Exploring psychological wellbeing in actors:

A qualitative study of professionals and students

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Abstract

This thesis investigates the psychological wellbeing (PWB) of professional and student actors in Australia. The research comprised 35 in-depth interviews and used thematic analysis and qualitative content analysis to analyse the data. Various checks of methodological rigour were used throughout. The findings are presented in four related papers investigating, respectively: a) how student and professional actors define PWB, b) what factors underpin and impact the PWB of professional actors, c) what factors underpin and impact the PWB of student actors and d) what support student and professional actors need to maintain and/or enhance their PWB.

In Paper 1, results presented include the difficulty of defining PWB, the importance of self-awareness, self-regard and accepting and navigating one's internal world, PWB as an activity and coping strategies. Findings suggested that participants' definition of PWB was grounded in their identity as actors. Implications for care included being alert for help-seeking difficulties, along with ensuring actors have appropriate tools for managing PWB.

In Paper 2, two categories were established pertaining to professional actors' PWB: environmental and personal factors. Environmental factors concerned the use of power in the acting industry, precarious lifestyle, uniqueness, engagement, complex relationships and self-care. Personal factors were drive, strengths, viewing acting as a calling, a precarious internal world and self-reflection. Key findings suggested actors experience a range of threats to PWB, as well as experiences which facilitate it. There were clinical implications suggesting actors are vulnerable to depression, generalised anxiety symptoms, vicarious trauma and perfectionism.

Paper 3 explored PWB in student actors. Findings clustered into three domains: the conservatoire (environmental/cultural factors), acting training (process factors) and student qualities (individual factors). Influences on students' PWB were complex personal relationships, workload, uncertainty, perfectionism, strengths, mental health difficulties,

identity de-stabilisation, growth and feeling exposed. Practical implications included building mental health literacy, increasing students' feelings of competence, fostering the ability to tolerate stress and uncertainty and employing a specialist clinician within the conservatoire.

Paper 4 explored what support student and professional actors need to maintain and/or enhance PWB. Key recommendations for students included mental health resources, an embedded clinician, alterations to the course structure, examining the role of staff, connecting with the wider community, broadening students' identities, creating a professional network and practical resources. In the professional cohort, areas of support included practical resources, connectedness, changing the social perception of actors, life outside acting and industry functioning. The key finding across both cohorts was the need for multi-level, contextually sensitive support for actors across their careers.

The thesis concludes with a discussion comprising, firstly, an overview of findings and the contribution of the research to the broader literature and to knowledge about professional and student actors' PWB. Clinical implications of the findings are discussed, including a clinician's guide to areas of concern developed from the research. Service delivery for actors, including non- traditional models of care, is explored and the limitations of the research are highlighted. Areas for future endeavour are noted throughout and the chapter concludes with some final thoughts on working with actors to maintain and enhance PWB in light of broader issues facing the acting industry in Australia.

Declaration

I certify that this work contains no material which has been accepted for the award of any other degree or diploma in my name in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text. In addition, I certify that no part of this work will, in the future, be used in a submission in my name for any other degree or diploma in any university or other tertiary institution without the prior approval of the University of Adelaide and where applicable, any partner institution responsible for the joint award of this degree.

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Signed: (Alison Robb)   Date: 11/09/2017

Publications contained in this thesis

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Robb, A., & Due, C. (2017). Exploring psychological wellbeing in acting training: an Australian interview study. *Theatre, Dance and Performance Training*. doi: 10.1080/19443927.2017.1324518

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Presentations based on this thesis

Arts Industry Council of South Australia: "40 Year Vision for the Arts", Adelaide Town Hall, 2014. *Wellbeing: How are you going and what do you need?*

Australian Theatre Forum, Seymour Centre, University of Sydney, 2015. *Making it healthy: How are you doing and what do you need?*

Florey Postgraduate Research Conference, Adelaide, 2015. Poster: *Exploring psychological wellbeing in a sample of Australian actors.* Alison Robb, Dr Clemence Due, Emeritus Professor Ted Nettelbeck, Dr Anthony Venning.

Victorian Theatre Forum: New Potential and Adaptive Resilience. Melbourne, 2016. Keynote address: *Here I Stand: Cultivating resilience in the face of chaos.* Workshop: *Start where you are: your own personal map of resilience.*

Australian Performing Arts Centres Association, 'The New Normal' Conference, Melbourne, 2016. Workshop: *Mental health in the arts workplace.*

Northern Australian Performing Arts Centres Association Conference, Logan, QLD, 2017. Keynote address and experiential workshop. *Resilience in the arts.*

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For the actors…the storytellers, the survivors, the mercurial light-bringers…

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Preface

As I move through the final stages of preparing this manuscript, it seems appropriate to reflect on how this program of research came about. In many ways, I have been set on this course since I graduated in 1999 from the Flinders University Drama Centre in South Australia, Australia. I was a newly minted director, 21 years old, whose passion for drama had borne me through my professional learning to the brink of my creative career. I underwent four years of rigorous training, including many of the same classes as my colleagues who were actors: vocal training, dance and movement, acting technique, devising new work and performing existing shows in lengthy production periods. As an emerging artist, I had massive loans and a heavy load of anxious uncertainty to carry forward; but I also had a project on the horizon, single-minded drive and skills. I had learned my craft, and in the subsequent decade I applied it wherever possible in the world of theatre, in venues and with companies large and small, as director, assistant director, stage manager, administrator, writer, lighting and sound operator and usher/front of house manager. I supported myself financially by working an array of casual jobs in cinemas and retail. With other willing artists, I put on shows with no budget, no pay and small audiences. I said yes to everything, worked extremely hard and my career trundled along in a similar vein to my colleagues: sporadic, exhausting, occasionally exciting and satisfying, and with high personal cost, driven by the wonder of storytelling.

As a director in both funded and non-funded companies I had the opportunity to work with actors at all stages of career, from new graduates to seasoned veterans. The work of a director with a group of actors is intimate and compelling. Ideally, the director creates an alliance with each actor and finds out very quickly how to interpret that actor's signals. The director works to provide the safety which will allow the actor to take deep emotional risks. Everyone works in alliance toward a common vision of the story. It is very like the relationship between therapist and client and often, as a director, I became confidant, witness

and guide to actors' struggles with psychological wellbeing. Throughout my career, I did not experience a single occasion in which psychological wellbeing was openly discussed, nor was I aware of anyone seeking professional help. The world of performing arts seemed complete unto itself: a consuming and demanding bubble, with a specific culture and rules for behaviour.

The above experiences, along with my struggle to psychologically and materially sustain my beloved artistic career, led me to re-train as a psychologist. The opportunity to undertake a PhD was one I never looked for, but when I became aware of the sheer lack of research with actors, the chance to lay a small foundation stone of evidence for actors' needs was too important to pass up. The program of research in the following thesis was, therefore, guided by the principle that the experiences of actors, both in vocational training and the profession, have been overlooked in research; an issue explored further in section 6.4 of Chapter 1. Further, there is reason to suppose, given their unusual work demands and environments (both professional and training), that actors may have a unique understanding of what psychological wellbeing is or means. Actors may also be exposed to a specific set of factors impacting their psychological wellbeing and this has flow-on implications for their care and support. Finally, it is not yet known what support or care actors might need to improve and maintain their psychological wellbeing. There is certainly no known specialist, evidence-based psychological service catering to actors. Moreover, it is not known if a specialist service is necessary, or if treatment-as-usual is sufficient to meet actors' psychological wellbeing needs.

It is my sincere hope that the following thesis is of assistance to actors and those who work closely with them, both in training and in the profession. I hope it provides a launching pad for clinicians already working with this population. I further hope it may spark interest in other researchers and clinicians to consider engaging more proactively with actors and building a path to evidence-based practice which will consider actors' preferences.

Aims

The aims of this program of research were as follows:

1.   Investigate how student and professional actors define psychological wellbeing, with the broader goal of identifying whether this is context-specific and/or fits with dominant established models of psychological wellbeing.

2.   Investigate what factors impact the psychological wellbeing of professional actors.

3.   Investigate what factors impact the psychological wellbeing of student actors in vocational training.

4.   Explore the preferences of student and professional actors regarding how to improve/ maintain their psychological wellbeing, with the broader goal of guiding clinical practice and service development.

Overview

In Chapter 1, I begin by outlining the practical considerations of this research program, such as the requirements of my combined Doctor of Philosophy/Master of Psychology (Clinical) candidature. This is followed by a guide to clinical frameworks encompassing both mental disorders and indicators of positive functioning, along with a brief explanation of the principle of evidence-based health care. I then provide a background introduction to the arts in Australian society, with specific information on the workforce of professional actors and the body of student actors in vocational training. I continue by introducing the specialty of performing arts health, including its history and the current state of service in Australia. I identify key theoretical concepts used in this thesis, including a note on language, the dual-focus framework of psychological wellbeing and a model through which to consider positive functioning.

I then review the evidence concerning performing artists' psychological wellbeing, including a note on the complexity of searching this literature and a summary of the trends in psychological research with musicians and dancers. The 'forgotten patients' section reviews the scant literature on psychological wellbeing in professional and student actors. The rationale for the research is summarised and the aims re-articulated. Chapter 1 concludes with an overview of the research program, together with an outline of ethical considerations and the methodological approach, including a discussion of quality in qualitative research and the specific types of analysis used.

The subsequent four chapters consist of manuscripts, with varying publication status, reporting the results of this research program. Chapter 2 consists of a paper currently under review by *The Australian Community Psychologist*, entitled "Actors define psychological wellbeing: through the lens of social identity". The paper details the first study in this program; an investigation into how professional and student actors define psychological wellbeing and suggests that actors' definition is context-specific and grounded in their social

identity as actors. The results are discussed in terms of implications for monitoring and measuring actors' psychological wellbeing.

Chapter 3 contains the published manuscript of a paper arising from the second study: "Exploring psychological wellbeing in a sample of Australian actors" (doi: 10.1111/ap.12221, *Australian Psychologist*). This study investigated what factors might impact the psychological wellbeing of professional actors and the paper discusses the results in relation to mental illness and positive functioning and highlights key areas of interest including: anxiety, depression, trauma, perfectionism, alcohol use, loneliness, low help-seeking and identity problems, along with identifying actors' personal strengths.

Chapter 4 contains the published manuscript of a paper arising from the third study: "Exploring psychological wellbeing in acting training: an Australian interview study" (doi: 10.1080/19443927.2017.1324518, *Theatre, Dance and Performance Training*). A sister-study to that found in the previous chapter, findings are once again discussed in relation to mental illness and positive functioning. Key findings in the student population include the impact of: complex personal relationships, intense workload, chronic uncertainty, perfectionism, personal strengths, mental health difficulties, identity de-stabilisation and feeling exposed.

Chapter 5 consists of a manuscript in preparation for submission to *The American Journal of Community Psychology*. This manuscript, "Supporting psychological wellbeing in student and professional actors: an applied ecological scoping study" reports the results of the fourth and final study in this program of research. The study explored student and professional actors' preferences for psychological wellbeing support. The findings are reported as an ecological timeline of needs from training through working life and highlight the need for intervention in multiple domains and the vast scope for future research and engagement with actors.

Finally, in Chapter 6 (Conclusions), I summarise the findings and articulate the overall significance and implications of the research. The chapter builds on, but does not re-state or re-work discussions found in the manuscripts (as outlined by the rules for the thesis-by -

publication format) and is, therefore, more concise than the concluding chapter of a traditional

thesis. This chapter also highlights limitations of the program of research and details

directions for future investigation and clinical endeavour.

Summary of terms

Before continuing to the first chapter of this thesis, it is necessary to outline some of the key population and theoretical terms used within this work. This is important both in relation to clarity and to note that these terms are used consciously, with acknowledgement of the fact that they may be contentious or debated.

Firstly, this thesis deals with a research population of actors, who fall into the category of both artists and performing artists. The terms 'actor', 'artist' and 'performing artist' are often used interchangeably both anecdotally and in scholarship. Within this thesis, however, it is important to highlight that they technically refer to different groups of people, with this thesis focusing on actors specifically.

The term 'artist' is used to denote a person who professes and practises an imaginative art, is skilled in one of the fine arts and/or is a skilled performer. Artistic practises include, but are not limited to, visual art (such as painting and sculpture) and performing art (such as music, dance and acting). More specifically then, a 'performing artist' is a type of artist whose work is displayed either live or in a recording in front of an in-person, radio or online audience or screen consumer and requires the presence and use of that performing artist's physical body for the work to be delivered (Manchester, 2009). Performing artists work in disciplines such as, but not limited to, music, dance, acting, circus, opera and performance art. Importantly then, I use the term 'actor' to refer to a performing artist whose work involves developing and portraying a character in front of an audience (either live or recorded). This work may be in the context of an existing story/text or the creation and staging of a new work. An actor may work across a variety of platforms including theatre, film, television, radio, online or cross-platform work. An actor is required to use body, voice, facial expression and emotion to convey a specific message to an audience and is frequently required to memorise, recall and express large volumes of text.

Secondly, several theoretical terms are used throughout this thesis, the meanings of which are debatable and, at times, contentious. Each of the terms summarised here is explained in further detail in the appropriate section of this thesis. As a candidate for a professional psychology degree in combination with a Doctor of Philosophy, I built this program of research from a 'clinical psychology' framework. The purpose of clinical psychology can be defined as understanding, predicting, and alleviating maladjustment, disability and discomfort, as well as promoting adaptation, adjustment and personal development (American Psychological Association, 2013). Clinical psychology is a health profession and in this thesis I conceptualise 'health' as a complete state of wellbeing, rather than purely the absence of disease (in alignment with the World Health Organization, 1948). This approach, considering both the negative and positive aspects of human experience, is known as a 'dual-focus' approach (see section 5.2 of Chapter 1).

This clinical psychology thesis is bound to operate in the realm of 'mental health'. Here, I am again guided by the World Health Organization, under the auspices of which good mental health is considered to be a state that allows people to realize their potential, cope with the normal stresses of life, work productively and contribute to community (World Health Organization, 2013). Further, I specifically use the language of 'psychological wellbeing' (PWB) to denote an approach to mental health encompassing the impact of both 'mental disorders' and indicators of 'positive functioning'. Mental disorders (also termed 'mental illnesses') are considered to be those found in the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM5)(American Psychiatric Association, 2013), while positive functioning is denoted by indicators found in Ryff's (1989, 2014) model (see section 5.3 of Chapter 1 for more information). Finally, I utilise an ecological approach to PWB (Bronfenbernner, 1977), which highlights the impact that contextual factors such as culture, political institutions, working and learning environments have on an individual's dynamic and evolving state of PWB.

Chapter 1

1. Practical considerations of this thesis

1.1 The thesis: publication format

The publication format chosen for this thesis is an alternative to the conventional written thesis. It comprises a collection of publications that are closely linked in subject matter, form a cohesive research narrative and have not been submitted for any other award. Under the rules of this thesis type, the papers may be any combination of published, submitted for publication, unpublished and unsubmitted works in a manuscript style. In addition, the thesis is required to contain a literature review establishing the field of knowledge, a rationale that provides a link between manuscripts and a statement of aims. The concluding chapter, rather than re-working discussions from individual papers, is required to show the overall significance of the work, its contribution to knowledge, problems encountered and future directions for the work. For more information on the publication format, please see the University of Adelaide Graduate Centre's (2017) guidelines.

1.2 Candidature requirements

The research comprising the main body of this thesis was undertaken in the context of a combined Doctor of Philosophy/Master of Psychology (Clinical) at the University of Adelaide, South Australia. This program combines a Master of Psychology (Clinical) course load and a full research program for a Doctor of Philosophy and further stipulates that the research undertaken adopts a clinical psychology focus. The research component of the degree is represented by this thesis reporting the results of four studies (Chapters 2, 3, 4 and 5). The Master of Psychology (Clinical) professional component consisted of seven academic subjects and three practical placements in a clinical psychology workplace (totalling 1000 hours of clinical experience) and was successfully completed in 2015.

The condensed and intensive nature of the candidature fosters a pragmatic and condensed approach to data collection. In this research program, all data for the four studies was collected simultaneously in the form of in-depth interviews. It is important to note that, in keeping with methodological rigour, the interview schedule was piloted and revised separately for each cohort (student and professional actors) and analysis for each study was performed independently and consecutively. The analysis process included member-checking with the participants (such as providing opportunities to review transcripts and proposed thematic structure) and allowing appropriate time for feedback. For more on methodology, see section 10 in this Chapter, as well as the Method sections in each of the papers comprising Chapters 2, 3, 4 and 5.

2. Clinical frameworks

As stated in section 1.2 of this chapter, to qualify for the award of the combined Doctor of Philosophy/Master of Psychology (Clinical) this research adopted a clinical psychology focus. The role of clinical psychology is to "...understand, predict, and alleviate maladjustment, disability, and discomfort as well as to promote human adaptation, adjustment, and personal development" (American Psychological Association, 2013). This definition aligns with the World Health Organization (WHO) definition of health as a state of complete wellbeing, "not merely the absence of disease…" (World Health Organization, 1948).

There is no doubt that clinical psychologists are predominantly considered to be skilled in assessing and treating complex mental health disorders (Australian Psychological Society, 2017c) and research focused purely on identification and treatment of mental illness has been highly valuable. The illness-focussed history of the discipline has resulted in a multitude of techniques for reducing suffering (Gilham & Seligman, 1999) and a taxonomy of mental illness: the Diagnostic and Statistical Manual (DSM) (American Psychiatric Association, 1980). As the WHO-aligned definition of clinical psychology shows, however, attention must be given not only to deficits and distress, but also to the positive aspects of human functioning. In the more recent literature, psychologists have been invited to extend their focus to positive experiences, traits and institutions as a way to balance the problem-focussed history of the discipline (Seligman & Csikszentmihalyi, 2000). This thesis, then, uses a clinical psychology framework with a dual focus on both mental illness and positive functioning, here referred to as psychological wellbeing (PWB). For more on dual-focus theory, see section 5.2 of this chapter.

In this thesis, discussion of the mental illness component of PWB is grounded in the Diagnostic and Statistical Manual of Mental Disorders (5th edition)(DSM5)(American Psychiatric Association, 2013). The DSM5 has faced criticism for perceived lack of

transparency in its development, the involvement of pharmaceutical interests and the widening of diagnostic criteria (Collier, 2010; Frances, 2013) but in order to gain registration as a psychologist in Australia applicants are required to be familiar with DSM5 diagnoses (Australian Health Practitioner Regulation Agency, 2017). Moreover, the DSM5 is used clinically to diagnose mental disorders, with the aim of identifying further specific assessments and selecting appropriate, evidence-based models of intervention or treatment. In Australia, the most prevalent disorders outlined in the DSM5 include: anxiety disorders in 14% of the population, depressive disorders (6%) and substance use disorders (5%) (Australian Bureau of Statistics, 2008).

The model used in this thesis to discuss the positive aspects of PWB is supplied by Ryff (1989, 2014). The choice of Ryff's model for this program of research will be explored in section 5.3 of this chapter, but by way of brief introduction, the model was formulated in response to a tradition of wellbeing research typified by the psychological construct of subjective wellbeing. Subjective wellbeing posits that the positive aspects of human experience can be measured in terms of the presence of positive emotion, absence of negative emotion and subjective judgements of life satisfaction (Diener, 1984). In contrast, Ryff (1989) argued that this literature had little theoretical rationale and neglected essential aspects of positive human functioning that were comprehensively represented in previous literature on wellbeing theory. Theories included in Ryff's construction of a model of positive human functioning were: Maslow's self-actualization (1968), Rogers' concept of the fully functioning person (1961), Jung's theory of individuation (1933), positive mental health (Jahoda, 1958), meaning (Frankl, 1959), personal development (Erikson, 1959), basic life tendencies (Bühler, 1935), the influence of personality processes in development (Neugarten in Eisdorfer & Lawton, 1973) and maturity (Allport, 1961).

Ryff's synthesis of previous literature resulted in six indicators of positive functioning: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life and self-acceptance. Almost three decades of research followed the

definition and operationalisation of these indicators, providing important evidence for their fundamental influence on how people navigate the challenges of life. In the current thesis, Ryff's indicators are used, in conjunction with the DSM5, as a holistic framework for PWB.

A further point of interest in the orientation of this thesis to clinical psychology is that an ecological approach is used (see section 5.4 of this chapter). In brief, Wright and Lopez's (2009) stance is adopted in the current program of research, namely that rather than focussing only on the individual, the current research also considers the contribution of environmental and contextual factors to PWB.

3. Evidence-based health care

All research aims in this program were grounded in clinical psychology's adherence to the 'scientist-practitioner' model and commitment to ongoing evidence-based practice. The scientist-practitioner (or Boulder) model (American Psychological Association Committee on Training in Clinical Psychology, 1947) is the cornerstone of the training of psychologists. It refers to the development of a mind-set that includes both respect for evidence and efforts to increase the component of psychological practice that is based firmly on scientific principles. As a health practitioners, maintaining an evidence-based practice requires the conscientious, explicit, judicious use of current best evidence in making decisions about the care of individuals (Sackett, Rosenberg, Gray, Haynes, & Richardson, 1996).

In clinical psychology specifically, evidence-based practice is a process that describes the integration of the best available research with clinical expertise in the context of patient characteristics, culture and preferences (American Psychological Association, 2005). This approach is known as the three-legged stool and is considered fundamental to optimal care (Spring, 2007). In the context of this thesis, the program of research aimed to address the first leg of the stool (best research evidence) by adding to knowledge of how actors define and understand PWB and the factors that might impact PWB, as understood by reference to contemporary, evidence-based PWB frameworks. The second leg of the stool (clinical expertise) is represented in the discussion sections of the four studies (Chapters 2-5) with reference to clinical models, as well as detailing the overall clinical implications of the research in Chapter 6. Patient characteristics, culture and preferences (the third leg of the stool), although generally the least developed area of evidence-based practice in psychology more broadly (Spring, 2007), are represented in this research program by the qualitative research design and in-depth interviews with the population of interest. More specifically, attention is paid in each individual study to the impact of context on PWB, as well as the complex nature of interactions between personal characteristics and environment.

Furthermore, the fourth study involved asking student and professional actors how they would like to be supported and focuses explicitly on patient preferences. Finally, suggestions for engaging further with the population and developing evidence-based interventions and services are given in Chapter 6.

4. Background

4.1 The arts in Australian society

In Australia, cultural activity contributes 50 billion dollars to the nation's gross domestic product, comparable to the proportional share it provides in the United States of America (Australia Council for the Arts, 2015). Cultural activity can refer to a range of products that communicate symbolic meaning and require human creativity as input, including craft, design, architecture, museums, parks and libraries, as well as the visual and performing arts (Australian Bureau of Statistics, 2013). The arts (all forms) specifically contribute 4.2 billion dollars per year, with the main source of revenue for the arts being consumer spending, such as ticket sales for performing arts events (Australia Council for the Arts). Approximately 78 out of every 100 Australians buy tickets to performing arts events each year and in a survey of approximately 3000 households, 85% agree that the arts make for a richer, more meaningful life (Australia Council for the Arts). Although data pertaining specifically to the performing arts (rather than arts and or/culture in general) are difficult to unearth, one report showed that the major live performing arts sector in Australia (that is, music, dance, opera and theatre funded by the Australian Government) brought revenue totalling 1.88 billion dollars in 2008 (Haukka, 2012) and in 2012, 3.6 million Australians attended a performance by a major performing arts company (Watts, 2013).

The arts in Australia are not solely valued in economic terms; the impact of the arts is also measured, for example, in outcomes for education and overall development. Arts education in schools has multiple benefits including increased co-operation, stress reduction and enhanced literacy (Bamford, 2006). One hour of music classes per week, for example, has been shown to increase attendance, engagement and participation across the school curriculum (Isbel, 2012) and a storytelling program developed for use in Australian schools was shown to reduce gaps between non-Indigenous and Indigenous primary school children in reading, spelling, grammar and punctuation (Vaughan, 2011), thus helping decrease the

disadvantage experienced by Indigenous children in terms of academic outcomes (Krakaouer, 2015).

Beyond the education setting, audience members also benefit from involvement in performing arts, for example: audience members reported positive experiences while watching live performing arts, resulting in increased life satisfaction (Chen, Ci, Chen, & Tung, 2010). More broadly, live performances have been found to impact audiences in six positive areas: engagement/captivation, intellectual stimulation, emotional resonance/therapeutic value, spiritual value, aesthetic growth and social bonding (Brown & Novak, 2007).

The arts are also recognised as a health promotion tool, with a role to play in validating individuals' experiences and empowering people to talk about their struggles (Carlile, 2013). For trauma survivors, for example, arts-based interventions can offer individuals a way to share their story which does not require verbalization and this is valuable when people find it difficult to talk about their experiences (Binkley, 2013). Music therapy, for instance, can promote non-verbal outlets for the emotions associated with trauma, along with positively affecting an individual's physical state by reducing blood pressure and heart rate (Wheeler, 2016). Similarly, drama therapy has been shown to improve emotion regulation in traumatised veterans and connect them with their community (O'Connor, 2017) and dance-movement therapy can assist with improving interoception (body awareness/connection) and integration of pre-verbal memories in traumatised people (Dieterich-Hartwell, 2017).

Despite the societal benefits associated with the arts, there is a history of uncertain funding and support for the sector in Australia. It is worth noting that in the years in which the current program of research was undertaken, significant changes were made to the way the Australian government valued and funded the arts. In early 2013, just before this research began, the incumbent Labor-government Arts minister launched *Creative Australia*: the first national cultural policy in nearly two decades (Australian Government, 2013). This policy

was explicitly commended to the public to "affirm the centrality of the arts to our national identity, social cohesion and economic success" (p. 2). Central elements of the policy included compulsory arts education in schools and identifying forms of support and recognition for individual artists, such as pathways from school and university to work and opportunities for emerging artists to gain a foothold in the industry. The policy was accompanied by 75 million dollars of new funding and a sense of hope for artists that their work was valued. As Tamara Winikoff (arts advocate and cultural commentator) reflected; "I think it's really important for the arts to be recognised and dignified with a major policy position like that, and its intrinsic value right across Australian life to be reaffirmed" (as quoted in Eltham, 2013).

In the wake of the Australian federal election in September 2013, a change in government to the more conservative Liberal coalition saw this policy shelved and as Eltham (2016b) explained, 87 million dollars was cut from the Arts portfolio in 2014 during the second year of this research while interviews were being finalised. This was followed by further cuts of 52.5 million dollars in 2015 and in that same year the Australia Council for the Arts (a major funding body independent of government direction in how to disburse its funds) lost a further 105 million dollars that was diverted to a ministerial discretionary fund. On May 13th, 2016, 65 arts organisations were de-funded by the federal government, an event known in the industry as "Black Friday" (Eltham, 2016a). In 2017, the government removed access to student loan programs for a raft of creative arts courses, including vocational training pathways in performing arts (Watts, 2017). The measurable impact of these cuts on Australian artists' employment conditions, remuneration and PWB is thus far unknown. It is overwhelmingly likely, however, that the impact is, and will continue to be, profoundly negative for the population of interest in this research (see Throsby & Hollister, 2003 ; Throsby & Zednik, 2010 for previous trends)

4.2 The Australian arts workforce

This section outlines Australian arts workforce statistics; however it is important to note that these figures are predominantly drawn from data available prior to the funding cuts outlined in the previous section and current figures are, as yet, unavailable. In 2006-2007, the Australian Bureau of Statistics reported that 500,000 people were working in the arts sector, in any number of roles within the domain of cultural activity (ABS, 2007). In 2013-14 approximately 44,000 people were practising professional artists, deriving approximately 17% of their income from arts work (Australia Council for the Arts). In that same report, median annual income for artists from arts work was shown to be $7,000 and total median income for artists from all sources (arts and non-arts work) was $35,900, compared to $43,300 for all employees, $61,700 for professionals and $77,500 for managers in Australia.

