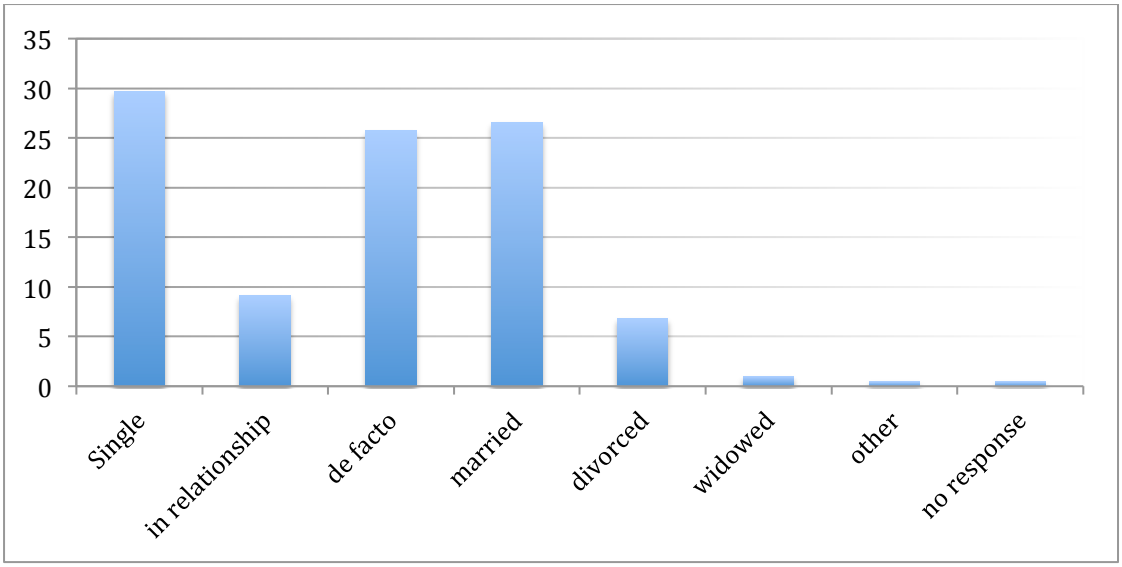
45.3% of respondents (354) live in NSW; 33.5% in Victoria (262), reflecting the distribution of work across the states. Smaller numbers live in Queensland (57, or 7.3%), Western Australia (36; 4.6%) and South Australia (33; 3.7%). Two respondents reported that they had no fixed abode (NFA), and eight live overseas, in the US or New Zealand. Jobsearch.gov.au presents a different distribution of the share of employment for Actors, Dancers and Other Entertainers: NSW 15.8%; Victoria 26.3%; Queensland 22.2%; Western Australia 15.8% and South Australia 10.3%.



GRAPH 5. PLACE OF RESIDENCE (BY NUMBER OF RESPONDENTS).

RELATIONSHIP STATUS

232 of the sample (29.7%) were single; 208 married (23.9%); 202 (22.9%) were in a de facto relationship, while 71 (9%) were in a non-live-in relationship. By way of comparison, 2006 data from Relationships Australia showed 41% of a sample of 1200 Australians in marriages, with a further 20% in 'live-in' relationships and 10% in a non-living together relationship.



GRAPH 6. RELATIONSHIP STATUS (PER CENT OF SAMPLE).

TRAINING

PROPORTION OF ACTORS WHO HAVE TRAINED FORMALLY

530, or 67.8%, of respondents reported having completed vocational acting training.

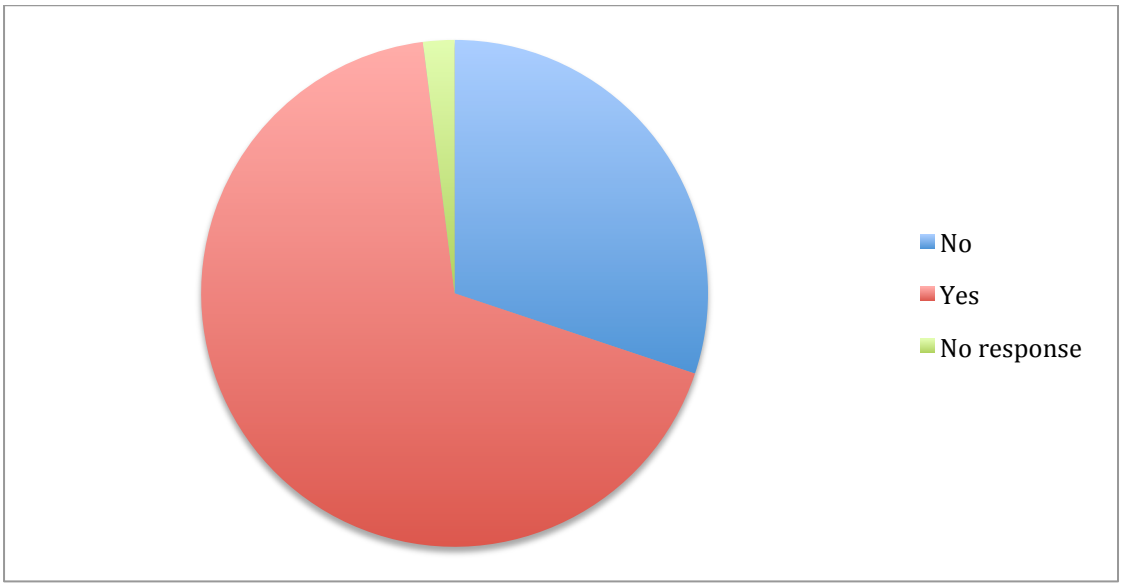


CHART 1. DID YOU TRAIN FORMALLY AS A PERFORMER?

TRAINING BY GENDER

71%, or 319 of the 449 female respondents, and 63.7% (211 of 331) males had undergone vocational acting training (Charts 2 and 3, below).

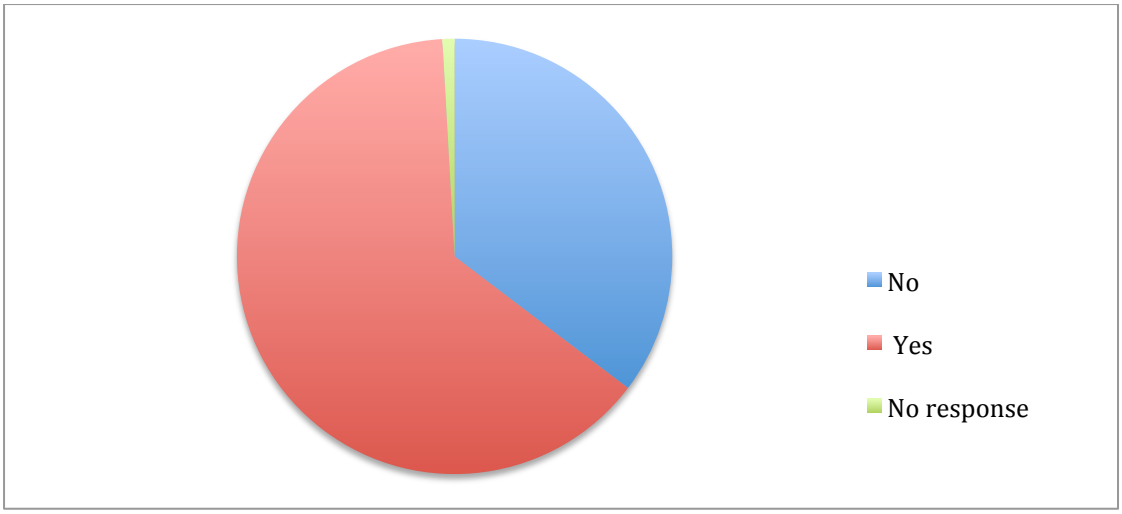


CHART 2. DID YOU TRAIN FORMALLY (FEMALE)?

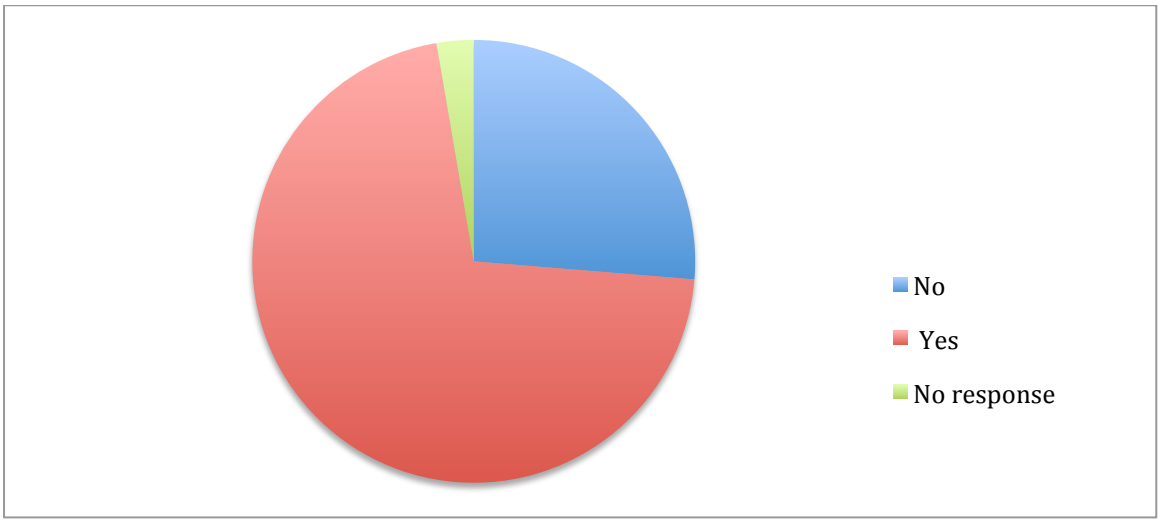


CHART 3. DID YOU TRAIN FORMALLY (MALE)?

Put another way, of the 530 actors reporting having trained, 319 (60.2%) are female; 211 (9.8%) male (Chart 4, below).

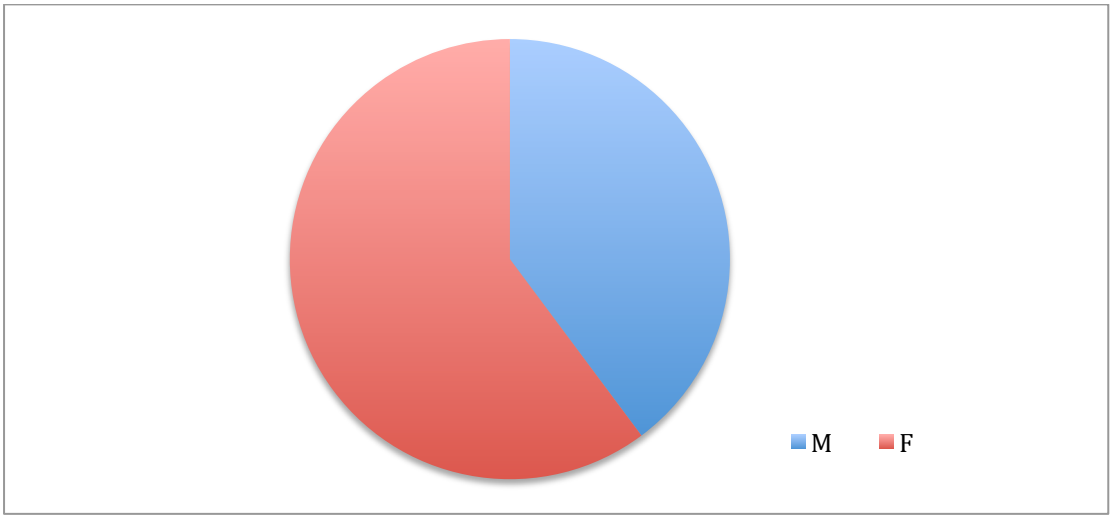
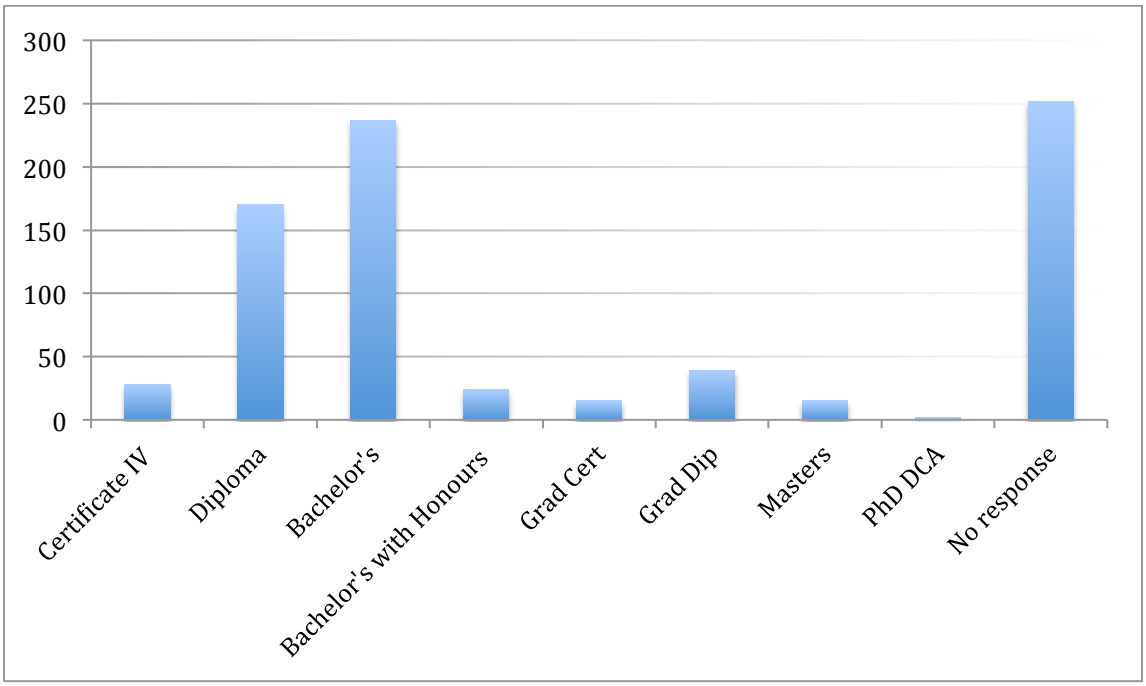


CHART 4. GENDER OF TRAINED ACTORS.

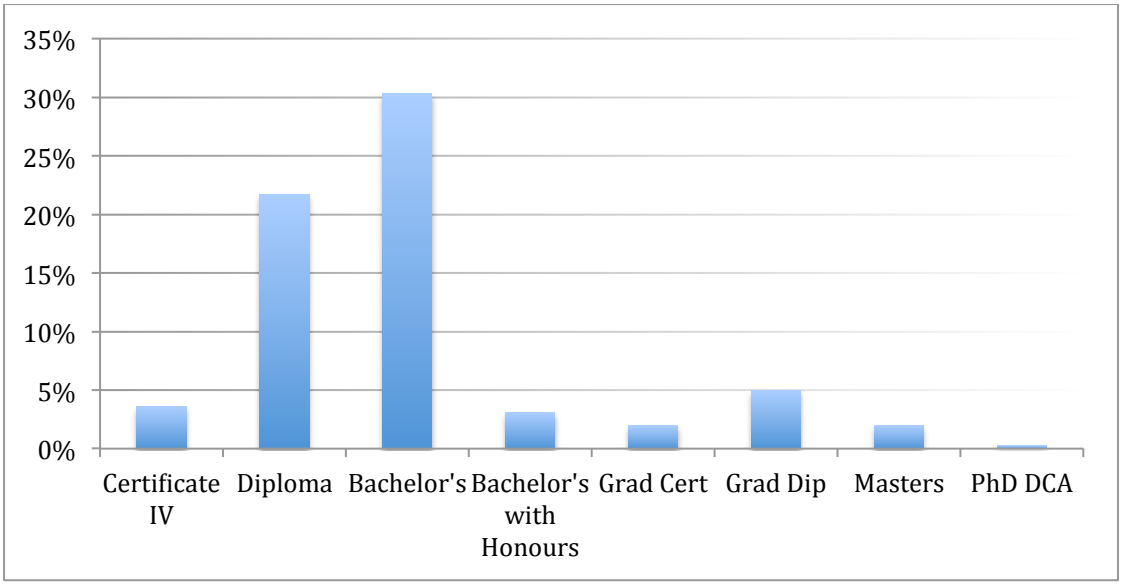
LEVEL OF QUALIFICATION IN ACTING

237, or 30.3% of respondents had attained a Bachelor's level qualification in acting, with another 24 (or 3.1%) completing an honours degree: a total of 33.4% altogether (see Graph 7). Throsby and Zednik found that 41% of actors had completed a Bachelors degree, although they do not specify for a specific qualification in acting (2010, 101). (Joboutlook.gov.au has a figure of 33.9%).



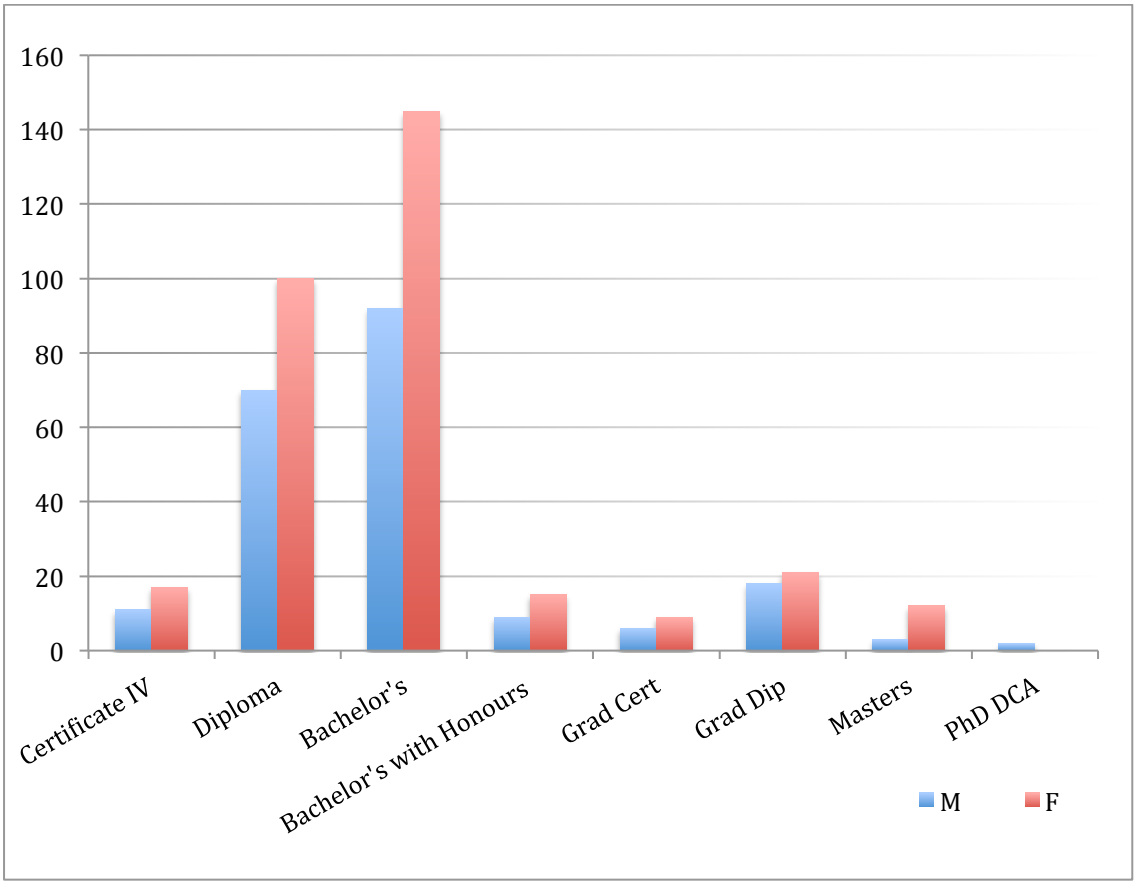
GRAPH 7. LEVEL OF QUALIFICATION IN ACTING (RAW NUMBERS).

According to the Australian Bureau of Statistics, 16% of Australians have a Bachelor's level degree (as of May 2014; see Australian Bureau of Statistics 2014). Actors, on our figures, are twice as likely to hold a Bachelor's level degree as the population at large. 7% of our sample achieved a Graduate certificate or diploma (ABS 2.9%); 2.3% of our sample had completed a postgraduate (Masters or Doctoral) degree (ABS 5.2%).



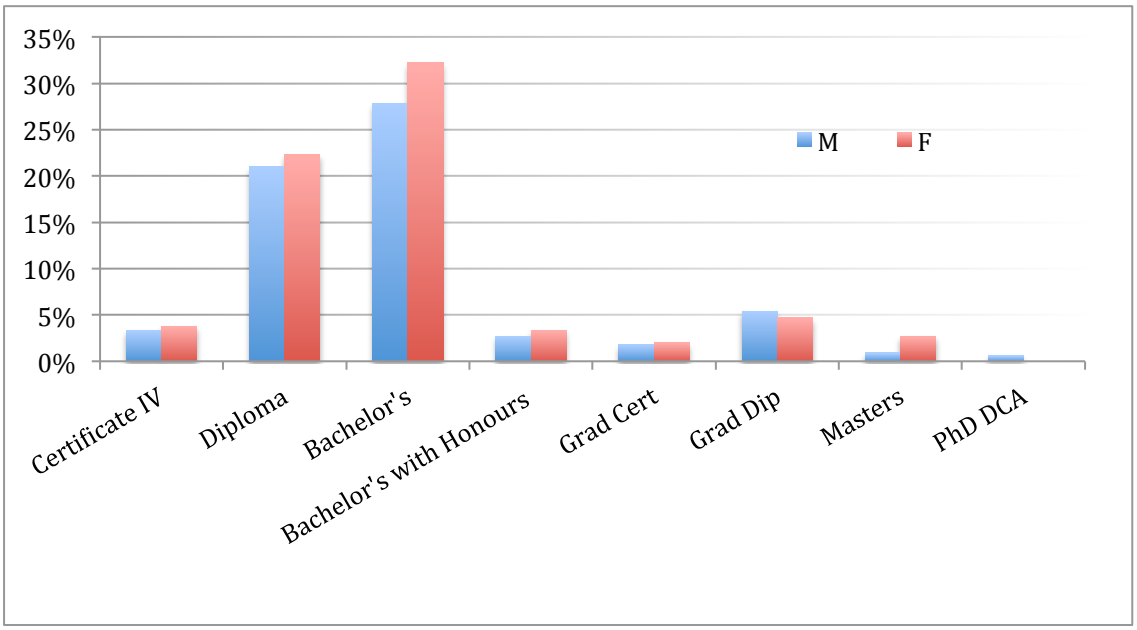
GRAPH 8. LEVEL OF QUALIFICATION AS PERCENTAGE OF SAMPLE.

The gender differences in qualification are marked when comparing numbers within our sample, as Graph 9 shows: 145 female actors have a Bachelor's qualification, compared to 92 males.



GRAPH 9. QUALIFICATIONS BY GENDER: NUMBERS.

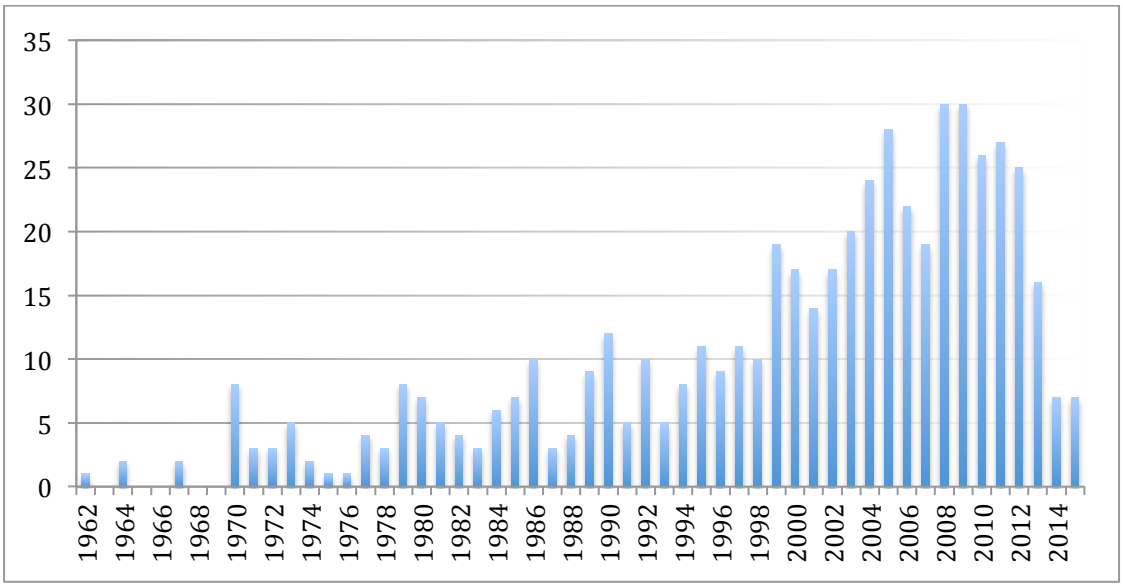
However, when viewed as a proportion of the sample, the difference is smaller (Graph 10): 32.3% of female respondents have a Bachelor level degree (35.6% including BA Honours), while for males the figure is 27.8% (30.5%).



GRAPH 10. QUALIFICATION LEVEL AS PERCENTAGE PROPORTION OF SAMPLE.

YEAR OF GRADUATION

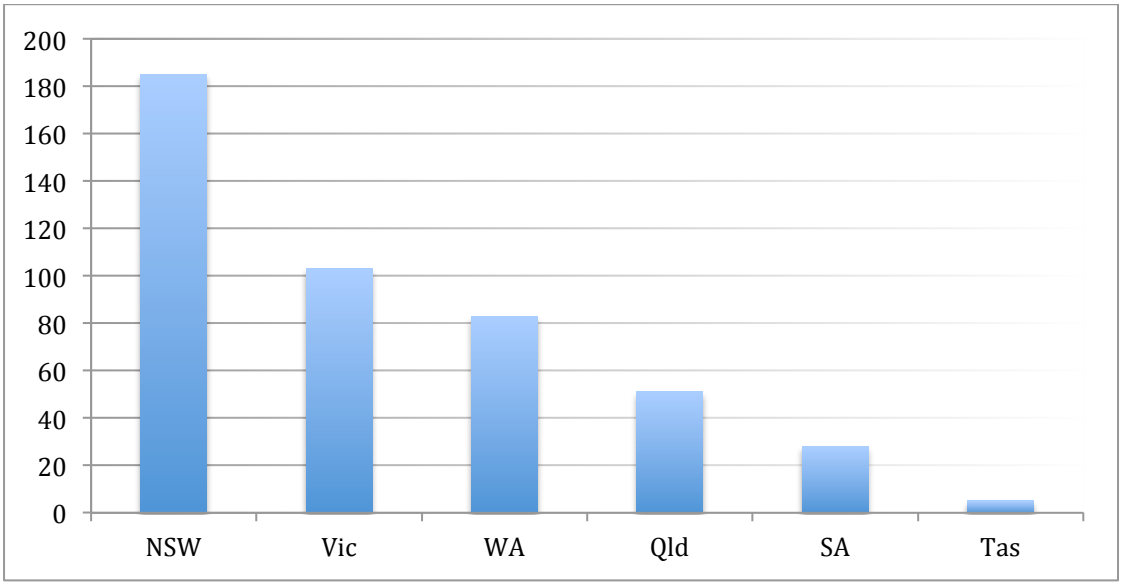
Respondents were asked for their year of graduation from formal training. The results reflect the age distribution (Graphs 1-3, above), with a marked rise in numbers of graduation from 1999. More research would be required to assess whether or not the actual volume of graduates is increasing at such a level; it is likely that the effect here is due to people leaving the profession, as much as to actual levels of training.



GRAPH 11. YEAR OF GRADUATION.

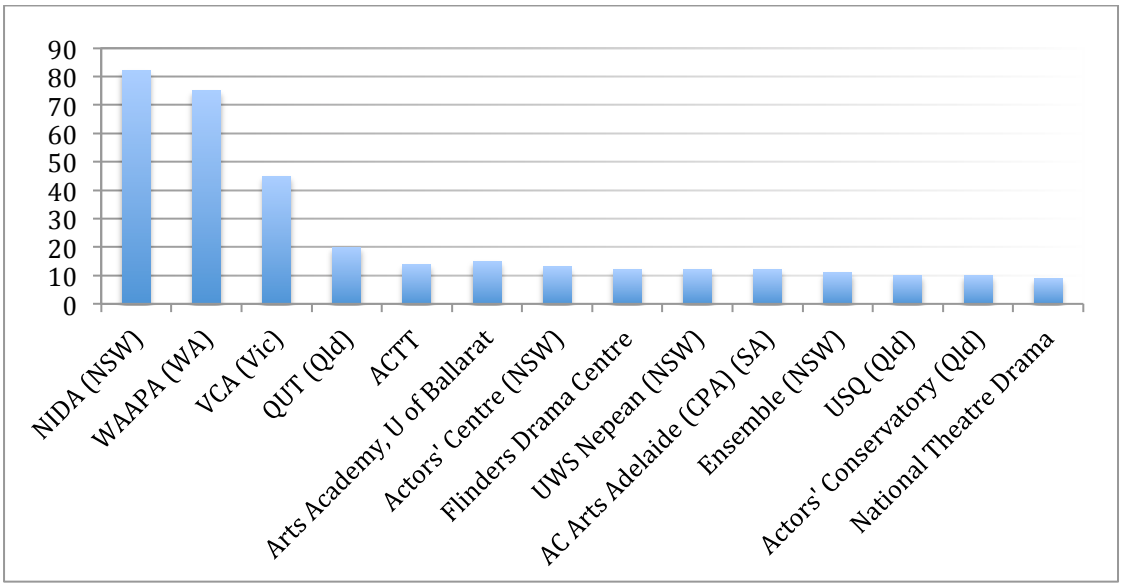
PLACE OF TRAINING

455 (85.8%) of respondents who had completed formal training did so in Australia; 34 in the UK (6.4%); 11 in the USA (2.1%). The highest proportion of that training took place in NSW (40.7%), with Victoria (22%) and Western Australia (18.2%) in second and third place. Queensland and South Australia followed up with 11.2% and 6.2% respectively.



GRAPH 12. PLACE OF TRAINING BY STATE.

The dominant sites of training were, perhaps predictably, the National Institute of Dramatic Arts (NIDA), followed by the Western Australian Academy of Performing Arts (WAAPA) and the Victorian College of the Arts School of Drama (VCA). The 530 respondents who reported having trained formally named 125 different institutions or schools, revealing an extraordinary diversity of vocational educational backgrounds.



GRAPH 13. TRAINING BY INSTITUTION/SCHOOL

INCLUSIONS IN TRAINING

The survey asked a series of questions about actors' recollections of various inclusions in their training, the results of which are shown in Charts 5-8.

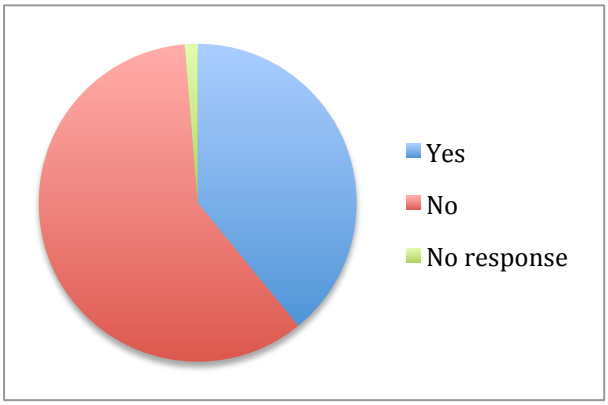


CHART 5. DID YOUR TRAINING INCLUDE ANY REFERENCE TO OR INSTRUCTION ABOUT PSYCHOLOGICAL WELLBEING?

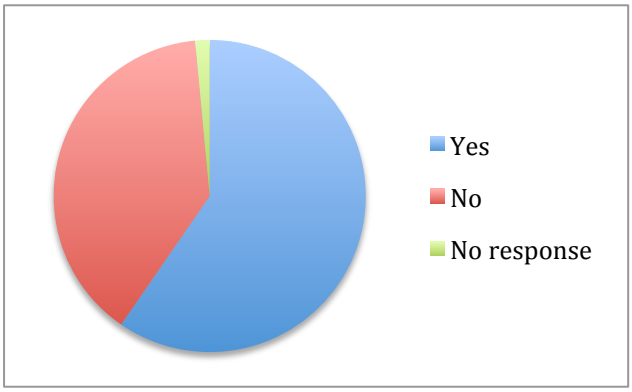


CHART 6. DID YOUR TRAINING INCLUDE ANY REFERENCE TO OR INSTRUCTION ABOUT MAINTAINING A HEALTHY LIFESTYLE?

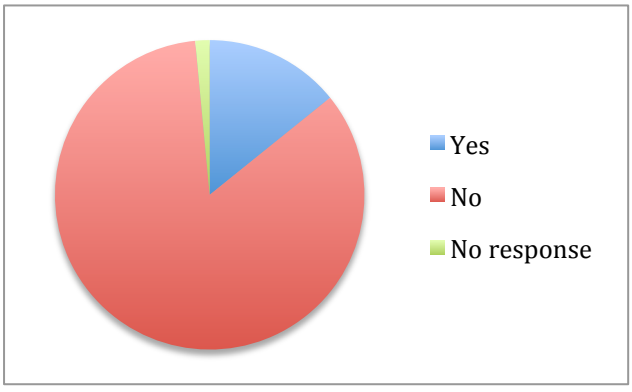


CHART 7. DID YOUR TRAINING INCLUDE ANY REFERENCE TO OR INSTRUCTION ABOUT FINANCIAL MANAGEMENT?

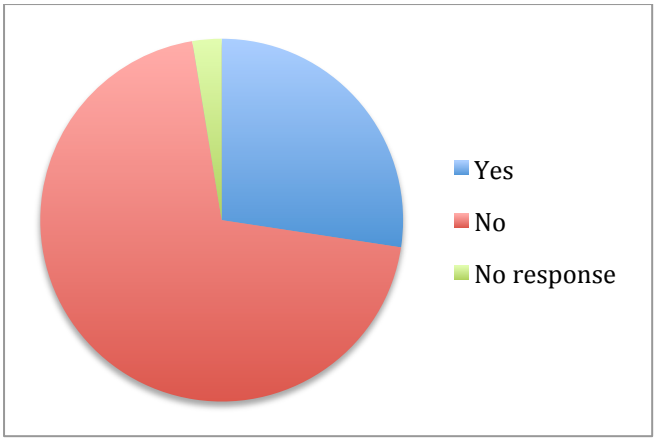


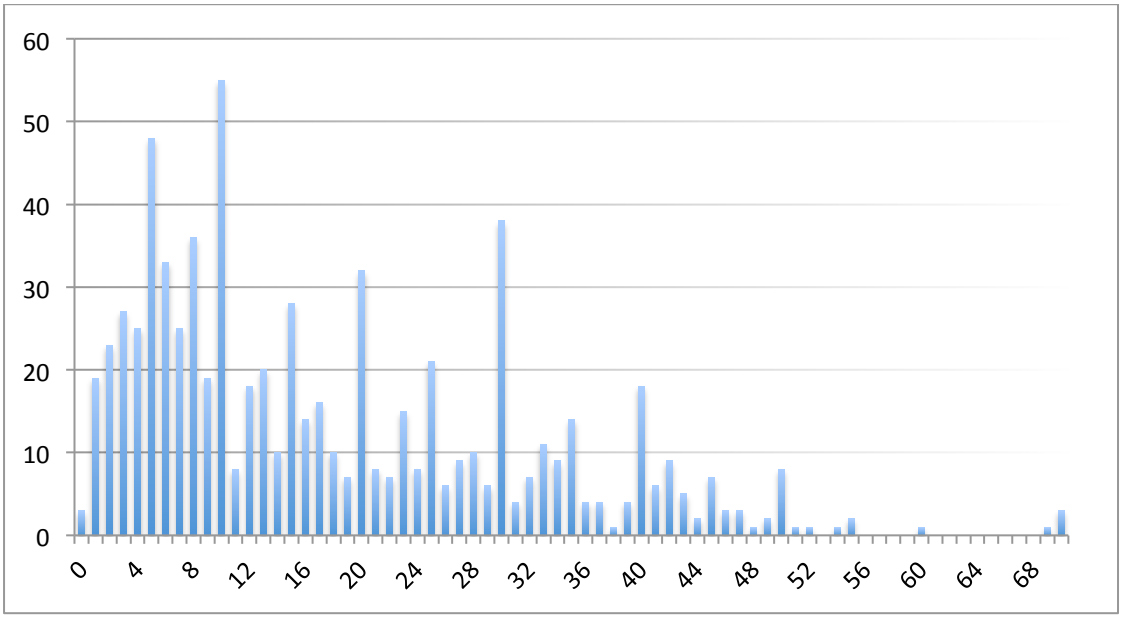
CHART 8. DID YOUR TRAINING INCLUDE ANY REFERENCE TO OR INSTRUCTION ABOUT MAINTAINING HEALTHY RELATIONSHIPS?

While respondents did recollect a high level of attention given to general health, psychological wellbeing was not addressed in training to the same extent. Questions of maintaining healthy relationships were not prioritised. Only 14.2% of trained actors reported having received any training in financial management.

WORKING LIFE

YEARS WORKING AS AN ACTOR

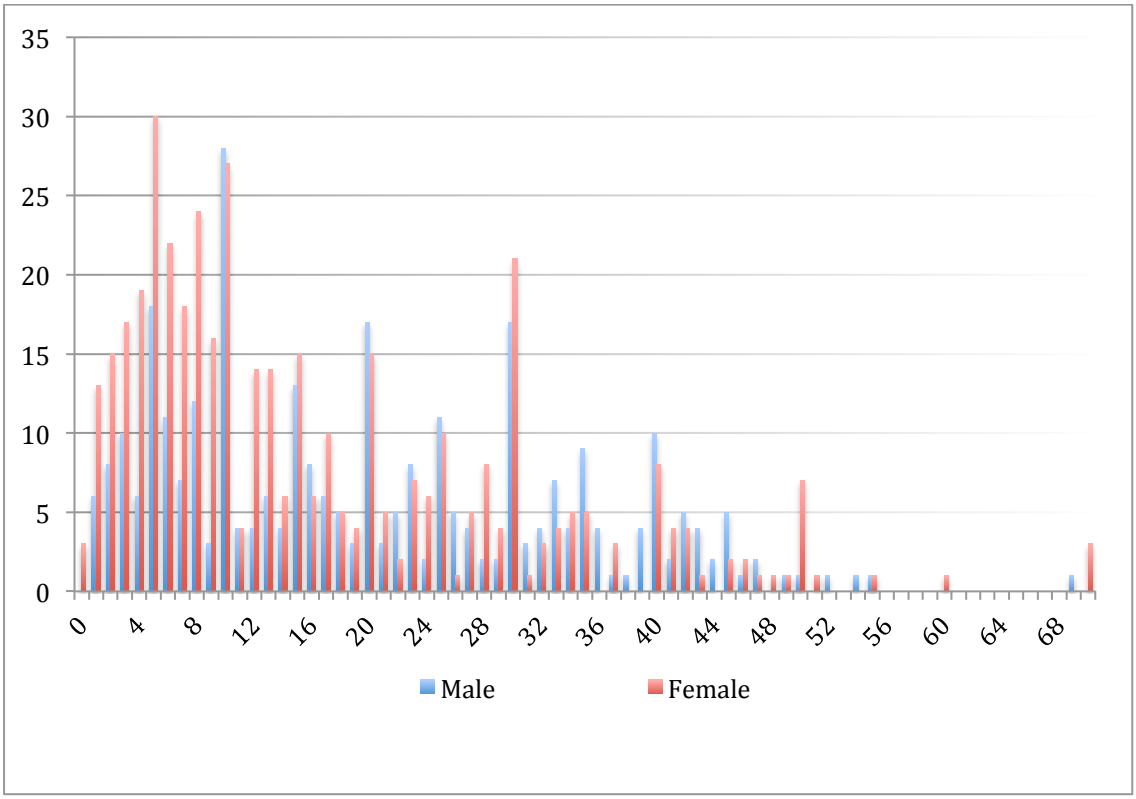
Respondents were asked to state how many years they had been actively working as an actor. Graph 14 shows something of a threshold at ten years, after which participation drops away, with a couple of spikes around the twenty and thirty years marks. The thirty-year spike corresponds to careers commencing around 1982.



GRAPH 14. YEARS IN WORK, TOTAL.