In 2013, the Australia Council for the Arts reported that the major (that is, fully funded) live performing arts sector in Australia employed approximately 4,600 performing artists (Australia Council for the Arts). Importantly, the above data describes individuals working in funded and well-resourced companies only. Performing artists in not-for-profit or partially funded companies and artistic collectives, as well as non-government funded companies, add significantly to these numbers but precise figures are unknown (Australian Bureau of Statistics, 2007).

It is difficult to determine from current data how many Australian performing artists are actors, but a study commissioned by the Australia Council for the Arts estimated there were approximately 6,500 actors in Australia self-identifying as professionals (Throsby & Hollister, 2003). A recent survey of Australian actors, run in conjunction with Equity (the actors' trade union) yielded $N=782$ respondents who were members of Equity and willing to respond to a survey about health and wellbeing (Maxwell, Seton & Szabo, 2015). Research indicates that approximately one third of working actors in Australia receive any wage for their acting work and at least half are unemployed at any given time (Throsby & Hollister, 2003).

In the student population, approximately 109,000 people were undertaking creative arts qualifications at tertiary level in 2013-14 (Australia Council for the Arts, 2015). In performing arts specifically, each year approximately 1300 people train in vocational training institutions around the country (Australian Government, 2013). An Australian actor's path generally follows a trajectory from vocational training to forging a professional career (Seton, 2009; Throsby & Hollister, 2003) and approximately three quarters of professional actors have undertaken formal training (Throsby & Hollister, 2003). It is difficult, however, to determine how many are in training at any given time, because published admissions data are scant. Moore (2006) suggested in a conference paper that approximately 600 graduates per year attempt to enter the professional world of acting.

Public vocational acting programs in Australia include: National Institute of Dramatic Art (New South Wales), the Victorian College of the Arts (Victoria), Flinders University and Adelaide College of the Arts (South Australia), Western Australian Academy of Performing Arts (Western Australia), Queensland University of Technology (Queensland), Tasmanian College of the Arts (Tasmania) and Canberra Academy of Dramatic Art (Australian Capital Territory). Across these programs, vocational acting training courses in Australia commonly take the form of three years full-time study for a Bachelors' degree or Diploma (Throsby & Hollister, 2003) and cohorts are generally small. For example, the annual report of the National Institute of Dramatic Art showed 67 students enrolled across three year levels of acting training in 2015 (National Institute of Dramatic Art, 2016), while the Victorian College of the Arts website indicated a graduating class of 26 in 2016 (The University of Melbourne, 2017). The training is generally a mix of text-based and physical work, including dance/movement, vocal training, character development and extended production time in which students rehearse and perform existing texts or devise and present new work. Formal vocational training is distinct from casual or professional development courses offered, for example, as stand-alone public tertiary subjects (Flinders University, 2017) or privately by casting agencies (Actors Ink, 2017). The defining characteristic of formal vocational training

is that the aim is to produce professional actors of an elite standard, who are ready to join the performing arts industry upon graduation.

4.3 Performing arts health

Performing artists have been described as a unique population who are a distinctive combination of artist and athlete (Ambegoankar & Caswell, 2011). This acknowledgement of the unique characteristics of performing arts work and the ensuing demands on performers has led to a specific sub-discipline of healthcare, much like the needs of athletes are considered and met by sports medicine (Sports Medicine Australia, 2017) and sports psychology (Australian Psychological Society, 2017f). The flagship journal of performing arts health is *Medical Problems of Performing Arts (MPPA)*(Brandfonbrener, 1986) and the field has historically been dominated by a medical focus on injury prevention and management due to parallels with sports medicine (especially in music and dance)(Guptill, 2011b).

Leading international organisations in performing arts health include the British Association for Performing Arts Medicine in the United Kingdom, founded in 1984 (British Association for Performing Arts Medicine, 2013), the Performing Arts Medicine Association in the United States of America, founded in 1989 (Performing Arts Medicine Association, 2013), and an exclusively music-and-dance focussed society in the Netherlands, founded in 2005 (Nederlandse Vereniging voor Dans- en Muziek Geneeskunde, 2017). In dance specifically, there is an International Association for Dance Medicine and Science formed in 1990 (IADMS, 2013). Key areas of inquiry in performing arts health include musculoskeletal conditions, voice and hearing disorders, anxieties, stress, substance abuse and neurological conditions (Science and Medicine Inc, 2017). There are now medical texts covering performing arts medicine generally (Sataloff, Brandfonbrener, & Lederman, 2010), as well as specific texts for vocal (Heman-Ackah, Sataloff, & Hawkshaw, 2013) and dance medicine (Bracilovic, 2009; Simmel, 2013). It is also possible to study for certificate, diploma and masters level qualifications in performing arts medicine (University College London, 2017)

and there are performing arts medicine clinics in the United States (AbilityLab, 2017; University of Wisconsin Hospitals and Clinics Authority, 2017) and the United Kingdom (British Association for Performing Arts Medicine, 2017).

In Australia , the Australian Society for Performing Arts Health (ASPAH) is relatively young; incorporated in 2006 (Australian Society for Performing Arts Healthcare, 2011). Practitioners interested in performing artists' physical and psychological health appear on ASPAH's web directory (Australian Society for Performing Arts Healthcare, 2017a) and there is a specific 'performance medicine' clinic devoted to the needs of dancers, vocalists and circus performers (Performance Medicine, 2017). The Australian Ballet leads major performing arts companies, with healthcare personnel on staff (including physiotherapists, a physician and a consulting general practitioner) and extends this practice to its associated school with the addition of a student counsellor and consulting psychologist (The Australian Ballet, 2017; The Australian Ballet School, 2017). Most recently in Australia, a report has been released detailing the results of a world-first five-year study of orchestral musicians' health status, in which a number of possible interventions are suggested including physical, auditory, psychological and nutritional components (Ackermann, Kenny, Driscoll, & O'Brien, 2017).

Over the four-year course of this research program, there has been a movement within the performing arts in Australia to highlight the importance of health and wellbeing, including mental health. A charity, Entertainment Assist was established, the mission of which is to raise awareness about mental health and wellbeing in the Australian entertainment industry (Entertainment Assist, 2014). In addition, the Arts Wellbeing Collective has been established through the Arts Centre in Melbourne, aiming for better mental health and wellbeing for arts workers in the state of Victoria (Arts Centre Melbourne, 2017) and a wellbeing advisory group was convened at Theatre Network New South Wales (Theatre Network NSW, 2016). A number of industry symposia and conferences included presentations on wellbeing (see page 11 for presentations arising from this thesis) and the actors' trade union ran a survey in

partnership with the University of Sydney to gather information on actors' physical and psychological health (Maxwell, Seton, & Szabo, 2015).

For specifics about the PWB dimension of performing arts health, please see section 6 of this chapter. It is interesting to note here, however, that the psychological component of performing arts health is under-represented in literature, as exemplified by the contents of *MPPA*. Although *MPPA* is devoted to publishing papers on the aetiology, diagnosis and treatment of medical and psychological disorders across the performing arts (Science and Medicine Inc, 2017), of the 859 articles published in the past 32 years, only 128 (14.9%) have been specifically related to psychological or psychosocial issues. Population-wise, of all the articles in *MPPA*, 540 (62.8%) have focused solely on musicians, 272 (31.6%) on dancers and 45 (5.2%) on other performing artists (such as circus performers, marching band members, gymnasts, conductors, synchronized swimmers and actors). There are six articles (0.69%) concerning actors, three with a medical focus and three with a psychological focus. Although it is difficult to determine exactly how many people are professional performing artists in Australia (as discussed in section 4.2 of this chapter), based on recent population statistics of performing artists reporting income as musicians, dancers and actors, the proportions are approximately 69% musicians, 18% dancers and 13% actors (Australian Bureau of Statistics, 2014). This suggests that in the *MPPA* literature reported above, dancers may be over-represented and actors considerably under-represented.

The above trends are illustrative of the broader performing arts health literature (see Dawson, 2007 for a 10-year review). In terms of PWB, musicians and dancers are increasingly represented in disciplines such as performance psychology (see Hays, 2012; G. Moyle, 2012 for more on the links between sport and the performing arts) and the psychology of aesthetics and creativity (American Psychological Association, 2017b). This literature is complex and cross-disciplinary in nature but, by way of an introductory statement, it is noteworthy that "as yet, only music and dance can be said to have anything resembling a psychological literature." (Nordin-Bates, 2012, p. 82). Trends in the literature will be further

described in section 6.3 of this chapter, while section 6.4 details the literature on professional

and student actors' PWB. First, however, the theoretical concepts drawn upon in this thesis

will be discussed in the following section.

5. Theoretical concepts

In this section, an in-depth introduction to key theoretical concepts grounding this thesis is presented. Specifically, following a note on language, this section outlines the dual-focus framework (mental illness plus positive functioning) followed by a brief introduction to research traditions concerned with the positive aspect of human experience. The selection of Ryff's (1989, 2014) model of positive functioning is discussed and finally this thesis is grounded in an ecological approach to PWB.

5.1 A note on wellbeing language

As specified in the summary of terms given on pages 22-23, in this thesis the term 'psychological wellbeing' (PWB) is used consciously and specifically to denote an approach to psychological (rather than physical) health which encompasses both mental illness and positive functioning. This is a deliberate choice in the context of a literature in which the term 'wellbeing' is difficult to define and conflated with other terms such as happiness and health (Dodge, Daley, Huyton, & Sanders, 2012; Jayawickreme, Forgeard, & Seligman, 2012). Despite a confusing array of definitions, the term 'wellbeing' has been widely used and applied in a range of disciplines (Gillett-Swan & Sargeant, 2015). As Ryan and Deci (2001) noted, moreover, definitions of wellbeing are aspirational in that they provide a template of better health and in any given context will influence healthcare practices including intervention. In the Discussion sections of each study reported in this thesis (Chapters 2, 3, 4 and 5), as well as in Chapter 6's broader elaboration of the implications of this work, the definition of PWB adopted here fundamentally influences suggestions made for assessment, intervention and further research.

5.2 The dual-focus framework

In this thesis, both a taxonomy of mental illness (DSM5)(American Psychiatric Association, 2013) and indicators of positive functioning (Ryff, 1989, 2014) are used to

denote an approach to PWB with dual focus on the existence of, and dynamic interplay between, two spheres of human experience. Specifically, the two spheres of interest to clinical psychology (inherent in the definition previously cited; American Psychological Association, 2013) are, maladaptive, negative experience (mental illness) and adaptive, positive experience (positive functioning).

Traditional theories of health have fallen into three categories: pathogenic, salutogenic and dual-focus. The pathogenic approach conceives health to be the absence of disease, disability and premature death (see Morabia, 2004), whereas a salutogenic framework posits that health is the presence of positive human capacities (Antonovsky, 1978; Strumpfer, 1995). In psychology, the pathogenic approach is clearly represented by taxonomies of mental illness such as the DSM5 (American Psychiatric Association, 2013) and is crucial when mental illness has a significant impact on the population. In Australia, for example, mental and behavioural disorders are the largest contributor to non-fatal disease burden (Australian Institute of Health and Welfare, 2016).

The contrasting salutogenic viewpoint is grounded in a long tradition of humanistic theory (for example, Maslow, 1968; Rogers, 1961) and is most recently represented by the positive psychology movement (classically associated with Seligman & Csikszentmihalyi, 2000). While positive psychology is often referred to as the science of happiness (Seligman, 2011; Seligman, Parks, & Steen, 2004), the pursuit of positive emotions as an indicator of PWB is problematic (see comments on hedonia and the happiness problem in section 5.3). A broader salutogenic approach in psychology, adopted in this thesis, aligns with the World Health Organization's goals for mental health, namely realizing abilities, coping with the normal stresses of life, working productively and fruitfully and making a contribution to community (World Health Organization, 2013).

Subsuming both the pathogenic and salutogenic viewpoints is the dual-focus model used within this thesis. The model takes inspiration from the World Health Organization's (1948) approach to health, comprising both the absence of disease or infirmity with the

presence of positive functioning. In psychology, this approach has been clearly articulated by

Keyes (2003) who argued for a model in which PWB is conceptualised as a complete state,

with individuals experiencing dynamic movement on two continua: mental illness and mental

health. Although this thesis uses the term positive functioning rather than mental health,

Keyes' (2005) model is a useful template for the dual-focus approach to PWB shown in

Figure 1.
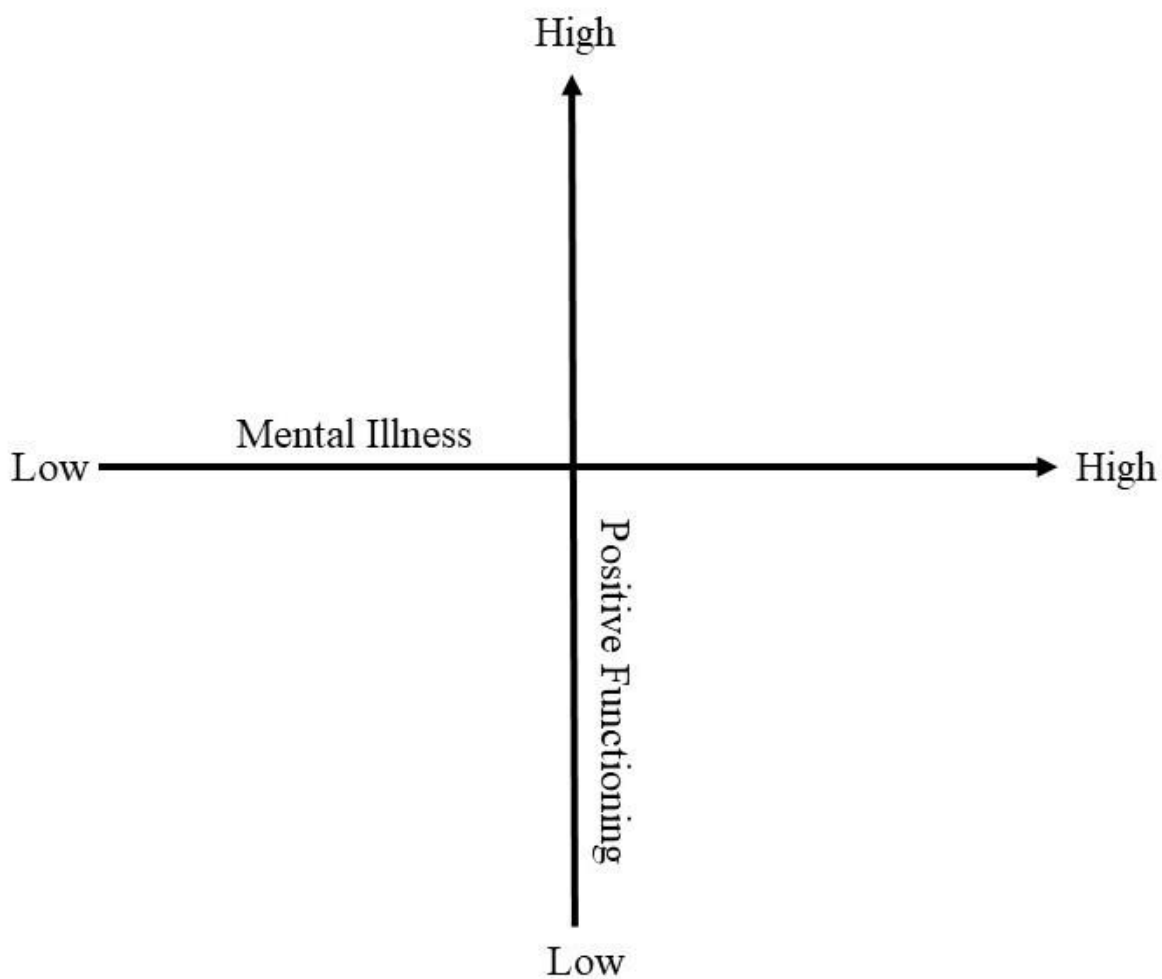
Figure 1. The basic dual-focus model, adapted from Keyes (2005)

5.3 Positive functioning

The focus of this section is on the selection of a model of positive functioning to balance the taxonomy of mental illness represented by DSM5 (American Psychiatric Association, 2013), thus completing the dual-focus framework for PWB. Firstly, background is given on two broad conceptualisations of the positive aspects of human experience; the hedonic and eudaimonic approaches. The choice of the eudaimonic approach in this thesis will be discussed with reference to the problematic nature of happiness as a PWB goal, and Ryff's (1989, 2014) model of positive functioning will be presented.

Hedonia and the happiness problem

In psychology, research traditions concerning positive human experiences (frequently referred to in literature as the 'good life') can broadly be categorized as hedonic or eudaimonic. Historically, hedonic accounts contend that the good life can be measured in increments of pleasure or happiness (Kahneman, Diener, & Schwartz, 1999). More specifically, it consists of the balance of pleasure versus displeasure, along with judgements about the good/bad elements of life (Diener, Sapyta, & Suh, 1998). According to Ryan and Deci (2001), the most widely used hedonic construct in psychology research has been subjective well-being (SWB)(Diener, 1984). SWB involves reporting of three items: the presence of positive emotion, the absence of negative emotion and satisfaction with life (a cognitive evaluation).

Research concerning SWB has found that positive emotional experiences can lead to positive outcomes, such as creative and flexible thinking (Ashby, Isen, & Turken, 1999), the ability to focus attention more broadly (Fredrickson & Branigan, 2005), more adaptive evaluations of self and others, and increased interpersonal skill (Forgas, 2002; Lyubomirsky, King, & Diener, 2005; Sedikides, 1995). The direction of interactions between positive emotions and outcomes, however, is difficult to specify (Huppert, 2009). Literature suggests,

for example, that enhanced positive emotion can arise from pursuit of, and progress toward, goals congruent with personal values (Sheldon & Elliot, 1999; Sheldon & Kasser, 1998). Active participation in social activities and involvement in one's community is also associated with higher levels of happiness (J. Helliwell & Putnam, 2005). In summary, positive emotions may lead to increased cognitive abilities, positive behaviours and cognitions. In turn, positive cognitions, behaviours and capabilities fuel positive emotions (Fredrickson & Joiner, 2002).

A wrinkle in the SWB approach to the good life is that positive emotion and the pursuit thereof is not always beneficial. Overwhelming negative emotion and anhedonia (loss of ability to feel pleasure) are considered maladaptive and implicated in mental disorders (see DSM5, American Psychiatric Association, 2013) but it does not necessarily follow that positive emotion and/or pleasure seeking is adaptive and indicative of positive function. Elevated mood, for example, characterizes the manic episodes in bipolar disorder (American Psychiatric Association, 2013) and pleasure-seeking plays a role in cycles of substance abuse (Kennett, Matthews, & Snoek, 2013). The pursuit of happiness, ironically, can lead to greater incidence of depression, loneliness and decreased adaptive functioning (see Ford & Mauss, 2014 for further details).

From a clinical standpoint, regardless of the overall value of positive emotions, sustainable PWB does not require individuals to feel good all the time. Under conditions of loss, for example the death of a loved one, a person is considered fully functioning if they can experience, rather than avoid, the negative feelings associated with grief (Huppert, 2014). This acceptance, defined as the process of deliberately and non-judgmentally experiencing emotions (Segal, Williams, & Teasdale, 2002) is associated with decreased negative emotions and less depression (Shallcross, Troy, Boland, & Mauss, 2010). In contrast, avoidance of difficult emotional experiences (which is fostered by the pursuit of happiness) has been characterised as a general psychological vulnerability (Kashdan, Barrios, Forsyth, & Steger 2006). This is problematic for the SWB approach, predicated as it is on maximising 'positive' emotion and minimising 'negative' emotion.

Eudaimonia: positive functioning

In contrast to the hedonic approach, a eudaimonic definition of 'the good life' contends that human fulfilment consists of more than positive emotions or momentary satisfaction with life (Ryff, 1989). It is concerned, rather, with the actualisation of human potential and aligns with the World Health Organization's concept of mental health as functioning.

Models of positive functioning based on a eudaimonic theoretical framework present a multidimensional approach, focussing on indicators such as personal growth, purpose and meaning, self-acceptance, autonomy, positive relationships with others and environmental mastery (Ryff & Keyes, 1995). In eudaimonic accounts, the transient experience of emotion is placed in the context of the whole life, rather than measuring the frequency and intensity of isolated experiences. As noted in the above section, positive emotion (and associated benefits) may in fact arise from engaging in eudaimonic living (R. M. Ryan & Deci, 2001). Daily experiences of autonomy, competence and positive relationships, for example, predict positive emotion (R. M. Ryan & Deci) and being involved in meaningful activities is more strongly related to PWB than is pursuit of pleasure (Schueller & Seligman, 2010).

A note on recent developments

Given that the interaction between positive emotions and positive functioning is most likely bidirectional, it should be noted that the distinction between the hedonic and eudaimonic schools is probably a false dichotomy (Kashdan, Biswas-Diener, & King, 2008). Theoretically, PWB includes both feeling good and functioning well (Huppert, 2014) and a newly emerging research tradition explores models in which both hedonic and eudaimonic factors are incorporated. There has been a recent proliferation of ways to consider and operationalise the positive aspects of human experience, such as Seligman's wellbeing theory (2011), Huppert and So's (2013) 10 components of flourishing, Wong's types of happiness (2011) and Rusk and Waters' (2015) five domains of positive functioning. At the time of

designing and conducting the program of research reported in this thesis, however, the above models were embryonic or not yet present in literature, and at the time of writing the state of evidence supporting their use is at a very early stage (for an introduction, see Butler & Kern, 2016). This thesis, then, draws upon an evidence-based model of positive functioning as outlined in the following section.

Ryff's indicators of positive functioning

This thesis' dual-focus approach to PWB balances the use of the DSM5 (American Psychiatric Association, 2013) with Ryff's (1989, 2014) indicators of positive functioning. The first of these indicators is *autonomy*. Autonomy is characterised by self-determination and independence, ability to resist social pressure to think and act in certain ways, the regulation of behaviour from within and the evaluation of self by personal standards. *Environmental mastery* is the second indicator, denoting a sense of competence in managing the environment, control of a complex array of external activities, the ability to make use of opportunities and to choose or create contexts suitable to one's needs or values. The third indicator is *personal growth,* characterized by feelings of continued development, perception of self as growing or expanding, being open to new experiences, having a sense of realising potential, seeing improvement in self and behaviour over time and changing in ways that reflect self-knowledge. *Positive relations with others,* the next indicator, is about warm, satisfying and trusting relationships with others, being concerned about others' welfare, the capacity for empathy, affection and intimacy and an understanding of the give and take of human relationships. A sense of *purpose in life* is the next indicator, in which a person has goals and a sense of direction, feels life has past and present meaning, holds beliefs that give life purpose and has aims and objectives for living. Finally, *self-acceptance* pertains to a positive attitude toward the self, acknowledging and accepting multiple aspects of self (including 'good' and 'bad' qualities) and feeling good about one's past life.

Since 1989, over 350 publications have appeared in which Ryff's model has been used as a framework to investigate personality, development and aging, work and other life engagements, family experiences and health (for a detailed summary, see Ryff, 2014). Of interest to clinical psychology in particular are findings showing higher risk of depression in people who lack indicators of positive functioning (Keyes, 2002), the role of positive indicators in promoting recovery from mental illness (Fava et al., 2001; Rafanelli et al., 2000) and the use of therapies based on positive functioning to prevent relapse in depression and anxiety disorders (Fava et al., 2004; Fava et al., 2005; Ruini & Fava, 2009). Importantly for this thesis, which deals with student as well as professional actors, the prevention and treatment of mental health concerns in tertiary education may be improved by incorporating strategies that address Ryff's indicators of positive functioning (Bhullar, Hine, & Phillips, 2014).

In the qualitative research presented in this thesis, Ryff's model is used as an evidence-based theoretical framework (rather than a measurement battery) to balance the DSM5. Recommendations for future measurement of positive functioning and mental disorders in professional and student actors are made in the four papers presented in Chapters 2-5 and in Chapter 6.

5.4 The ecological approach

Together with individual factors such as mental health disorders and indicators of positive functioning, this thesis considers the contextual factors relevant to actors' PWB. This consideration of context is aligned with the World Health Organization's position that a person's mental health or PWB is affected by a range of factors including individual, social, cultural, economic, political and environmental factors (World Health Organization, 2013). This perspective is known as ecological (or biopsychosocial) and has its roots in reactions against the medical model of care which was concerned primarily with biological processes (Bronfenbernner, 1977; Engel, 1977). The resulting holistic approach, referred to in this thesis as the ecological model, is represented by a series of nested circles representing levels of influence on the person (see **Figure 2**).
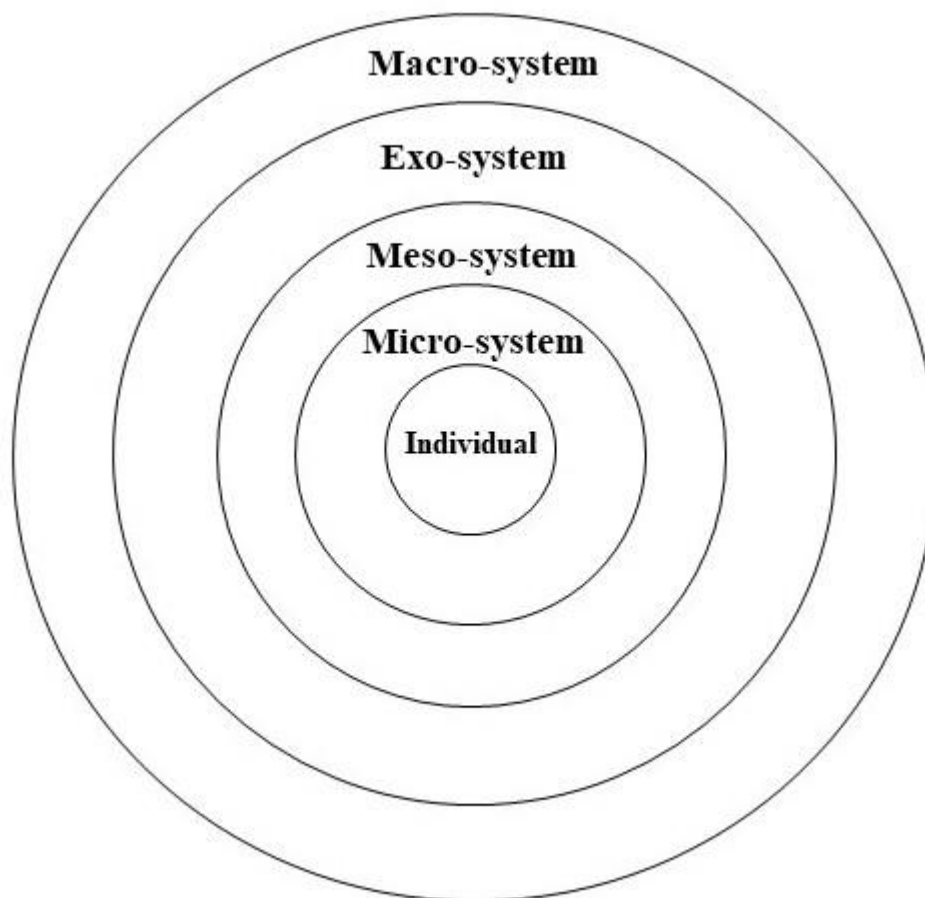
Figure 2. The basic ecological model, adapted from Bronfenbrenner (1977)

As outlined by Bronfenbrenner (1977), at the heart of the ecological model is the individual, with their biological and personality characteristics and health status. The first level of influence on the person happens in the micro-system. This refers to the individual in their immediate setting or settings, for example the student in the training institution or at home, the professional in the workplace. The next level of influence is the meso-system. This level is characterised by interactions between micro-systems, for example between the training institution and healthcare providers. Further removed from the individual is the exo-system. This level describes processes or settings the individual does not directly take part in, but which still affect them for example: traditional media and neighbourhood governance. Finally, the macro-system reflects the broader social system such as the political climate, culture and religious and legal institutions (Bronfenbernner, 1977; Tebes, 2016).