When analysed in gender terms, it can be seen that there is a strong correspondence between male and females' years in work, although there is a larger volume of women

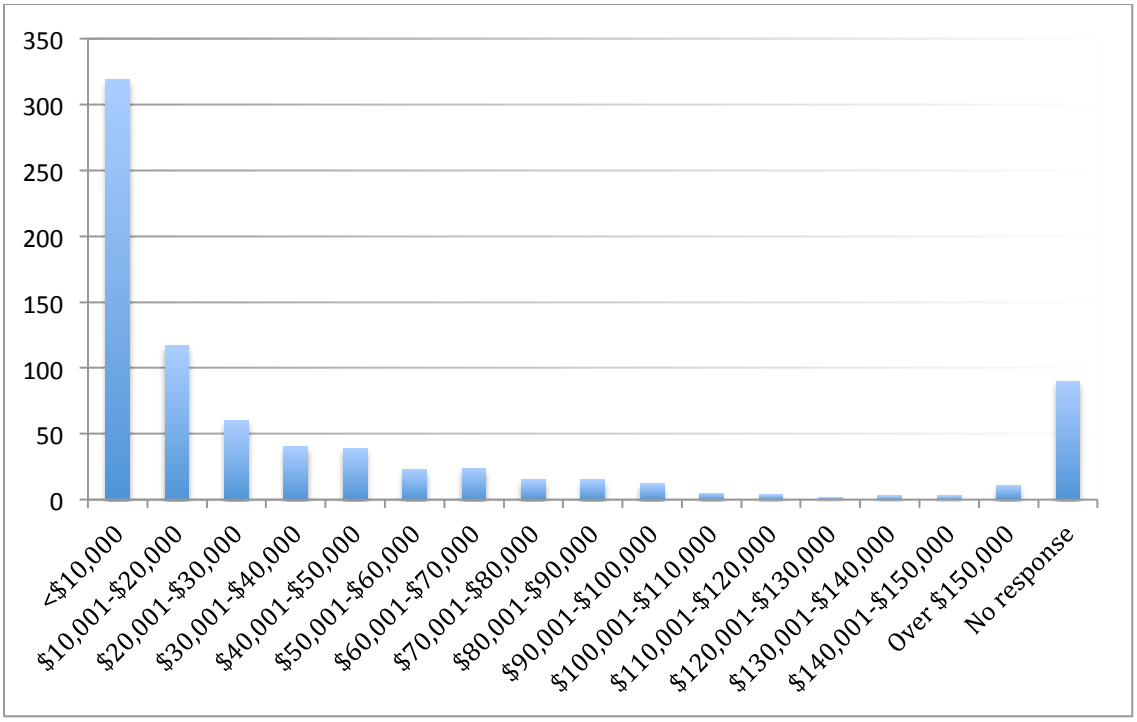
who have been working for 12 or fewer years. The '30-year spike' referred to above occurs in both samples, male and female.



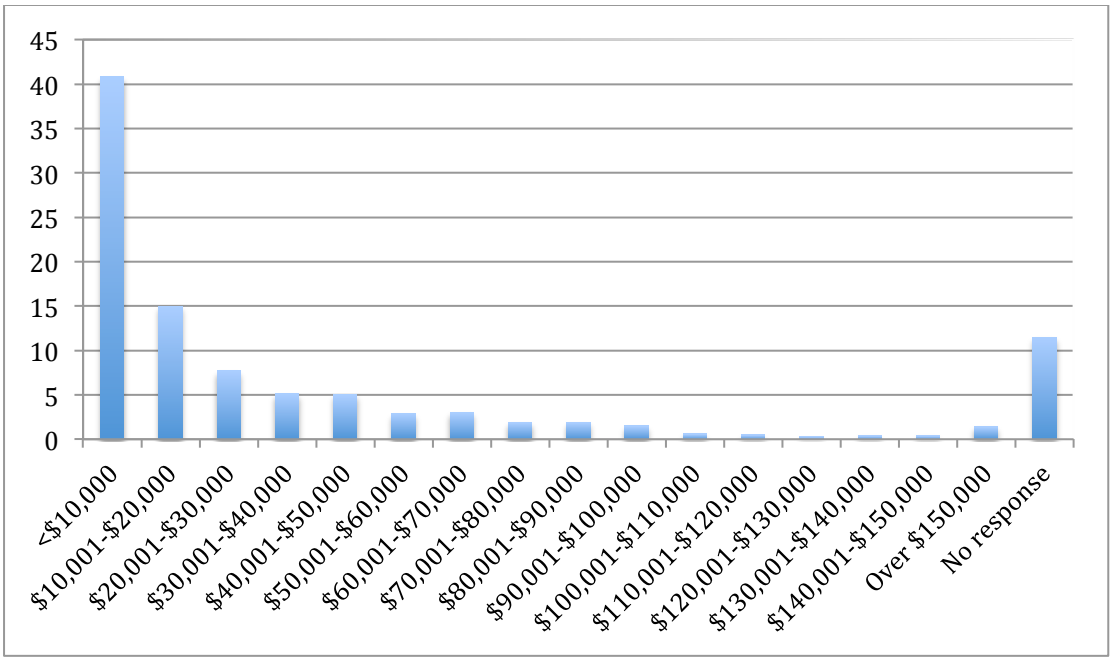
GRAPH 15. YEARS IN WORK; GENDER COMPARISON.

INCOME

The data collected on income for actors presents a picture of extremely low levels of earnings. As Graph 17 shows, 319 (40.8%) of respondents reported earning less than $10,000 from acting in the financial year 2011-2012, with a further 15% reporting income up to $20,000.

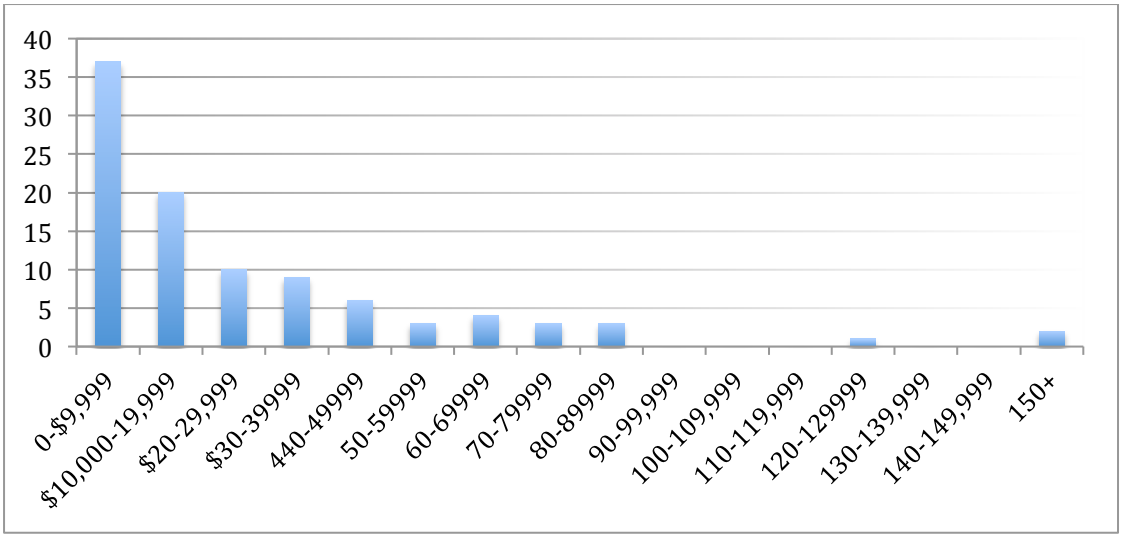


GRAPH 16. GROSS INCOME FROM ACTING WORK 2011-2012.



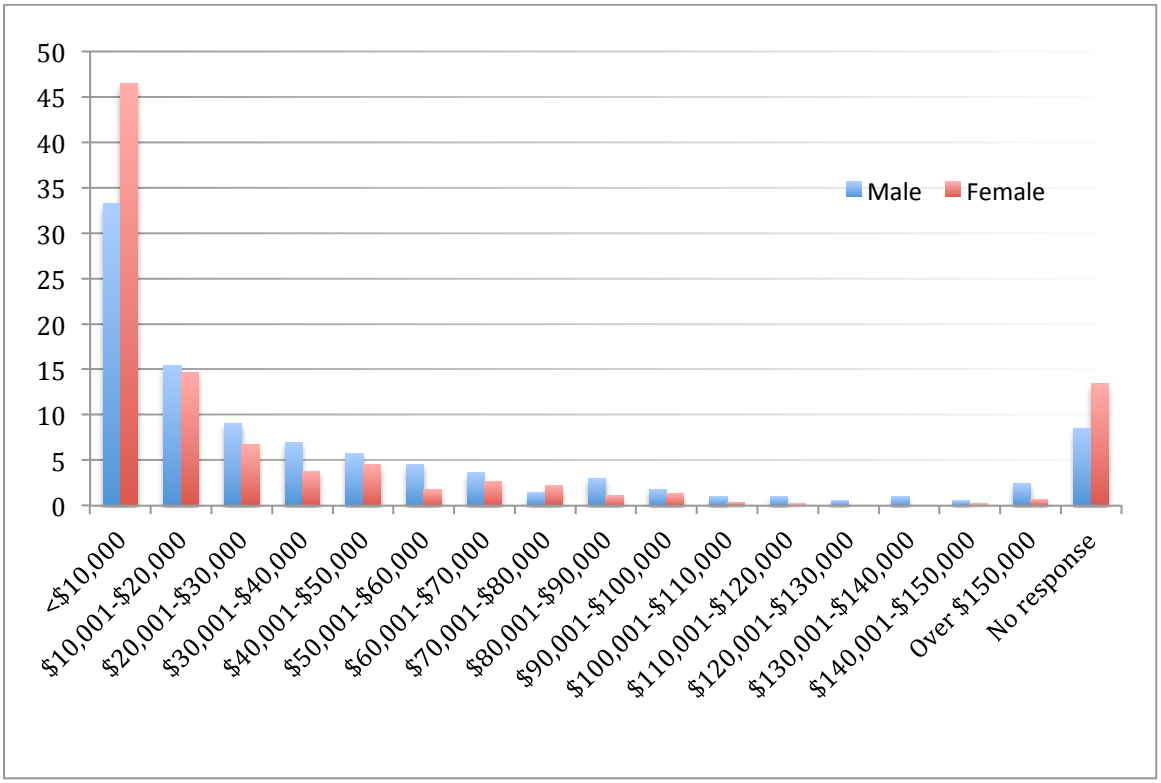
GRAPH 17. GROSS INCOME FROM PERFORMANCE ACTING 2011-2012 AS PERCENTAGE OF SAMPLE.

Throsby and Zednik's 2010 data put the proportion of actor's gross earnings from 'creative work' falling below $9,999 at 37%, with a further 20% reporting income of up to $19,999 (2010, 124; see Graph 18). There is, then, a strong convergence between the data sets: Throsby and Zednik find 57% of actors reporting income of less than $20,000 per annum (2010, 124), while the current study puts that figure at 55.7%.

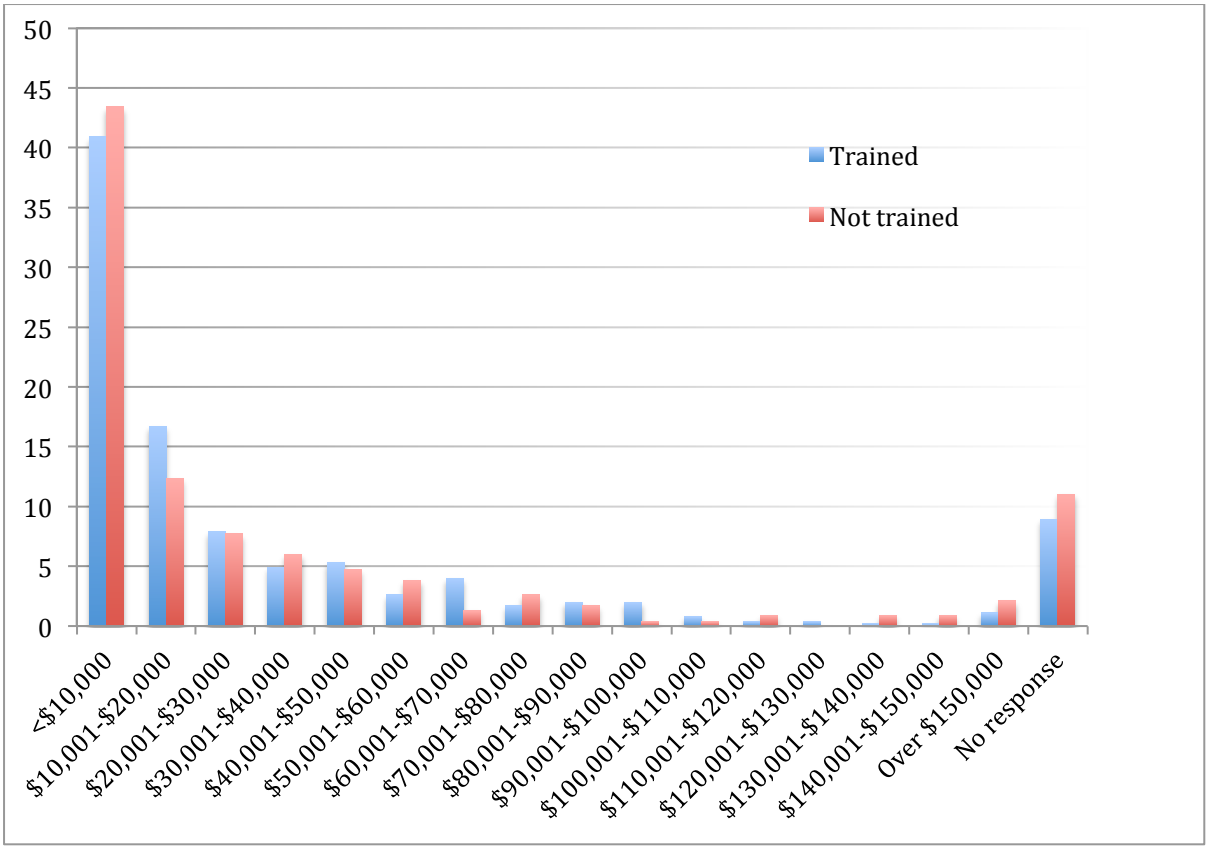


GRAPH 18. ACTOR'S INCOME FROM CREATIVE WORK (AS PERCENT OF SAMPLE); ADAPTED FROM THROSBY AND ZEDNIK, 2011, 124).

A higher proportion of female respondents reported earning less than $10,000 in 2011-2012 from acting work: 46.5% of female respondents, as opposed to 33.2% of male respondents (Graph 20, below). The difference between trained and non-trained actors, however, was minimal, as shown in Graph 21.

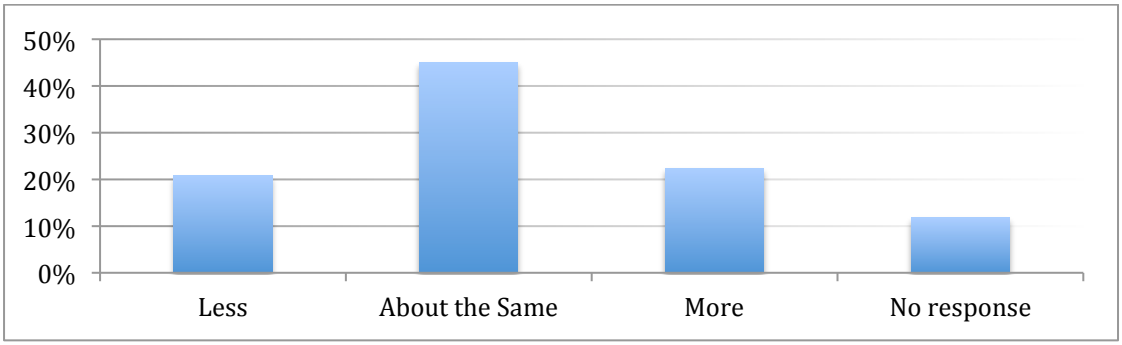


GRAPH 19. GROSS INCOME FROM ACTING WORK 2011-2012; GENDER COMPARISON AS PERCENTAGE



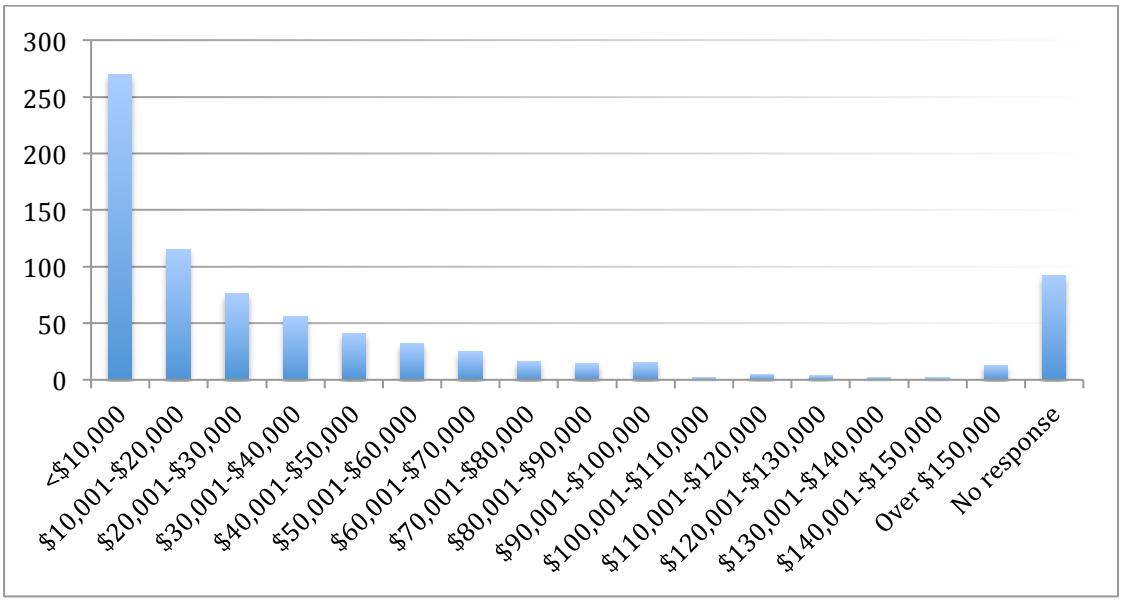
GRAPH 20. GROSS INCOME FROM ACTING WORK 2011-2012, COMPARING TRAINED WITH NON-TRAINED ACTORS, AS PERCENTAGE OF RESPONDENTS.

When asked whether this income was more or less than in an average year, 45% of respondents indicated that it was more or less the same; 20.8% said less, 22.4% said more (Graph 21).

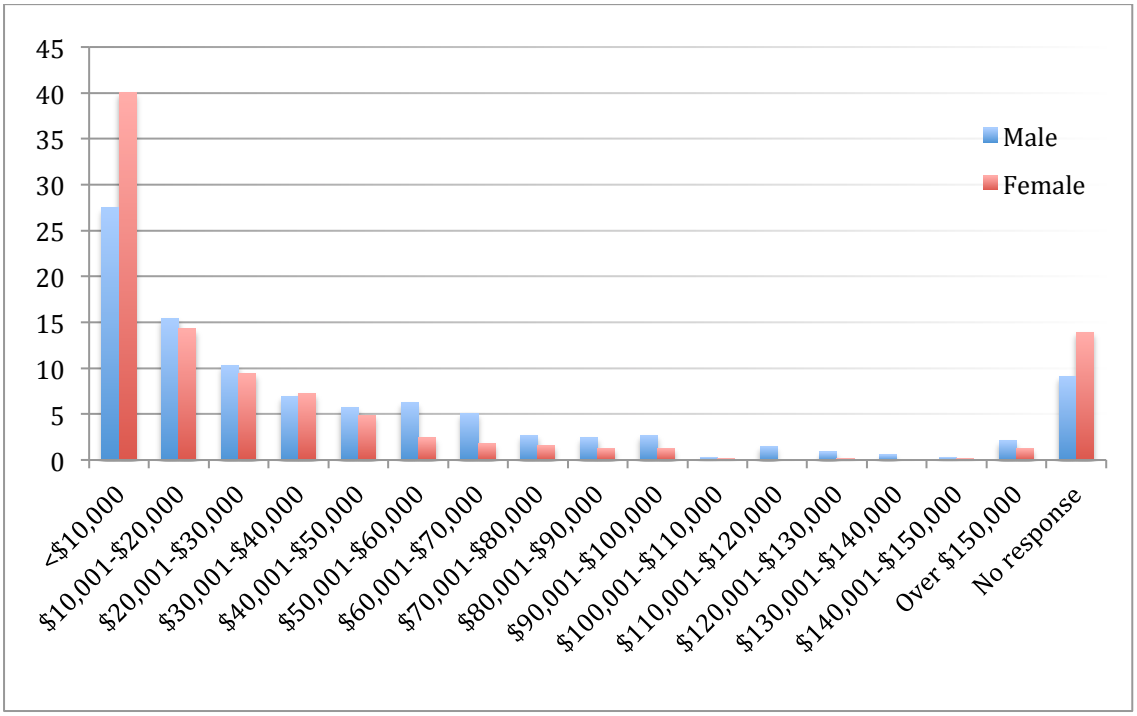


GRAPH 21. IS THIS INCOME MORE OR LESS THAN YOUR INCOME FROM PERFORMING IN AN AVERAGE YEAR?

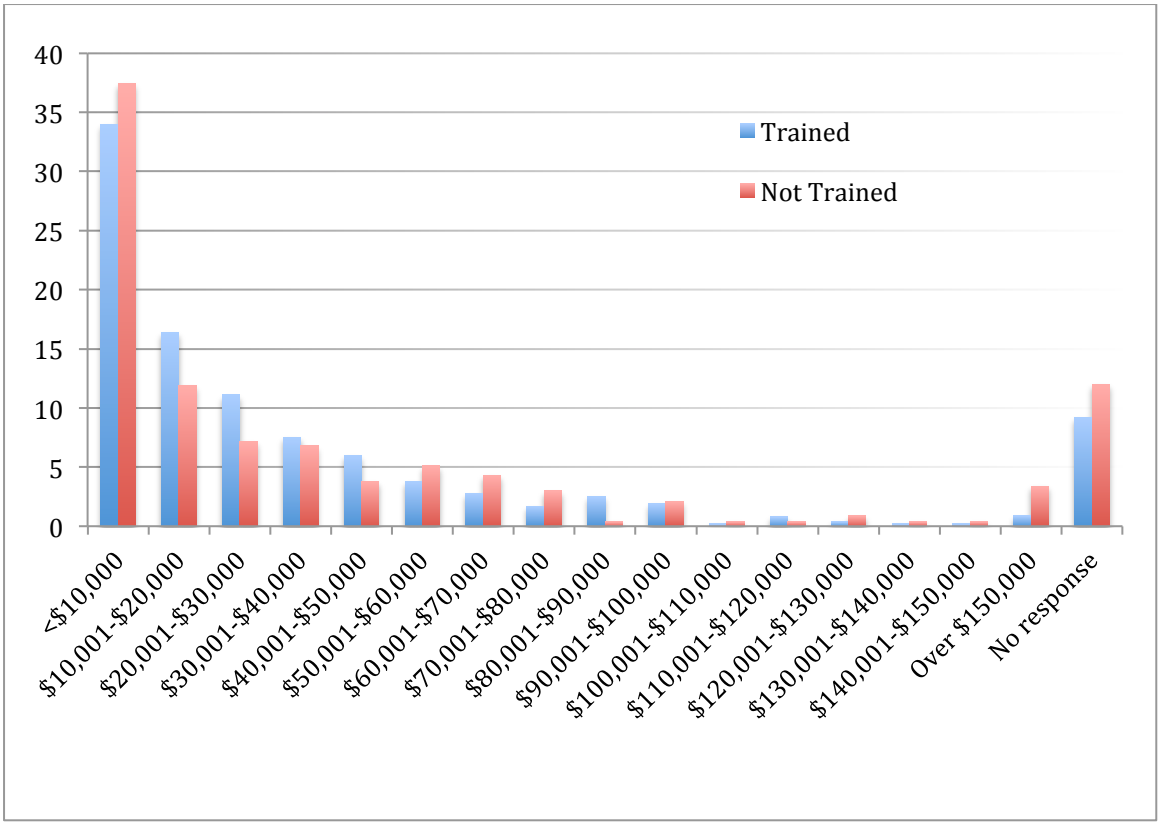
When asked about their average income over the previous five years, the data presents a slightly rosier picture: 34.5% reported an income of less than $10,000 on average over the five year period (see Graph 22), closer to Throsby and Zednik's 37% (compared to 40.8%, Graph 18). When broken into gender populations, the figure for males is 27.5% and for females 40% (compared to 33.2%, 46.5% respectively in Graph 17). This may suggest a deterioration in income levels over the period 2007-2012. The proportional differences between genders, and between trained and untrained actors, remains broadly the same (Graphs 23 and 24).



GRAPH 22. GROSS AVERAGE INCOME FROM ACTING OVER PAST FIVE YEARS.



GRAPH 23. GROSS AVERAGE INCOME FROM ACTING OVER PAST FIVE YEARS; GENDER COMPARISON AS PERCENTAGE.

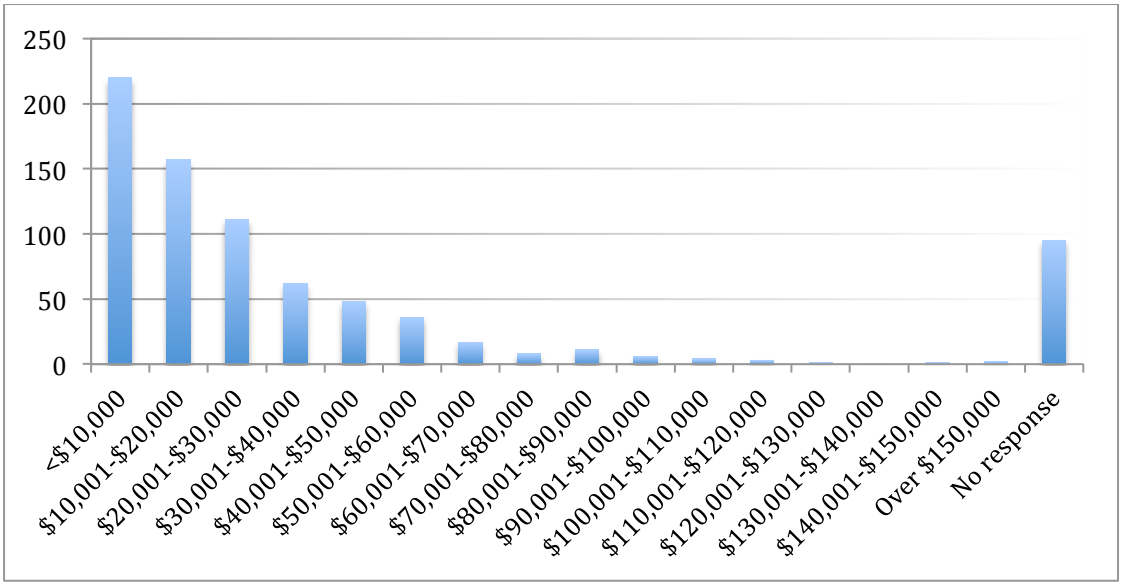


GRAPH 24. GROSS AVERAGE INCOME FROM ACTING OVER PAST FIVE YEARS; TRAINED V NOT TRAINED, AS PERCENTAGE

Statistics for average income levels are notoriously unreliable. The Australian Bureau of Statistics Household Income and Income Distribution, Australia, 2011-12 report puts average individual wage in Australia in May 2012 at approximately AUD$55,052 before tax, while the average full-time wage was AUD$73,600 before tax (Australian Bureau of Statistics 2013). [1]

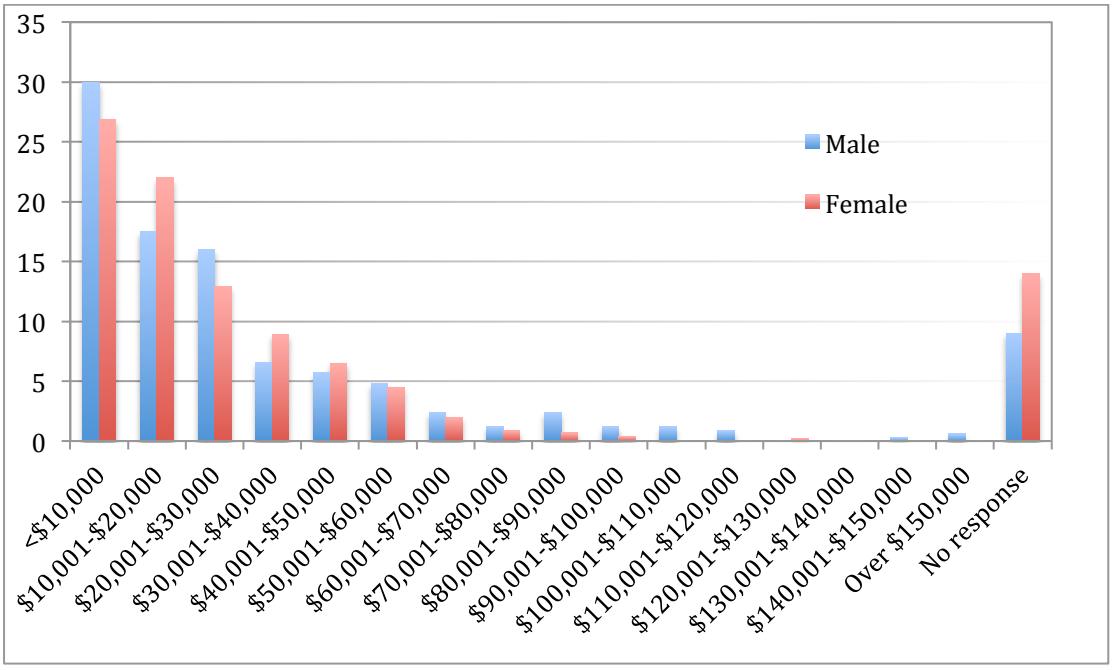
However, such figures, it should be noted, are distorted by the number of people whose only income is derived from government welfare payments; a 'true' average Australian wage for the relevant time period was likely to be closer to AUD$50,000 per annum.

Evidently, actors have to do a lot more than simply to work as actors to make ends meet. Given that 73.6% of our sample reported a gross income below $50,000 for 2011-12, actors significantly rely on other sources of income. Graph 25 shows the reported distribution of income from other sources, revealing fewer earning less than $10,000 per annum from these sources than from acting (28.1%, compared to 40.8%), while those earning between $10,000 and $30,000 are 34.2% of the sample, compared to 22.7%. On average, then, the actors in our sample reported earning more from work other than acting, than from acting.



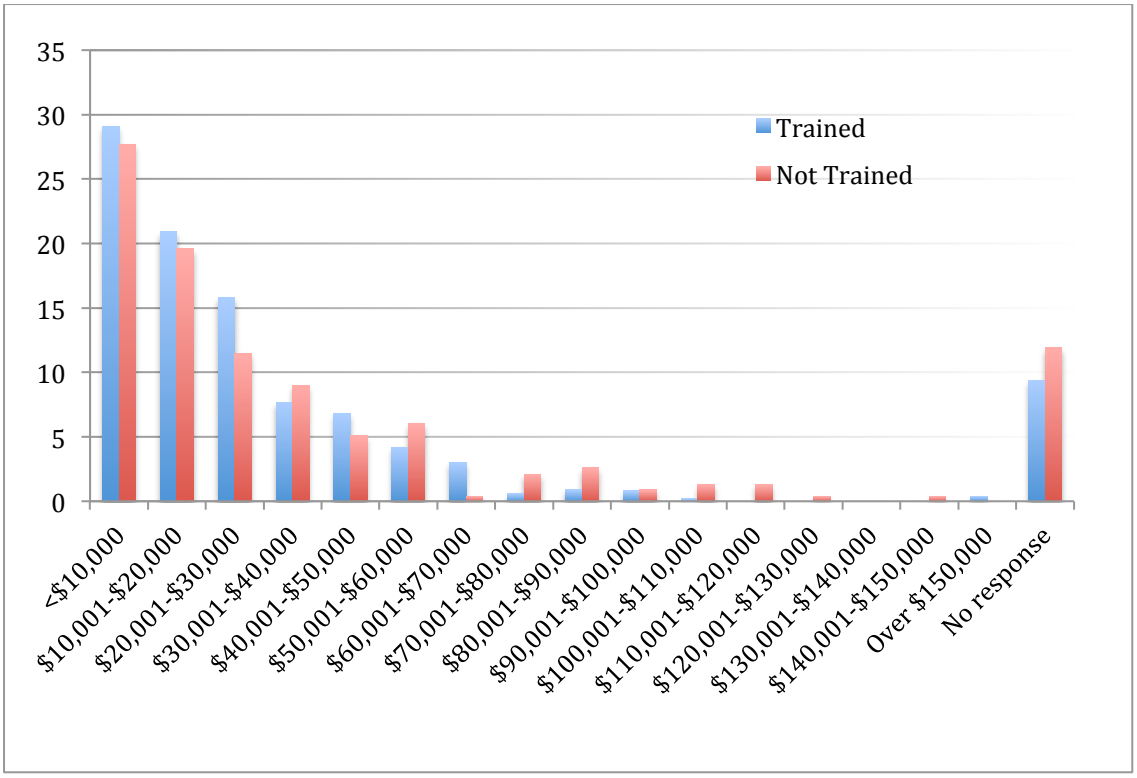
GRAPH 25. GROSS INCOME FROM NON-ACTING SOURCES, 2011-2012.

A comparison shows less of a disparity between genders for income from non-acting sources (Graph 26). 47.5% of men reported income of less than $20,000, while the figure for women was 48.9%.



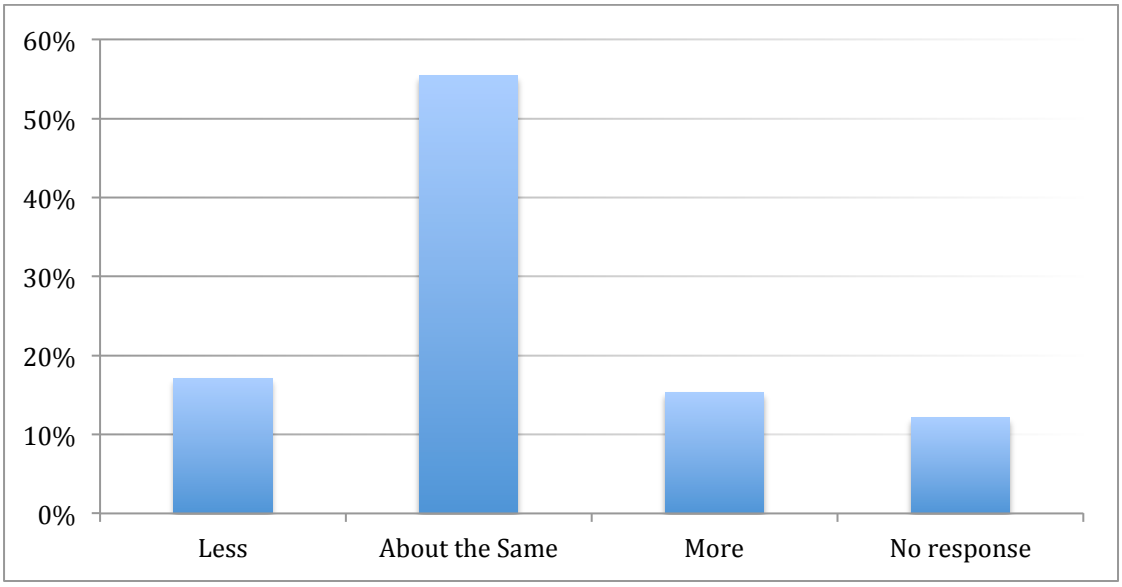
GRAPH 26. GROSS INCOME FROM NON-ACTING SOURCES 2011-2012; GENDER COMPARISON AS PERCENTAGE

There was a negligible difference between non-acting income between trained and non-trained actors (Graph 27)



GRAPH 27. GROSS INCOME FROM NON-ACTING SOURCES 2011-2012; TRAINED VERSUS NON-TRAINED COMPARISON AS PERCENTAGE.

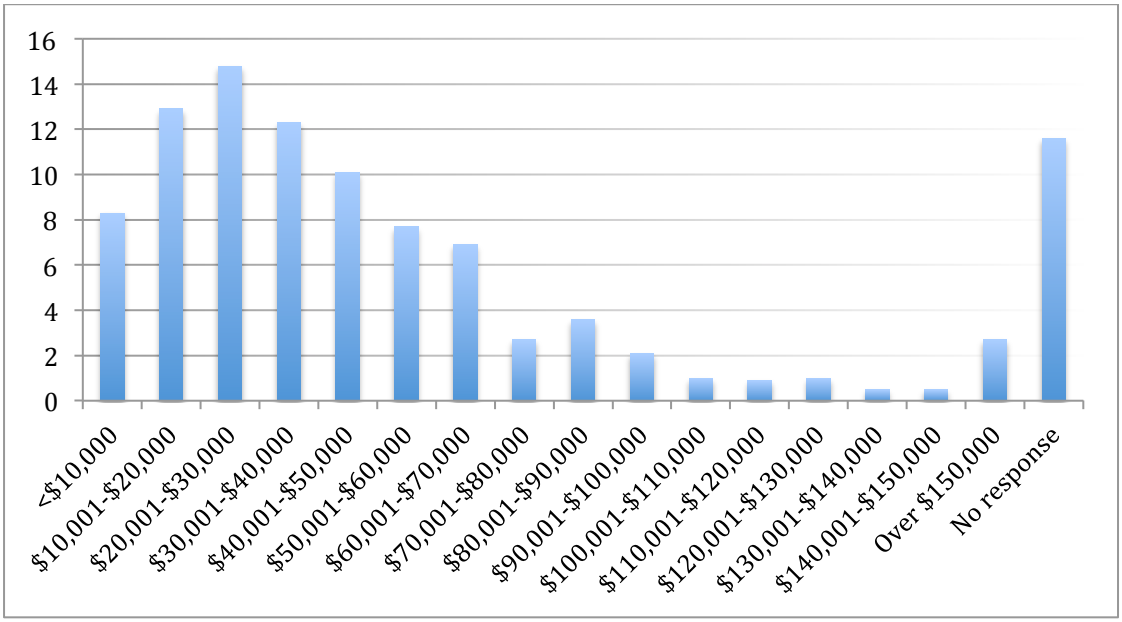
When asked to compare this income from non-acting sources to previous years, 55.4% reported it as being 'about the same'; 15.3% suggested that it was more, and 17.1%, less, a minor inversion of the pattern at Graph 21: people reported income from other sources as dropping, while income from acting marginally rose.



GRAPH 28. IS THIS INCOME MORE OR LESS THAN YOUR INCOME FROM SOURCES OTHER THAN ACTING IN AN AVERAGE YEAR?

Finally, a rough addition of reported incomes from acting and non-acting sources yields a more even distribution of incomes, with around 41.6% of respondents

reporting a combined income of over $50,000 per annum. These figures are very tentative, however, as they have been calculated by adding each respondent's annual income from both acting and non-acting sources, taken as the mid-point of the reporting band for both sources (that is, '$15,000' for 'between $10,000 and $20,000).

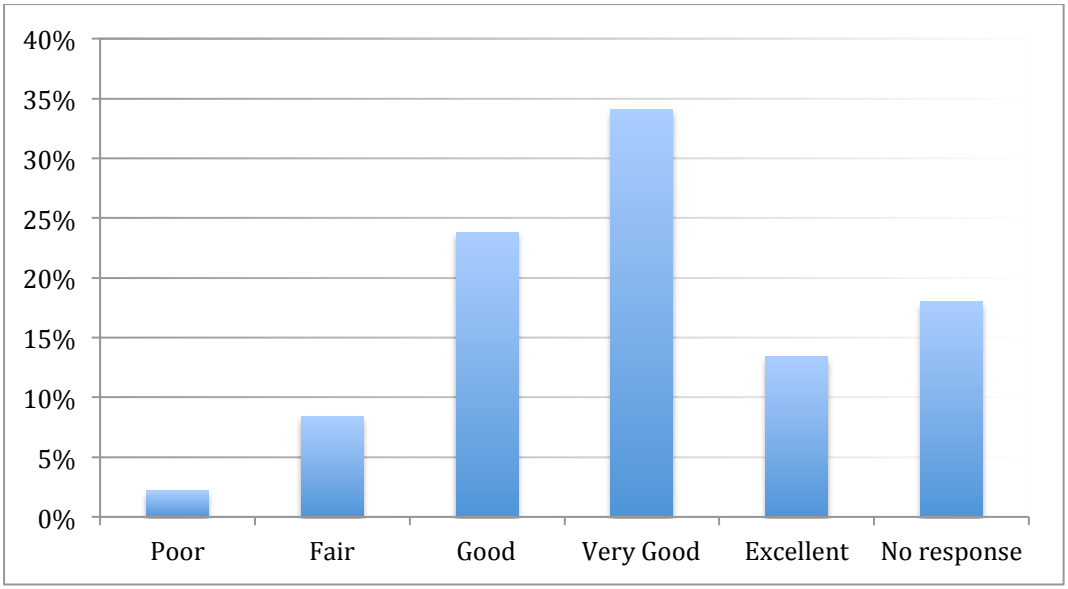


GRAPH 29. COMBINED GROSS INCOME (ACTING AND NON-ACTING) 2011-2012 AS PERCENTAGE OF SAMPLE.