The key clinical implication of this model for PWB is that context is important. Firstly, at the individual level, intervention efforts in the PWB domain are most likely to be effective when they connect with what individuals or groups already think about a problem, or find important (Ambrose & Lovett, 2014; Kendall-Taylor & Haydon, 2016). Secondly, at levels of influence further from the individual, a large and growing body of evidence acknowledges that living and working conditions, along with economic and social resources, influence both physical and mental health (Braveman, Egerter, & Williams, 2011).

In psychology specifically, although diagnostic systems such as the DSM5 (American Psychiatric Association, 2013) are concerned with identifying and classifying population-wide disorders, the ecological approach in practice can be seen in the sheer number of professional interest groups and divisions devoted to specific populations (American Psychological Association, 2017a; Australian Psychological Society, 2017a). In Australia there is ongoing development of ethical guidelines for working with people who have specific needs, such as indigenous populations, rural and remote communities, and sexuality-and-gender diverse people (Australian Psychological Society, 2017d). In performing arts health,

the ecological model has been recommended as a holistic way of approaching challenges faces by performing artists (Manchester, 2011a).

Implications of the ecological approach to psychological wellbeing

When pursuing definitions of PWB, a contentious theoretical problem relevant to this thesis has been the dominance in literature of a culture-free perspective. Specifically, taxonomies such as the DSM5 (American Psychiatric Association, 2013) and Ryff's indicators of PWB are developed based on the assumption of universal attributes (1989, 2014). These attributes are operationalised and the application of scientific method is assumed to transcend differences arising from culture or specific contexts (Pedrotti, Edwards, & Lopez, 2009). Attention to universality in the form of mental disorders and positive function can, however, be maintained in conjunction with awareness of context.

Embracing the significance of context via, for example, divisions of practice devoted to specific populations in various professional bodies (American Psychological Association, 2014; Australian Psychological Society, 2017a) allows for acknowledgement of the PWB impact of social identity. According to Tajifel (1981) social identity is "…that part of an individual's self-concept which derives from his *[sic]* membership of a social group (or groups), together with the value and emotional significance attached to that membership" (p. 255). While little psychological research has been conducted with actors specifically (see section 6.4 this chapter), social identity has been shown to be important in other elite performers. Athletes, for example, have been shown to hold a single-minded athletic identity (Tracey & Elcombe, 2004) and, of note for this thesis, this strongly-held identity has sequelae impacting PWB. Athletes can experience distress associated with loss of identity after careers come to an end (Tracey & Elcombe). Athletic identity also impacts individuals' ability to self-report wellbeing because reports tend to be exclusively grounded in their athletic context, rather than accounting for broad life domains (Lundqvist, 2011). Indeed, Lundqvist has suggested that a sport-related definition of wellbeing is necessary and that the use of

qualitative methodology would allow exploration of wellbeing in depth and detail in this unique context.

Following this line of reasoning, one of the aims of this thesis was to extend the exploration of context and identity-specific PWB to actors, whose unique context and task demands (discussed in section 6.2 of this chapter) suggest parallels with the world of elite sport and therefore the possibility of a context-dependent definition of PWB. It may be that the definition of PWB in the context of vocational acting training and professional life is similar to those definitions proposed within prominent PWB theories as discussed in section 5.3 above. Furthermore, as noted by Moyle (2012), it may be that performing artists (and in this case actors) do not need to be placed in a different treatment category than a non-performing population. There may, however, be important contextual differences for actors that are yet to be uncovered. In this ecologically-grounded thesis, it was important to approach the research as an anthropologist who "…seeks first to understand the culture and its values, attitudes, customs and traditions" (K. Peterson, Brown, McCann, & Murphy, 2012, p. 748).

5.5 Summary of theoretical concepts

In this thesis, then, PWB takes a dual focus, considering the impact of both mental illness and positive functioning. On these two continua, mental illness is represented by disorders found in the DSM5 (American Psychiatric Association, 2013) and positive functioning by Ryff's (1989, 2014) six indicators. Further, an ecological framework is applied, in which context is considered to significantly impact a person's experiences and may also influence their understanding of PWB.

6. Psychological wellbeing and performing artists

In this section, the scattered nature of the literature concerning PWB and performing artists is considered, followed by an introduction to the general contextual demands and PWB difficulties associated with the performing arts. Dominant trends in the literature, namely the PWB of musicians and dancers, are briefly outlined before the focus turns to actors. The under-represented status of actors is explored, followed by a review of what is known about professional and student actors' PWB.

6.1 A note on the literature

Kogan's (2002) essay on careers in the performing arts highlighted the "startling paradox" (p.1) of enormous public interest in performing artists but limited systematic study on the part of psychologists and social scientists. There has been an increase in output in the intervening 15 years, but the literature on PWB in adult performing artists is cross-disciplinary and difficult to search. The use of terminology in literature on PWB and performing artists has historically been loose and resulted in population groups being ill-defined. As noted by Dawson (2007) in a comprehensive review of the performing arts health literature conducted 10 years ago, there are small numbers of articles concerning PWB scattered among diverse publications. Much of the evidence base for performing artists' PWB takes the form of editorials, opinion pieces and substantial 'grey' literature, specifically in the form of unpublished theses.

6.2 The performing arts: demanding contexts and culture

From the ecological perspective of this thesis, the first point to note from the literature is the PWB impact of context on performing artists across disciplines. The literature outlined in this and the following sections includes studies with mixed groups of performing artists and expert opinion on performing artists as a general population.

Firstly, it is worth noting that important contextual parallels have been drawn in the performance psychology literature between athletes and performing artists, giving insight into challenges to PWB. For example, athletes must consistently meet high standards and perform optimally at specific times, and for dancers, musicians and actors, meeting exceptionally high, culturally determined standards is a way of life (Mainwaring, 2009). Performing artists characteristically strive for these high standards (Lundqvist, 2011) and Moyle (2012) noted that, like athletes, performing artists typically undergo years of specialised training and practice. Hayes and Brown (2004) have also linked the experiences of performing artists and athletes, citing PWB difficulties arising from isolation while on tour, potentially short careers due to physical rigour, lack of time to investigate alternative careers and intense early training experiences. Some other common contextual factors in sport and performing arts include passion, the need to work in teams/ensembles, avoiding and/or coping with injury and pain and the need to stay motivated while surmounting endless obstacles along the career path (Hays, 2012).

It is also likely that while sport and performing arts converge in some PWB domains, there will be topics of particular interest that are distinct to performing artists (Nordin-Bates, 2012). As introduced in section 4.2 of this chapter, the Australian performing arts industry is challenging for its workers: exceedingly competitive (Australian Government, 2013) and with unstable employment characterised by up to 90% joblessness (Waterman, 2013). Performing artists face chronic shortages of opportunity (Bailey, 2008) and commonly go without superannuation, sick leave or holiday pay (Throsby & Zednik, 2010). Remuneration for effort is notoriously poor; in the year 2006-7, the proportion of performing artists being paid for their arts work was 30% and of those, 39% were paid less than $5000 per year (Australian Bureau of Statistics, 2007). It is not surprising that individuals are required to seek and hold non-arts work (Throsby & Zednik, 2011) as well as learning to survive in a financially risky, project-based environment with oversupply of employees (Menger, 2006). The impact of the industry's instability on PWB was investigated by Tuisku et al. (2016), who found that

performing artists experiencing irregular working hours struggled with low mood. Lack of control over workload was also associated with low mood and stress, with the insecure beginning of a career particularly risky for participants' PWB.

The culture of the performing arts industry has also come into question. Most recently, in the results of an Australian interview study (including N=16 performing artists, along with non-performing arts workers) the professional work environment was described as having a culture of criticism, bullying, jealousy, lifestyle excesses and abandonment at the end of the current job (Van den Eyde, Fisher, & Sonn, 2014). The complex interpersonal aspects of this culture are of concern given that performing artists are required to work in ensembles (Kogan, 2002). Ensemble work inherently fosters or forces close contact with others and as a result, performing artists may be strong on empathy (Yorks & Kasl, 2006) but it does not follow that working relationships are necessarily positive for performing artists' PWB.

In addition to building careers in a difficult context and culture, performing artists are subject to constant scrutiny by mentors, critics, audiences and peers (Kogan, 2002). In careers notorious for being short-lived, performing artists face loss of identity when no longer able to perform (Brandfonbrener, 1999; Nagel, 2010). Their high level of investment (or passion) in their work, although likely contributing to a sense of purpose, may make performers susceptible to burnout (Goodger & Jones, 2012) especially given that the life of a performing artist has high physical and psychological demands (Thomson & Jacque, 2012). It should also be noted that performing artists may experience a difficult discrepancy between their highly valued professional identity and perceived negative judgements by society (Reciniello, 1987; unpublished thesis).

6.3 Trends in performing arts PWB literature

Performing artists' group memberships fall into particular categories, with Kogan (2002) stating that separate disciplines of performing arts (such as acting, music and dance) constitute distinctive sub-cultures, each with their own requirements. Recent examples of

PWB research into particular groups include a study of psychological factors influencing circus performers such as fear of injury, high expectations of self, negative self-talk and performance anxiety (Ross & Shapiro, 2017) and a study demonstrated that opera singers were vulnerable to shame and anxiety (Thomson & Jacque, 2016a). As noted in section 4.3 of this chapter, the most commonly investigated performing arts populations are musicians and dancers and this trend continues in the field of PWB.

The following overview of music and dance PWB literature is not intended to be a comprehensive review, rather an illustration of general trends on the way to detailing research concerning professional and student actors. It should be noted that the literature covered here traverses diverse topics under the umbrella of PWB, predominantly mental health experiences, risk factors and intervention recommendations. As previously noted (section 6.1 this chapter), the literature is scattered and it is also worth highlighting that no literature regarding how musicians or dancers define PWB appears to exist. Moreover, any findings related to positive functioning indicators are embedded within articles on other subjects. For example, in a paper by Juuti and Littleton (2012) on musicians' transition from study to career, the authors mentioned that autonomy was an important factor in a successful move into professional practice, thus touching on as aspect of positive functioning.

Musicians

The literature on professional musicians' PWB is dominated by performance anxiety, with research now synthesized into a textbook (Kenny, 2011). This field has been explored in depth, including the contribution of different contexts to levels of anxiety (Nicholson, Cody, & Beck, 2015), the physiological and psychological factors triggering and maintaining anxiety (Kenny, 2006; Studer et al., 2012) and treatment approaches including cognitive behaviour therapy, psychodynamic psychotherapy and exposure therapy using virtual reality (Bissonnette, Dubé, Provencher, & Moreno Sala, 2015; Kenny, 2017; Kenny, Arthey, & Abbass, 2014; Nagel, 2010).

A recent report on the PWB of professional orchestral musicians in Australia (N=377) showed that younger (<30 years of age) female musicians were most vulnerable to anxiety, while significant numbers across the cohort also reported depression, post-traumatic stress disorder and misuse of alcohol (Kenny, Driscoll, & Ackermann, 2012). Substance use has a presence in the literature, with music industry factors such as stress, career transitions and an environment with easy access to alcohol and drugs contributing to use (Bellis et al., 2007). Other factors leading to use include a desire to relieve anxiety and enhance creativity (Miller & Quigley, 2011) and substance use is implicated in the socialising/networking musicians engage in to advance their careers (Dobson, 2010). Substance use is a likely contributor to musicians' elevated risk of suicide; with data from the United States indicating that this fluctuates between two and seven times higher than the general population (Herer, 2000; Kenny, 2014).

Another topic cluster in the literature concerns stressors affecting musicians' working lives, with a recent review of 67 articles identifying key stressors: public exposure, workplace hazards, pressures associated with repertoire, competition, job context, injury/illness, and criticism (Vervainioti & Alexopoulos, 2015). Musicians' coping styles in response to stress have been highlighted, as has the psychological impact of injury (Halleland, Harris, Sørnes, Murison, & Ursin, 2009). Musicians report traumatic responses to injury, exacerbated by a culture of injury concealment and social marginalisation when injured (Rickert, Barrett, & Ackermann, 2014). As mentioned in section 4.3 of this chapter, the PWB of musicians in Australia has recently been highlighted by a report detailing a world-first study into the health and wellbeing of members of eight professional orchestras (Ackermann et al., 2017). The authors advocate for incorporating psychological measures in health screening for musicians, along with vigilance by health practitioners in detecting distress, performance anxiety and depression.

Performance anxiety also dominates literature on PWB for music students in vocational training. A study of trainees in Swiss tertiary institutions showed that after the first

year of training, performance anxiety was significantly increased, as was depression and fatigue (Hildebrandt, Nübling, & Candia, 2012). Music students may perceive less social support than students of other subjects and this is correlated with higher levels of performance anxiety (Schneider & Chesky, 2011). A performance anxiety scale has been developed for use with music students (Çirakoğlu & Şentürk, 2013) and proposed interventions include yoga (Stern, Khalsa, & Hofmann, 2012) and guided imagery (Esplen & Hodnett, 1999).

There is also documented vulnerability to mental health issues more generally within vocational music students. Wristen and Fountain (2013) found that anxiety and depression correlated with the physical pain experienced in training. Another study compared groups of first-year tertiary students in music, medicine, psychology and sport, finding that music students scored significantly higher on depression and anxiety measures (Spahn, Strukely, & Lehmann, 2004). Those participants also identified more strongly with, and ascribed greater meaning to, their major subject of study. Van Fenema and van Geel (2014) showed that first year music conservatory students scored high on a perfectionism measure and had higher rates of psychological problems than the general tertiary population.

Interestingly, one article suggested music student populations could be divided into groups with differing vulnerability to PWB issues (healthy, sub-clinical, clinical) and that prevention and intervention strategies in training should be differentially tailored to these groups (Spahn, Nusseck, & Zander, 2014). Nagel (2009) advocated for the establishment of psychological programs in curriculum as an important aspect of healthy music programs, along with career services programs assisting students with both performance and non-performance careers. Another article suggested the need to intervene in music training to help students achieve career longevity, citing lack of preparation for PWB issues such as burnout and the sequelae of injury (Clark & Lisboa, 2013).

There are some reports detailing PWB content in music curricula. Manchester (2007) briefly described five 'occupational health' courses instituted in vocational music programs in the United States, in which common PWB factors addressed were performance anxiety and

stress. The author noted that the courses were notable for their diversity in faculty, ranging from musician-educators to occupational and physical therapists to physicians and, further, that future work should focus on evaluation of the impact of this type of coursework.

A final point of interest to the music student body is PWB as it relates to career transition points, particularly the move from training to professional work. There is a small body of literature concerning this transition, which suggests that it is best facilitated by positive relationships with peers and a sense of autonomy (Creech et al., 2008). Indeed, autonomy was noted as a particularly important factor in a successful transition into professional work as a musician (Juuti & Littleton, 2012) and social support is an important predictor of career longevity (Zwaan, ter Bogt, & Raaijmakers, 2010).

Dancers

Trends in dance literature, as they relate to PWB, centre on perfectionism, eating disorders, body image concerns and the PWB impact of injury. As in the music literature, there appears to be no literature about how dancers define PWB and there is a dearth of information about indicators of positive functioning. Firstly, concerning perfectionism, in one study, elite dancers (when compared to a group of healthy, active, non-dancers) were shown to be high in self-oriented perfectionism, that is: setting and striving for exact and unrealistic standards, focusing on flaws and self-criticism (Eusanio, Thomson, & Jacque, 2014). The study further showed that dancers' level of socially prescribed perfectionism (perception that others have excessive and uncontrollable expectations) negatively affected self-concept and was related to shame. Perfectionism may lead to burnout in dancers, via decreased satisfaction of psychological needs (Quested & Duda, 2011) and is also associated with increased anxiety, stress and injury (Walker & Nordin-Bates, 2010). Perfectionism is also increasingly implicated as trans-diagnostic in its elevation across several classes of mental disorder, notably including eating disorders (Egan, Wade, & Shafran, 2012).

Eating disorders and body image concerns make up the second significant cluster of work in dance PWB literature. A recent meta-analysis (Arcelus, Witcomb, & Mitchell, 2014) found overall risk of anorexia nervosa and EDNOS (eating disorders not otherwise specified) to be three times higher in dancers than the general population and recommended the design of specialist services. Thinness can be conflated with dance success, especially in ballet and may be reinforced by teachers (Langdon, 2012) and learning experiences related to thinness and food restriction (Annus & Smith, 2009). Penniment and Egan (2012) further contend that dancers who are more perfectionistic perceive more thinness-related learning in dance classes and experience more eating disorder-related symptoms. Another study adds that public body exposure and the constant presence of mirrors add to dancers' body image difficulties (Nasciemento, Luna, & Fontenelle, 2012). There is also a dancer-specific body image questionnaire (Milavic, Miletic, & Miletic, 2012).

There are other areas of interest to the PWB of dancers, including performance anxiety and the importance of psychoeducation and adaptive coping skills to manage this anxiety (Walker & Nordin-Bates, 2010). Dancers have also been shown to score higher on general anxiety and shame measures than athletes (Thomson & Jacque, 2016a) and dancers with clinical levels of anxiety reported more previous traumatic experiences (Thomson & Jaque, 2012). A further study revealed rates of post-traumatic stress disorder (PTSD) approximately three times that of the population in a sample of dancers, along with difficulties in emotion regulation (Thomson & Jacque, 2016b). The authors further reflect that the act of expressing the human condition on stage may interfere with resolution of past trauma and loss. PTSD was also investigated in a sample (N=209) of pre-professional and professional dancers, with results again indicating higher incidence than the general population. (Thomson & Jaque, 2015). In the PTSD group, there were also higher levels of adverse childhood experiences, anxiety, depression, dissociation and shame.

Another source of PWB vulnerability for dancers arose from injury. In one study, dancers who were injured experienced distress and disruption of identity (Mainwaring,

Krasnow, & Kerr, 2001) and the authors showed that the level of suffering was related to coping style and social support, with some dancers continuing to perform in a culture of tolerance for injury and pain. Other sources of stress for dancers included difficult interpersonal relationships with directors and other dancers, along with financial concerns (Noh, Morris, & Andersen, 2009).

In the vocational training literature specific to dancers, Van Staden et al. (2009) acknowledged that the world of professional dance could lead to self-destructive behaviours such as eating disorders, depression and maladaptive perfectionism. The authors developed a model aiming to prepare pre-professional dancers by promoting personal growth. On the topic of perfectionism, Nordin-Bates et al. (2011) found that dance trainees (N=239) could be divided into three groups having varying levels of perfectionism, with 40.6% of students surveyed in the most perfectionistic category. The authors also reported that perfectionistic trainees experienced higher levels of anxiety and lower self-confidence. Huddy (2016) described the transition to vocational dance training in Australia as exciting, anxiety-provoking and pressure-laden for students. The author also described a program designed to assist with this transition utilising (among other strategies) performance psychology and specialized curricula to build autonomy and coping strategies.

As far as the transition from dance trainee to elite professional is concerned, Middleton and Middleton (2017) note there is a dearth of literature on this topic. At the other end of the career transition experience, Hamilton et al. (2002) noted the difficulties dancers face when careers end, particularly because of a lack of previous education outside of dance. It is worth noting that the careers of dancers may end due to involuntary factors such as being deselected by a company, increased age, injury and physical decline (Roncaglia, 2008). This involuntary end may be accompanied by feelings of loss, uncertainty and a period of adjustment to changing identity (Roncaglia, 2006). An Australian study further showed that dancers relied predominantly on positive relationships with friends and family to facilitate end-of-career transition (Jeffri & Throsby, 2006).

6.4 The 'Forgotten Patients': Where are the actors?

As outlined above, while there are bodies of PWB literature within some groups of performing artists, literature concerning professional and student actors is minimal. Brandfonbrener (1992) commented on the dearth of research with actors, describing them as forgotten patients:

> In any discussion about performing arts medicine, it is generally assumed that the 'arts' under consideration are dance and music. This assumption, however, leaves out a large and important group of performers, those in the theatre. I believe this has been a major oversight that should be corrected if performing arts medicine is to live up to its name (p. 101).

As noted in section 4.3 of this chapter, only six of the 859 articles published to date in *MPPA* concerned actors. Of these six, one described literature on the wellbeing of child actors (Anderson, 2011) and three were medical in nature, exploring commonly presenting physical complaints in the United States (Brandfonbrener, 1999), the medical problems and health-seeking behaviour of Japanese Kabuki actors (Brodsky, 2001) and musculoskeletal pain in actors compared with musicians in Sweden (Engquist, Orbaek, & Jakobsson, 2004). Of the two remaining articles, one was expert opinion on strategies such as correspondence and phone contact for maintaining therapeutic continuity with actors on tour in the United States (Obrecht & Telson, 1992) and the other concerned the application of techniques such as yoga and neuro-linguistic programming to reduce stage fright in N=14 professional actors in the United Kingdom (Valentine, Meyer-Dinkgrafe, Acs, & Wasley, 2006). The number of articles published in *MPPA* is also reflected in the literature more broadly. For example, in a review of the broader performing arts health literature between 1997-2006, Dawson (2007) found that only 0.2% of articles concerned actors. Information specifically concerning actors' PWB is scattered among disparate publications and disciplines, including a considerable amount of unpublished work in the form of theses.

In psychology specifically, while there is an Arts Division of the American Psychological Association (APA), its focus is visual art, poetry, literature, music and dance (American Psychological Association, 2017b) and although performing arts are increasingly

included in performance psychology, the predominant focus is again music and dance. The clear link between the physical rigours of sport, dance and orchestral music have enabled smooth extrapolation of performance psychology principles, skills and interventions to musicians and dancers. It is also the case that more parallels can be drawn between the career trajectories of athletes and musicians/dancers who are generally subject to rigorous early training, whereas actors may only embark on formal training at tertiary level (Kanefield, 1990). Regardless of the reason for actors' under-representation, there is certainly a dearth of literature concerning their PWB.

What is known about professional actors

Since Brandfonbrener's (1992) description of actors as 'forgotten', there have been a handful of published works related to PWB for actors including research and opinion, as well as unpublished work in the form of dissertations. As noted in section 6.1 of this chapter, there are problems in searching for this literature. Actor-specific search problems include: 'actor' often being used as a synonym for 'participant' in experimental tasks across multiple academic disciplines, the used of mixed population groups including professional and amateur actors, and actors appearing as experimental assistants in, for example, the training of health professionals (Clarke, Binkley, & Andrews, 2017; Skye, Wagenschutz, Steiger, & Kumagai, 2014) and memory experts (Noice & Noice, 2006; Noice, Noice, Perrig-Chiello, & Perrig, 1999).

The following review of literature includes only works in which the population groups are clearly adult professional actors (for a review of literature concerning the PWB of child actors, see Anderson, 2011). The findings related to PWB reported below are extracted from work on diverse topics. Very few studies have specifically examined aspects of actors' PWB and the scattered nature of the findings influenced the presentation of literature in broadly chronological order except where there are obvious thematic links. The intention is to provide an accurate account of a literature in which many of the works report findings in multiple

subject areas related to PWB, such as mental health experiences, intervention suggestions, experiences related to positive functioning and contextual stressors. Grouping the literature by theme is, therefore, cumbersome and may present an over-inflated sense of how much work has been done. It is also worth highlighting that literature dated from 2014 to the present emerged subsequent to the design of the research program presented in this thesis. This literature represents a recent movement toward interest in actors' PWB. It is also important to note that, as in the music and dance literature, no findings were unearthed related to how professional actors define PWB, nor any specific studies on indicators of positive functioning, with this thesis therefore providing the first insights into these two elements.

In a seminal 1992 editorial published in *MPPA*, Brandfonbrener highlighted contextual factors that put actors' overall health at risk, including: sleep deprivation, poor diet, substance use, cost of medical care, non-traditional schedules, isolation from support systems while on tour, brutal work schedules including simultaneous rehearsal of one show while performing another, extreme pressure to perform even when ill and a culture of not seeking help. Brandfonbrener further advocated for increased interest in the PWB of actors, citing as hazards the need to portray difficult emotions and adopt the personality of a character, along with the triggering of personal feelings. Relatedly, Geer (1993) wrote a descriptive essay on emotional hangovers for actors, highlighting actors' experiences of carrying traits of characters into offstage life and subsequent consequences for close relationships. Geer suggested that attention be paid to the 'cool-down' process after performances.

In 1995, an unpublished thesis by Tust-Gunn reported on data from *N*=20 interviews with professional actors in the United States, with particular focus on actors' relationships with their characters and the use of roles for self-exploration. As far as elements relevant to PWB are concerned, Tust-Gunn found that participants identified empathy and trust as central to the work of developing a character, along with use of their own memories and emotions. Participants reported that acting increased their self-knowledge and ability to be sensitive to,

and accepting of, emotional states. Other positive experiences associated with acting included the opportunity to explore behaviours onstage which would be inappropriate in daily life, and character exploration giving insight into personal difficulties. The insight was reported to translate into positive action off-stage and Tust-Gunn described the participants as psychologically-minded, with a tendency for self-exploration.

A very brief article by Stack based on United States mortality data (1997) suggested that the rate of suicide for actors was about twice that of the general population (23.49 per 100,000 deaths). It is important to note, however, that the sample was a mixed group of actors and directors. In the same year, an interview study with $N=3$ trained, professional actors in the United States, although focussed on creativity, returned some findings related to PWB (Nemiro, 1997). Actors reported negative experiences of feeling interchangeable and judged, experiences of mistrust between actor and director and fatigue associated with playing emotionally draining roles. Reflecting the concerns raised by Geer (1993), participants also reported frightening experiences involving taking on too much of a characters' identity: "…to give a really brilliant performance you have to get so close to that character that you get scared" (p.235).

Kogan's (2002) essay on performing arts careers highlighted that actors experience audition stress and multiple rejections, often with no external feedback explaining the rejection, but no data were provided or research cited in support. Hays and Brown (2004) interviewed a number of North American performers in non-sports domains, including $N = 4$ actors. The resulting textbook included one actor's report of feeling constantly exposed to public criticism and judgement and another's experience of audition stress. The authors also stated an opinion that actors are interested in understanding themselves, finding self-exploration useful to their art. They also noted that, in something of a paradox, the requirement to take on another's personality for a role may leave actors less sure of their own personhood, an opinion supported by one of their participants. Related to the subject of identity and self-exploration, the findings of an unpublished interview and document study

(diary entries) of $N = 8$ professional actors (Crane, 2011) suggested that actors viewed identity as fluid or flexible and implemented personal characteristics when playing a role. Actors also reported having frightening experiences when portraying characters with abhorrent personality traits, emotional hangovers and physical symptoms associated with stress (although these were not described). Rewards for actors included increased self-knowledge, self-acceptance and empathy.

Nettle's (2006) online personality survey of $N = 191$ self-identified professional actors (predominantly from the United Kingdom) showed that compared with the British population actors were significantly higher on extraversion, openness to experience and agreeableness, with a less significant elevation of neuroticism. These traits correlated with actors' high scores on a measure of empathizing; the drive to identify another person's emotions and thoughts and respond appropriately. PWB implications were not discussed, except to speculate that actors might be susceptible to "emotional disorders" (p.381).