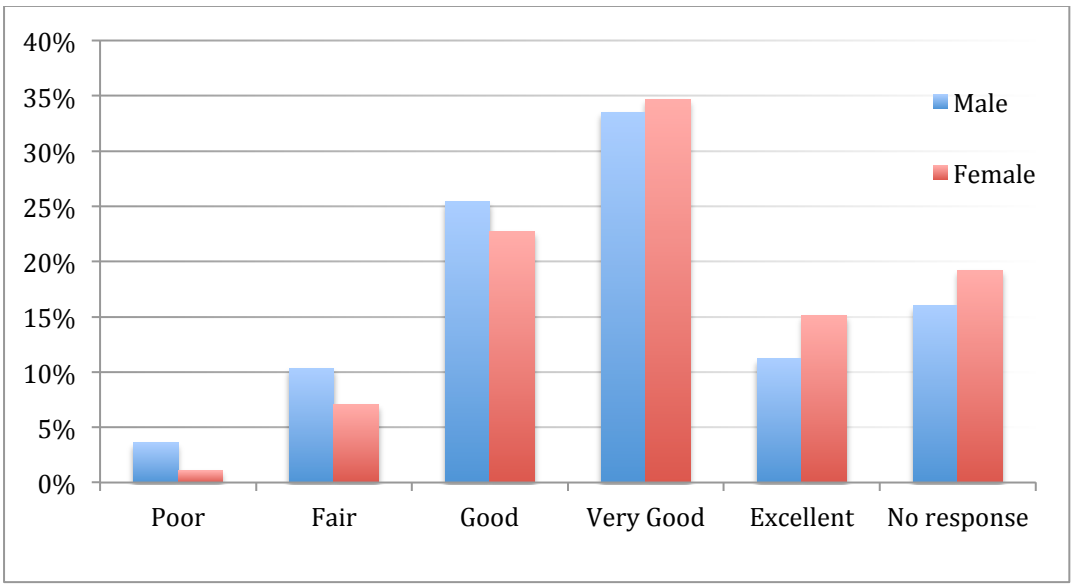
Looked at from the other perspective, however, 36% of respondents reported a combined gross income of less than $30,000 per annum. The Australian Council of Social Service Poverty Report 2012 placed the poverty line as of 2010 at $358 per week for a single adult. In the case of a couple with two children it was $752 (http://ja.com.au/publications/acoss-poverty-australia-report-2012). Annualised, this yields respective figures of $18,600 and $39,104. These figures, however, are *after tax*; that is, they represent gross income of around $19,000 and $47,500 respectively. At the most optimistic, then (assuming a single person with no dependents), 21.2% of actors report a total gross income that would place them below the poverty line.

General Health

Respondents reported a generally favourable evaluation of their own wellbeing. 71.3% of respondents (70.1% of men, 72.5% of women) assessed their health as being 'Good' to 'Excellent' (Graphs 30 and 31).

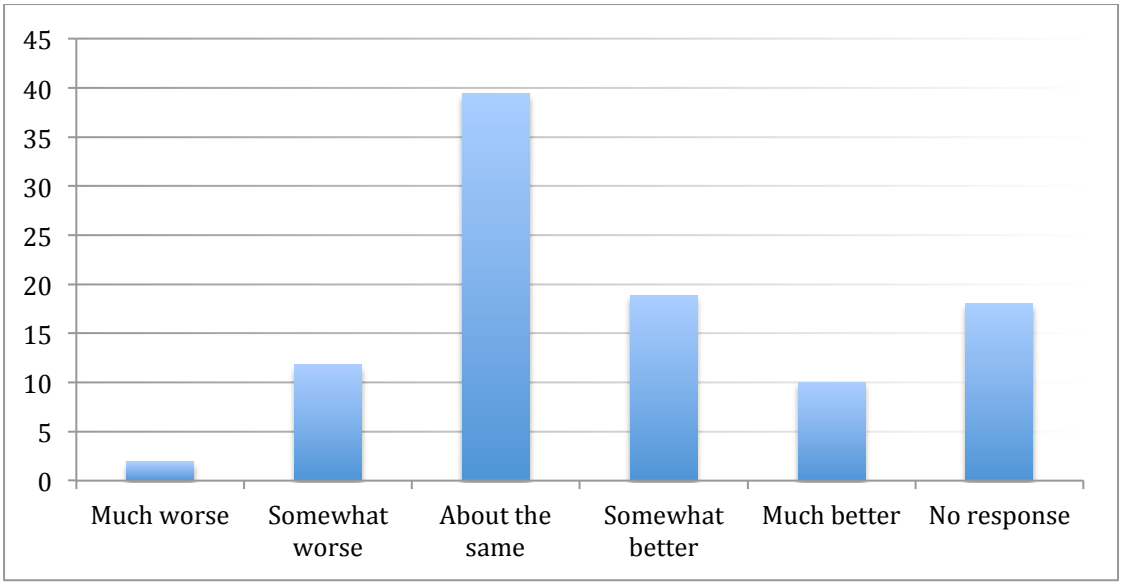


GRAPH 30. IN GENERAL, WOULD YOU SAY YOUR HEALTH IS . . .



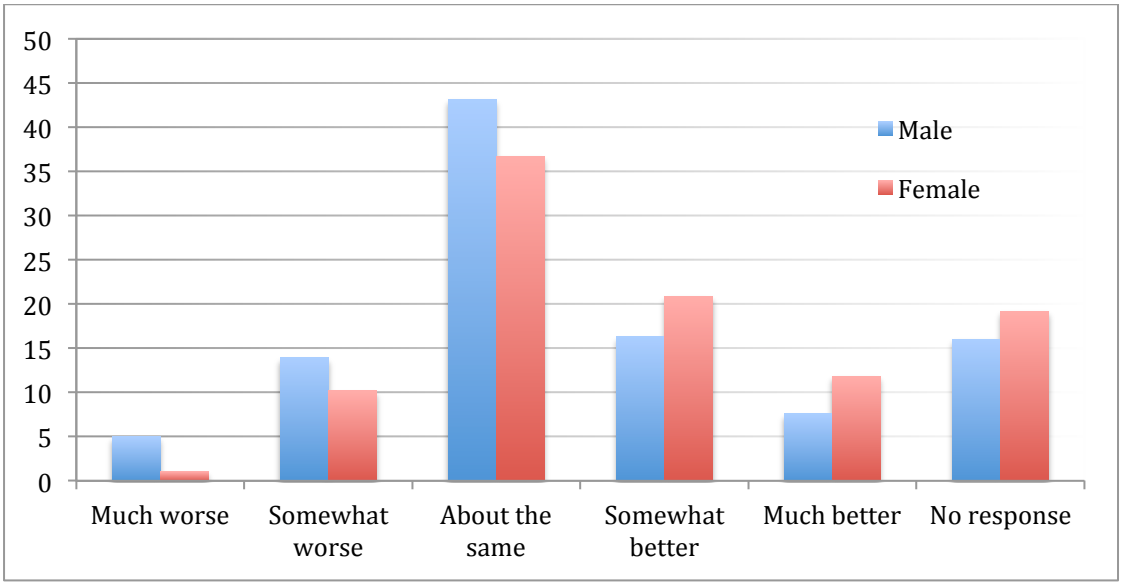
GRAPH 31. IN GENERAL, SELF-EVALUATION OF HEALTH (BY GENDER)

While 39.4% rated their health in general as being 'about the same' as the previous year, 13.7% said it was 'Somewhat' to 'Much' *worse*. 28.9% reported a sense of improved health (Graph 32, below).



GRAPH 32. COMPARED TO ONE YEAR AGO, HOW WOULD YOU RATE YOUR HEALTH IN GENERAL NOW?

Women were more upbeat about their health improving, with 32.7% reporting that their health was 'Somewhat' to 'Much' better, compared to 23.3% of men (Graph 33).



GRAPH 33. COMPARED TO ONE YEAR AGO, HOW WOULD YOU RATE YOUR HEALTH IN GENERAL NOW? GENDER COMPARISON, AS PERCENTAGE

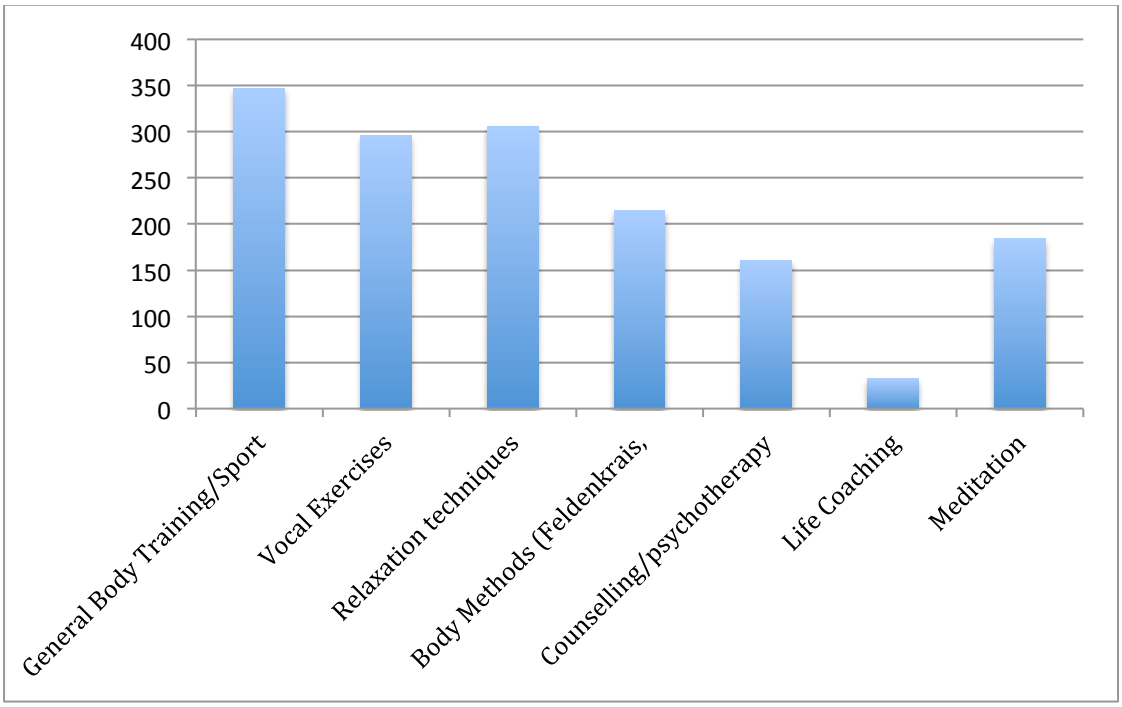
MANAGING PRACTICE

WARMING UP

An overwhelming majority of respondents—84%—reported that they regularly used a warm-up routine prior to performance; only 20 (2.6%) respondents reported that they did not (the balance did not respond to the question).

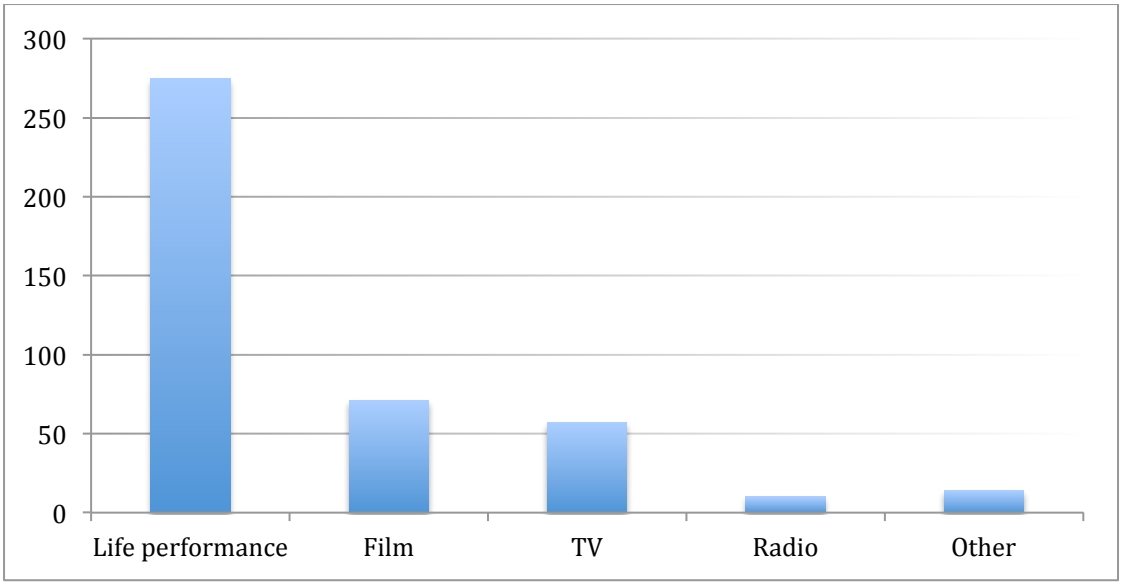
COPING WITH WORK

484 (61.9%) of respondents reported actively taking measures to protect themselves from the physical or psychological effects of being an actor. These ranged from regular regimes of physical exercise and/or sport (44.4%) through to 4.2% using formal life coaching. 20.6% reported using counselling or psychotherapy, while 27.5% regularly practised a 'body' method, such as Feldenkrais, Alexander, or yoga—the kinds of techniques often taught in acting schools (Graph 34). Note: respondents could report more than one activity in response to this question.



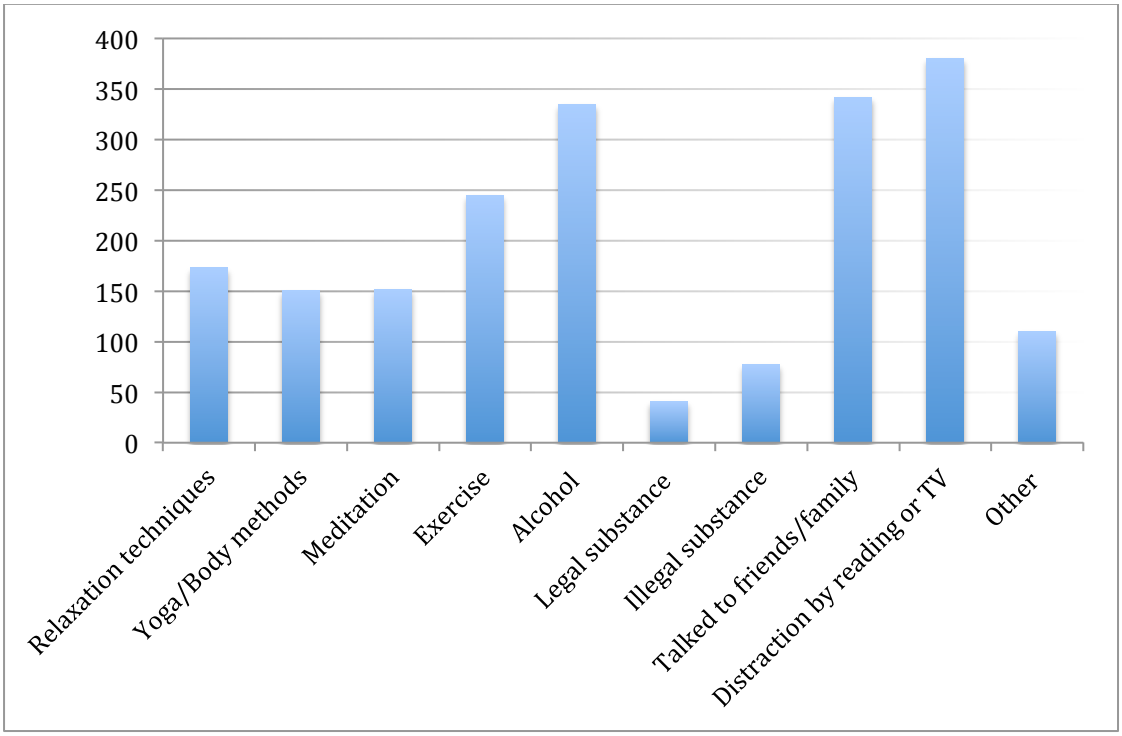
GRAPH 34. WHICH OF THESE ACTIVITIES DO YOU CARRY OUT REGULARLY (ONCE A WEEK OVER TWO MONTHS)?

Asked whether they had ever experienced difficulties in relaxing or 'letting go' after performing an 'emotionally and physically demanding' role, 303 respondents (38.7%) responded affirmatively, the vast majority citing Live Performance as the context (35% of total sample; Graph 35; again, respondents could nominate more than a single work context).



GRAPH 35. CONTEXTS FOR DIFFICULTY 'LETTING GO.'

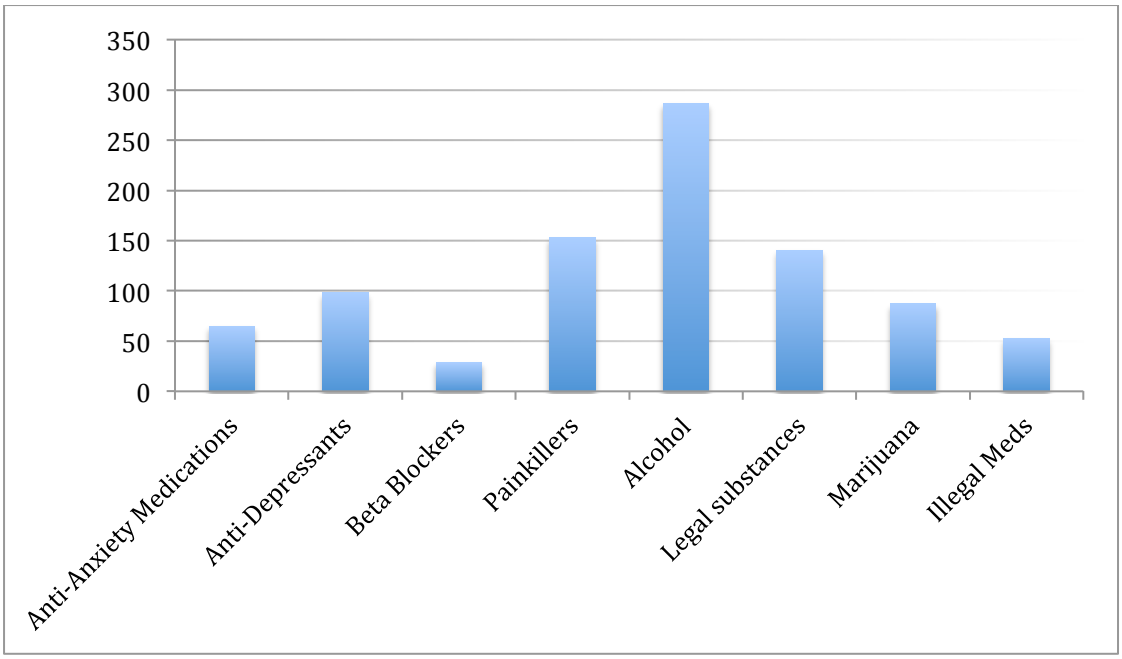
Respondents were then asked to identify what they did to help them to relax or 'let go' after performing such roles. Friends and family take on a significant debriefing function (342 respondents), while solitary distractions—watching television and reading—are also important (380 respondents). Alcohol figures prominently in the responses, nominated by 335 respondents. Exercise and the application of a range of bodily and meditation techniques were less frequently cited (Graph 36). 'Other' included a range of responses; respondents were asked to specify the activity; these included 'eating', 'taking a bath' and 'spending quiet time alone.'



GRAPH 36. WHAT DID YOU DO TO HELP YOURSELF RELAX OR 'LET GO' AFTER PERFORMING A EMOTIONALLY AND PHYSICALLY DEMANDING ROLE?

While the above question addressed actors' self-management as they attempted to 'come out' of performance—perhaps the 'everyday' aspect of dealing with the demands of their craft—a further question addressed more explicitly problematic aspects of work-related stress.

When asked 'Did you ever take one of the following as a result of problems related to your work as a performer?' respondents reported using a variety of substances, as illustrated by Graph 37 (again, respondents were free to nominate more than one substance). 287 reported using alcohol *in response to* 'problems related to [their] work as a performer.' 98 reported using prescribed anti-depressants (such as Prozac or Paxil), and 65 using prescribed anti-anxiety drugs such as Xanax. 140 reported using other legal substances (such as herbal or naturopathic remedies), while 87 had used marijuana, and a further 53 illegal drugs, such as cocaine, ecstasy or LSD. Note that the question did not refer to *recreational* use of these medications or substances, but to their use in direct response to performance-related problems. 225 respondents reported using no substances or medications.



GRAPH 37. DID YOU EVER TAKE ONE OF THESE SUBSTANCES AS A RESULT OF PROBLEMS RELATED TO YOUR WORK AS A PERFORMER?

BULLYING AND HARASSMENT

In addition to with the kinds of challenges of preparing for, performing, and coming down or relaxing after demanding performances, we asked whether respondents had experienced bullying or harassment in their workplace.

206 respondents, or 26.3% of the sample, reported having done so (Chart 9). For men, the proportion was 23%; for women, 29%. Women are more likely to report having experienced harassment or bullying. Of those reporting such experiences, 63.1% were female (Chart 10).

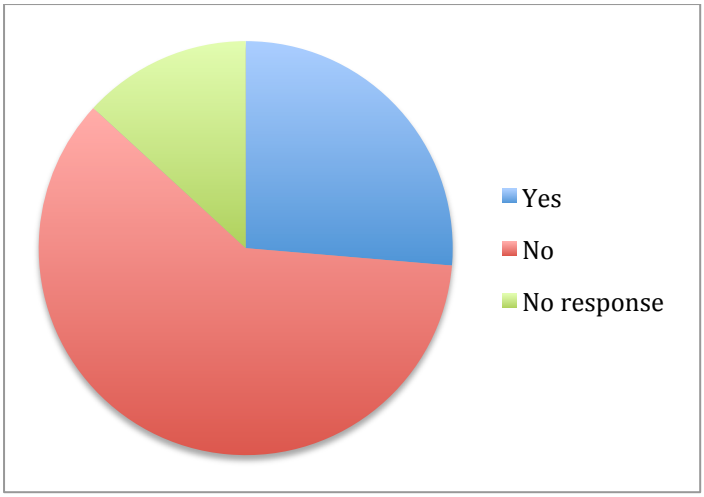


CHART 9. HAVE YOU EXPERIENCED BULLYING OR HARASSMENT (SEXUAL, RACIAL) DURING YOUR WORK AS A PERFORMER?

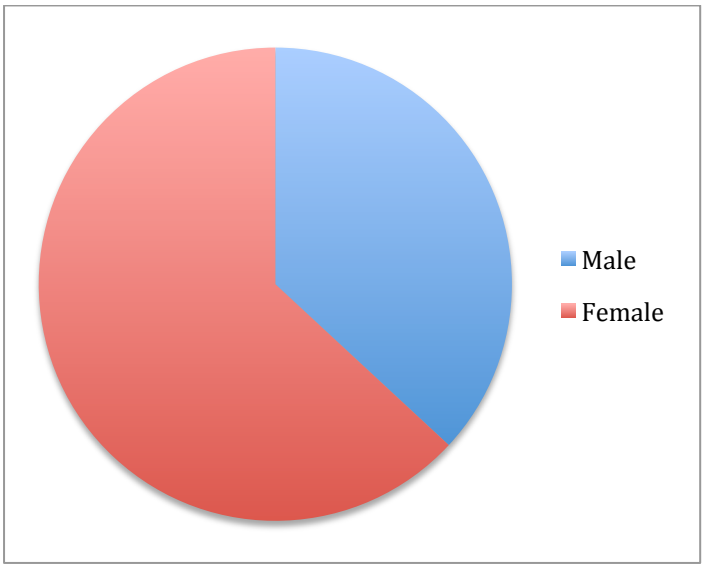


CHART 10. BULLYING AND HARASSMENT: GENDER PROPORTION OF THOSE REPORTING SUCH EXPERIENCES.

HEALTH AND WORK

WORK-RELATED HEALTH COMPLAINTS

46.3% of respondents reported having suffered from a health-related complaint that affected their ability to perform (Chart 11).

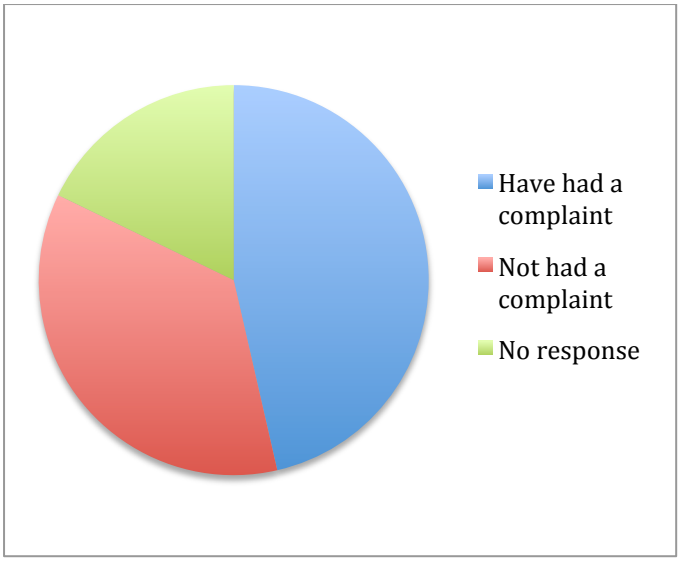


CHART 11. HAVE YOU SUFFERED FROM A HEALTH-RELATED COMPLAINT THAT AFFECTED YOUR ABILITY TO PERFORM?

Of those respondents, 19.8% reported a 'Mainly vocal' complaint; 32.5% 'Mainly bodily'; 24.5% 'Mainly psychological; and 23.1% an 'Overall complaint'.

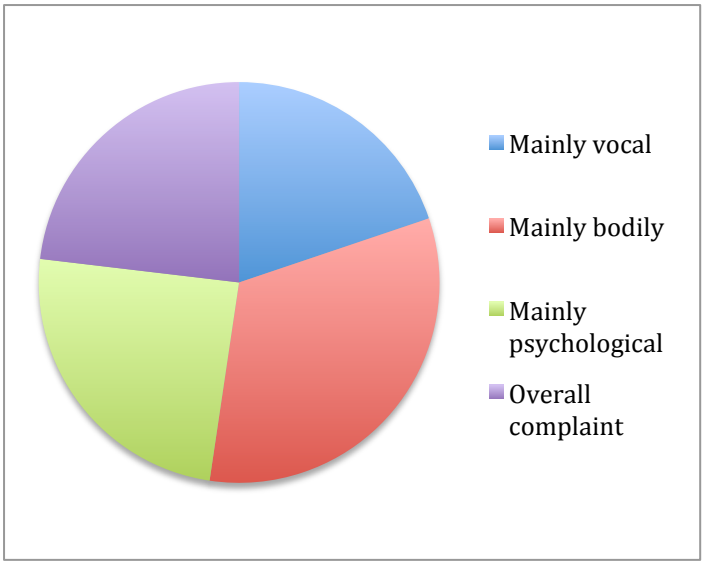
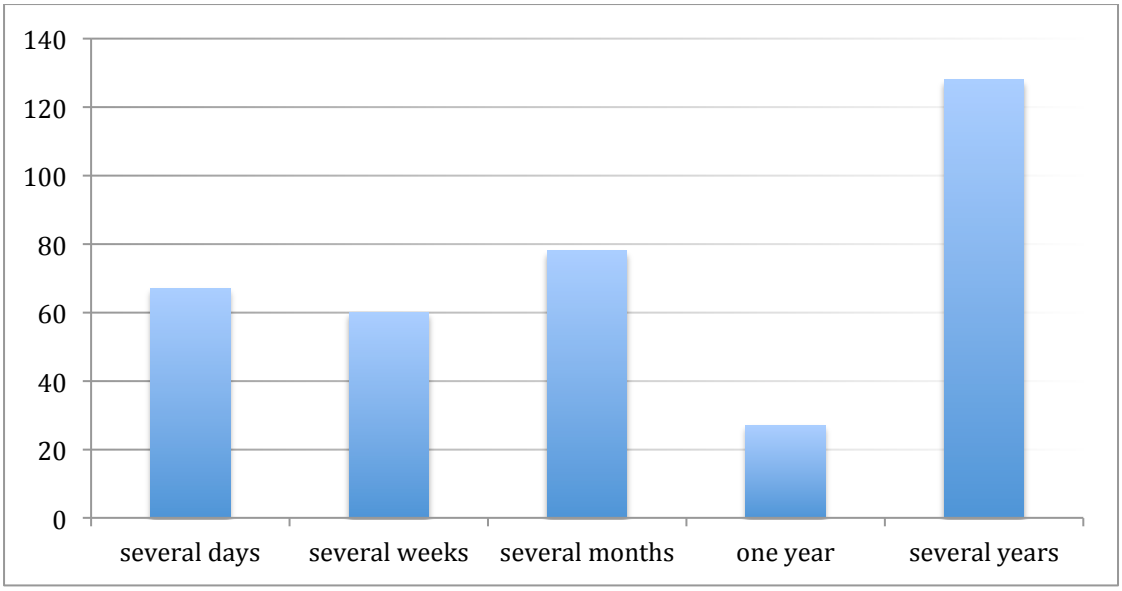


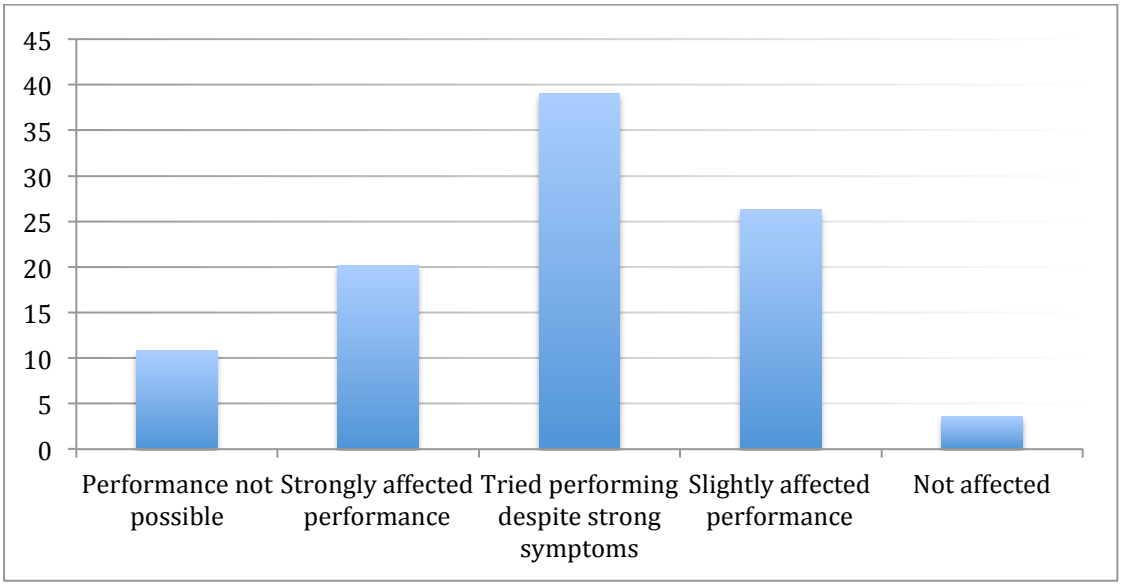
CHART 12. NATURE OF PERFORMANCE-AFFECTING HEALTH-RELATED COMPLAINT.

For 128 respondents, these complaints were experienced as chronic, having their effect over 'several years' (Graph 38).



GRAPH 38. HOW LONG HAVE THESE COMPLAINTS BEEN LASTING?

Testament to the spirit of 'the show must go on,' 39.1% of those suffering from a performance-affecting health-related complaint reported that they 'tried performing despite strong symptoms'; 10.8%, however, reported that performing was not possible (Graph 39).



GRAPH 39. IMPACT UPON PERFORMANCE OF HEALTH-RELATED COMPLAINT (AS PERCENTAGE OF RESPONDENTS).

More generally, 586 respondents, or 74.9% of the sample, offered detailed reports on the effects of work-related stress effects on their psychological and/or physical well-being; a further 38 offering minimal details of such effects. That is, 62.4% reported that work-related stress had an impact, to one extent or another, on their wellbeing.

PERFORMANCE ANXIETY

204 respondents—26% of the total sample—reported that they had experienced *debilitating* performance anxiety (Chart 13, below). Of that 204, 146, or 71.6% were trained actors (Chart 14, below).

23.6% of male respondents reported experiencing debilitating performance anxiety, and 28.1% of female respondents (Graph 40, below).

In simple terms, over a quarter of respondents reported experiencing not just mild, but 'debilitating' performance anxiety at some point in their career. Having trained appears to increase the likelihood of reporting such experiences, while women are more likely than men to do so.

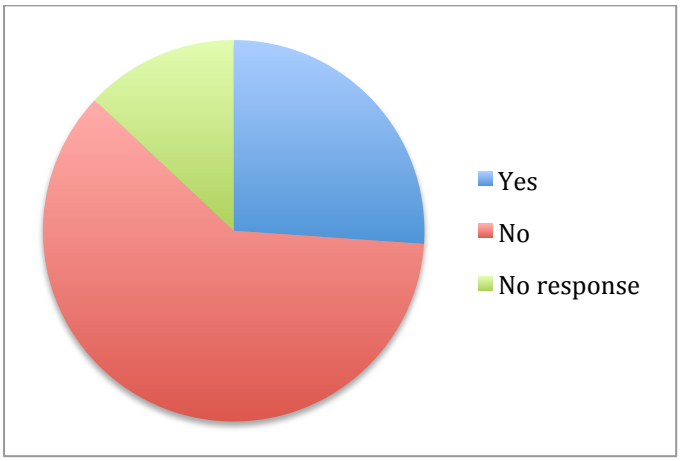


CHART 13. DO YOU EVER EXPERIENCE DEBILITATING PERFORMANCE ANXIETY (STAGE FRIGHT)?

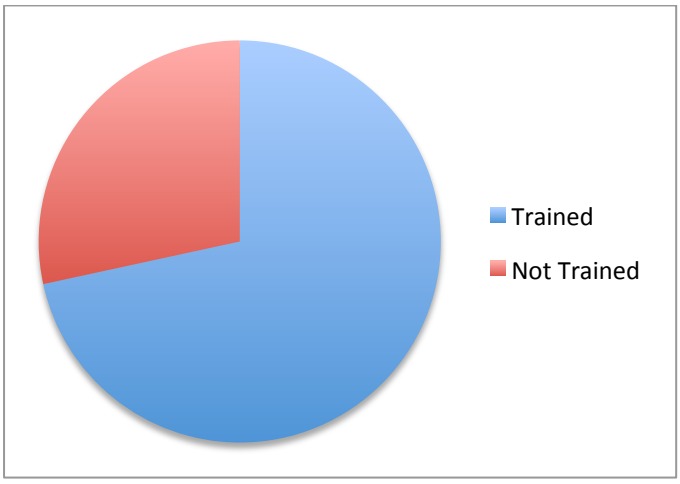
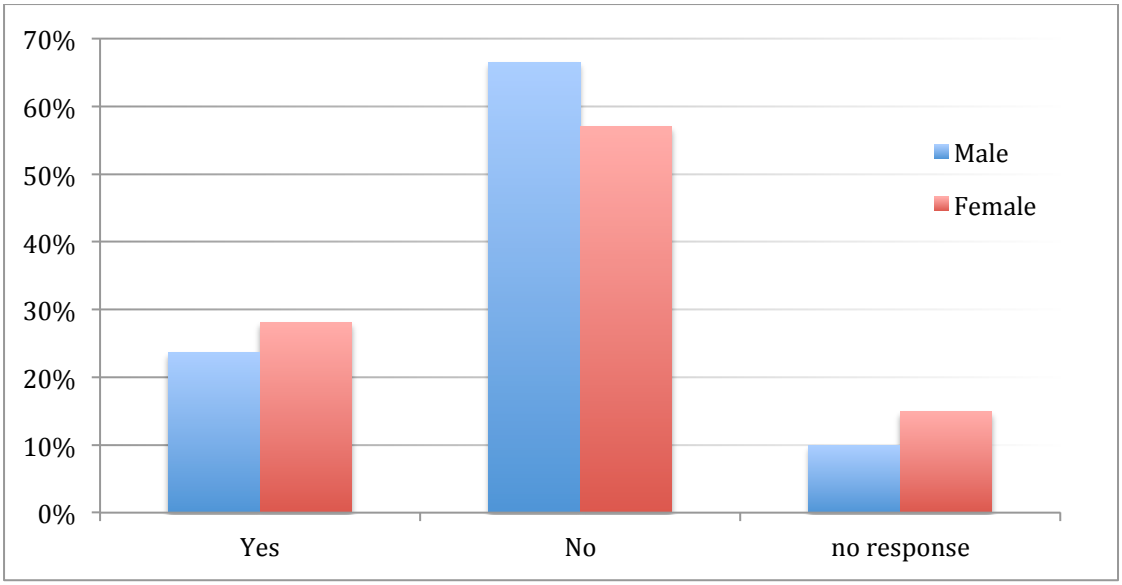


CHART 14. OF THOSE WHO REPORTED EXPERIENCING DEBILITATING PERFORMANCE ANXIETY, THE PROPORTION WHO WERE TRAINED AND NOT TRAINED.

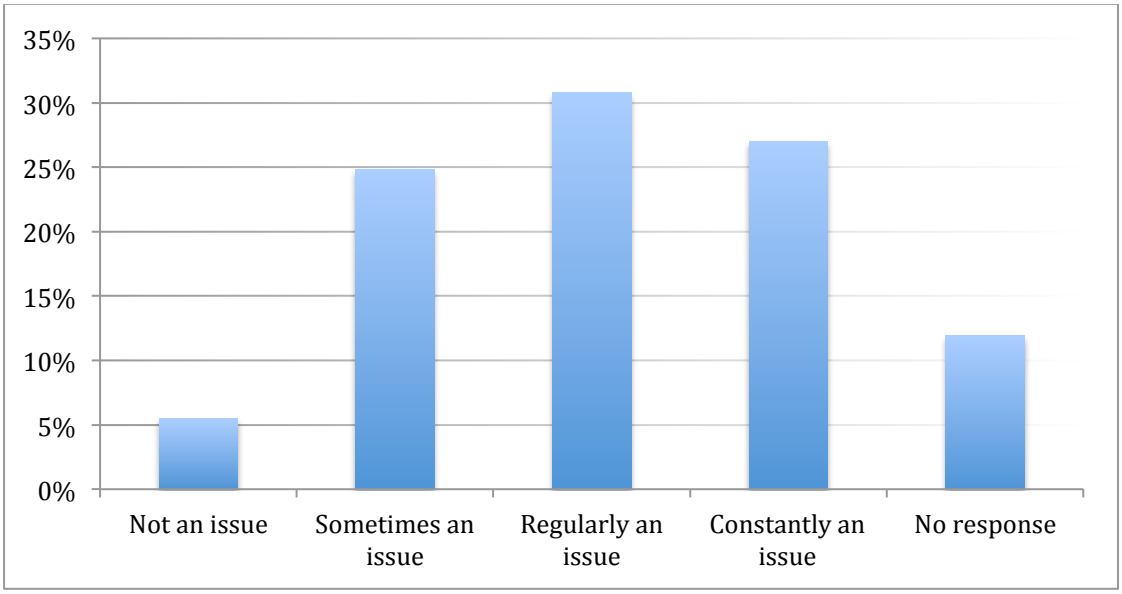


GRAPH 40. DO YOU EVER EXPERIENCE DEBILITATING PERFORMANCE ANXIETY (STAGE FRIGHT)? BY GENDER AS PERCENTAGE OF RESPONDENTS.

IMPACTS ON RELATIONSHIPS

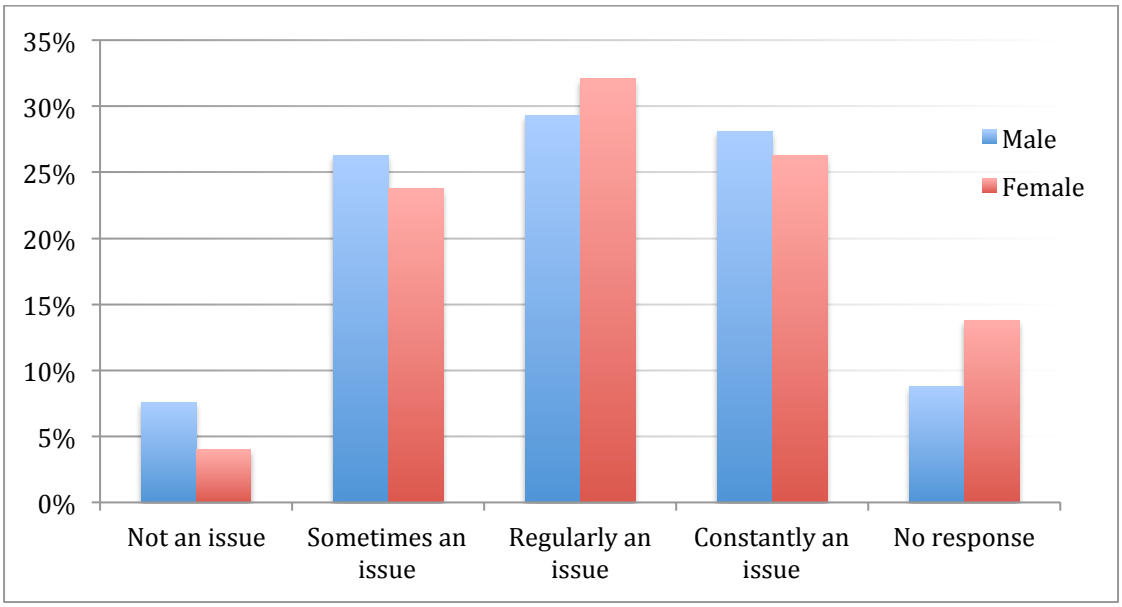
FINANCIAL STRESS AND RELATIONSHIPS

As might be expected in light of the income data, respondents reported high levels of stress related to their financial position. 82.6% claimed that financial stress was an issue for them at least 'sometimes'; 27% said that it was 'constantly an issue'.



GRAPH 41. HOW OFTEN IS FINANCIAL STRESS AN ISSUE FOR YOU (PERCENTAGE OF RESPONDENTS)?

There was little difference in the respective figures for male and female respondents (Graph 42 below). Non-trained actors reported less frequently that such stress is constantly an issue: 23% against 27% for the whole sample, and 29.6% for trained actors (Graph 43, below). As a general observation, however, the financial stress burden is distributed fairly evenly across the sample.