In the same year, findings of an Australian unpublished thesis (Moore, 2006) were presented as conference proceedings, in which the author described the difficulties of newly graduated actors attempting to enter the professional environment. Moore reported that a survey of graduate actors ($N = 110$) indicated participants felt their training did not prepare them for the commercial world, especially for the requirements of screen auditions. Moore recounted personal experiences of depression and isolation related to attempting to maintain his identity as an actor in the face of sporadic employment.

In conference proceedings in the same year (2006), Seton, an Australian researcher in the discipline of Performance Studies, coined the term 'post-dramatic stress'. This term was intended to describe two phenomena: the triggering of traumatic memories when actors use personal experiences to create a character and the possibility that enacting and witnessing trauma in rehearsal and performance could be traumatising. Although data were not presented, Seton highlighted the lack of research with actors and posited that actors' experiences of trauma are idiosyncratic (e.g.: not all actors will be traumatised by one

particular text or technique). Seton also posited that resilience is a function of personal history and supportive relationships and (echoing Geer's 1993 essay) that actors need space and skills to 'cool-down' after a performance.

Seton also interviewed stakeholders in the United Kingdom about holistic healthcare of professional and student actors (2009). Participants were union staff, teachers, scholars, actors, directors, voice coaches, performing arts counsellors, psychologists and dance therapists ($N = 41$). Seton's findings related to both student and professional actors; see next section for findings relevant to students. Seton reflected on the adage 'the show must go on', describing the exhaustion, injury and rejection amidst which the actor must continually perform, adding that actors habitually accepted abuse and mistreatment in the service of their work. One participant, an Australian actor now living in the United Kingdom, described contextual factors impacting Australian actors' PWB:

> In Australia particularly, you get almost no respect and almost no money, 99% of the time. You get disowned by your family, you get abused at the employment office…[Employers] know actors will do anything, they will risk and they will damage themselves physically and emotionally for a part, for the opportunity to get a part…if you end up having a breakdown, if you end up with an injury, well, you know, that's all part of it. (Seton, 2009, p. 47-48)

The same participant highlighted the prevalence of alcohol and other substance use among actors in Australia, citing use as a coping strategy to deal with contextual stressors. Substance use was also raised as an issue for older, out-of-work actors in the context of "the industry [which] is very good at using people and throwing them away" (p. 56).

Further to the subject of substance use, in an unpublished thesis Hill (2005) reported the results of $N = 16$ interviews with actors in the United States who were in recovery for substance use disorders. Hill's findings related to PWB in that participants used substances as a way of coping with the pressures of the industry, as seen in Seton (2009) above. Hill further cited alcohol use as a strategy for managing performance anxiety and in another unpublished thesis, Goodman (2011) found that of $N = 136$ professional actors in the United States, 83%

had experienced performance anxiety, with auditions provoking significantly more anxiety than performances.

Thomson and Jacque (2011) reported results of a study of a mixed group of professional actors and those in vocational training ($N = 54$) from the United States, Canada and South Africa, who were compared to a non-clinical control group. Participants completed self-report measures of dissociative experiences, traumatic events and fantasy-proneness. The authors found the group of actors who also endorsed trauma to be more fantasy-prone, and more actors endorsed dissociation at pathological levels than the control group. The authors hypothesized that actors may use fantasy as a coping strategy to manage intense emotional experiences and highlighted that actors may be vulnerable to a de-stabilised sense of self. In 2012, the same authors (Thomson & Jacque) presented results of a comparison between $N = 41$ professional, trained actors (from the same locations as the previous study) and a control group of $N = 41$ from Canada and the United States. The control group were a mixed cohort of artists, athletes and non-artist/athletes who were interested in those domains. Participants completed measures including the Adult Attachment Interview, a self-report measure of dissociative experiences, a self-report measure of fantasy-proneness and a self-report measure of traumatic experiences. The authors found that actors were more able than controls to remain engaged, emotionally regulated and coherent during the interview, suggesting actors could maintain sufficient self-regulation to manage the demands of acting. Actors also displayed higher levels of unresolved past trauma/loss, even when compared specifically with the other artists in the control group. The authors postulated that creating and portraying a character may increase the pain of unresolved past trauma/loss in the actor group and further stated "this finding raises concerns for the psychological well-being of actors" (p. 7).

Mitchell (2014) presented results from a mixed group of professional actors, trainers and students (see next section for student data) in the United Kingdom, including interviews with $N = 9$ professional actors. A further $N = 35$ actors completed an online survey, but it was not clear what the survey items were. Findings indicated that actors were beholden to

industry-prescribed ideals about appearance and body type, for example: "I know what the business requires and it's up to me to make myself as 'castable' as possible" (p.61). Mitchell also highlighted a general assumption that the actor must be a 'servant': to the story, the public, the director. The author stated that the 'servant' role implied actors' wellbeing would be sacrificed in the service of performance and, moreover, warned about the possibility of eating disorders.

In Robb and Davies' (2015) phenomenological study of Australian actors' onstage experiences ($N = 8$ in-depth interviews), the authors found participants experienced joy and satisfaction after some performances, and rumination, anxiety and self-criticism after others but the focus of the study was not specifically PWB. In the same year, an Australian preliminary report detailing findings of an online investigation into actors' health and wellbeing was released (Maxwell et al., 2015). The survey was promoted through Equity (the Australian actors' trade union) and included demographic information, questions about health problems, the effects of work-related stress and experiences of bullying. Measures related to PWB included the Depression, Anxiety and Stress Scale (Lovibond & Lovibond, 1995), the Alcohol Use Disorders Identification Test (Babor, Higgins-Biddle, Saunders, & Monteiro, 2001) and the Drug Use Disorders Identification Test (Berman, Palmstierna, & Bergman, 2007). A sample of $N = 782$ professional actors completed the survey, of whom 67.8% had completed vocational training. As far as PWB is concerned, 20.6% reported engaging in psychotherapy or counselling as a way of protecting themselves from the psychological effects of acting. Although the nature of these 'effects' was not stated, 38.7% of respondents endorsed difficulty relaxing after performing an emotionally or physically demanding role. Concerning substance use, 36.7% reported using a range of items such as anti-depressants, anti-anxiety medications, marijuana and other illegal drugs, along with alcohol, in direct response to performance problems. One quarter of respondents reported being victims of bullying or harassment in the workplace, with women over-represented. Of the 46.3% of participants who endorsed having a health complaint affecting their ability to perform, 24.5%

identified the complaint as 'mainly psychological'. Approximately a quarter of participants reported experiencing 'debilitating' performance anxiety and scored approximately twice as high as the general Australian population on depression, anxiety and stress.

Acuna's (2016) unpublished thesis presented data from $N = 12$ clinicians working with professional actors in Los Angeles, suggesting that actors sought help for career related concerns such as inconsistent work, financial stress, lack of control and aging. Actors also presented with mental health challenges, with clinicians highlighting that actors were likely to present with episodes of mental illness because of contextual stressors. Eating disorders were specifically mentioned, as was substance use and unresolved trauma. A final presenting issue for actors was relationship difficulty, with clinicians highlighting career-related difficulties between intimate partners such as time away on tour, financial stress and the partner's decreasing support of the actor's chosen profession over time. Clinicians also noticed that employment instability could be injurious to actors' sense of self and stressed the importance of validating actors' struggles by acknowledging the unique challenges associated with the profession. Recommended skills for actors included the ability to tolerate uncertainty, anger and frustration, to generate optimism and hopefulness and to process loss.

In another unpublished thesis, Burkhart (2017) reported the impact on $N = 6$ professional actors in the United States of performing a play about child sexual abuse. In interview data, participants reported experiences of increased empathy, personal growth and positive relationships with other cast members. They also reported some anxiety and 'emotional hangover' due to the difficult nature of the material. The actors chose to debrief regularly with cast-mates, though some reported increased use of substances to cope with the show's content and somatic symptoms such as fatigue and sleep disturbance. Participants noted an important source of PWB support; a psychologist was present in rehearsal, attended all performances and went with the company on tour.

Most recently, Thomson and Jacque (2017) reported results of a study of $N = 39$ professional, trained actors, $N = 30$ dancers, $N = 23$ athletes and $N = 25$ healthy active

student/community participants, from Canada, the United States and South Africa. Participants were given the Adult Attachment Interview along with a measure of adverse childhood experiences and a measure of past traumatic events. As in their 2012 study, results of the interview suggested actors remained more emotionally regulated and had a more secure/autonomous attachment style than the other groups. Actors also presented more unresolved mourning than dancers or athletes, but despite this difficulty with past loss were emotionally flexible and resilient. The actors had higher exposure than dancers or athletes to adverse childhood experiences, particularly familial mental illness, emotional abuse and domestic violence, with the authors highlighting associated PWB risks including substance use, anxiety, depression, PTSD and suicidality. The authors recommended that trauma-informed care be considered when training and treating actors.

What is known about student actors in vocational training

The following review of literature includes only works in which the population groups are clearly adult student actors in vocational training. As in the professional cohort, findings related to PWB are scattered amongst works on diverse topics and very few studies have specifically examined aspects of student actors' PWB. Moreover, no findings were apparent in the area of how student actors define PWB, nor any specific studies on indicators of positive functioning. Once again, literature dated from 2014 to present emerged subsequently to the design of the research program presented in this thesis.

In a descriptive article on psychological services available at Juilliard school of music, dance and drama, Kanefield (1990) identified that, unlike musicians and dancers, acting students generally had not grown up thinking of themselves as actors and this resulted in the discipline and commitment of training being experienced as stressful and anxiety provoking. Kanefield further described student actors as vulnerable to identity disturbance and in 1994, Hannah et al. noted that, anecdotally, student actors reported being psychologically affected by the roles they played. The authors identified a lack of systematic documentation or

quantification of the phenomenon and further reported findings of a study of *N*=14 actors with major roles in a student production at a United States university, noting that students appeared to adopt their character's personality traits during the performance. There are a number of issues with this study, however, including the unclear nature of the students' study circumstances and methodological problems related to the use of measures (e.g., the authors used an amended version of a scale which implied heterosexuality to be a characteristic of more stable, cheerful, active personalities).

Also in 1994, Barton observed that actor trainers might be reluctant to deal with the emotional or psychological distress experienced by students, citing insufficient training and fear of not handling a situation sensitively or appropriately. The author of this essay interviewed an unspecified number of therapists, to gain insight into techniques for emotion regulation and enhanced emotional safety. Suggestions were made for the acting classroom, such as fostering trusting relationships between students, journal writing to process emotional experience, giving permission for students to express their needs, mentoring by more experienced peers, setting boundaries around emotional safety, teaching students to recognise emotion in themselves and others, teaching students to disengage from overwhelming emotions, building rituals that allow structured time out and attending to 'cool-down' periods after class.

Steptoe et al. (1995) surveyed *N* = 178 students of vocational acting programs in London, each of whom was scheduled to appear in a production in less than eight weeks' time. Students were asked to rate themselves on a single-item measure of the global impact of stage fright and to complete a performance anxiety questionnaire. Thirty six percent of students rated stage fright as a moderate problem and 9.6% as a severe problem. On the performance anxiety questionnaire, students reported distressing thoughts concerning fear of panic, loss of control and fear of collapse. Some students engaged in positive thinking, such as telling themselves the audience would forgive mistakes, but this did not reduce anxiety. Students who encountered the most anxiety were also most likely to cope by checking over

their lines and attempting to distract themselves. Other students used meditation/relaxation strategies before performances but this did not appear to affect levels of anxiety.

Burgoyne et al. (1999), noting that the voice of the student actor had been under-represented in literature, conducted a grounded-theory research project in the United States. Fifteen student actors were interviewed with the aim of investigating the 'psychological fallout' of acting on students. Participants reported drawing on personal experiences when developing characters and the authors describe this 'inside-out' approach to acting as a condition which fostered the blurring of boundaries between self and character. Participants described this blurring as artistically effective, but resulting in positive and negative consequences such as enhanced empathy and problematic boundary blurring. In relation to negative consequences, it is worth noting that none of the actors reported knowing what to do in response to boundary blurring issues and the authors recommended developing strategies for self/other boundary control, such as consciously seeking points of difference between self and character and referring to characters in the third person.

Seton (2009) (details in above section on professional actors) made note of several issues impacting PWB in acting training, such as complex interpersonal relationships in student groups, the need to regulate one's appearance to match industry standards, prevalence of eating disorders, competition, workload intensity and overwhelming demands placed on students by visiting/guest directors. Seton cited a therapist working at the Royal Academy of Dramatic Art (London) who described acting students as in need of increased psychological care because of the intensity of training and the challenge of repeatedly switching identities. Seton elaborated on specific issues with acting training, observing that while institutions may be effective in shaping students to develop and inhabit a character, there was generally less guidance about removing a role or debriefing after a season of performances.

Seton (2009) also built on previous work by McFarren (2003; unpublished thesis) who challenged the ethics of actor training techniques that use traumatic memory as a resource. In her thesis, McFarren noted that trainers were not necessarily equipped to recognise trauma

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responses in students, or to help students process them. One of the actor trainers Seton interviewed described concerns over teaching practices, saying "there are times when what's going on is suspect and could be dangerous, not just on a physical level but a mental one. There are too many people out there playing amateur psychologist" (p. 40). A broader issue in acting training was that individual drama schools tended to be unregulated and have individual approaches to acting training, with the possibility of questionable practices going unnoticed. Seton (2010) further published an essay on the ethics of actor training, highlighting the willingness of acting students to submit to painful experiences in the service of becoming an actor; postulating that actors are trained in unquestioning vulnerability and tend not to question the PWB impact of their work. Seton also contributed to a panel discussion (Seton, Prior, & Petherbridge, 2012) in which it was noted that for acting students, attending mental health appointments may be problematic because students do not want to miss timetabled classes and/or be perceived as unprofessional.

In Mitchell's (2014) study (also mentioned in the professional section above) data included interviews with $N = 24$ students and $N = 10$ trainers, with a further $N = 8$ students completing online surveys (survey items unknown). Results indicated that students felt pressure to comply with industry-driven body image ideals, with this pressure coming from the course, fellow students and parents. Mitchell noted that female students were likely to diminish in size through food restriction, while males were likely to embark on intense regimes to build muscle. The author also warned that students were unlikely to articulate image concerns in the classroom, speculating that anxiety about appearance was likely to be trivialised or interpreted as reluctance to commit to industry standards. In a separate article drawn from the same research data, Mitchell (2015) highlighted the potential for acting training to de-stabilise students' identity via the constant imperative to break established habits.

Prior et al. (2015) advocated for more attention to be paid to responsible health care in actor training. The authors primarily reviewed findings of past research and suggested a need

for conversations between stakeholders such as teaching and administrative staff, student

support staff, industry representatives and students. These conversations, according to the

authors, should cover potential physical, vocal and psychological hazards, including financial,

political and relational challenges.

7. Summary: rationale and aims

It is clear actors are an under-researched population, with a scientific history represented by a scattered literature troubled by issues of clear reporting, mixed population groups and confused terminology. As far as the PWB of professional actors is concerned, in the 22 years between Brandfonbrener's (1992) editorial about the 'forgotten patients' and data collection for the research presented in this thesis, only seven published articles reported results relevant to actors' PWB. In that time, there were also four unpublished theses and five essays/opinion pieces highlighting issues of interest. In the years 2014-present, there have been four research articles and two unpublished theses; a small acceleration but still a dearth of endeavour. In the vocational training realm (from 1992-data collection) there were four articles reporting research relevant to students' PWB, one unpublished thesis and four essays/opinion pieces. From 2014 to time of writing, there was one research article and two opinion pieces.

Despite under-representation, however, there are clear cues that both professional and student actors face difficulties with their PWB that require investigation and/or intervention. For professionals, contextual factors which potentially impact PWB include employment instability, scrutiny and criticism, experiences of rejection and bullying, complex interpersonal relationships, competition, extreme pressure to perform at personal cost, social judgement, isolation on tour, and anxiety-provoking audition and performance tasks. In addition, professional actors may face identity instability and struggle with depression, anxiety, eating disorders, trauma-related symptoms and substance use in a culture of low help-seeking. In contrast, they may have opportunities for personal growth, a sense of purpose, positive relationships, self-acceptance and learning emotion regulation skills.

For students, PWB problems may be centred around identity disturbance with contextual issues including intense workload, competition, pressure related to physical appearance, staff who are untrained and/or reluctant to assist students with mental health

concerns, and help-seeking behaviour complicated by timetable pressure and fear of being viewed as unprofessional. In contrast, students may find acting training a stimulating opportunity for personal growth, increased empathy and learning emotion regulation skills.

Clinically, despite the PWB factors suggested above, it may be as Moyle (2012) suggested:

> Although performing artists can often experience issues such as eating disorders, low self-esteem, substance abuse, negative perfectionism, self-identity issues, injury and mental health challenges, this does not necessarily place them in a different treatment approach category to a non-performing population that might be faced with similar challenges. (p. 11)

Unlike musicians and dancers, however, the under-representation of actors is such that until there is more known about each aspect of the 'three-legged stool' making up evidence-based practice (research, clinical expertise, patient characteristics/culture/preferences), it is impossible to delineate any clear approach to this population. It is, moreover, difficult to speculate on similarities and/or differences between actors and other performing artists in terms of PWB challenges and needs. Furthermore, as Ryan and Deci (2001) argued, in order to make change for the better, practitioners need an accurate vision of what 'better' *is* for a particular population. Seton (2009) highlighted this in his report on actors' health in training and at work:

> Advocacy for change requires data, qualitative and quantitative. There is the need to be proactive in interrogating and documenting, for example, workplace injuries including depression, drug and alcohol abuse, relationship breakdowns, and so on. We also need to research the potential health benefits of approaches to actor training…furthermore we need to participate in and contribute to international interrogations on issues about the actor's identity, image and sense of authenticity, and the psychological and emotional effects of different actor training pedagogies. (p. 66)

This clinical psychology thesis, then, aimed to contribute a program of research using contemporary, ecological PWB theory, incorporating evidence-based models of mental disorders and positive functioning, to gather data about professional and student actors' experiences. Given influence of environmental factors on both professional and student actors' PWB (as in other performance domains such as dance, music and sport), it was also

important to consider that there might be context-dependent understandings of PWB itself. Finally, both student and professional actors might need supports or interventions developed specifically for them (for examples from elite sport, see Bär & Markser, 2013; Carless & Douglas, 2013; Coyle, Gorczynski, & Gibson, 2017). Actors might, for example need "…safe places and opportunities to recognise, hear and give voice to specific stresses, injuries, abuses, questions of image and identity, and their own mistakes of judgement…" (Seton, p. 63). Until the perspectives of the population are sought, however, it will remain difficult to make recommendations to help build and maintain high levels of PWB. Given the above, the aims of the program of research were as follows:

1. Investigate how student and professional actors define psychological wellbeing, with the broader goal of identifying whether this is context-specific and/or fits with dominant established models.

2. Investigate what factors impact the psychological wellbeing of professional actors.

3. Investigate what factors impact the psychological wellbeing of student actors in vocational training.

4. Explore the preferences of student and professional actors regarding how to improve/ maintain their psychological wellbeing, with the broader goal of guiding clinical practice and service development.

8. The program of research

Before continuing to describe ethical considerations and the methodological details of this program of research, this section briefly details the overall structure of the four studies and introduces participant characteristics. Specific details of each study, including recruitment, data collection, participants, ethical obligations and analytic method can be found in the individual papers presented in Chapters 2, 3, 4 and 5.

8.1 Participants

Participants were recruited from the two contexts of interest, professional acting and vocational training. See **Table 1** for de-identified participant and interview details.

Professional cohort

In the professional cohort, purposive and snowball sampling was used to recruit adult actors who identified as professional (rather than amateur) and had participated in a performance in the past six months. Initial participants were industry connections of the author, with subsequent volunteers recruited via snowball sampling. Ten identified as male and 10 female and ranged in age from 22 to 66 years old (M=37.45, SD=12.92), with self-reported professional experience ranging from one to 50 years (M=16.05, SD=13.34).

Two of the 20 professional participants spoke about coming from a non-dominant cultural background, although in each separate analysis they did not cite this as affecting their response to the research question. The question of cultural diversity and racism in the performing arts in Australia is a lively and contentious one (Blake, 2014; Quinn, 2016). For interesting portals into the academic side of this debate, please see Jakubowicz (2011) and Phillips (2011) and this issue is discussed further in Chapter 6.

Table 1. De-identified participant and interview details

#	Pseudonym/ Name	Interview Location	Cohort (Subgroup)[a]	Minutes
1	Vince	University of Adelaide	Professional	49
2	Leslie	University of Adelaide	Professional	47
3	Greg	Workplace	Professional	71
4	Fin	University of Adelaide	Professional	102
5	Bette	Public area	Professional	50
6	Tina	University of Adelaide	Professional	100
7	Sue	University of Adelaide	Professional	87
8	Terry	Workplace	Professional	75
9	Jane	Participant's home	Professional	65
10	Clive	Workplace	Professional	47
11	Leah	University of Adelaide	Professional	89
12	Max	University of Adelaide	Professional	78
13	Sam	University of Adelaide	Professional	74
14	Anton	University of Adelaide	Professional	55
15	Meg	University of Adelaide	Professional	77
16	Kyle	University of Adelaide	Professional	131
17	Kath	Participant's home	Professional	82
18	Eve	Participant's home	Professional	91
19	Tony	University of Adelaide	Professional	69
20	Dave	Training institution	Training (t)	66
21	Trish	Training institution	Training (t)	69
22	Denise	Training institution	Training (t)	76
23	Ange	Participant's home	Training (t)	63
24	Tess	University of Adelaide	Training (s)	61
25	Lisa	University of Adelaide	Training (s)	67
26	Sophie	Participant's home	Professional	56
27	Bill	Training institution	Training (s)	70
28	Julia	Training institution	Training (s)	71
29	Krista	University of Adelaide	Training (s)	87
30	Gillian	Participant's home	Training (s)	65
31	Wendy	University of Adelaide	Training (t)	91
32	Jim	University of Adelaide	Training (s)	83
33	Joy	University of Adelaide	Training (s)	62
34	Matt	University of Adelaide	Training (t)	68
35	Maria	University of Adelaide	Training (t)	52

[a] Please note in the training cohort, subgroups are designated as follows: (s) for student and (t) for trainer.

In the professional cohort, recruitment initially targeted participants who were either actors or directors, for the purpose of comparing responses for data triangulation. Triangulation, in qualitative research, refers to the use of multiple methods or data sources in order to develop a comprehensive understanding of a phenomenon (Carter, Bryant-Lukosius, DiCenso, Blythe, & Neville, 2014). It became clear during recruitment and interviews however, that participants did not define themselves by a single role and had all worked as both actor and director, sometimes simultaneously. All participants had a history of working across multiple platforms, such as theatre, film, TV and voice. The multi-skilled nature of the participants was described as typical of the industry and they responded to study recruitment to share their experiences as actors. In data analysis (see Chapters 2, 3 and 5) it was clear that there were no analytically relevant differences in perspective across the professional cohort.

Given the small population of actors in South Australia, further demographic details are not reported to ensure anonymity. Protecting participants' identity and the value of anonymity is a complex issue (see Saunders, Kitzinger, & Kitzinger, 2015 for a discussion) and in this cohort, one participant (Terry) requested to use his own name. The University of Adelaide, School of Psychology's Human Research Ethics Subcommittee was consulted and this request was granted.

Training cohort

In the training context, purposive and snowball sampling was used to recruit adults currently engaged in vocational training (with the goal of becoming professional actors), along with those who train them in a range of practical performance skills. The author, a former student of a vocational drama school, made initial contact with staff at the two South Australian public training institutions and made site visits to publicise the research. Both students and their trainers were recruited because it was anticipated that there might be differences in perspective due to a range of factors such as: age, demands on students (e.g.: housing, employment, training intensity) and demands on trainers (e.g.: work/life balance,

managing academic and teaching demands). Although themes were generally consistent across the cohort, any important differences are highlighted in the results sections of the relevant papers. Once again, given the small population of student actors and trainers in South Australia, limited demographic details are reported to safeguard anonymity.

The sample was made up of fifteen participants; seven students and eight trainers. In the student group, there were five people who identified as female and two as male, ranging in age from 18 to 32 years old ($M = 22.5$, $SD = 4.34$). Students were from a range of year levels in courses with a duration of either three or four years. In the trainer group, there were six people who identified as female and two as male, ranging in age from 40 to 69 years old ($M = 52.14$, $SD = 12.86$). Years of experience as trainers was difficult to determine because many had moved between employment as actors and trainers. Seven of the eight were professional actors, either historically or currently and the remaining trainer worked closely with acting students in a technical/production capacity. It should be noted that a majority of participants (32 out of 35) were of white, Anglo-Saxon descent. One trainer and two professional actors mentioned being from a non-dominant cultural background (which cannot be specified for anonymity purposes) although as in the professional cohort, they did not cite their cultural background as influencing their responses. Please see Chapter 6, section 5 for further discussion of race, culture and the Australian acting industry.

8.2 Structure of the research program

As previously stated, the overall program consisted of four studies, addressing the four research questions (see Aims). Data were collected simultaneously for each of the four studies, in the form of 35 in-depth interviews, ranging from 47 to 131 minutes, with an average time of 73 minutes. Open-ended interview questions were derived from the literature with the aim of understanding individuals' experiences within each context. The questions were piloted and revised separately for professional actors, student actors and trainers. Details of question generation and refinement are on record in the audit trail but as an example,

following the pilot interview with a student actor, extra prompts were added. These prompts endeavoured to ensure student participants reflected on experiences in class work as distinct from experiences when staging productions. Interview questions for the professional cohort can be found in Appendix 1 and training cohort questions are shown in Appendix 2.

9. Ethical considerations

This research complied with the requirements of the National Health and Medical Research Committee, as outlined in the National Statement on ethical conduct in human research (National Health and Medical Research Council, The Australian Research Council, & The Australian Vice-Chancellors' Committee, 2007). A proposed outline of research was generated and subsequently granted approval by the University of Adelaide's School of Psychology Human Research Ethics Subcommittee. The recruitment strategy (purposive and snowball sampling, including the use of social media) was approved, along with the tear-off and email flyers that were subsequently used (see Appendices 3, 4 and 5). Informed consent was obtained for each participant. This included sending an information sheet (Appendix 6), discussing the nature of the study with participants at interview and the reading and signing of a consent form (Appendix 7). Participants were alerted to their right to withdraw from the study at any time, including during and after interviews, up until submission of manuscripts for publication. No participants chose to withdraw. Although it was not envisaged that the interviews would result in distress, a de-briefing sheet (Appendix 8) was provided encouraging participants to contact the researchers in case of questions or concerns. No participant expressed any concerns or articulated any distress arising from the research.

Special care was taken to ensure anonymity in any written reports or papers resulting from the research because participants were drawn from a close community in which many people know one another. This care was also extended to the interview process, with interviews scheduled so as not to overlap, sites were private and participant-driven and communication with participants was carefully managed. All transcripts were edited to ensure no individual, school or company could be identified and participants had the opportunity to check and edit the transcript of their interview to ensure accuracy and anonymity. This process of 'member-checking' aligns with one of Tracy's (2010) criteria for quality in qualitative research: credibility. For more on the topic of qualitative quality, see section 10.2

in this chapter. Other details relating to the complexity of anonymising data can be found in the Method sections of the manuscripts in subsequent chapters (and see Saunders et al., 2015).

As mentioned above, and recorded in **Table 1**, home and site visits were conducted, and a safety protocol and calendar of visits was developed with the School's Occupational Health, Safety &Welfare officer. The protocol included informing members of the supervisory panel, in real time, of arrival and departure from interview locations, GPS monitoring and the development of a duress protocol. Interview recordings and transcripts, along with consent forms and participant details, are stored in locked filing cabinets and password protected files; both are within a locked office in the School of Psychology at the University of Adelaide. Data will be kept for seven years from data collection (that is, until November 2021).

An ongoing ethical issue requiring awareness throughout the research process was the author's role as clinician-researcher. Qualitative interview research involves close engagement with participants and other issues of dual- or multiple relationships are attended to in the Australian Psychological Society's Code of Ethics (Australian Psychological Society, 2007). Although little has been written about this particular dual relationship, according to Thompson and Russo (2012) clinician-researchers should be aware of the differing purposes of the research encounter and the therapeutic encounter. The former aims to gain information and the latter aims to facilitate change. During this program of research, some participants approached the researcher for clinical services. The approach taken to manage these queries was to empathically validate the person's struggles and help-seeking and to then offer resources which would facilitate an appropriate referral. Resources provided to participants included information about crisis support services such as Lifeline (Lifeline Australia, 2016) and South Australia's Mental Health Triage service (SA Health, 2012), as well as services that help people find a psychologist (Australian Psychological Society, 2016). General information was also given to help build health service literacy, such as explaining

the process of working with a GP to generate a Mental Health Care Plan (Australian Government Department of Health, 2012).

Subsequent to data collection, two participants established an informal actors' mental health peer-support group. To protect their identities, further details of this group will not be given, other than to note it was a community-led gathering of actors who desired a safe space to share their mental health stories and access information about commonly occurring mental disorders. As a result of the research relationship (as well as previous industry connections), the researcher was invited to attend the group. This invitation was for a volunteer clinical role, providing information on commonly occurring mental health disorders and pathways to help-seeking. After careful consideration of the ethics of multiple roles, this invitation was accepted. It is important to note that while attending the group, care was taken not to identify anyone present as a former research participant and to explain carefully the role boundaries of provisional psychologists (such was the researcher's professional status at the time). In addition, care was taken to ensure the mental health resources provided were contemporary and evidence-based (such as those available through Beyond Blue Limited, 2016). For more on the position of the researcher (particularly as an 'insider') see section 10.2 of this chapter.

10. Methodological approach

This section explains the theory of knowledge (epistemology) grounding this program of research, along with the rationale for choosing a qualitative paradigm. Quality in qualitative research is discussed, with attention paid to how criteria for ensuring rigour were built into this program of research. An exploration of reflexivity ensues, followed by an introduction to the types of data analysis used. Specific methodological details for each study can be found in the relevant papers comprising Chapters 2, 3, 4 and 5.

10.1 Theoretical underpinnings: epistemology and paradigm choice

It is important to make the epistemological assumptions underlying any research transparent (Braun & Clarke, 2006). Epistemology refers to the nature of knowledge itself, as well as the ways in which knowledge is viewed as legitimate (Braun & Clarke, 2013). This thesis takes a contextualist approach to epistemology (Henwood & Pidgeon, 1994). Specifically, contextualism refers to the human act in context (Tebes, 2005) and rather than assuming a single reality or objective truth (as is the case within typical positivist frameworks), sees knowledge as "emerging from contexts" (Braun & Clarke, p. 31). In other words, people's realities, while feeling true and meaningful, also shift as individuals relate to their world(s) and to others, while the broader social context also impinges on how people make meaning from their experiences. The contextual philosophy underpining this program of research is also a natural fit with an ecological approach to PWB that considers the person in dynamic interaction with their environment. In pragmatic research terms, according to Braun & Clarke (2013) contextualism allows for a two-handed approach to analysis in which it is possible to both compare emerging themes to an existing theory and to allow new possibilities to emerge from the data. In this thesis, the flexibility of the contextualist paradigm allows for viewing the actors' experiences through the lens of the dual-focus approach to PWB, while at the same time being alert for unique phenomena such as the potential for actors to hold an idiosyncratic definition of PWB.

Within the contextualist epistemological landscape, a qualitative paradigm was chosen for this program of research as the most appropriate for responding to the aims. Qualitative methodologies are diverse and can be applied across a range of theoretical approaches and are especially appropriate where a phenomenon or population is under-explored (Haslam & McGarty, 2014), as is certainly the case with actors' PWB. In performing arts health research, the importance of qualitative data has recently been highlighted by the editor of *MPPA* (Manchester, 2011b). Manchester explained that qualitative research has the potential to provide professionals in performing arts health with a better understanding of the problems that performers face. Moreover, as Guptill (2012) noted, it is important for performing artists and researchers to collaborate, so that the stories of performers are reflected in the evidence-base from which health practitioners draw when caring for this population.

Clinical psychology, operating within a medical model of health care, has traditionally favoured a quantitative approach to gathering a robust evidence-base (National Health and Medical Research Council, 2009). Qualitative research is, however, growing in importance in clinical psychology, particularly due to increasing recognition that qualitative designs can provide powerful insights into meaning, context and ways to alleviate psychological distress (Binder, Holgersen, & Moltu, 2012; Willott & Larkin, 2012). In the case of actors, the lack of research, along with unique study and work contexts and unusual task demands suggests complexity appropriately served, at this stage of evidence, by an exploratory, qualitative program of research, as found in this thesis.

10.2 Quality in qualitative research

While there is general consensus as to what 'good' quantitative research is (e.g.: reliable, valid, objective and generalizable) (Winter, 2000), there is less consensus in qualitative research with critics suggesting that it is an 'anything goes' approach (see Antaki, Billig, Edwards, & Potter, 2002). There has been a proliferation of concepts for qualitative research excellence, located in varying research traditions and moments in time. Some of

these include transferability (showing that findings are applicable in other contexts, as in Lincoln & Guba, 1985), the capturing of tacit knowledge (that which is personal, practical and context-specific; Polyani, 1966) and empathetic validity (the capacity of practitioner research to transform the emotional dispositions of people towards each other; Dadds, 2008). Despite illustrating the creative complexity of the qualitative paradigm, the vast array of criteria can be bewildering, leading to educators like Tracy (2010) proposing universal hallmarks for high quality methodology.

Tracy (2010) proposed a parsimonious framework of criteria for qualitative quality, with the aim of helping communicate the value of qualitative work to multiple audiences and enabling qualitative researchers to communicate in a common language while still acknowledging differences in approach, research aims and method across the community. Tracy's eight 'big-tent' criteria provide a best-practice guide, helping to frame qualitative work as systematic and structured (LeGreco & Tracy, 2009). Tracy's (2010) criteria are as follows: worthy topic, rich rigour, sincerity, credibility, resonance, significant contribution, ethics and meaningful coherence. There are multiple practices and methods researchers can use to demonstrate adherence to these criteria and it is not necessary for every research program to utilise all practices and methods. The following sections explain each of Tracy's criteria in terms of their application to this program of research. Further details can be found in the audit trail on file with the University of Adelaide.

Worthy topic

Worthy topic refers to research which is relevant, timely, significant, interesting or evocative and topics can be drawn from disciplinary priorities, societal or personal events. The current program of research arose from the author's personal experiences in the performing arts industry and dismay at the lack of research interest toward actors. At the same time, over the course of the research program, there has been a growing movement within the performing arts in Australia highlighting the importance of health and wellbeing, as detailed

in section 4.3 of this chapter. Adding to the relevance of the topic, it is politically a difficult time for the performing arts. As highlighted in section 4.1 of this chapter, there have been extensive funding cuts and the overall position of the arts in society seems less central, making any effort to raise awareness of issues facing performing artists a worthy endeavour. For actors in particular, this research is worthy in that it may meet an identified need for "…safe places and opportunities to recognise, hear and give voice to specific stresses, injuries, abuses, questions of image and identity…" (Seton, p. 63).

Rich rigour

Rich rigour refers to the need for the research design to be sufficiently complex (theoretically and methodologically) to enable sensitive engagement with the phenomenon in question. One of the advantages of rigour, in addition to helping the researcher make smart choices about samples and contexts for studying specific issues, is that it provides face validity. Face validity describes research that appears, on the face of it, to be reasonable and appropriate (Golafshani, 2003). In this thesis, broad adherence to rigour was achieved through careful consideration of theoretical frameworks and matching theory and method to those best suited to responding to the research aims.

Specific questions relevant to rigour include deciding when there is enough data and using appropriate analysis procedures. In terms of deciding when sufficient data had been collected, saturation tables were built (Kerr, Nixon, & Wild, 2010) and the data's salience with regard to the research question was considered, to avoid conflating theme recurrence with importance (Buetow, 2010). See Appendix 9 for an example of saliency analysis as it was applied to data pertaining to the study in Chapter 3. Details regarding choice of analytic method can be found in section 10.3 of this chapter, with further details supplied in the Method sections in Chapters 2, 3, 4, and 5. One specific illustration of issues surrounding analytic method concerns choices made about transcription of interview data. The first point of choice was whether to personally transcribe the data, or send it out for professional

transcription. For all data, the author personally transcribed the raw audio files because transcribing the data was considered one of the earliest phases of analysis, during which many ideas were notated in the form of analytic memos. Many of these memos ultimately contributed to the final results, for example:

> MEMO 25/08/2014. Just transcribing "Greg" and noticing an interesting trap in the life of the actor. It goes something like this: "If I'm working, I can't seek help because I don't want to be the difficult one/seen like I can't handle it. If I'm not working, I don't get to call myself an actor so I don't deserve to seek help for struggles related to my life as an actor"

The transcription process also facilitated reflexivity (see the next section on Sincerity). Listening back to the interviews promoted reflection on the research process itself and the researcher's role within it:

> MEMO 02/10/14. Must remember that although I have great ideas about Acceptance and Commitment Therapy protocols for performers etc, I need to calibrate the next stage of the project with what the participants say they need. There's no point asking about support needs and then not following that up. On the other hand, I won't be able to provide some of the needs (industry support and such) but as a clinician I can support the mental health stuff, so maybe it's ok. Need to think about that.

Once the decision was made to transcribe the data personally, a second point of choice concerned type of transcription. Conventions of transcription should be practically suited to the purpose of analysis (Edwards, 1993) and some have been developed for specific analytic forms. One such is Jeffersonian transcription (Hutchby & Wooffitt, 2008), suitable for conversation analysis in which attention is paid primarily to how dialogue is constructed. In Jeffersonian transcription, notations are made to denote features of speech including timed pauses, overlapping speech and alterations in pace, intonation or volume. In this research program, however, the investigation focussed on the content of participants' talk, rather than the way it was constructed and therefore the high level of detail found in Jeffersonian transcription was not necessary (Braun & Clarke, 2013). An orthographic/verbatim style of transcription was chosen, in which all verbal utterances from both participant and researcher were recorded. The purpose of orthographic transcription is to make sure the transcript retains information in a way which is true to its original nature, including judicious use of

punctuation to carefully preserve meaning (see Poland, 2002 for a discussion of problems with verbatim transcription, such as issues of what is left out and retained). See Appendix 10 for a sample transcript page from the student cohort.

Sincerity

Sincerity refers to authenticity and genuineness, denoting research marked by honesty and transparency and can be achieved through self-reflexivity and data auditing. In this program of research, the process was made transparent through the careful keeping of an audit trail: a collection of documents that provides a clear narrative of research activities and decisions (J. W. Creswell & Miller, 2000). Throughout this research, the audit trail was an active document, and was compiled following recommendations in the literature regarding the components of an audit trail (Rodgers & Cowles, 1993; Wolf, 2003). For the current research, the audit trail comprises information about the logistics of the research program (such as locations and participant communication), raw audio data, transcripts, analysis products such as codebooks and tables, study findings, various versions of manuscripts, the reflexive journal and notes on process, methodology and ethical considerations. The entire audit trail will be kept on file with the University of Adelaide's School of Psychology for the requisite time of seven years from data collection.

Another aspect of attention to sincerity was the pursuit self-reflexivity; a process of self-examination of one's own stance, along with a concern for accountability to participants (Wren, 2012). This process emerges from the supposition that the researcher is the primary analytical instrument, whose beliefs and position are necessary for making sense of others' experiences (Fade, 2004; Watt, 2007). Self-reflexivity should ideally be shown by weaving considerations of self-as-instrument throughout the research process (S. J. Tracy, 2010). In the spirit of sincerity, the remainder of this account of self-reflexivity will be given in the first person.

In this thesis and throughout the research program, I have attempted to demonstrate self-reflexivity in several ways, such as including a Preface explaining the personal experiences which led me to embark on the research. Furthermore, throughout the process I kept a reflexive journal, capturing my feelings and the process of making sense of my role and the data, as well as musings on my own strengths, shortcomings and impact on the research. Please note, many of extracts below occurred on the same date as interviews, so the dates have been removed to shield participants' identities.

> MEMO. A bit overwhelmed by the complexity of the interviews. They feel pseudo-therapeutic. Having some self-doubt: am I good enough to disentangle this and serve both the participants' needs and my own research needs?

> MEMO. Very saddened by the sudden loss of a drama school friend who had a heart attack at *[age]*. I'm finding out more about the level of stress he carried and also the alcohol consumption. Brings the importance of this work into sharp relief.

> MEMO. I've been reflecting this past week on the intensity of doing this type of research. Clemmi *[Dr Clemence Due]* mentioned at our meeting that I should be sure to look after myself and I'm really becoming aware of how true that is. I do still feel connected to this family of performers, and in light of last week's funeral, this work feels very important but also is quite triggering.

Further to self-reflexivity in this research, it was important for me to consider the impact of two characteristics: being an 'insider' with the performing arts population and being an emerging clinician. Firstly, insider research is conducted within a special group or culture of which the researcher is also a member, or about which one holds prior knowledge (Greene, 2014). Although it is difficult to determine what degree of social experience merits this classification (Chavez, 2008), I am a former theatre director, trained in a vocational training institution and I spent a decade working mainly in theatre in Australia. I retain personal connections with people working in funded and unfunded performing arts companies, which enabled me to recruit appropriate participants for the research. My performing arts work history also benefited me when learning to analyse qualitative data, in that my training and work as a director prepared me via the breakdown and analysis of many scripts, in which I searched for themes, interpreted the dialogue of characters and made sense of their experiences.

My status while conducting interviews was probably one of partial insider; someone who shares an identity with a certain amount of distance or detachment (Chavez, 2008). I am no longer working in performing arts and although I still identify as an artist, my income, lifestyle and aspirations are no longer wholly centred on arts work. As a partial insider, however, it was important to the research process that I encourage participants to answer the interview questions as if I, the researcher, had no idea what it was like to be an actor or work/train in the performing arts (a tactic suggested by Greene, 2014), otherwise assumptions about the lives of actors may have remained implicit.

As an emerging clinician, it was important for me to realise that the therapeutic and communication skills I have developed are helpful in exploring sensitive areas of participants' lives. Moreover, empathetic connection between researcher and participant encourages deeper understandings of participants' experiences (Fitzpatrick & Olson, 2015). I needed to be aware, however, that this connection may also encourage disclosure of information a participant would not ordinarily reveal (Thompson & Russo, 2012). It was, therefore, important for me to stress to participants their right to withdraw at any time or to leave questions unanswered. The debriefing sheet (Appendix 8) reiterated the participants' right to withdraw at any time, detailed opportunities for feedback and encouraged participants to make contact if they had further questions or concerns.

Credibility

'Credibility' refers to the trustworthiness and plausibility of the research findings, in other words they appear to be a good account of a population's sense of what is real. As with each of the 'big-tent' criteria for qualitative quality, there are various ways to demonstrate credibility. In this research, it is accounted for by thick description, triangulation and member reflections. Thick description means providing enough concrete detail that the researcher can account for the complex specificity and context of the data. In this research, detailed and comprehensive data extracts were compiled during every analysis process, resulting in

complete and complex codebooks containing all relevant data for each theme or category (see section 10.3 of this chapter). All codebooks and compiled data extracts are stored with the audit trail accompanying this research. The nature of the thesis' by-publication format means that the amount of data to be displayed in any given manuscript was somewhat limited due to journal page and word-count restrictions, but illustrative extracts have been supplied in all Results sections (see Chapters 2, 3, 4 and 5).

Triangulation in qualitative research assumes that if two of more sources of data, theoretical frameworks, types of data or researchers converge on the same conclusion, this increases the credibility of the findings (Denzin, 1978). In this thesis, triangulation is demonstrated by comparing perspectives of professionals, students and trainers and by the independent analysis of data in each of the four studies by the author and one of her supervisors, Dr Clemence Due (see Authorship Declarations and the Method Sections in Chapters 2, 3, 4 and 5).

Finally, credibility was addressed by regular engagement in the process of member reflection. During member reflection, the researcher seeks input from participants while analysing data and producing manuscripts, thereby providing opportunities for feedback. In this program of research, all participants were given the opportunity to read the transcript of their interview as it became available and request changes. Of the 15 participants in the training cohort, six gave feedback on their transcripts, with one requesting a minor change (deleting a potentially identifying detail) which was made before analysis progressed. In the professional cohort, of the 20 participants, nine gave feedback on transcripts. Of these, feedback requiring changes included one request to use a participant's real name rather than a pseudonym, one noted some typographical errors and one was concerned about a potentially identifying detail. These changes were incorporated before analysis progressed (for details of the pseudonym/true name problem, see Chapter 3).

For each of the four studies, further opportunity for member reflection was provided when analysis was nearing completion. Each participant was emailed the thematic structure

for each study and invited to comment. Response rates varied widely, as is often the case and as Tracy (2010) points out, the researcher has no control over participants' reactions but can only provide the space and option to do so. For actors (both professional and student) the ability to respond is, at least in part, affected by seasonal workload. In South Australia, the period prior to, during and after the arts festival season known as 'Mad March' is hectic (Owen, 2017) and participants were generally more responsive to emails in April (after the festival) than in January or February (rehearsal/production time). Full details of participant responses can be found in the audit trail, but some de-identified excerpts are included below (P denotes professional and T denotes training):

> P: Thanks for letting us in on a final glimpse of all your work.

> P: I just wanted to send a quick email to apologise for not being more actively involved in feedback, but also to thank you for keeping me/us in the loop through each step of your research.

> T: Looks good to me. Not very surprising but good to see it articulated in research context.

> T: Congratulations. Have you brought a relativity to these themes? Are they mapped anywhere as to their prevalence?

There will be a further opportunity for member reflection following submission of this thesis, taking the form of a forum for the local performing arts community in South Australia. During the forum (likely taking place early 2018), the results of this research program will be presented and the researcher and the community will have the opportunity to collaborate on the 'next moves' for actors' PWB.

Resonance

'Resonance' denotes the ability of research findings to be meaningful and affect a reader/recipient in a way that promotes empathic understanding. It can also be demonstrated by the ability of findings to be transferable; that is, for someone learning about the research to apply the ideas to their own situation. Although arguably subjective and difficult to clearly

show, some spontaneous feedback from participants suggests an emotional response to reading the research results:

> P: Wow! Good to know others feel similarly to me. What an interesting journey is the life of an actor.

> P: I'm not alone! Oh sweet relief! Don't know why I'm surprised. Feeling better just knowing that others feel these things too.

In addition, as the research was disseminated, other clinicians, researchers and artists began to contact the author via email and research networks:

> Researcher: I guess I have a personal interest because from [year] to [year] I was a performer with [theatre company]. I was fortunate to be full-time employed, something that was rare in those days, and I think is now absolutely unheard of. I can imagine that the precarity *[sic]* of that profession is somewhat of an indicator of the more widespread precariousness of casual work in many others, with the exception that actors seem to put their egos on the line with every performance and, certainly, every audition.

> Clinician: Hi there. I came across your research findings about actors' mental health issues. Thank you for this! I am a clinical psychologist and have several clients in the performing arts. There is nothing out there (that I can find) in the literature to guide my work.

> Artist: I really enjoyed our session and have heard the same from a few others in the discussion. I really hope something lasting comes out of it, and will go forward in my work with a stronger motivation to be open, and encourage openness in others. Also where possible to promote the ideas brought up in the session including organisation-based counsellors and support networks or services for artists and arts workers.

The resonance of exploring PWB for actors in South Australia, in particular, was shown when two participants established a local mental health peer support group and a member of the Adelaide Fringe Festival's Artist Services team approached the author to present a workshop on mental health. Further evidence of the broader resonance of the issue of PWB in performing arts can be seen in invitations for the author to speak or run workshops at various conferences and seminars including the Victorian Theatre Forum, the Australian Theatre Forum, the National Performing Arts Centres Association, the Arts Industry Council of South Australia and the Northern Australian Regional Performing Arts Centres Association. A list of conference appearances based on this thesis can be found on pages 11-12.

Significant contribution

Judging the 'significance' of a research program's contribution can be approached in a number of ways but Tracy suggests that, at the least, the question to be asked is whether the research would "bring clarity to confusion, make visible what is hidden or inappropriately ignored, and generate a sense of insight and deepened understanding" (1995, p. 209). Significance is fully explored in the Discussion sections of Chapters 2, 3, 4 and 5 and the overall significance of the research program in Chapter 6. By way of brief summary, however, the program demonstrates significance in three ways highlighted by Tracy (2010): theoretical, heuristic and practical. The research demonstrates theoretical significance by examining how existing theories of PWB make sense in a new context: acting training and professional acting. It is hoped the research is heuristically significant in that it aims to develop curiosity in others by providing substantive and interesting suggestion for future research (see Chapter 6). The research is practically significant in that it attempts to provide practitioners (researchers, trainers, clinicians) with insight into context-specific problems and help them develop principles for intervention.

Ethical

As Tracy (2010) points out, the ethical conduct of research is an end goal of qualitative quality, regardless of the chosen methodology. Ethics is considered in detail elsewhere in this thesis (see section 9 this chapter and the Sincerity section above) but two types of ethics will be briefly considered in relation to the current research: procedural and situational.

Procedural ethics refer to actions dictated by organizations such as institutions. In this case, the program of research was approved by the University of Adelaide's School of Psychology Human Research Ethics Subcommittee. A particular concern in this program of study was avoiding 'deductive disclosure' in which providing certain facts about participants can lead to deduction of that person's identity or other compromising information. In the case

of professional actors, acting students and their trainers in South Australia, the community is very small and, therefore, deliberate decisions were made to report limited demographic data. In such a small community, simply publishing gender and age may result in a person being identified.

Situational ethics assume that contexts are different and that unpredictable ethical challenges may arise in the field. As discussed previously in this thesis, balancing the dual role of clinician-researcher required careful consideration, particularly when engaging with the same individuals in various contexts. In addition, in the acting training environment, it was convenient for both student and trainer participants to conduct interviews at the institution. An ethical conundrum arose in that for the trainers, interviewed in their offices, the locations were private and their participation was unlikely to be noticed by others. For students, however, the interview room was centrally located and it was more likely students would see each other come and go from the interview room, and, moreover that their trainers would see them. In an attempt to meet this situational ethical issue, students were offered alternate interview locations and the scheduling of interviews was carefully considered to make use of quiet time in the institution and/or breaks. Of the eight students interviewed, six chose to be interviewed in off-site locations, but the remainder were unconcerned about protecting their identity-as-participant within the training institution.

Meaningful coherence

Studies that are meaningfully coherent interconnect research design, data collection and analysis with theoretical frameworks and situational goals. In this thesis, for example, an ecological approach to PWB was taken, highlighting the individual in interaction with their specific context. It follows, therefore, that a contextualist epistemology grounded the methodological approach and that data were collected from participants within the relevant contexts of training institutions and the professional environment.

Further evidence of meaningful coherence is that the research "hangs together well" (S. J. Tracy, 2010, p. 848); that is, the reviewed literature situates the findings, the findings attend to the research questions, the conclusions and implications meaningfully interconnect with the findings and the literature. While this judgement is primarily one for the reader to make, in this thesis the research aims and interview questions are firmly grounded in literature. Moreover, each of the four papers comprising Chapters 2, 3, 4, and 5 specifically address one of the research aims (see Aims) and the Discussion sections of each paper connect the findings with the literature. Finally, Chapter 6 provides an overview of contribution to the literature and explores broader implications arising from the findings.

10.3 Types of analysis

While, overall, the research in this thesis was informed by theory (as outlined in section 5 of this chapter), the general approach to data analysis was inductive (non-theoretical), as is appropriate where there is limited previous research regarding the phenomenon in question (Elo & Kyngäs, 2008). Two specific types of data analysis were used: thematic analysis and qualitative content analysis. This section introduces each type of analysis and details its use in the current research.

Thematic analysis

In the first three studies, found in Chapters 2, 3, and 4, data were analysed using thematic analysis (TA); a systematic and flexible approach used widely within qualitative psychological research (Braun & Clarke, 2006). TA assists researchers to find and organise patterns across a data set and consists of a series of clear stages which are iterative and re-visited as analysis progresses (Braun & Clarke, 2006, 2013). The analytic stages comprising TA are transcription, reading/familiarisation, coding, searching for themes, producing a thematic map, naming and defining themes and finalising the analysis through writing.

As noted in section 10.2, the transcription style chosen for this research was orthographic/verbatim, and the researcher personally performed all data transcription as part

of the analytic process. The analytic value of transcription is recorded in the audit trail, comprising notes such as:

> MEMO 06/06/2014. While transcribing pilot (pg 11, line 8-13) I'm wondering whether the experiences of actors using personal memories might correspond with symptom clusters of PTSD as they exist in DSM-V? Possibly not at clinical level, but maybe sub-clinical?

> MEMO 15/09/2014 I might have made this note before, but I wonder if the high level of awareness of thoughts and feelings makes actors more prone to rumination…just transcribing Tina and hearing her describe the "I'm shit" tape that plays in her head

> Following transcription, the resulting documents were then read several times for

familiarisation and brief notes made to capture emerging ideas. The data was then coded, with codes, definitions and transcript numbers recorded, along with relevant excerpts. This stage of analysis proceeded through multiple rounds, generating memos such as:

> MEMO 15/10/2014. Analysis session, transcript 2. 15 new codes. I'm also adding to/adjusting the meaning of codes and their possible links as I go – will keep a formal track of definition changes between rounds of analysis. Added a code from transcript 1 also, after it appeared in 2 and I realised I hadn't coded it (coping strategies post-show)

> Finding it difficult not to code EVERYTHING – partly because my last study was phenomenological and much more concerned with nuance and partly because I love complexity and also feel a responsibility to represent the participants well – and I think in my mind there's a rule about not over-simplifying things….

> Transcript 3, 13 new codes.
> Transcript 4, 12 new codes
> Transcript 5, 5 new codes

Please see Appendix 11 for an example codebook relevant to Chapter 2.

The next stage of analysis in TA, searching for themes, involved a process of clustering codes with similar meanings to capture commonalities/differences across the data set. In study 2, for example (PWB in professional actors), links were made between codes, as seen in **Figure 3.** Following the process of tracing links between codes, they were clustered
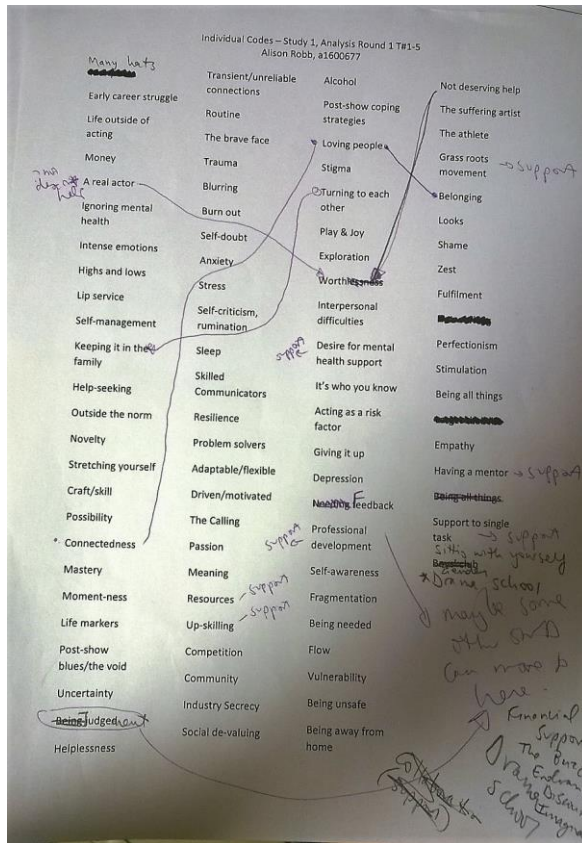
Figure 3. Tracing links between codes

Figure 4. Clustering codes under a theme

into groups. One early theme, for example, was entitled 'Culture and Power', under which several codes were subsumed. See **Figure 4** for this example of clustering codes under a theme.