GRAPH 42. HOW OFTEN IS FINANCIAL STRESS AN ISSUE FOR YOU? GENDER COMPARISON, AS PERCENTAGE

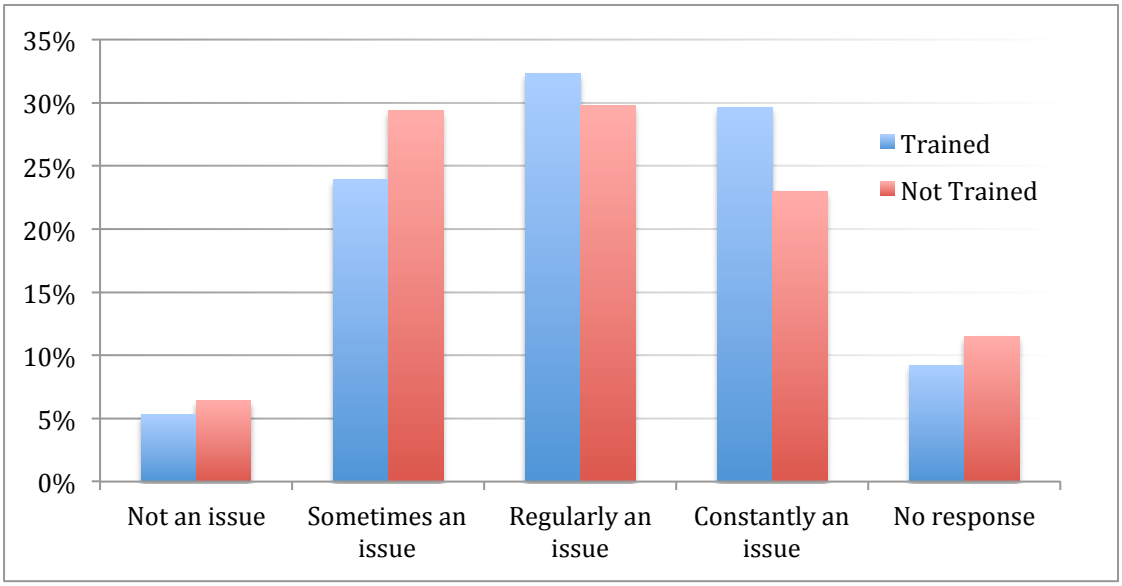
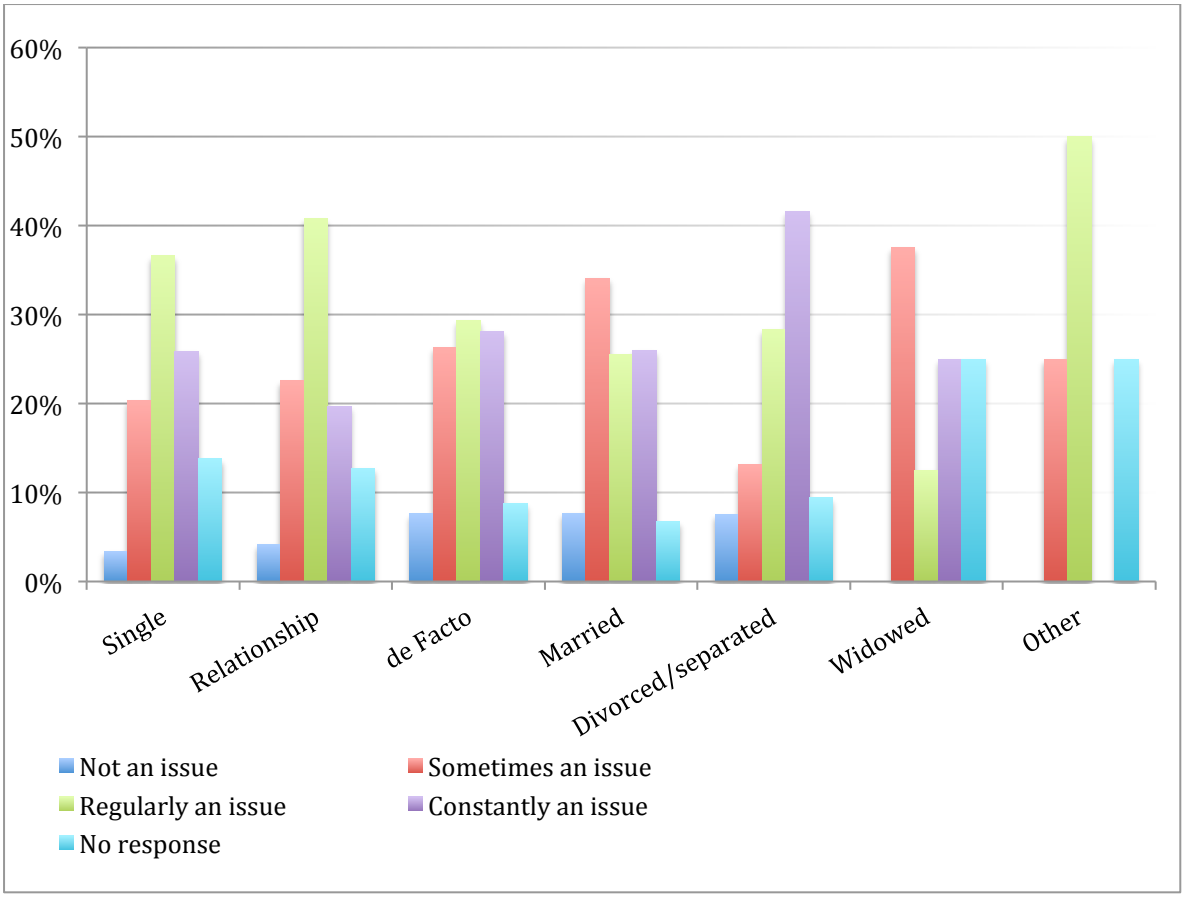


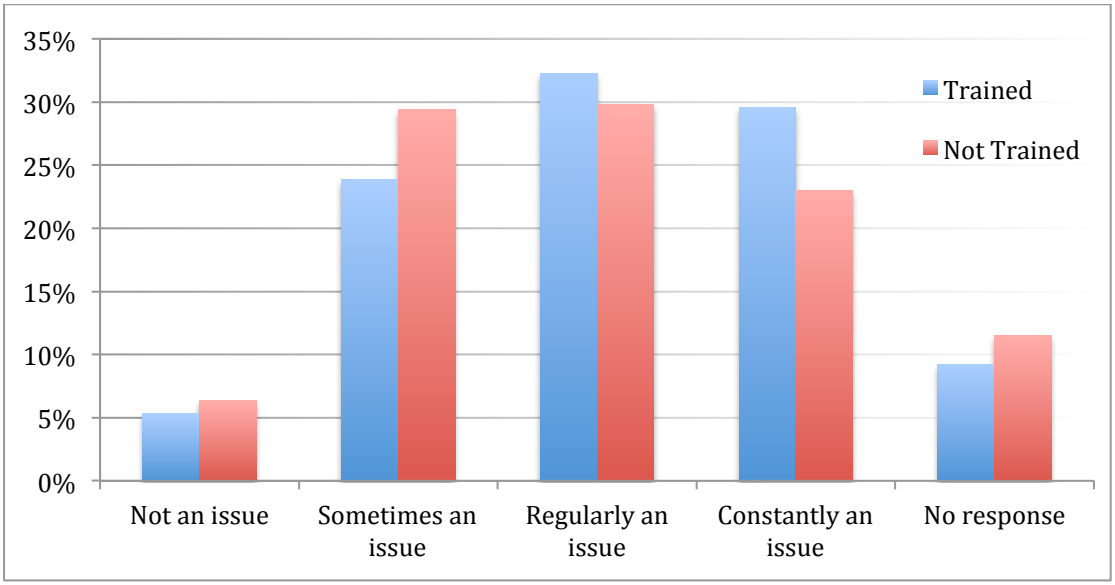
CHART 43. HOW OFTEN IS FINANCIAL STRESS AN ISSUE FOR YOU? TRAINED V NON-TRAINED ACTORS, AS PERCENTAGE

41.6% of divorced and separated respondents reported financial stress as being constantly an issue (Graph 44; N=53). Cohabitation appears to shift the level of financial stress from 'regular' to 'sometimes', suggesting that perhaps partners' incomes take the edge off financial stress. As might be expected, divorce and separation reverse the pattern, with a shift from 'sometimes' to 'constantly an issue'.



GRAPH 44. FINANCIAL STRESS AND RELATIONSHIP STATUS

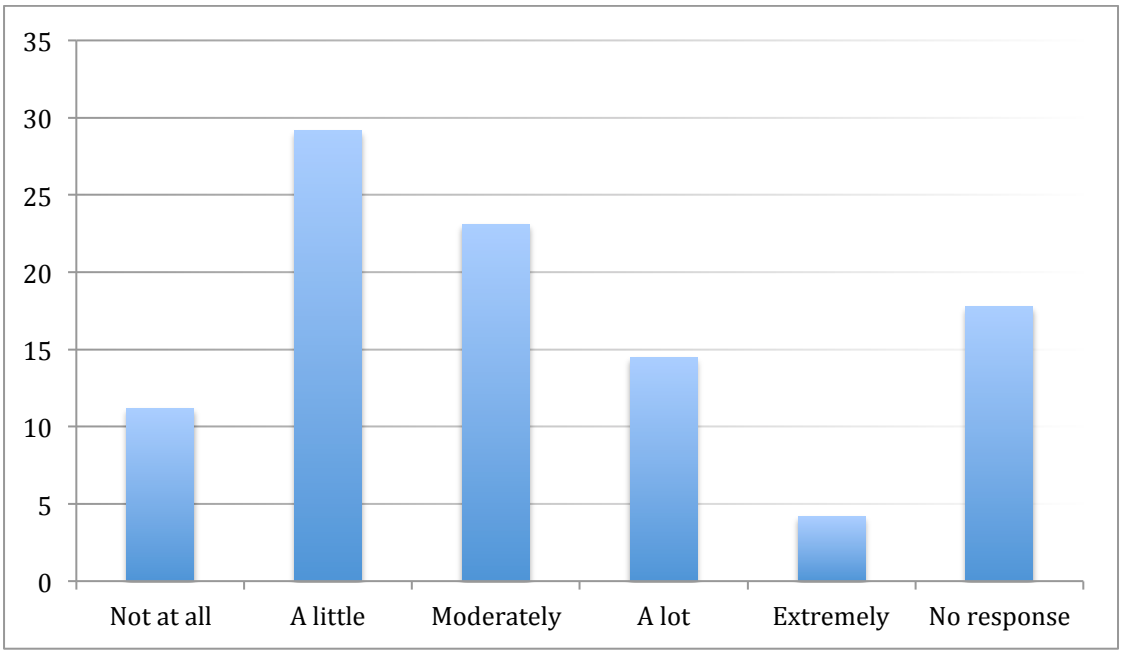
There was a tendency for actors who had not received training in financial management (see Chart 7, above) to report that financial stress was 'constantly an issue' more frequently than those who had done received such training: of those who had received training in financial management, 24% reported that financial stress was constantly an issue, while 31.1% of those who had not, did so. Training in financial management appears to have an ameliorative impact, then, at the more acute end of the scale.



GRAPH 45. OF THOSE WHO HAD RECEIVED TRAINING IN FINANCIAL MANAGEMENT, HOW OFTEN IS FINANCIAL STRESS AN ISSUE?

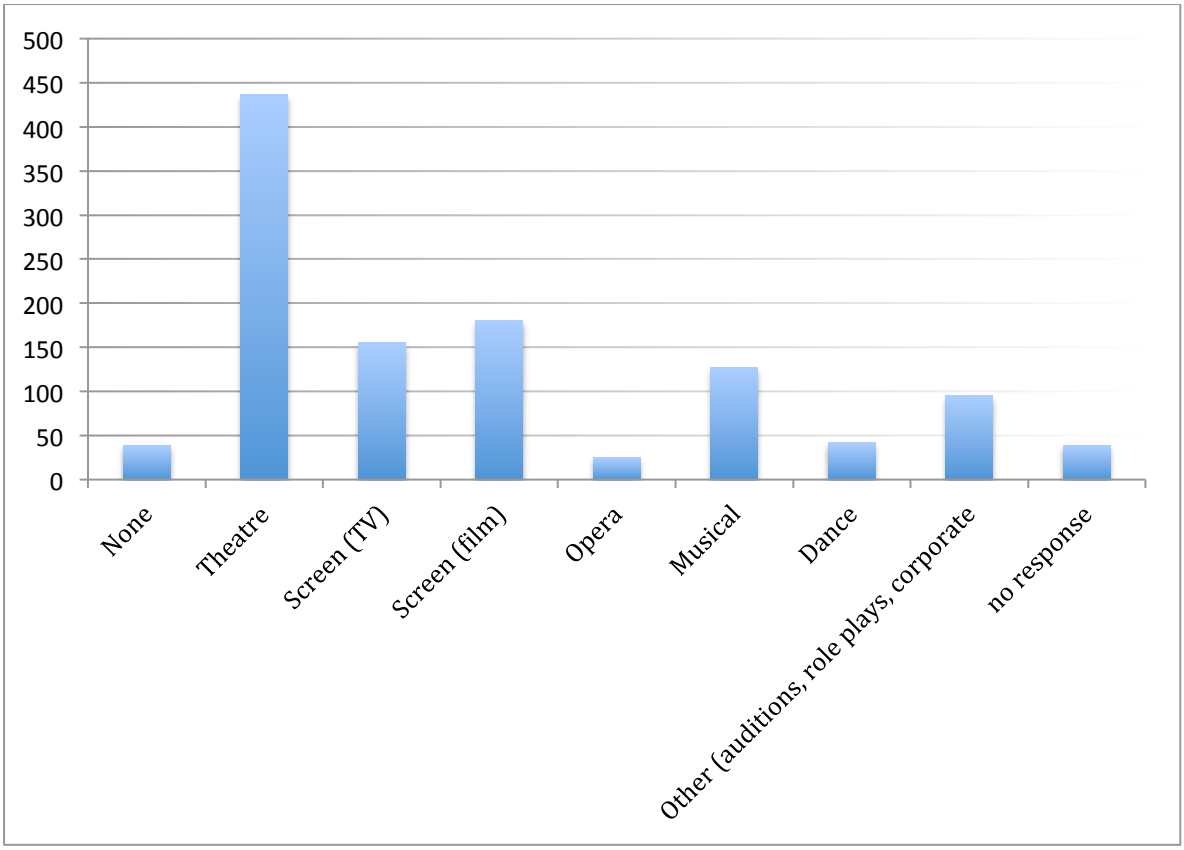
IMPACT OF WORK-RELATED HEALTH COMPLAINTS UPON RELATIONSHIPS

When asked whether performance-related stress (physical or psychological) affected their relationship with friends or family, 41.8% answered 'Moderately' to 'Extremely' (Graph 46). Recall the discussion above with regard to actors' reliance on friends and family for support after emotionally and physically-demanding performance (Graph 37): actors need support networks, while acknowledging that those very networks are strained by the stress of their work.



GRAPH 46. DOES WORK-RELATED STRESS AFFECT YOUR RELATIONSHIP WITH FRIENDS AND FAMILY (AS PERCENT OF RESPONDENTS)?

When then asked to identify the kind of work in which this relationship-affecting stress occurred, 437 participants nominated theatre work, as the source. In comparison, TV and film acting (combined) was cited in 336 cases (Graph 47; note, respondents could nominate more than one category).



GRAPH 47. IN WHAT KIND OF PRODUCTION HAS PHYSICAL AND/OR PSYCHOLOGICAL STRESS OCCURRED?

Unsurprisingly, respondents reported high levels of impact of work-caused separation upon their relationships with friends and families. Indeed, the effects of touring were raised frequently in qualitative responses to the survey. 350 respondents, or 44.8% of the sample, acknowledged the impact of separation, with the effect being most strongly reported among those in de facto relationships (Graph 48).

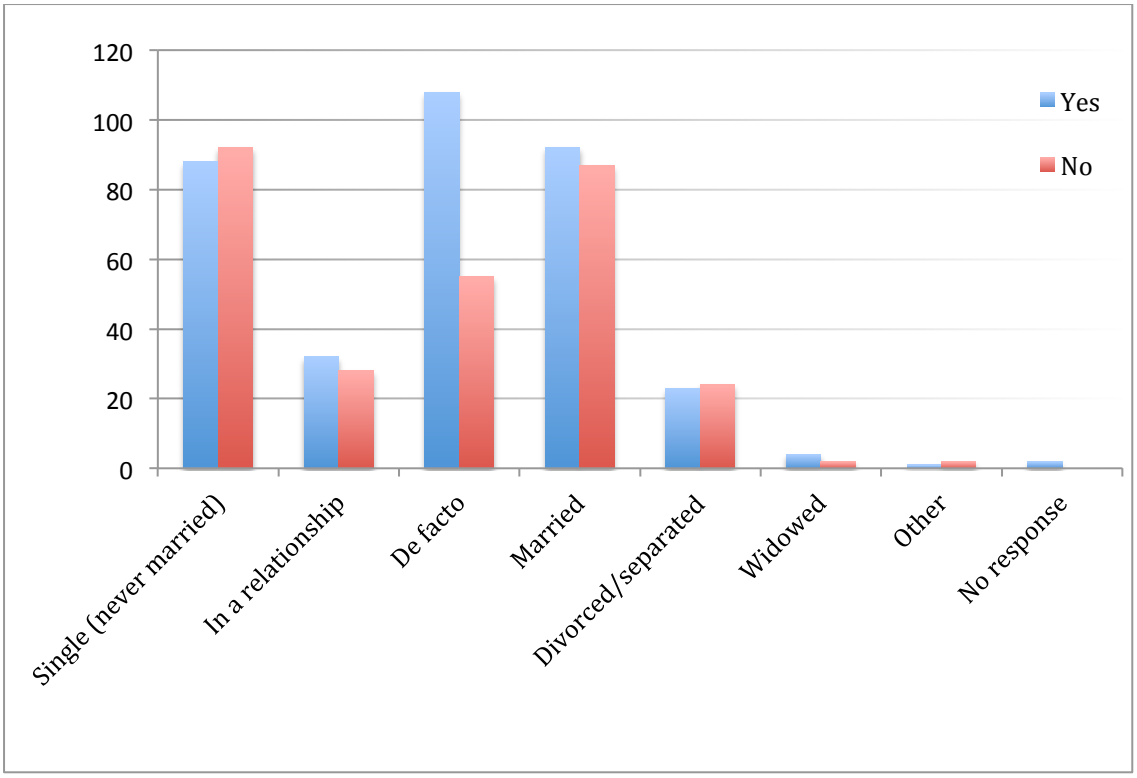


CHART 48. DOES LONG SEPARATION DUE TO WORK DEMANDS IMPACT ON YOUR RELATIONSHIPS WITH FRIENDS AND FAMILY?

ACTORS' WELLBEING

As noted above, the survey included a number of psychometric instruments, used in this context to develop an understanding of the health challenges facing Australian actors. In this present paper, we report the broad findings in relation to these instruments.

THE SATISFACTION WITH LIFE SCALE (SWLS)

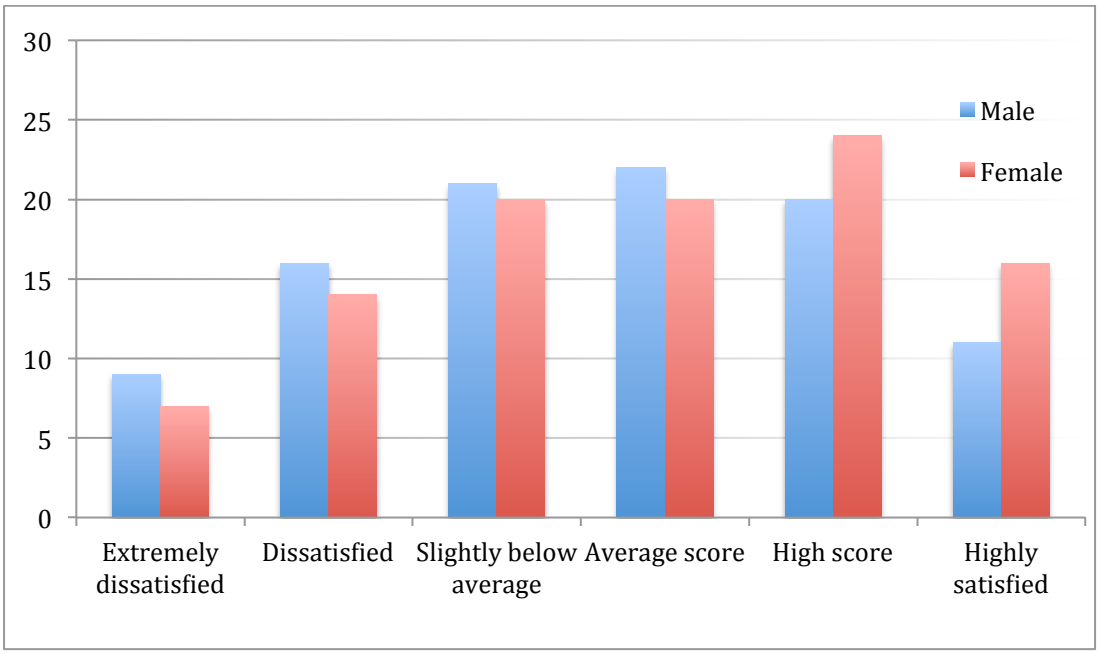
The SwLS (Diener et al. 1985) is a 5-item instrument designed to measure individuals' global judgments of satisfaction with their life in general. Respondents are asked to rate their level of agreement with five statements on a scale between 1 (Strongly disagree) to 7 (Strongly Agree). Items include such statements as "*In most ways my life is ideal*" and "*So far I have gotten the important things I want in life*".