The next stage in TA, producing a thematic map, involved building a visual representation of the themes and their relationships to one another. Naming and defining themes further refined the analysis and was an iterative process, often (in this program of research) repeatedly refined through the process of writing.

In each study involving TA in this thesis, a second researcher (Dr Clemence Due, a member of the supervisory panel) also independently analysed a subset of data and points of convergence and divergence between the researchers were thoroughly discussed. See the Authorship Declarations at the beginning of Chapters 2, 3, and 4, as well as the accompanying Method sections for further details.

Qualitative content analysis

For the final study (found in Chapter 5), qualitative content analysis (QCA) was chosen because, rather than looking for rich description and exploration of a phenomenon, the analytic aim was to make meaning of concrete answers to specific questions (see Chapter 5 for the relevant interview questions). QCA is helpful for reducing large amounts of data to manageable categories representing similar meanings, as well as examining the relationships between categories (Hsieh & Shannon, 2005). QCA is highly systematic, requiring examination of every single part of the material relevant to the research question, as well as double coding by at least two different researchers (Schreier, 2012).

There are several approaches to QCA: conventional, directed and summative (Hsieh & Shannon, 2005). In the current research, the form used was conventional QCA (see Chapter 5). Conventional QCA is also known as thematic coding (Schreier, 2012), appropriate in studies whose aim is to describe a phenomenon and where existing literature is limited (Hsieh & Shannon). Development of a sound coding scheme (the process and rules of data analysis) is central to trustworthiness in this type of research (Folger, Hewes, & Poole, 1984) and, as such, is described in detail below.

Schreier's (2012) guidelines for QCA were adopted, entailing the following phases: defining the research question, selecting the material to be analysed, building the coding frame, segmenting the data, trial coding (pilot phase), evaluating and modifying the coding frame, the main analysis and presenting and interpreting the findings. In the current study, the amount of data to be analysed was determined by the participants' answers to the interview questions. In addition, the entire transcript of each in-depth interview was hand searched for spontaneous mention of how student and professional actors would like to be supported or changes they desired in the training environment and/or industry (in line with the research questions relevant to this final study).

The data extracted from the interview transcripts were segmented according to a thematic criterion (each unit of data corresponded to a theme). In the professional cohort,

there were 99 units of data and in the training cohort there were 72. From these data, an initial coding frame was built using a sub-set of data, chosen to reflect the diversity of data sources (in this case, professionals, students and their trainers). Categories and sub-categories were generated and revised iteratively as reading progressed and were built according to the following rules: uni-dimensionality (covering one aspect of the material), mutual exclusivity (data must not fall into more than one category) and exhaustiveness (all data must be covered). See Appendix 12 for an example QCA coding frame and please note that analysis proceeded separately for the professional and student cohorts resulting in two coding frames.

In the pilot phase of analysis, both the author and Dr Clemence Due independently coded a sub-set of the data from each cohort. See Appendix 13 for an example QCA coding sheet from this study. Each researcher coded the data and directly compared the results. This phase provides opportunities to recognise and modify any shortcomings in the coding frame (see Chapter 5 for details of researcher agreement). Coding frames were revised by reducing the number of categories and re-defining some sub-categories. Coding of the remaining data by the two researchers proceeded independently, followed by direct comparison of the results which concluded the main phase of analysis. The final stage of QCA, presenting and interpreting the findings, can be found in the Analysis and Discussion sections of Chapter 5.

Chapter Two: Paper 1

Actors define psychological wellbeing: through the lens of social identity

Note on publication order:

An unusual consequence of the by-publication format is that the narrative order of papers presented here does not correspond with the order in which papers were published/reviewed. As a result, some papers presented in this thesis contain self-citations from those which have been published. In the interest of clarity, the publication order is as follows:

- Paper 2, published 2016

- Paper 3, published 2017 (contains self-citation of the above)

- Paper 1, under review 2017 (contains self-citation of the above papers)

- Paper 4, not yet submitted (contains self-citation of Papers 2 and 3)

Please also note that the four papers presented are structured according to journal requirements and, as such there is unavoidable repetition of literature reviewed, description of sample characteristics and methodology.

Statement of Authorship

Title of Paper	Actors define psychological wellbeing: through the lens of social identity
Publication Status	☐ Published ☐ Accepted for Publication ☑ Submitted for Publication ☐ Unpublished and Unsubmitted work written in manuscript style
Publication Details	Under review, The Australian Community Psychologist

Principal Author

Name of Principal Author (Candidate)	Alison Elizabeth Robb		
Contribution to the Paper	I was responsible for the conception of the research upon which this paper is based. I completed the literature search, research design, recruitment, data collection and analysis. I produced the drafts of the manuscript and submitted the final manuscript. As the primary author, I have been in contact with the journal and have been responsible for responding to reviewers and editors, in consultation with and consent from, my supervisory panel		
Overall percentage (%)	80%		
Certification:	This paper reports on original research I conducted during the period of my Higher Degree by Research candidature and is not subject to any obligations or contractual agreements with a third party that would constrain its inclusion in this thesis. I am the primary author of this paper.		
Signature		Date	11/09/2017

Co-Author Contributions

By signing the Statement of Authorship, each author certifies that:
  i.   the candidate's stated contribution to the publication is accurate (as detailed above);
  ii. permission is granted for the candidate in include the publication in the thesis; and
  iii. the sum of all co-author contributions is equal to 100% less the candidate's stated contribution.

Name of Co-Author	Dr Clemence Due		
Contribution to the Paper	As supervisor and co-author, Dr Due's role was to assist in the initial stages of conceptualisation of the research and to refine and critically analyse manuscript drafts, including making suggestions and providing editorial input. Additionally, Dr Due independently analysed a subset of data to ensure consistency of findings. I, Dr Clemence Due, certify that this statement of contribution is accurate, and give my permission for this paper to be incorporated in Alison Robb's submission of the degree of Doctor of Philosophy/Master of Psychology (Clinical) from the University of Adelaide. By signing the statement of authorship, I also agree that the candidate's stated contribution is accurate and that my contribution is 100% less the candidate's stated contribution.		
Signature		Date	11/09/2017

Abstract

This study investigated how professional and student actors define psychological wellbeing, in order to provide an aspirational vision when considering actors' care. Purposive and snowball sampling was used to recruit adult participants from training institutions and the profession. Thirty five participants were interviewed and asked to define psychological wellbeing. Data were analysed using thematic analysis. Six themes were identified; four specific to the definition of psychological wellbeing, one describing the difficulty of discussing the topic, and one dealing with participants' active language. Findings suggested that participants' definition of psychological wellbeing was grounded in their social identity as actors, supporting a 'bottom-up' approach within this population. 'Top-down' models of psychological wellbeing did not accurately reflect actors' definitions. Future research could investigate appropriate tools for measuring actors' psychological wellbeing, along with investigating the complexities of self-acceptance, self-reliance and social connection in this population, with a view to appropriately targeting psychological care.

Keywords: wellbeing, actors, performing arts, definition, qualitative

1. Introduction

The term wellbeing has been widely used and applied across a range of disciplines, with key elements rigorously debated (Gillett-Swan & Sargeant, 2015). The debate can be loosely divided into *hedonic* and *eudaimonic* conceptualisations of psychological wellbeing (PWB)(R. M. Ryan & Deci, 2001). The hedonic school focuses on PWB as the presence of positive affect, absence of negative affect and subjective evaluations of life satisfaction (Diener, Suh, Lucas, & Smith, 1999). The eudaimonic school focuses on PWB as individual fulfilment and optimal functioning, giving rise to theories such as Ryff's (2014) indicators of positive functioning, namely: self-acceptance, purpose in life, autonomy, positive relations with others, environmental mastery and personal growth. However, the distinction between these two schools may be a false dichotomy (Kashdan et al., 2008) and some research explores models in which both hedonic and eudaimonic factors are incorporated. One such is Seligman's (2011) PERMA model, describing five pillars of PWB: positive emotions, engagement, positive relationships, meaning and achievement.

The debate over defining PWB is important because any endeavour that aims to help people change for the better requires a vision of what *better* is (R. M. Ryan & Deci, 2001). The agreed-upon definition will influence practices across domains, including therapy approaches (Ryan & Deci). When pursuing definitions, an acknowledged and ongoing problem with the models above has been the tendency to adopt a culture-free perspective. From this perspective, universal attributes are seen to exist and scientific objectivity is mobilized to transcend differences such as culture (Pedrotti et al., 2009). This 'top-down' approach has been countered by the argument that wellbeing is not a fixed, global concept (Graham, 2009) but is socially contingent and embedded in specific contexts (Crivello, Camfield, & Woodhead, 2009; Fattore, Mason, & Watson, 2007). As such, contextual (often qualitative), 'bottom-up' research may be the best way to capture the definition of PWB in particular groups, but as Mehrota et al. (2013) suggested, there is insufficient attention paid to

this approach. Some exceptions in recent research include Manuel and Sibley's (2013) culturally-appropriate measure of wellbeing for Pacific peoples in New Zealand and Hernandez et al.'s (2016) qualitative exploration of wellbeing in a Hispanic/Latino population.

Beyond culture, a contextual perspective on PWB also embraces the significance of group membership, known as social identity: "…that part of an individual's self-concept which derives from his *[sic]* membership of a social group (or groups), together with the value and emotional significance attached to that membership" (Tajifel, 1981, p. 255). The significance of group membership to the practice of psychology in the community is acknowledged by the Australian Psychological Society, via special interest groups devoted to context-dependent research, advocacy and practice (Australian Psychological Society, 2017a), as it is in the American Psychological Association (APA). In the APA, for example, division 47 is devoted to sport, exercise and performance psychology (American Psychological Association, 2014). In sport, group membership is important, with elite performers shown to hold a single-minded athletic identity (Tracey & Elcombe, 2004). This identity has PWB sequelae, such as difficulty adjusting to life after an athletic career comes to an end. Athletic identity also impacts individuals' self-reported wellbeing because reports tend to be exclusively grounded in the athletic context, rather than accounting for broad life domains (Lundqvist, 2011). Indeed, Lundqvist has suggested that a sport-related definition of wellbeing is necessary and that the use of 'bottom-up' (qualitative) methodology would allow exploration of wellbeing in depth and detail in this unique context.

Following this line of reasoning, the current study aimed to extend the exploration of context and identity-specific PWB to a group of people who to date have been largely overlooked in scientific literature; actors. More specifically, the study aimed to explore PWB in professional actors and students in vocational acting training; a specific cohort that form a unique culture. In this acting culture, specific experiences lead to the need for contextual understandings of PWB. In exploring PWB in this group, this study aimed more broadly to

contribute to the literature concerning the importance of context-specific understandings of wellbeing and what psychology looks like in practice with unique populations.

1.1 Previous Literature

Although sport, exercise and performance psychology has historically been concerned with the environment and needs of athletes, consideration is increasingly being given to performing artists (G. Moyle, 2016). Lundqvist (2011) has pointed out that elite sports people are similar to performing artists in that they characteristically strive for high standards and Moyle (2012) noted that, like athletes, performing artists typically undergo years of specialised training and practice. Hayes and Brown (2004) have also linked the experiences of performing artists and athletes, citing isolation from social networks while on tour, potentially short careers (due to physical rigour) and lack of time to investigate alternative careers given the intensity of early training experiences. If athletes hold a specific social identity, and performing artists face similar contextual demands, it may follow that performing artists also hold a social identity that would benefit from a bottom-up approach to defining PWB. As noted above, however, there remains a very small body of literature that has explored this research area.

Performing artists' group membership may fall into particular categories, with Kogan (2002) stating that separate disciplines of performing arts (such as acting, music and dance) constitute distinctive sub-cultures, each with its own requirements. If each sub-culture has its own social identity, this would suggest a need to divide the performing arts into separate categories in order to conceptualise PWB accurately. Of these sub-cultures, music and dance have an established and growing psychological literature (Nordin-Bates, 2012). Actors, however, are under-researched, having been described as "forgotten" (Brandfonbrener, 1992, p. 101) with few studies being performed in the intervening years (for a brief review, see Robb et al., 2016). Nevertheless, actors have been shown to have a strong social identity, with Robb et al. (2016) finding that actors referred to themselves as a tribe and found it difficult to

imagine leaving the profession, despite considerable financial and psychological challenges. Actors have also reported facing unusual contextual challenges, describing their lives and work as unique (Robb et al.). Context-specific demands on actors include being in the public eye and undergoing frequent evaluation by audiences, mentors, critics and peers (Kogan, 2002). In addition, actors are required to memorise, recall and express large bodies of text (Noice & Noice, 2006) and simultaneously manage the verbal and nonverbal expression of emotion, in order to evoke a response in another actor and the audience (Kogan). Actors are also subject to repeated experiences of rejection in the context of auditioning (Kogan) and spend the highest proportion of time unemployed, compared with other artists (Throsby & Zednik, 2010).

In addition to an acting-specific social identity and unusual contextual demands, actors (including those in training) may face a range of specific threats and challenges to their PWB. Results of a recent online survey of professional actors suggested levels of depression, anxiety and stress above those in the general population, along with difficulty relaxing, over-use of alcohol and high rates of bullying (Maxwell et al., 2015). Robb et al. (2016) also found that actors face a number of challenges to PWB, such as anxiety, depression, vicarious trauma, perfectionism, alcohol abuse, loneliness, low help-seeking behaviour and identity issues. Researchers have noted that the acting training environment is particularly challenging (Seton, 2009) and requires student actors to expose their private inner lives which has led to concerns about 'habitual vulnerability' (Seton, 2010). These threats to PWB imply a need to investigate, and potentially improve, the PWB of actors. As Ryan and Deci (2001) argued, however, in order to make change for the better, practitioners need an accurate vision of what better *is*. The social identity of actors and the unique demands placed upon them point to the likely usefulness of a context-specific definition of PWB. The aim of the current study, then, was to use a bottom-up approach to investigate how PWB was defined in a sample of actors, both in training and the professional work context.

2. Method

2.1 Methodology

For this study, as is appropriate to primarily non-theoretical ('bottom-up') wellbeing research (Mehrota et al., 2013) and under-investigated populations (Haslam & McGarty, 2014), an interpretive lens was used to understand the perspectives of the participants (Fossey, Harvey, McDermott, & Davidson, 2012). Data were analysed using thematic analysis; a systematic and flexible approach used widely within qualitative psychological research (Braun & Clarke, 2006).

2.2 Participants

Purposive and snowball sampling was used to recruit adult participants in two contexts: elite vocational training schools and the professional workplace, both in the state of South Australia. Both of these contexts are important locations in which to find stakeholders connected with the usual pathway of professional acting in Australia (Seton, 2009). In both contexts, initial participants were contacts of the first author, who trained as a director and worked in theatre for a decade. Subsequent participants were recruited via snowball sampling. Given the small population of actors in training and the professional workplace, limited demographic details will be reported in order to ensure anonymity (see Saunders et al., 2015 for a discussion of the complexities of anonymising qualitative data).

In the vocational training context, both acting students and trainers were recruited. Fifteen participants were interviewed (seven students and eight trainers) from the two elite training institutions in South Australia. In the student group, there were five females and two males, ranging in age from 18 to 32 years old ($M = 22.5$, $SD = 4.3$). In the trainer group, there were six females and two males, ranging in age from 40 to 69 years old ($M = 52.14$, $SD = 12.86$). Years of experience as trainers was difficult to determine, as many moved back and forth between employment as actors and trainers. Specifically, seven of the eight trainers were

professional actors (either historically or currently), while the remaining trainer worked closely with acting students on a daily basis and had done so consistently for two decades.

In the professional context, 20 actors and directors were interviewed. These participants (a separate cohort to those in the training context described above) identified as professional (rather than amateur) and had participated in a performance in the six months prior to interview. These participants worked across multiple platforms, including theatre, film, television and voice-over and had also worked as both actors and directors. Ten were male and 10 female, ranging in age from 22 to 66 years old ($M = 37.45$, $SD = 12.92$), with self-reported professional experience ranging from one to 50 years ($M = 16.05$, $SD = 13.34$).

2.3 Materials and Procedure

Subsequent to gaining ethics approval from the authors' university, and in the context of broader, in-depth interviews concerning the experiences of people within the profession of acting (average time of 72.74 minutes), participants were asked the specific question: "How would you define psychological wellbeing?" A prompt for further information was "What might that look like in a person?" These questions formed the basis of data analysis for this paper. Interviews took place in a university meeting room or at a location of the participant's choice and were audio recorded. All interviews were conducted by the first author, who also undertook the primary data analysis. The second author completed an independent analysis of the data and similar themes were identified, leading to a rapid consensus on the final thematic structure, as discussed in further detail in the following section.

2.4 Analysis

Analysis consisted of several stages: transcription, reading/familiarisation, coding, searching for themes, producing a thematic map, naming and defining themes and finalising the analysis through writing (Braun & Clarke, 2006). Questions of rigour (Antaki et al., 2002) have been addressed by building Tracy's (2010) criteria for qualitative quality into the design and procedure. For example, an audit trail was kept to demonstrate sincerity, including

records of all raw data, transcripts, codebooks and notes on process, methodology and analysis. Checks of methodological rigour were employed, including a saturation table to help determine when sufficient data had been collected (Kerr et al., 2010). In the complex process of determining how much data is needed to engender a theme (Braun & Clarke), the data's salience with regard to the research question was considered, to avoid conflating theme recurrence with importance (Buetow, 2010). The prevalence of each theme across the data set is recorded in **Table 2**. In terms of saturation, in the training group no new codes were identified after the ninth interview. In the professional group, no new codes were identified after interview number thirteen. Since data saturation was reached by the ninth and thirteenth interview respectively, the final number of interviews was determined by a decision to continue interviewing all those who expressed interest in taking part in the research.

Originally, the research team anticipated that differences in themes might be found between student actors and their trainers, due to a range of factors such as age, demands on students (e.g.: housing, employment, training intensity) and demands on trainers (e.g.: work/life balance, managing academic and teaching demands). After initially analysing these two groups separately, it became clear that themes were similar across the two cohorts and data in the vocational training context were therefore treated as one group. Additionally, differences in themes were predicted between the training and professional contexts. Both researchers involved in the analysis, however, found identical themes in the training and professional groups and, as such, the data were finally treated as a single corpus. Subtle differences between the perspectives of participants in training or the profession are highlighted in the analysis below.

Table 2. Theme description and prevalence

Theme	Brief description	Participant numbers	Total prevalence
It's tricky	Wellbeing is difficult to define or talk about	1,2,6,10,11,12,23,24,27, 29	10/35
Self-awareness	PWB begins with being aware of one's internal world	4,5,6,7,8,9,13,15,19,23, 28,29,30,31,34,35	16/35
Self-regard	Having regard for the self as an acceptable and/or valued person is an important component of PWB	1,2,3,4,6,8,12,13,18,19, 21,24,28,31,33,35	16/35
Riding the wave	PWB requires acceptance of both positive and negative internal states	1,4,5,6,7,9,11,15,16,17, 20,22,23,25,27,28,29,30, 33	19/35
Wellbeing is active	PWB as a verb, something a person does	5,8,10,11,14,15,17,19,20, 21,22,23,24,26,27,29,30, 31,33,35	20/35
Tools	Having and using knowledge/resources to maintain PWB	1,3,4,5,8,13,14,15,16,22, 23,26,27,30,31,33,35	17/35

3. Results

Six themes were identified, four of which directly answered the question of how PWB was defined in this cohort. The remaining two, while not specifically part of a definition of PWB, were important aspects of how participants talked about the topic. **Figure 5** provides a thematic map showing relationships between themes. In the extracts below, pseudonyms have been assigned and identifying information has been removed, in order to preserve anonymity.

The cohort to which participants belong has been identified by a tag attached to their pseudonym: *p* designates a professional actor, *s* designates a student actor and *t* designates a trainer. One participant, Terry (p), requested his real name be used and, with approval from the relevant ethics subcommittee, this request has been honoured (again, see Saunders, Kitzinger & Kitzinger, 2015).
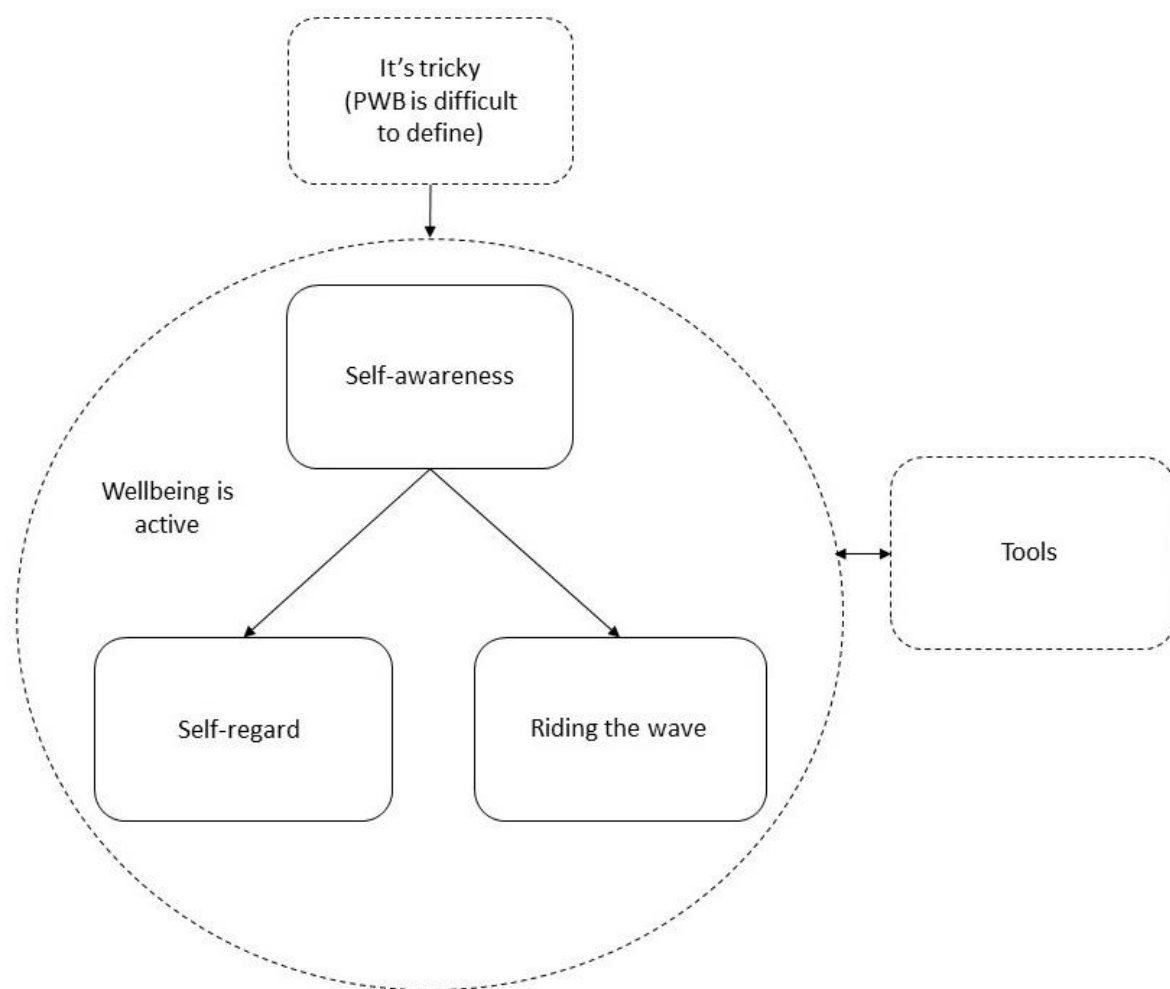
Figure 5. Map showing themes and their relationships

3.1 It's tricky

This theme, rather than addressing the definition of PWB *per se*, demonstrated the challenge participants experienced in attempting to discuss the topic. Trying to define PWB was described as "big" (Greg-p), "very big" (Vince-p) and "huge" (Tess-s) and participants expressed uncertainty about their ability to address the topic adequately. Tina (p), for example, said "I don't know, it's a tricky question". Participants also cited their lack of formal psychological knowledge as a barrier to addressing the question adequately, with Max (p) saying, "I can only speak from my personal experience, not being a psychologist or having any knowledge of the field". Clive (p) reflected on the difficulty of defining PWB:

> There isn't a definition you can go…like physical health, you want to be active, you know, 30 minutes a day. You want your cholesterol to be within these ranges or your heart rate between that range. It's interesting, for psychological wellbeing there isn't that definition.

The difficulty participants experienced in discussing and defining PWB is reflected in the fragmentary nature of data extracts in much of the following analysis.

3.2 Wellbeing is active

Following further prompting to define or describe PWB, participants articulated that PWB is something that a person *does*. Participants used active language to describe their process of maintaining PWB, such as: building (Terry-p), choosing (Tony-p), practising (Kath-p), doing (Gillian-s), prioritising (Krista-s), engaging (Denise-t), problem-solving (Bill-s), striving (Maria-p), managing (Sophie-p) and resolving (Ange-t). Some participants spoke about this activity in terms of behaviour in the external world: "Being able to function in day to day life efficiently" (Anton-s). Actions of daily living were described as important in the face of difficult internal experiences: "Front up to life no matter what. To sort of frock up and front up even if you wake up a bit depressed that day or don't want to" (Wendy-t). Internal activity was also endorsed, such as prioritising and problem-solving. Krista (s) endorsed "being able to prioritise…being able to know 'that's a thing I'm thinking or feeling right now,

that's ok, but that needs to go back there and I need to focus on this'" and Bill (s) talked about "figuring out what steps you can take, to figure out the problem".

Along with the active tone, there was an implied 'rule' that PWB was the responsibility of the individual: "Recognise, understand and then do the things you need to do to look after yourself at a psychological level" (Gillian-s). Participants described a process of ongoing work: "It's a practice, it's something that I have to keep working on. I think it's something I have to work on until the day I die" (Kath-s). This notion of PWB as an individual activity informed each component of the participants' ensuing definition, as described below.

3.3 Self-awareness

In addition to overall understandings of PWB as active, participants provided a specific definition predicated on the need for awareness of one's internal world: "I'd describe it as being aware, being self-aware" (Sue-p). This awareness was described as knowledge of various aspects of the self: personality, thoughts and/or feelings. Terry (p), for example, endorsed the personality aspect, saying "…knowing who you are, both in terms of the self that one constructs and projects and aspires toward and also, I think, the secret self". Lisa (s) talked about awareness of cognitions, saying "I guess someone who's aware of what they're thinking" and Tina (p) described emotional awareness: "…being able to be attuned to your own feelings". Participants further extended this self-awareness into bi-directional interactions with the world, for example, self-awareness was linked with knowing "how you're affected by other people" (Lisa-s). Matt (t) further articulated that PWB meant self-awareness in terms of seeing "the way that you behave". Self-awareness was also described as an intentional process: "A person looks inside themselves" (Wendy-s). Intentional self-awareness, then, was the foundation upon which the following components of participants' PWB definition (self-regard and riding the wave) were built.

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3.4 Self-regard

According to participants, once an individual was intentionally self-aware, the next component of PWB was concerned with cultivating a healthy sense of self. In particular, participants valued the ability to evaluate their own worth positively: "It involves basically knowing that one is good and smart and lovable" (Trish-t). Within this theme, there were subtle differences between the professional and training groups in how they articulated positive self-regard. In the professional group, positive self-evaluations were framed as contribution to society or otherwise feeling valued. Sam (p) described wanting "…a healthy sense of what you contribute" and Greg (p) talked about having "a sense of worth and value in who you are and what you do". In the training group, however, rather than self-regard being predicated on contribution or value, the tone was more about acceptance of, and confidence in, the self. Julia (s) said, "You don't have to be anything other than just who you are" and Tess (s) reflected, "You can't really have wellbeing if you're unhappy about the way you look or who you are as a person".

3.5 Riding the wave

The third component of PWB, for participants, was the ability to accept and navigate one's internal world. As Vince (p) put it, "Everyone has ups and downs, but it's how you ride those waves". The first component of riding the wave concerned the perceived inappropriateness of aspiring to be happy: "I think it's too idealistic to say to be happy and healthy all the time, because no-one ever is" (Gillian-s). Participants also spoke about the importance of acknowledging that people have a range of experiences: "I think there are highs and lows in a psychologically well person. I think it's important" (Tina-p). Acknowledging variety in one's internal experience gave rise to a desire for acceptance. Kyle (p) described a key to PWB as "acceptance of the positive and the negative". Acceptance was further detailed as the ability to connect with a range of emotional experiences: "…the capacity to feel their

feelings, definitely, not just the cheerful, nice ones, but they have the capacity to feel their anger and their pain and their grief" (Wendy-t).

Beyond acceptance, participants said that riding the wave required strategies to manage the internal world in order to promote PWB. An ability to monitor one's own experience, rather than becoming overwhelmed by it was endorsed by participants, with Jane (p) saying, "Being able to identify and go with the ups and downs, but not give them too much weight one way or another". Participants spoke about efforts to re-balance their internal world, particularly in the face of overwhelming experiences: "…instead of tipping over the edge, to re-balance yourself" (Matt-t). Dave (t) elaborated: "We all have bad days but can you come back from that, or is that where you stay?" Maintaining this balance was seen as effortful: "It's a constant juggle and a constant balance and sometimes I'm good at it and sometimes I'm not" (Bette-p). Riding the wave, then, included acceptance of a wide variety of internal experiences (including difficult emotions), along with the ability to monitor and re-balance, particularly after overwhelming negative experiences.

3.6 Tools

Finally, participants described various specific tools used for adjusting and maintaining their internal worlds. As in theme 1 (*It's tricky*), this theme does not address the definition of PWB *per se*, but since PWB was conceptualised as active, tools were interwoven into participants' accounts, indicating a particular orientation to PWB in this population. As Vince (p) noted, it was important to "have the tools to cope". Nine specific tools were mentioned, as detailed in **Table 3**. Of note is the fact that, despite participants' generally self-reliant attitude toward maintaining PWB, the most commonly endorsed tool was connectedness. Participants spoke of the importance of having positive and supportive relationships, especially in moments of difficulty: "…a good social support network, who can support you in those moments when a crisis does hit" (Anton-s). Despite generally being

individually active in maintaining their PWB, then, participants valued the possibility of reaching out in times of crisis.

Table 3. Tools for maintaining psychological wellbeing

Specific tool	Description	Number[a]
Connectedness	Having positive and supportive relationships	10
Perspective	Being able to see one's experience in context	5
Thought challenging	The skill of identifying and dealing with unhelpful thoughts	3
Being present	The skill of remaining focussed on the here and now	3
Rest	Taking time out to recharge	3
Meditation	Specific mention of meditation practices	2
Physical self-care	Attending to one's physical health	2
Distraction	Focussing on something soothing or relaxing	1
Humour	Using humour and laughter	1

a. Number of participants in the corpus to endorse this specific tool

4. Discussion

As seen above, specific components of PWB described by the participants included: intentional self-awareness, positive self-regard and acceptance of varied internal experiences, all within a context of self-reliant action. This action included strategies for monitoring and adjusting participants' internal worlds, as well as knowledge and deployment of specific

coping strategies. In this section, these findings are discussed in relation to current 'top-down' PWB models, together with implications for the use of context-specific definitions of PWB. Limitations of the study and future research directions will also be addressed.

Firstly, participants found it difficult to define or describe PWB (*It's tricky*) and this reflects a broader problem, namely that the definition of wellbeing is largely unresolved in both the academic literature and in the general population (Dodge et al., 2012) despite the importance of clarifying a term which is widely applied (Gillett-Swan & Sargeant, 2015). As Ryan and Deci (2001) note, having a definition of PWB is necessary to inform teaching and healthcare practices. As such, further effort is needed to open up conversations about PWB in the context of both actor training and the profession, especially given previous research outlining the potential for actors to experience challenges to their PWB (Maxwell et al., 2015; Robb et al., 2016).

Despite difficulties in defining PWB, once participants had oriented to the construct, it appeared that the foundation upon which participants' conceptualisation of PWB was built was *self-awareness*. It could be argued that any workable theory of PWB is predicated on self-awareness because the ability to evaluate one's PWB requires knowing what is happening in one's internal world. Assessment of PWB in the hedonic school (Diener et al., 1999) for example, presupposes the ability to scan for positive and negative emotions and to be aware of cognitions to the extent that making judgments about life satisfaction is possible. Eudaimonic theories are also predicated on self-knowledge, from which the assessment of indicators of positive functioning will follow (as in Ryff, 2014). In Ryff's eudaimonic model, self-awareness is presupposed in all indicators: autonomy (to be able to self-evaluate), environmental mastery (to choose environments based on personal values), personal growth (changing to reflect self-knowledge), positive relationships (having empathy), purpose in life (having aims and objectives) and self-acceptance (acknowledging and accepting multiple aspects of self).

It could be argued, however, that for participants in this study the emphasis placed on

self-awareness reflects the degree to which this aspect of PWB is of fundamental importance to their work and identity. Both student and professional actors require intimate knowledge of their own mind and body because they are their own instrument (Mitchell, 2015). As such, self-awareness represents a critically important element of PWB above and beyond that which is typically necessary in general populations. The emphasis on self-awareness as the foundation of PWB, then, may point to a definition that is constructed from within paricipants' social identity, as has similarly been found in elite sports people (Lundqvist, 2011). The desire of participants to intentionally self-examine also aligns with Robb et al.'s (2016) findings about actors' tendency to become caught up in their internal world and has implications for actors' mental health, particularly vulnerability to depression (rumination) and anxiety (worry).

The second dimension of PWB endorsed by participants was positive *self-regard* and there are aspects of 'top-down' PWB models that reflect this. One of Ryff's (2014) indicators of positive functioning is self-acceptance, defined in part as having "a positive attitude toward the self" (p. 12). Measuring the self-acceptance dimension of Ryff's indicators in actors could provide further data on levels of self-acceptance in this population. The self-regard picture is complex, however, with participants in different contexts (training and the profession) having subtly different concepts of self-regard. Specifically, those in training emphasised acknowledging and accepting multiple aspects of the self (aligned with Ryff) but participants in the professional cohort emphasised feeling useful and valued, which does not match Ryff's self-acceptance indicator. The professionals' descriptions more closely align with one of Seligman's (2011) wellbeing pillars: meaning in life. It is not a comfortable fit, however, with Seligman emphasising connection to something greater than the self, whereas participants in this study were concerned with how they regarded themselves as valued or worthy.

The difference in emphasis between students and professionals may reflect aspects of self-regard with which they struggle. For the professionals, Robb et al. (2016) found that a sample of professional actors felt chronically de-valued, both by loved ones and by society. In

that case, feeling valued at least by oneself may be something to aspire to when conceptualising PWB. In the case of the training group, as students train to be actors, they become critically aware of their physical, mental and emotional makeup (see Mitchell, 2015, for examples related to the physical). This enhanced awareness, along with ongoing criticism from mentors and peers (Kogan, 2002) may lead to difficulties with self-acceptance. The ability to be accepting of one's self may consequently feature as a desirable component of PWB in acting training. Again, this supports the importance of a 'bottom-up' approach in this group of people who have a strong social identity and whose definition of PWB seems be grounded in this identity.

The third marker of PWB, as defined by the participants, was the ability to accept a wide variety of internal experiences while applying strategies to return to a balanced state if overwhelmed (*riding the wave*). This approach to PWB is unusual in previous 'top-down' literature. Contemporary eudaimonic theories (such as Ryff, 2014) are generally concerned with positive functioning rather than managing internal experience and therefore have little to add to this aspect of PWB in the current study. It is also noteworthy (although speculative) that a correlate of actors' acceptance of their internal world may be that they do not attend to distress. Participants did not mention mental health disorders when defining PWB and it may be that *riding the wave* leads to less identification of, and help-seeking for, mental health problems.

Related to *riding the wave*, participants in the current study were explicit about the futility of using positive emotion as an approximation of PWB. This suggests that dominant 'top-down' hedonic theories concerned with presence of positive affect, lack of negative affect and evaluating life domains are inappropriate for use with actors (Diener et al., 1999). Moreover, as previously noted, participants emphasised the importance of accepting all internal states, including difficult or 'negative' emotions. A definition that may be a more appropriate fit with participants' experiences comes from R. S. Ryan and Travis, who defined wellness as "the balanced flow between contrasting positions, attitudes or emotions, rather

than the attachment to any particular one" (1981, p. 3). Although an older definition, this ability to flexibly navigate complex internal experiences appears to align with the findings of the current study. This ability is fundamental to the work of actors as they explore, for example, the internal world of a character other than themselves, who may have opposing values, moral views, thought processes and behaviour. Once again, this finding supports a context-specific definition of PWB for actors, grounded in qualities important to their group membership and identity as actors.

An overarching theme found in the study was that *wellbeing is active*. In theoretical terms, it has been argued that the social ideal of wellbeing has shifted from formerly allocating responsibility for wellbeing to the state or body politic, to now being the obligation of active individuals (Sointu, 2005). This shift, unfortunately, can fail to take into account the effects of environment and/or culture on PWB and can result in significant self-blame by individuals for their experienced difficulties (Earle & Letherby, 2008). More specifically, while there is concern in the PWB literature over whether wellbeing is a social construct or individual experience (Gillett-Swan & Sargeant, 2015), the definition itself is generally framed as a collection of factors, without specifically mentioning the need for action. Even in Ryan and Deci's (2001) statement that PWB needs definition in order to help people take action for the better, the implication is that action follows definition, rather than being a component of it. Again, this points to a need to consider context-specific definitions of PWB for unique groups such as actors.

The emphasis placed on action by the participants in this study was implicitly self-reliant, with actors turning to their own knowledge and skills in order to manage. This finding supports Robb et al.'s (2016) observation of a culture of self-management of PWB among professional actors. As discussed above, actors are their own instrument (Mitchell, 2015) and as such, it makes sense for actors to have a self-reliant view of PWB. Athletes, another cohort who use their own bodies and minds in performance, have also cited self-reliance as an important quality (Boes, Harung, Travis, & Pensgaard, 2014). This self-reliance, however, has

implications for help-seeking. It is possible that actors' difficulty seeking help for problems related to PWB is connected with a culture of self-reliance (Robb et al., 2016). It may be important, then, for those working with actors in training or the profession to assist with monitoring PWB. Given the context-specific definition of PWB found in this population, however, more research is needed into identifying and possibly developing appropriate measures.

Finally, actors mentioned the *tools* they use to actively manage their PWB. The most common tool was connectedness, a strategy having clear links to an indicator of positive functioning present in both Ryff (2014) and Seligman's (2011) models: positive relationships. Actors' relationships have been shown to be complex, however, with competition and issues of trust occurring between actors, as well as actors feeling devalued by friends and family (Robb et al., 2016). It is also worth noting the contradiction between actors' culture of self-reliance and citing connection with others as a coping strategy and further research could investigate this dynamic. In addition, future research could examine specific strategies to promote PWB in actors, given their preferred coping tools.

While this study has highlighted a range of issues in relation to context-specific definitions of PWB for actors, it is not without its limitations. Specifically, the professional sample was drawn from South Australian working actors and it is possible that the perspectives of other actors, or those who have retired from the industry, would differ. Moreover, participants in the training cohort were drawn from two South Australian tertiary institutions. It may be that other acting schools differ along pedagogical or structural lines (Seton, 2009) and this could result in different experiences for student actors. The opinions of actors who did not undertake formal training may also differ. The sample was made up largely of white, Anglo-Saxon participants and it is likely that participants from diverse cultural backgrounds would place emphasis on different aspects of PWB, as noted by Pedrotti et al (2009).

5. Conclusion

In summary, participants endorsed a specific definition of PWB, predicated on self-awareness and built with self-acceptance, the ability to accept and navigate internal experience and the active, self-reliant deployment of coping strategies. This definition was grounded in participants' social identity as actors and referenced qualities and skills important for acting. No single 'top-down' model or theory of PWB was a convincing fit for participants' experiences, suggesting that a 'bottom-up' approach was appropriate to explore actors' PWB.

More research is needed to understand PWB in professional and student actors. This is particularly the case in areas of interest arising from the current study, such as whether there are appropriate measures for actors' PWB, the potential usefulness of Ryff's (2014) self-acceptance indicator and investigating barriers to help-seeking associated with actors' acceptance of their internal world. The question of how to monitor actors' PWB in training and the profession is important, especially because 'top-down' measures alone are unlikely to suffice but 'bottom-up' definitions may miss important mental health disorders. In addition, the contradictory dynamic of self-reliance and connection could inspire further research, hopefully to unearth useful ways of supporting actors. It is also important that future research consider a broad range of actors in order to further explore the impact of context on definitions and experiences of PWB.

Finally, this paper illustrates the importance of considering context and identity-specific definitions of PWB, particularly in individuals experiencing strong group membership. In elite performers (in both sport and arts), the meaning attached to that membership implies a raft of potential sequelae affecting individual functioning, health and PWB. Further investigation of the elements of PWB for actors may eventually provide clarity to the vision of what *better* is for this unique population. The application of targeted psychological interventions can then be matched to the complexities faced by actors in their

training and professional environments.

Chapter Three: Paper 2

Exploring psychological wellbeing in a sample of Australian actors

Statement of Authorship

Title of Paper	Exploring psychological wellbeing in a sample of Australian actors
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Principal Author

Name of Principal Author (Candidate)	Alison Elizabeth Robb
Contribution to the Paper	I was responsible for the conception of the research upon which this paper is based. I completed the literature search, research design, recruitment, data collection and analysis. I produced the drafts of the manuscript and submitted the final manuscript. As the primary author, I have been in contact with the journal and have been responsible for responding to reviewers and editors, in consultation with and consent from, my supervisory panel
Overall percentage (%)	80%
Certification:	This paper reports on original research I conducted during the period of my Higher Degree by Research candidature and is not subject to any obligations or contractual agreements with a third party that would constrain its inclusion in this thesis. I am the primary author of this paper.

Signature		Date	11/09/2017

Co-Author Contributions

By signing the Statement of Authorship, each author certifies that:

  i.   the candidate's stated contribution to the publication is accurate (as detailed above);

  ii.   permission is granted for the candidate in include the publication in the thesis; and

  iii.   the sum of all co-author contributions is equal to 100% less the candidate's stated contribution.

Name of Co-Author	Dr Clemence Due		
Contribution to the Paper	As supervisor and co-author, her role was to assist in the initial stages of conceptualisation of the research and to refine and critically analyse manuscript drafts, including making suggestions and providing editorial input. Dr Due also independently coded a subset of data to ensure consistency of findings. I, Dr Clemence Due certify that this statement of contribution is accurate, and give my permission for this paper to be incorporated in Alison Robb's submission of the degree of Doctor of Philosophy/Master of Psychology (Clinical) from the University of Adelaide. By signing the statement of authorship, I also agree that the candidate's stated contribution is accurate and that my contribution is 15%.		
Signature		Date	11/09/2017

Name of Co-Author	Dr Anthony Venning		
Contribution to the Paper	As supervisor and co-author, his role was to assist in the initial stages of conceptualisation of the research. I, Dr Anthony Venning, certify that this statement of contribution is accurate, and give my permission for this paper to be incorporated in Alison Robb's submission of the degree of Doctor of Philosophy/Master of Psychology (Clinical) from the University of Adelaide. By signing the statement of authorship, I also agree that the candidate's stated contribution is accurate and that my contribution is 5%.		
Signature		Date	11/09/2017

Abstract

The objective of the current study was to explore what factors might impact the psychological wellbeing of adult, Australian professional actors. Twenty South Australian actors were recruited using purposive and snowball sampling. Ten were male and 10 female, ranging in age from 22 to 66 years old, with self-reported professional experience ranging from 1 to 50 years. The participants were interviewed in-depth about their experiences of being an actor, with a particular focus on wellbeing and the data were analysed using thematic analysis, with numerous checks in place for methodological rigour. Two broad categories of themes were established; environmental and personal factors. Environmental factors included power, lifestyle, fringe-dwelling, engagement, the tribe and taking care of yourself. Personal factors included pursuit, strengths, the calling, precariousness and looking within. Themes were considered in terms of contemporary psychological wellbeing theory, along with clinical implications relating to the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM5). Findings included that actors experience a range of threats to wellbeing, such as problems with autonomy, lack of environmental mastery, complex interpersonal relationships and high self-criticism. Factors facilitating wellbeing include ongoing personal growth and a sense of purpose. The findings also suggest actors are vulnerable to depression, generalised anxiety symptoms, vicarious trauma and perfectionism.

Keywords: actors; mental health; performing arts; qualitative; wellbeing

1. Introduction

> They live a physical manifestation of the description of psychological un-wellness, I would suggest. Inward looking, reflective, disempowered, emotionally vulnerable... (Greg; a participant)

The major live performing arts sector (music, dance, opera and theatre) in Australia employs approximately 8400 people, including 4600 performing artists (Australia Council for the Arts, 2013). Performing artists in not-for-profit companies add significantly to these numbers (Australian Bureau of Statistics, 2007). It is difficult to determine from the current data how many of those performing artists are actors, but a recent survey of Australian actors, run in conjunction with Equity (the actors' trade union) yielded *N*=782 respondents (Maxwell, Seton & Szabo, 2015), indicating there are at least this many actors currently working in the Australian industry. Despite these numbers, there is currently very little literature which examines the wellbeing of actors specifically. As such, this paper aims to explore the psychological wellbeing of actors in South Australia.

While there are various definitions of wellbeing, the current study utilises Ryff's (2014) empirically validated indicators of positive functioning, specifically: autonomy (the ability to resist social pressure), environmental mastery, personal growth, positive relationships, purpose in life and self-acceptance. Ryff and Singer (2006) have provided evidence of multiple factor-analytic studies supporting this model and interventions based on this structure are gaining momentum and accruing an evidence base (Ryff, 2014). In this study, the absence or presence of mental disorders was also assumed to fundamentally influence wellbeing (World Health Organisation, 2014). The Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM5) (American Psychiatric Association, 2013) was used as an appropriate taxonomy for considering mental disorders in Australia.

Research on psychological wellbeing in performing artists is currently confined to a limited field. Performing arts healthcare has historically sat within the framework of a medical speciality, primarily concerned with injury prevention and management (Guptill,

2011a). Within psychology, there is growing interest in performance anxiety in musicians (Kenny, 2011; Thomas & Nettelbeck, 2014) and body image in dancers (Langdon, 2012; Nasciemento et al., 2012) but "as yet, only music and dance can be said to have anything resembling a psychological literature" (Nordin-Bates, 2012, p. 82). Literature relating to the wellbeing of adult professional actors is scant. Brandfonbrener (1992) described actors as "forgotten patients" (p. 101) and in the intervening years, only a small number of peer-reviewed studies have considered wellbeing. This literature is outlined below.

Hayes and Brown (2004) interviewed performers in a number of non-sports domains, and data included one actor's report of feeling constantly exposed to criticism and judgement. Another participant stated that actors might feel unsure of their own personality because they are frequently required to take on different roles, and this is supported by the work of Seton (2006; 2009). Indeed, Thomson and Jacque (2012) found that a group of actors (N=41) displayed higher levels of unresolved trauma compared to a mixed control group of athletes, artists and people interested in the arts or athletics. An ethnography of offstage spaces completed by Filmer (2008) found that many actors face performance anxiety and deal with high levels of uncertainty, although the methodology and participant details were not reported. In Robb and Davies' (2015) phenomenological study of actors' onstage experiences (N = 8), the authors found actors experienced joy and satisfaction after some performances, and negative emotion and self-criticism after others.

Finally, while actors find meaning in their work (Kogan, 2002), they may nevertheless be vulnerable to depression, substance abuse, and eating disorders (Waterman, 2013). For example, the early results of an online survey of Australian actors (N=782)(Seton, Maxwell, & Szabo, 2013) suggest actors experience depression, anxiety and stress above levels in the general population, may have difficulty letting go or relaxing after performing demanding roles, may use alcohol in response to work-related problems and may feel bullied or harassed at work (particularly women). Duck (2014) has highlighted that such issues may be particularly relevant due to the lack of secure employment. Other factors that may negatively

impact actors' wellbeing include long working hours, sleep deprivation, lack of help-seeking and extreme pressure to perform even when ill (Brandfonbrener, 1992).

As seen in the overview of research above, actors are an under-researched population, potentially facing a plethora of stressors that may reduce their wellbeing. Furthermore, little appears in the literature about the positive aspects of actors' experiences, although media coverage generally portrays actors' lives as glamorous (Duck, 2014). Given the paucity of peer-reviewed, empirical studies with actors (particularly those grounded in contemporary psychological theory), the objective of the current study was to explore what factors might impact the psychological wellbeing of adult, Australian professional actors.

2. Method

A qualitative approach guided the study, as is appropriate to research with under-investigated populations (Haslam & McGarty, 2014). Within the qualitative paradigm, an interpretive (rather than critical) lens was used to understand the lived experiences of the participants (Fossey et. al, 2002). Data were analysed using thematic analysis; an accessible and flexible approach used widely within qualitative psychological research (Braun & Clarke, 2006).

2.1 Participants

Purposive and snowball sampling was used to recruit adults who identified as professional (rather than amateur) actors, and had participated in a performance in the past 6 months. Initial participants were industry connections of the first author, with subsequent participants recruited via snowball sampling. Ten were male and 10 female, ranging in age from 22 to 66 years old, with self-reported professional experience ranging from one to 50 years ($M = 16.05$, $SD = 13.34$). Two of the 20 spoke about coming from a background of a minority culture. Given the small population of actors in South Australia, further demographic details

are not reported in order to ensure anonymity (and see Saunders, Kitzinger & Kitzinger, 2015 for a discussion of this issue).

Initially, the research aimed to compare the responses of actors with those of directors, in order to triangulate the data. However, it became clear during interviews that participants did not define themselves by a single role and had all worked as both actor and director, sometimes simultaneously. The multi-skilled nature of the participants was described as typical of the industry and consequently, the terms 'actor' and 'participant' will be used interchangeably. The reader should note, however, that in other cohorts there may be differences in perspective between actors and directors. All participants had a history of working across multiple platforms, such as theatre, film, TV and voice.

2.2 Materials and Procedure

The study was granted ethics approval by the School of Psychology's Human Research Ethics Sub-committee. This was a scoping study and, as such, semi-structured, open-ended, interview questions were developed, based on the existing literature on actors' wellbeing. Examples include: "What are the best things about the acting industry?" "What are the most challenging things about the acting industry?" "Do you think there are unique psychological difficulties/challenges actors face?" "Do you think there are unique strengths actors have?" The questions were piloted and revised during early interviews. Interviews took place at the University of Adelaide, or at a location of the participant's choice. Interviews were audio-recorded and ranged from 47 to 131 minutes ($M = 74.75$, $SD = 21.13$). All interviews were conducted by the first author, who also undertook the primary data analysis. The second author completed independent analysis of a randomly selected sub-set of interviews and consensus was achieved on the final thematic structure.

2.3 Analysis

Analysis consisted of several stages: transcription, reading/familiarisation, coding, searching for themes, producing a thematic map, naming and defining themes and finalising

the analysis through writing (Braun & Clarke, 2006). This process was iterative, and stages were revisited as analysis progressed. Questions of rigour levelled at qualitative research (Antaki et al., 2002) have been addressed by building Tracy's (2010) quality criteria into the research design and execution. Specifically, credibility was demonstrated by member-checking, in which feedback was sought from all participants on transcripts and the thematic structure. Five participants responded and all supported the themes, with two participants expressing relief that others shared their experiences. Sincerity was demonstrated by keeping a comprehensive audit trail including raw data, codebooks, reflexive journal and notes on process, methodology and analysis. Checks of methodological rigour included a saturation table to help determine when sufficient data had been collected (Kerr et al., 2010) and saliency analysis (Buetow, 2010) was conducted to avoid conflating theme recurrence with importance. Eight interviews appeared to be sufficient to reach saturation but a decision was made to interview all who had initially responded to the recruitment drive. In this study, each of the themes in the analysis below was present in every transcript (that is, the themes appeared across all participants).

3. Results

Six themes were developed relating to environmental factors inherent in the professional context or culture: 'power', 'lifestyle', 'fringe-dwelling', 'engagement', 'the tribe' and 'taking care of yourself'. Five themes were developed addressing factors occurring within the individual (such as beliefs, thoughts, feelings and personality): 'pursuit', 'strengths', 'the calling', 'precariousness' and 'looking within'. Pseudonyms have been assigned and personal information has been removed in order to preserve anonymity. One participant, Terry, requested his real name be used and this request has been honoured (see Saunders, Kitzinger & Kitzinger, 2015, for a discussion of the complexity of anonymising data).

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3.1 Environmental Factors

Power

Participants spoke negatively about the way power was assigned and mobilised in their industry, frequently emphasising that factors other than work ethic or talent determined career success. Meg described some of these uncontrollable factors and the resulting feelings of helplessness:

> You just don't feel in control of anything because you're at the behest of somebody else, you know, what they've programmed, whether there's even a character that you could conceivably play, depending on what's your relationship with that director, have you worked out a rapport, they want to work with you. You feel like a, I don't know, a little seed in the wind or whatever, just being blown here there and everywhere.

Exposure to the judgements of those in power was experienced as demoralising and humiliating:

> Everybody feels like shit all the time because you're constantly being reinforced and reinforced and reinforced that you're only as good as how well you got your hair dyed last week and whether your spray tan's slightly too orange. (Kyle)

Further, when discussing power, both men and women mentioned gender disparity. The industry was described as a "feudal aristocracy" (Anton) in which career success is determined by a few men. There also appeared to be pressure on women to conform to rules of appearance:

> Recently one of the films that was being shot here was only wanting slender women and I really objected to that. They said it was because the costumes were small, so they had to fit the costumes but I question that. I think it's bullshit. I think there's a lot of discrimination around size. (Eve)

According to the participants, then, success seemed to be in the hands of a few with power, leading to feelings of helplessness and humiliation, particularly for women.