Scores are summed to provide an overall index of life satisfaction, which can range from 5 to 35. Based on these total scores, Diener (2006) provides several categories to describe individuals' level of satisfaction (see Table 1). These categories range from a score of 30-35 indicating that the person is 'highly satisfied', to a score of 5-9 indicating that the person is 'extremely dissatisfied' with their lives. In economically developed nations, average life satisfaction scores range between 20 and 24. In other words, the majority of people are generally satisfied, but they would like to improve some areas of their lives.

30-35	Highly satisfied
25-29	High score
20-24	Average score

15-19	Slightly below average
10-14	Dissatisfied
5-9	Extremely dissatisfied

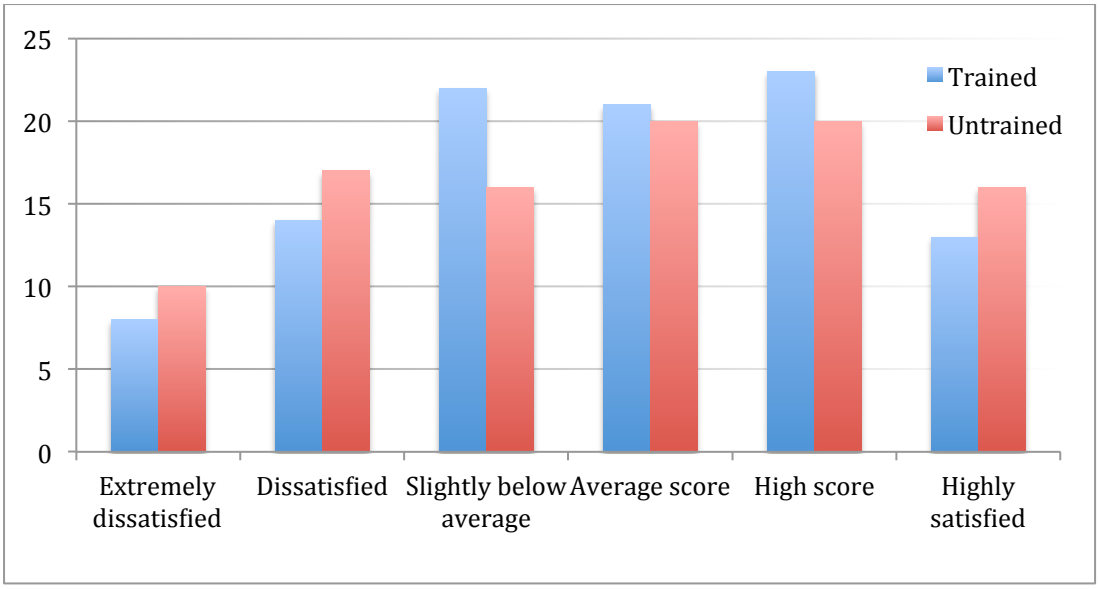
TABLE 1. SATISFACTION WITH LIFE SCALE INDEX (DIENER 2006).



GRAPH 49 SWLS RESULTS, COMPARING MALE AND FEMALE RESPONSES AS PERCENTAGES IN THE CURRENT STUDY (PERCENT OF RESPONDENTS).

The average SwLS score for all respondents in our study was 20.82, placing them at the lower end of the 'Average' range specified by Diener (2006). For males, the average was slightly lower, at 20.11 (median 20), while for females the average was 21.36 (median 22). Indeed, as Graph 49 suggests, female respondents generally report being more satisfied with their lives: 31% of male respondents and 40% of female respondents scored higher than the average satisfaction reported for developed nations in general (Diener 2006). On the other hand, 25% of men and 21% of women in the current sample reported being dissatisfied or extremely dissatisfied with their lives.

There was no difference in life satisfaction between trained and untrained actors (Graph 50), the mean score for trained actors being 20.88, and 20.73 for untrained actors. Identical proportions enjoy above average satisfaction (26% for both groups), while trained actors are less likely to be dissatisfied (22% versus 27%).



GRAPH 50 SWLS RESULTS, COMPARING TRAINED AND UNTRAINED ACTORS, AS PERCENTAGES.

Age had no significant effect on life satisfaction (Tables 2 and 3); while satisfaction seems to dip in the 45-54 age range, it does not do so significantly. Actors over 65 report relatively high levels of life satisfaction, although the sample size is too small to draw firm conclusions. This effect is more pronounced with female respondents, but again, given the sample size, it would be inadvisable to infer an effect.

Age	N	Mean	Median
<25	56	21.14	19.5
25-34	173	21.40	22
35-44	120	20.66	21
45-54	98	19.44	19
55-64	76	20.63	21.5
65+	40	22.13	25

TABLE 2. LIFE SATISFACTION AND AGE: MEAN AND MEDIAN SWLS RESULTS BY AGE.

	Male		Female	
Age	Mean	Median	Mean	Median
<25	19.22	18	22.05	23
25-34	20.12	20.5	21.96	22
35-44	21.45	22.5	20.24	20
45-54	19.09	19	19.9	19
55-64	19.44	20	22.02	24
65+	21.21	22.5	23.5	27

TABLE 3. LIFE SATISFACTION SCORES BY AGE AND GENDER.

THE DEPRESSION, ANXIETY AND STRESS SCALES – SHORT FORM (DASS-21)

The DASS-21 asks respondents to evaluate the extent to which a series of 21 statements applied to them, on a scale from 'not at all' to 'very much', over the week prior to testing. The scales are intended to provide brief measures of the emotional states of depression, anxiety, and stress, and include such items as, for example "*I felt that I had nothing to look forward to*" (depression), "*I felt I was close to panic*" (anxiety) and "*I found it hard to wind down*" (stress). The DASS is a highly reliable measure that has received extensive psychological research evidence for its validity, and it is commonly used in a variety of health settings. Our intention in using the DASS-21 was to develop an understanding of how actors' reports of their emotional well-being compare to Australian general adult samples completing the same scales.

In the *DASS Manual*, Lovibond and Lovibond (1995) present Australian sample means and standard deviations for the DASS-42—the full-length version of the DASS. The data set is based on 1044 males and 1870 females with an age range of 17-69 years. It is important to note, however, that Lovibond and Lovibond's 1995 data were collected more than 20 years ago, and that more than half of that sample comprised university students.

More recent normative data have been reported by Crawford et al. (2011), whose sample was drawn from the general community and included less than 20% of respondents in the 18-24-year-old age range. Therefore, Crawford et al.'s sample appear to be more comparable to our current sample in terms of age and educational background. In Tables 4 and 5, we present the Depression, Anxiety and Stress scores obtained by our sample and by the sample reported by Crawford et al. (2011).

	Depression		**Anxiety**		**Stress**	
	Mean	SD	**Mean**	SD	**Mean**	SD
Men (N=254)	**5.43**	5.11	**2.81**	3.48	**5.60**	4.49
Women (N= 327)	**4.85**	4.69	**2.97**	3.27	**6.16**	4.30
Total (N= 581)	**5.10**	4.88	**2.90**	3.36	**5.91**	4.38

TABLE 4. DASS-21 MEANS AND STANDARD DEVIATIONS, BY GENDER IN THE CURRENT STUDY.

	Depression		**Anxiety**		**Stress**	
	Mean	SD	**Mean**	SD	**Mean**	SD
Total (N = 497)	**2.57**	3.86	**1.74**	2.78	**3.99**	4.24

TABLE 5. DASS-21 MEANS AND STANDARD DEVIATIONS (CRAWFORD ET AL. 2011).

A comparison of mean scores in Tables 4 and 5 reveals that on average, Australian performers reported significantly higher levels on depression, anxiety and stress than did Australian adults in general. Indeed, scores for depression are twice as high for performers, compared to the general population.

When analysed in relation to age, DASS-21 scores start out high and then drop for the over 55 age group, as per Table 6.

Depression

	Male			**Female**			**Total**		
	N	**Mean**	**SD**	**N**	**Mean**	**SD**	**N**	**Mean**	**SD**
<25	18	6.83	4.44	39	5.69	4.46	57	6.05	4.44
25-34	63	6.22	5.50	114	5.20	4.63	177	5.56	4.97
35-44	47	5.00	5.18	78	5.27	4.90	125	5.17	4.99
45-54	57	6.33	5.33	42	4.98	5.52	99	5.76	5.42
55-64	43	3.86	4.68	36	3.66	3.96	79	3.77	4.34
65+	24	3.88	3.94	16	1.13	1.15	40	2.81	3.39
Total*	252	5.43	5.13	325	4.88	4.70	577	5.17	4.90

Anxiety

	Male			**Female**			**Total**		
	N	**Mean**	**SD**	**N**	**Mean**	**SD**	**N**	**Mean**	**SD**
<25	18	5.22	4.43	39	4.10	4.04	57	4.46	4.16
25-34	63	2.86	3.62	114	3.46	3.48	177	3.25	3.53
35-44	47	2.34	3.01	78	2.76	3.15	125	2.60	3.09
45-54	57	3.98	3.88	42	2.95	3.06	99	3.55	3.57
55-64	43	1.60	2.38	36	1.61	1.99	79	1.61	2.20
65+	24	1.21	2.15	16	1.38	1.31	40	1.28	1.84

Total*	252	2.81	3.50	325	3.00	3.28	577	2.92	3.37

Stress

	Male			Female			Total		
	N	**Mean**	**SD**	**N**	**Mean**	**SD**	**N**	**Mean**	**SD**
<25	18	7.39	4.06	39	7.90	4.45	57	7.74	4.30
25-34	63	6.43	4.45	114	6.76	4.27	177	6.64	4.33
35-44	47	5.85	4.48	78	6.33	4.46	125	6.15	4.45
45-54	57	6.37	4.43	42	6.05	4.17	99	6.23	4.30
55-64	43	3.67	4.22	36	3.64	2.57	79	3.66	3.54
65+	24	3.29	4.06	16	3.50c	3.35	40	3.38	3.75
Total*	252	5.61	4.50	325	6.20	4.29	577	5.94	4.39

* Note: two male and two female respondents did not provide their ages; hence the difference in this table to that in Table 4.

TABLE 6. DASS-21 RESULTS BY AGE.

Overall, while life satisfaction does not vary much across the different age groups, younger actors are more likely to report symptoms of depression, anxiety and stress than those who are over 55 in our sample.

AUDIT

The Alcohol Use Disorders Identification Test (AUDIT) was developed by the World Health Organization (WHO) to screen for potential harmful use and alcohol dependence among adults in primary care settings (Saunders et al., 1993). The AUDIT has since been widely used in community populations and in a variety in other settings (e.g., in the workplace, colleges, mental health facilities, or prisons) as well (Reinert and Allen 2002; 2007).

The AUDIT consists of 10 items that address the frequency and quantity of alcohol consumption (for example, *"How many standard drinks do you have on a typical day when you are drinking?"*) and its adverse consequences (for example, *"How often during the last year have you failed to do what was normally expected of you because of drinking?"*). Items are scored from 0 to 4, and can be summed to yield a total score ranging from 0 to 40. Higher scores on the AUDIT predict alcohol-related social and medical problems, mortality, and the recurrence and persistence of alcohol dependence (Babor et al. 2001; Reinert and Allen 2002, 2007).

The World Health Organisation recommends that total AUDIT scores above 8 are indicators of potential harmful alcohol use (Babor et al. 2001, 19). However, there is now substantial research evidence to indicate that among women, total AUDIT scores above 5 indicate potential harmful use (Reinert and Allen 2007).

In our study, 578 respondents completed the AUDIT. The mean scores are presented in Table 7.

	N	Minimum	Maximum	Mean	SD
Women	327	1	36	6.73	5.10
Men	251	1	37	8.26	6.27
Total	578	1	37	7.39	5.69

TABLE 7: AUDIT MEAN SCORES.

The mean for male actors in our sample was 8.26, and for females 6.73, indicating that on average, this sample of respondents reported alcohol use at a level that indicate potential harm. The difference between male and female means here is significant: male actors on average consume more alcohol than female actors, and do so on average at levels that are potentially harmful to their health. However, when using the recommended lower cut-off score of 5 for women, it can be seen that on average, this sample of women also report alcohol consumption at potentially harmful levels.

Table 8 further breaks down the results in terms of levels of severity (Babor et al. 2001, 20). When using the same cut-off scores to classify both men and women, 43.1% of male respondents and 35.6% of female respondents report using alcohol at levels that place them at moderate risk of harm or above. 14 male respondents (5.6%) and seven (2.1%) female respondents are likely to be alcohol dependent.

	Scores	**Frequency**					
		Male		**Female**		**Total**	
		N	**%**	**N**	**%**	**N**	**%**
Low-Risk	0-7	143	56.9	217	66.4	360	62.3
Moderate Risk	8-15	79	31.5	88	26.9	167	28.9
High Risk	16-19	15	6	15	4.6	30	5.2
Likely Dependent	20+	14	5.6	7	2.1	21	3.6
		251		327		578	

TABLE 8. AUDIT SEVERITY LEVELS.

Among actors of both genders, respondents between the ages of 25 and 34 scored highest on the AUDIT, males in this age group recording a mean score of 9.23, women 8.35 (Table 9).

	Male	**Female**	**Total**

Age	N	Mean	N	Mean	N	Mean
<25	18	8.28	35	6.29	53	6.96
25-34	66	9.23	119	7.86	185	8.35
35-44	39	8.67	80	6.09	119	6.93
45-54	59	8.63	42	6.67	101	7.81
55-64	43	7.09	33	5.90	76	6.58
65+	25	6.52	17	4.41	42	5.67

TABLE 9. AUDIT SCORES BY AGE AND GENDER.

DUDIT-E

We used the Drug Use Disorders Identification Test—Extended (DUDIT-E, Berman et al. 2007) to assess the extent to which the respondents use a variety of drugs, as well as their perception of the positive and negative consequences of drug use.

The first section of the DUDIT-E asks respondents to report how often they use a variety of legal (e.g. pain killers or sleeping tablets) or illegal (e.g. cannabis) drugs. In the case of pain killers or sleeping tablets, it is specified that these do NOT count as 'drugs' if they have been prescribed by a doctor and are used as prescribed.

Items are scored from 0 (never) to 5 (4 times a week or more). These scores can be summed to provide a total index of drug use, ranging from 0 to 45. Berman et al. (2007) report that in a sample of prison inmates, an average score of 13.9 was obtained on this section of the DUDIT-E.

The average scores obtained by the respondents in our study is reported in Table 10, which shows relatively low levels of drug use. Importantly, however, in our sample of 582 respondents who completed the DUDIT-E, only 21.6% returned a score of 0, suggesting that about 80 per cent of the actors in this study are active users of either legal or illegal drugs.

	Male	Female	Total
N	254	327	582
Mean	4.39	3.30	3.77
SD	4.77	3.83	4.29
Median	3	2	3
Range	0-50	0-26	0-50

TABLE 10. DUDIT-E TOTALS.

DISCUSSION

This preliminary analysis of quantitative responses to a range of questions about actors' demographic, training, income, work experiences, and the health and wellbeing impacts of the circumstances in which they work, presents a compelling picture of a highly-qualified, highly-skilled, extremely low-paid population, overwhelmingly required to work outside their field of speciality—acting—in order to secure even minimal levels of income.

Australian actors report having trained at a wide variety of public and private drama schools, although the field is significantly dominated by three key institutions: NIDA, VCA and WAAPA. Training partially prepares actors for the challenges of the careers and the lives that they will lead, although it would appear that there is not a great emphasis in training upon the development of financial management skills. Having trained or not does not appear to significantly affect income levels.

Most actors reported regularly using warm-up routines; far fewer reported applying regular techniques for cooling down after performance, particularly after performing challenging roles. Instead, high numbers of actors reported the use of alcohol as a means of unwinding. This appears to often take the form of 'going for a drink' with colleagues after a show.

Indeed, actors use a range of techniques to cope with the ongoing stresses and demands of their work, ranging from a reliance on friends and family, to the use of body, meditation and other wellbeing techniques, to licit and illicit drugs. Actors, as might be expected, identify high levels of stress associated with low levels of income; they also report a tolerance in the face of otherwise debilitating complaints and ailments associated with their work, often choosing to keep working in circumstances in which they report experiencing serious and often long-term symptoms. Actors acknowledged the impact of work-related stress and pressures upon their families and friends.

Actors also report using a range of strategies to cope with the more acute pressures associated with demanding roles. In particular, they report using a wide variety of prescribed, over-the-counter, herbal and illicit substances.

Perhaps surprisingly, a quarter of actors reported having experienced debilitating performance anxiety. A similar proportion reported having experienced bullying or harassment in the workplace.

However, in spite of all this, when asked to evaluate their level of satisfaction with their lives, actors generally—remarkably—responded positively, with actors over 65 seeming to look back on their careers with a level of positiveness. (At the same time, we would need to acknowledge both that the sample for over 65s is small; it is also the case that actors who had, over a period of decades, been dissatisfied with their lives, would have self-selected out of the field, and would not have been captured in our survey.)

At the same time, we found that actors in our sample score twice as high as the general population on the depression scale of the DASS: in comparison with Crawford et al.'s normative sample, male actors in particular record concerningly high levels of depression. Indeed, Australian actors reported significantly higher levels on depression, anxiety, and stress than did Australian adults in general. It is important to note that the Satisfaction with Life Scale, upon which the finding of general satisfaction was made, uses a series of questions that explicitly ask respondents to reflect upon and to evaluate their attitudes. The DASS scale,

however, asks respondents to report on certain behaviours (in the week preceding the participant's completion of the survey) that are reliably associated with, in the case of the Depression subscale, 'Low Positive Affectivity'. Depression In other words, the DASS does not invite reflection, but seeks evidence of subjective feelings, experiences or behaviour indicative of depression.

On the basis of these findings, we hypothesise that actors are disposed to 'finding the positive' and, perhaps, to maintaining a bearing of optimism and 'good energy', even when the circumstances of their lives are presenting challenges which are having profound effects on their wellbeing. Perhaps, too, there is an assessment along the lines of 'given everything, things are not so bad'. After all, actors might be understood as following and living their passion; it may be, too, that they have entered their profession aware of the challenges to come.

Against this, perhaps, rosy evaluation, we need to place the findings of the AUDIT and DUDIT-E instruments. Specifically, we find that actors are using alcohol at levels well above the World Health Organisation guidelines for healthy consumption. Male actors consume alcohol at levels that are significantly higher than their female counterparts; however, both males and females report alcohol consumption at potentially harmful levels. This finding is consistent with actors' reports, in our survey, of their reliance on alcohol as a means with which to both 'cool down' after performance, and to cope with the more acute effects of demanding roles. It also appears that much of the drinking is associated with forms of sociality linked to working in this field.

Similarly, the findings of the DUDIT-E with reference to drug use raise questions. We find that about 80 per cent of the actors in this study are active users of either legal or illegal drugs; note that this excludes drugs prescribed by a doctor and used as prescribed. Recall, too, the data from the question about the use of substances in response to work-related problems as a performer (Graph 38): 98 respondents reported using prescribed anti-depressants; 65 prescribed anti-anxiety drugs; 140 other legal substances; 87 marijuana; and 53 other illegal drugs. This suggests, perhaps, that actors actively self-medicate in response to both the general, long-term pressures of their work and lives, and the acute burdens of demanding roles.

CONCLUDING REMARKS

The findings presented above add a compelling, albeit incomplete, empirical perspective to the understanding of actors' lives, pointing towards directions for further analysis and research; research which will embrace a variety of methodologies. The scope of this present article does not allow us to fully explore the data we have collected in this study: for example, the vast amount of discursive ('qualitative') responses to many of the questions, and a body of data associated with eating disorders and body image which has been omitted from this report. These will be addressed in future publications.

On the basis of this report however, we offer five proposals for consideration:

1. Actor training should systematically address aspects of actors' wellbeing, including the maintenance of psychological health, and the imbedding of skills and techniques not only in warming-up for performance—something that appears to be well-established in the field—but for cooling down and debriefing after performance.

2. Actors' financial literacy and capacity to engage in career planning should be addressed as a priority both by training institutions, and by industry stakeholders.

3. The assertion of an industry-wide obligation to provide actors with structured opportunities to cool down and debrief after performance.

4. The urgency of raising actors' awareness about the industry-specific challenges of depression, anxiety and stress, and alcohol- and drug-use.

5. Training institutions and industry stakeholders should develop, implement, and maintain strategies to develop actors' capacity both to recognise these challenges and to foster appropriate behaviours and practices in response.

ACKNOWLEDGEMENT
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Note

1. These figures were calculated by annualising weekly data published by the Australian Bureau of Statistics at http://www.ausstats.abs.gov.au/ausstats/meisubs.nsf/0/6D53FBF36837D6EBCA257A5B00121372/$File/63020_may%202012.pdf)