Lifestyle

Actors' lifestyles were described overwhelmingly in a negative way. One challenge was financial instability, with participants describing difficulty gaining employment and frequent job loss:

Actors lose their jobs. You know, this year I'm going to lose my job five times and when people lose their jobs at a factory, it's on television and people come out going 'I don't know what I'm going to do'. That's what actors and creative people have to face all the time. (Kath)

Participants also described frequently working for free, or very little money, and indicated they had difficulty affording basics such as clothing and transport. The participants also talked about financial instability in terms of social milestones:

I'm here still living in a share house, still kind of living hand to mouth. I guess one of the challenges is as you do get older you start to look at the sort of benchmarks that you set yourself, you know, owning a house or starting a family or being in a relationship, they seem a little bit harder to get to. (Vince)

Periods of unemployment had further challenges. A powerful story emerged concerning the ending of shows, with Greg calling this time "the void". Participants identified feelings of purposelessness during the void, as well as physical and emotional exhaustion, with Sam calling this experience "post-show blues".

Another significant lifestyle factor was alcohol usage. Participants described a need to switch off or self-medicate during intensive work periods, leading to increased levels of alcohol consumption: "There's so much that you're giving in that process of rehearsal and performance and so having that wind down…you need to switch off and I don't think everyone uses alcohol but I definitely think it's a self-medicating tool" (Bette). Participants also described a culture of drinking significant amounts: at the end of a day's rehearsal, after individual performances, while attending other people's shows, while on tour and during significant arts events such as festivals. As Leslie commented, "I've never seen people drink so much like I have actors". Alcohol use was a complex subject, with participants pointing out benefits including social support and building employment networks, alongside negative impacts including performing while intoxicated and long-term alcohol dependence:

Those that don't drink feel a sense of being isolated from the social fabric of the industry…I've worked with actors that sort of have been drunk onstage and it's a lifetime of social drinking that they've not been able to manage and control late in their career. (Greg)

Fringe-Dwelling

Participants described themselves as apart from mainstream society. This was a complex story with positive and negative aspects. For example, participants indicated they chose to follow their dreams and subsequently experienced the world in a unique way "I feel like actors are a bit like superman. I refer to actors as actors and non-creative people as civilians" (Kath). On the negative side, participants expressed feeling de-valued, for example Sophie reported hearing her mother often say, "My daughter does acting but she's just figuring out what she really wants to do" and Greg spoke about a broader issue: "It's very hard in a world that's driven by rationalism, economic rationalism, to concretely defend the value of the arts. You feel invisible and you feel less valued for what you do". Feeling de-valued resulted in experiencing shame: "Not a lot of actors front up at immigration and say 'I'm an actor'. Most of us will find something else to write on our immigration cards" (Terry).

Engagement

Participants indicated they found their work to be highly engaging. Rehearsal was described as particularly positive: "All potential and every possibility is allowed to be explored in a safe environment, so you can go to the full gamut of what it is to be human" (Greg). This sense of stretching oneself operated simultaneously on a number of levels: intellectual, physical and emotional. Engagement was also described during performances, manifested as connection with the audience and was inherent in participants' talk about contact with the present moment. This involved complete absorption in the character and the imaginary world, described as having real-world implications:

> If I can bring that sort of focus and discipline into my life, I'm much happier and I think that's why I'm happier when I'm working, because I think I'm more present off stage because I've had the practice on stage. (Kath)

Inherent in actors' professional context, then, was a profound sense of engagement, manifested as multi-level stimulation, stretching oneself, connection with the audience and contact with the present moment.

The Tribe

The definition of 'tribe' includes both family connections and people sharing common interests or cultural experiences (Merriam-Webster, 2015). Participants described fellow actors as their tribe, citing belonging and connectedness: "I wandered into this theatre and I immediately found family" (Terry). The actors described relationships involving warmth, comfort and physical connection, along with intense emotional connections grown out of the intimacy of the rehearsal room. These connections, however, were complex:

> You feel like you've made a friend and after the show you realise that actually, probably it seems that you didn't, you know? And I think we're all prone to that all the time because we're doing things that look and smell exactly like friendship. (Terry)

Not only were the relationships short-term because employment as an actor is project-based, but the intimacy appeared false, grown from the deliberate cultivation of an atmosphere of openness. This atmosphere was described as necessary for building relationships between characters, but did not necessarily build relationships between actors themselves. Specific interpersonal difficulties also complicated this terrain, with actors' trust in each other sometimes violated by tricks played on each other on stage and by serious interpersonal difficulties such as bullying. Kath described the impact of these difficulties: "I was really close to not being an actor anymore because I felt really betrayed by one of my tribe, you know? And it was like…this should be a safe place and I don't feel safe with you". The tribe of actors, then, provided a place to belong and warm personal connections but could be undermined by the short-term and artificial nature of those relationships and interpersonal difficulties involving breach of trust.

Taking Care of Yourself

The final environmental theme centred on how actors take care of their psychological health. Comments around this theme were contradictory. On the positive side, participants described strong peer support from their tribe, in which actors monitor and comfort one another, alongside a general lack of stigma about mental health issues. On the other hand,

actors also appeared to be dealing with a directive (both explicit and implicit) to "leave it at the door" (Fin). This appeared to be a strong part of professional culture: "It's not up to us as a group to mind your psychological wellbeing. We hope that you're armoured and armed with enough knowledge and know-how to look after yourself" (Meg).

Participants also described unwillingness to disclose their struggles because of feared consequences: "I wouldn't be surprised if people keep their sadnesses and their darkness covered up because they don't want to be perceived as a difficult actor" (Kath). It seemed that participants held an additional belief about not deserving help. Comparisons were made between themselves and the suffering of others, with participants concluding that their pain did not merit help-seeking: "I sometimes feel, you know, well I didn't have like a massive trauma or anything" (Leah). Additionally, the perceived specialness of choosing to follow the dream of being an actor translated into a belief that psychological costs should be borne solo: "You don't deserve help because you've brought this upon yourself" (Fin).

3.2 Personal Factors

Pursuit

The theme of pursuit drew together a pair of factors: burn-out and perfectionism. A very high level of dedication to the profession was described, along with narratives about the likelihood of burning out:

> I'll probably end up burning out at some point…the hours that you do and I haven't had a holiday for a very very long time and you know I remember even just the other week I was sick and then just feeling incredibly guilty about taking a couple of days off work…I think for artists there's always something that you should be reading and there's always a sense of self-improvement that should be happening and it's very easy to never switch off. (Tina)

Tina's sense of being driven to constantly pursue improvement speaks to the underlying perfectionism described by participants. This appeared in two ways, both as professional praxis of chasing the 'perfect piece of work' (Tina) and as a character trait. Participants described perfectionism as exhausting and related negative consequences for self-regard:

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"You set yourself expectations and you don't meet them and you're not sort of realising the person you wanna be. That is frustrating because you feel like you've failed at living" (Fin). The single-minded pursuit of acting, then, revealed problems with burn-out and perfectionism and had negative impacts including exhaustion, inability to switch off and a sense of personal failure.

Strengths

This theme was developed from participants' self-reported positive traits. There were three clear strengths: exploration, empathy and improvisation. Actors described themselves as explorers, curious and inquisitive, with a love of solving the puzzle of a character: "It's the pleasure of playing and also playing as someone else and going into the psychology of another person and the puzzle-solving of it all…unpacking a line and figuring out what exactly the characters are doing to each other" (Tina). Participants also described heightened sensitivity to others' emotional states, perspectives and needs; in other words, empathy:

> I think just being an actor and actively exploring the reasons why people do things gives a much greater understanding and perspective of where people come from, you know? So I think actors make great diplomats because they empathise. They empathise and they can understand and that allows them not to judge so much. (Fin)

Participants commented on the benefits of this strength, including increased ability to contribute to interpersonal relationships. Finally, participants described themselves as good improvisers, "good at thinking outside the square or finding solutions to problems and quite adaptable as well" (Vince). Actors were described as highly flexible and able to perform well on tasks outside their usual skill set. Participants' self-reported strengths, then, were exploration, empathy and improvisation.

The Calling

This theme refers to the powerful calling participants felt to become and remain actors. A variety of metaphors were used to describe the calling, including being bitten by a bug and divine intervention. The calling was described as intrinsic to the actor, for example:

"It is what you are. It's like asking a leopard what it's like to be a leopard, you know? It's just what I am" (Terry). Participants also derived a deep sense of meaning from their work, passionately defending the place of art in society and their work as the altruistic delivery of social and individual benefit. On the negative side, participants demonstrated deep conflict, saying they felt unable to escape a profession described as having high costs: "I've been through feeling completely futile about the whole thing and considering getting out, but then coming to the conclusion that doesn't feel right, because it would be like losing an organ" (Jane). The high level of personal identification with being an actor also had negative ramifications when actors were out of work. During the void between jobs, actors expressed purposelessness, fear and loss of meaningful identity. Acting as a calling, then, gave participants a strong sense of identity and meaning. This was complicated, however, by feelings of being trapped in a psychologically costly profession and having an identity narrowly defined by being an actor.

Precariousness

The word precariousness suggests both instability and lack of security (2015, Merriam-Webster). Actors described a fearful struggle to maintain boundaries between themselves as individuals and the character being played. There were two main threads to their reflections. The first was the great deal of time spent researching, exploring and rehearsing the mindset of another, literally transforming their internal world into that of another person. The second was a lack of skills enabling a return to one's core sense of self (leaving the character behind) following rehearsal or performance. Max strikingly described the experiences of a friend playing a difficult character:

> She said 'I am sick of this bitch coming home with me' and she simply had to put up with it for the duration of a tour and took months off afterwards on purpose and turned down jobs because she just needed to get rid of [her].

This may be particularly problematic given that the psychological territory actors must traverse is frequently confronting:

We're often watching actors in the throes of, you know, first finding out about loved ones' deaths, or killing people…To put yourself in that position night after night after night and to make it big enough that it actually communicates to an audience…that will do people damage eventually. (Max)

Traumatic on-stage experiences also contributed to actors' experiences of precariousness by intruding off-stage, in the form of unwanted thoughts, feelings and nightmares involving content such as suicide, grief, physical violence and rape. Finally, precariousness extended to participants feeling chronically exposed:

You end up making a bit of a mess of yourself because you're breaking down your own personal boundaries and then you go and show it to 500 people a night or a camera that's three feet away from your face. If you're lucky and you get a lot of work and you do that for 25 years you've got a problem. (Kyle)

This exposure was described as having costs, including intense negative emotions, along with difficulty regulating these emotions. All aspects of the personal precariousness described above were perceived by participants as dangerous.

Looking Within

This final personal theme deals with positive reflections on self-awareness, as well as challenges involving anxiety and self-doubt. Actors described themselves as highly self-reflexive, able to look within and dissect their internal worlds. This was associated with personal growth: "I think that it teaches you about who you are and who you can be" (Bette). On the negative side, the participants had a tendency to over-analyse their own behaviour, thoughts and feelings: "You're going around and around in circles in your head because you're self-analysing" (Sue). Persistent self-doubt and critical internal voices were described, generally centred on beliefs about unworthiness. Participants also reflected on the mechanisms by which heightened self-awareness led to psychological difficulty, linking rumination on past failures with depression. Imagination and anxiety were linked in a way specific to actor training and daily professional practice:

You've got the 'magic what-if' you know? What would you do if this roof caved in right now? Your imagination is on all the time and I feel like that 'magic if' can be a direct link to anxiety, because you can be sitting on the bus and you can be like 'Well

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what if the bus crashes? Or what if this happens or what if that happens?' and then all of a sudden you're building yourself into this anxious state. (Sue)

Looking within, then, was described positively as self-awareness and a tool for personal growth. Negative aspects included over-analysis, self-criticism and processes associated with anxiety and depression.

4. Discussion

In relation to the themes which dealt with environmental factors, actors expressed feeling humiliated by exposure to criticism and judgement, adding to research by Hays and Brown (2004). The issue of gender was also raised, with women expressing disempowerment in the face of an industry with a male power base. This may correspond with Maxwell, Seton and Szabo's (2015) findings that female actors had been harassed and bullied at work more than their male counterparts and this issue certainly warrants further investigation. Women also related feeling pressure around appearance and body size. Expectations about body size are linked with eating disorders in elite female athletes, such as dancers (Byrne & McLean, 2001), and Waterman (2013) suggested actors may also be vulnerable. Interestingly, however, the participants did not mention eating disorders as problematic and this discrepancy could be investigated in future research. The issue of actors feeling helpless and uncertain has not been represented in the literature until now, although feelings of helplessness are associated with depression (classically in Seligman, 1972) and the vulnerability of actors to depression has been recently suggested by Maxwell et al. (2015).

The lifestyles of actors were seen to carry high levels of financial uncertainty, supporting the opinion of Duck (2014). The issue of the void between shows and subsequent post-show blues adds an important finding to the current literature on actors' wellbeing and further research into this phenomenon would be of use. More generally, project-based work is an increasing problem across multiple industries, with implications for worker wellbeing (Savickas, 2011).

Alcohol use has been suggested as problematic for actors (Brandfonbrener, 1992; Watts, 2015) and this study lends additional weight to those findings, suggesting that the pattern of actors' alcohol use is complex and requires further investigation. In this study, the actors partially used alcohol to let go of a character or unwind after performance, a problem previously identified by Seton (2009) with further evidence provided by Maxwell, Seton & Szabo (2015). Teaching adaptive strategies for unwinding post-performance could be useful for actors in the future.

The self-described position of actors as fringe-dwellers is new for the literature and although partly a positive experience of being unique, actors also spoke about shame regarding their de-valued position. Seton (2009) posited that actors may face social disapproval and the experience of being disapproved of is associated with shame (Gilbert, 1997). Shame is implicated in a number of mental health disorders (Pallanti & Quercioli, 2000) and is another important area for research and intervention in this population.

A key finding in the current study was that participants indicated that they were likely to struggle alone and feel undeserving of help. Mentioned as a possibility by Brandfonbrener (1992), there is no data on psychological help-seeking in actors. The current study adds important information about actors' mental health and wellbeing needs and the research team is currently investigating the desirable qualities of an actor-specific support service.

Concerning the themes pertaining to personal factors, the research found that actors reported high levels of perfectionism and burn-out, thereby building on the opinion of Brandfonbrener (1992) in relation to long working hours. More positively, actors reported three key strengths (exploration, empathy and improvisation), not found in previous research. Of note for therapists, actors' self-reported strength of improvisation and the flexibility of actors' emotional and behavioural repertoires may see them flourish in a paradigm centred on psychological flexibility, such as acceptance and commitment therapy (Hayes, Strosahl, & Wilson, 2011) but this is not yet known.

The personal precariousness actors felt when trying to distinguish themselves from their character was reported in Hays and Brown (2004) and in student actors by Burgoyne et al. (1999) and this study contributes evidence from professional actors. This blurring has been associated with difficulty regulating emotions (Burgoyne et al.), as reported by our participants and it is possible actors may benefit from emotion regulation strategies as found, for example, in dialectical behaviour therapy (Linehan, 1993).

4.1 Ryff's Wellbeing Factors

The findings will now be discussed in relation to each element of Ryff's (2014) model of wellbeing.

Autonomy

While actors saw themselves as autonomous in the sense of following their chosen careers in the face of criticism, participants' livelihoods were perceived to be in the hands of others and they perceived themselves as exposed to constant scrutiny. As such, the impact of societal expectations and the industry culture reduced the level of autonomy actors felt they had over their lives and work. It is difficult to draw any conclusions about actors' autonomy as there is no previous literature, but it is worth noting that autonomy is considered a basic psychological need (R. M. Ryan & Deci, 2006). Autonomy's effects on wellbeing are considered to be pervasive (R. M. Ryan, Deci, Grolnick, & LaGuardia, 2006) and as such, further research could explore how industry structures in the performing arts may lead to lower levels of autonomy in the lives of actors.

Environmental Mastery

The helplessness and disempowerment experienced by actors in this study, along with the lifestyle factors of employment instability and financial stress appeared to place them low on this dimension. Historically, the obvious mental health correlate of chronic lack of mastery has been depression (C. Peterson & Seligman, 1984) and, as noted above, Maxwell, Seton and

Szabo (2015) recently found actors may be vulnerable to depression. There is also evidence that lack of mastery is connected with higher levels of alcohol consumption (Shamloo & Cox, 2010) found to be an issue in the current study.

Personal Growth

Participants reported frequent personal growth experiences, encapsulated in their self-description as explorers. This strength is a likely fit with Peterson and Seligman's (2004) character strength of curiosity, which in turn is associated with openness to experience (O), one of the Big Five personality traits (McCrae & Costa, 1997). Student actors have been shown to be high on this personality factor (Nettle, 2006) and O is associated with self-esteem, autonomy and subjective wellbeing (C. Peterson & Seligman). Of note, however, novelty-seeking (a correlate of curiosity) may be linked with impulsivity (C. Peterson & Seligman). Impulsivity is of concern in populations who appear to have a problematic relationship with alcohol (Bozkurt et al., 2014), as is apparent in this sample of actors. The current study adds evidence that actors may be high on the personal growth indicator of wellbeing and future research could extend this work through quantitative explorations this indicator and of personality traits in actors.

Positive Relationships

The actors experienced a sense of belonging while employed, as suggested by Kogan (2002). Furthermore, participants reported high levels of empathy which improved their interpersonal relationships outside work. Empathy is a likely correspondent of social intelligence (C. Peterson & Seligman, 2004) which in turn has been associated with lower mental health stigma (Vertilo & Gibson, 2014), as was reported by the actors in this study. The work relationships experienced by participants had inherent complexity, however, including transience resulting from short-term project work. Transience in populations is a factor in people's experience of loneliness (Kearns, Whitley, Tannahill, & Ellaway, 2015), which in turn is a risk factor for depression (Griffin, 2010). Changing jobs may leave people

vulnerable to loneliness (Griffin, 2010) and the actors in the current study experienced this repeatedly due to the short-term nature of their employment.

Purpose in Life

The actors described a powerful sense of purpose derived from their work, including dedicated pursuit of their profession and strong identification with being an actor, suggesting actors may be strong in this wellbeing domain. Alongside this, however, the actors experienced costs including the excision of other life domains including hobbies and recreation, along with a feeling of being trapped. In addition, a narrow and rigidly enforced self-concept (that is, self-as-actor) may lead to pain, particularly when an individual is faced with loss of that identity (Twohig, 2012). During the void between jobs, the actors reported loss of identity, suggesting they may benefit from broadening their self-concept. A possible pathway is via investigation of values, as exemplified in exercises from acceptance and commitment therapy (Hayes et al., 2011), among other paradigms.

Self-Acceptance

In Ryff's (2014) model, an individual high in self-acceptance must acknowledge and accept multiple aspects of the self. Although seeing themselves as special, the actors expressed self-criticism and were troubled about some internal experiences, especially intrusive thoughts or feelings related to characters they played. They also expressed perfectionistic beliefs and experienced feelings of personal failure. This is new for the literature on actors and shows that the quality of self-acceptance plays out in a complex way for these individuals.

This complexity of interaction between participants' experiences and Ryff's (2014) wellbeing model can be seen throughout the discussion above. In some ways, participants' experiences fit within the general structure of the model, but the specific context they find themselves in, along with the personal qualities they bring to their work complicate the picture. Bhullar, Hine and Phillips (2014) point out that while Ryff's wellbeing model seems

both empirically valid and clinically useful, it is still not clear how the separate dimensions of psychological wellbeing combine within an individual. Quantitative measurement of both psychological wellbeing and clinical disorders in actors would be a helpful next step. Furthermore, Mehrota et al. (2013) suggest that the psychological wellbeing dimensions need to be understood in an in-depth, culturally-grounded way. We hope this paper is a first step toward a deep understanding of actors' wellbeing.

4.2 DSM5 Clinical Implications

Aside from the vulnerability to depression discussed above, actors may be at risk of certain mental health disorders. The connection made by a participant between anxiety and "the magic if" (an imaginative tool introduced by Stanislavsky, 1936) suggests that the imaginative processes deployed by actors may leave them vulnerable to generalised anxiety symptoms. Characterised by excessive anxiety and worry that is difficult to control, generalised anxiety is classically associated with the question, "Yes, but what if…? (Beyond Blue Limited, 2015). Although no data exists on generalised anxiety in actors and many actors may be sub-clinical, this is interesting future territory for research.

Participants also reported feeling traumatised by their work, particularly repeated embodiment of scenarios involving rape, physical violence, grief and suicide. The DSM5 criteria for Posttraumatic Stress Disorder (PTSD) make provision for repeated indirect exposure to traumatic content in the course of professional duties (vicarious trauma). Vicarious trauma has been demonstrated in people who are exposed to descriptions of others' trauma, such as jurors hearing testimony (Robertson, Davies & Nettleingham, 2009) and interpreters working with refugees (Splevins et al., 2010). Pillemer et al. (2015) posit that the images and feelings may be so intense they are incorporated into the recipient's identity and, so, closely resemble personal experiences. The precise impact on actors of constructing and then repeatedly re-experiencing detailed traumatic memories in the course of their work is unknown but Seton (2006) coined the term "post-dramatic stress" to describe his observations

of struggling acting students. Actors in the current study reported intrusive thoughts and nightmares and a tendency to avoid these, particularly by using alcohol, adding to parallels with DSM5 criteria. As with generalised anxiety, it may be that many actors are sub-clinical for PTSD but further research on vicarious trauma in actors is needed.

A factor that seems significant in this population is perfectionism, as evidenced by the actors' tendency to set unattainable personal standards and exhibit self-criticism. Perfectionism has been proposed as a trans-diagnostic process and is elevated across multiple DSM5 disorders, including anxiety and depressive disorders and may be a predictor of the development of psychopathology (Egan et al., 2012). As noted previously, Maxwell, Seton and Szabo (2015) found actors may experience higher levels of depression, anxiety and stress than the general population. Future quantitative work with actors regarding perfectionism would be useful, as would any further measurement of mental disorders in actors, particularly using specific tools for depression, anxiety and trauma.

4.3 Limitations

The sample was drawn from professional South Australian actors and it is possible that the perspectives of other actors, or those who have retired from the industry, would differ. The sample was made up largely of white Australian actors and it is likely that actors from diverse cultural backgrounds would have different experiences, particularly of racism in casting (Kalina, 2012) and would be affected by the lack of diversity in content programmed by performing arts companies (Leng & Mar, 2016). There was no distinction made in this study between actors who work on screen and on stage because participants worked across platforms but it is possible that actors working solely in either domain would have unique experiences. In a qualitative study, it is impossible to disentangle the impact of personality factors from environmental influences and further research would be useful, particularly in regard to actors' trait versus state openness to experience and perfectionism.

4.4 Conclusion

All future research with actors is welcome, given the scant literature and complexity of experiences unearthed in the current study. Although it is difficult to make any specific claims at this stage of evidence, actors may require specialist assessment and intervention, due to the co-occurrence of multiple factors such as: transient social connections, a culture of self-management, repeated exposure to traumatic content, identity issues, powerlessness, self-criticism and a complex pattern of alcohol use. The apparent vulnerability of actors to anxiety, depression and perfectionism further highlights the need for more attention to be paid to the mental health of this population.

Finally, we encourage psychologists to consider outreach and engagement with this population, especially given that actors may be reluctant to seek help. The current study is a step forward, but effort is needed to further uncover the stressors that actors face, to understand an appropriate wellbeing model for this population, to build on actors' strengths and sense of self and to prevent negative impacts. Skills taught by psychologists (whether in an ACT-based approach or other paradigms) may assist actors in maintaining their PWB while facing the personal and environmental stressors hidden beneath the work they love.

Chapter Four: Paper 3

Exploring psychological wellbeing in acting training:

an Australian interview study

Statement of Authorship

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Principal Author

Name of Principal Author (Candidate)	Alison Elizabeth Robb		
Contribution to the Paper	I was responsible for the conception of the research upon which this paper is based. I completed the literature search, research design, recruitment, data collection and analysis. I produced the drafts of the manuscript and submitted the final manuscript. As the primary author, I have been in contact with the journal and have been responsible for responding to reviewers and editors, in consultation with and consent from, my supervisory panel		
Overall percentage (%)	80%		
Certification:	This paper reports on original research I conducted during the period of my Higher Degree by Research candidature and is not subject to any obligations or contractual agreements with a third party that would constrain its inclusion in this thesis. I am the primary author of this paper.		
Signature		Date	11/09/2017

Co-Author Contributions

By signing the Statement of Authorship, each author certifies that:

  i.   the candidate's stated contribution to the publication is accurate (as detailed above);
 ii.   permission is granted for the candidate in include the publication in the thesis; and
iii.   the sum of all co-author contributions is equal to 100% less the candidate's stated contribution.

Name of Co-Author	Dr Clemence Due		
Contribution to the Paper	As supervisor and co-author, Dr Due's role was to assist in the initial stages of conceptualisation of the research and to refine and critically analyse manuscript drafts, including making suggestions and providing editorial input. Additionally, Dr Due independently coded several interviews to ensure consistency of findings. I, Dr Clemence Due, certify that this statement of contribution is accurate, and give our permission for this paper to be incorporated in Ms Alison Robb's submission of the degree of Doctor of Philosophy from the University of Adelaide. By signing the statement of authorship, I also agree that the candidate's stated contribution is accurate and that our contribution is 100% less the candidate's stated contribution.		
Signature		Date	11/09/2017

Abstract

Student actors in elite professional training are potentially vulnerable to difficulties with their psychological wellbeing, but there has been little research to date investigating the positive and negative impacts of this unique environment and training process. The current study uses contemporary psychological theory and qualitative methodology to explore the perceptions of both acting students and their trainers. Seven acting students and eight trainers from two institutions were interviewed in-depth and the data analysed using thematic analysis. The findings were clustered into three domains of experience: the conservatoire (environmental/cultural factors), acting training (process factors) and student qualities (individual factors). Influences on students' psychological wellbeing included complex personal relationships, intense workload, chronic uncertainty, perfectionism, personal strengths, mental health difficulties, identity de-stabilisation, growth and feeling exposed. An important unresolved question arose: when is acting training dangerous? Practical implications included: building mental health literacy, increasing students' feelings of competence, fostering students' ability to tolerate stress and uncertainty and employing a specialist clinician. There is vast scope for future research, particularly in clarifying the challenges to psychological wellbeing in training and identifying appropriate, evidence-based interventions for use in this unique environment.

Keywords: actors, mental health, qualitative, training, wellbeing

1. Introduction

Concerns over the psychological wellbeing (PWB) of professional actors has recently come to the attention of researchers and clinicians, with a small number of studies highlighting mental health difficulties and the complexity of navigating the industry. For example, results of an online survey of Australian actors suggested levels of depression, anxiety and stress above the general population (Maxwell et al., 2015). Similarly, Robb et al. (2016) found that professional actors faced a range of issues, including anxiety, depression, vicarious trauma, perfectionism, alcohol abuse, complex relationships, low help-seeking and identity issues.

In a recent paper concerning wellbeing in artists more generally, Siddins et al. (2016) note that the development of skills to maintain wellbeing should happen before aspiring artists come into contact with the industry; in other words, wellbeing needs to be considered in the training environment. Elite vocational training is the accepted pathway to professional practice for actors (Seton, 2009) and areas of concern therefore need to be addressed in this context (Seton et al., 2013). In the training literature, while acting pedagogy is a subject of ongoing interest (for recent examples, see Prior et al., 2015; Wangh, 2013), research investigating student actors' PWB is scarce (Prior et al.). Furthermore, acting training has not been examined through the lens of contemporary psychological science, despite requiring trainees to work intensively with the material and processes of their own minds (along with the mind/body connection, D. Middleton, 2012). As such, the current study aimed to explore understandings of PWB according to student actors and their trainers.

In this paper, a dual-focus definition of PWB was used, taking into account the influence of both mental disorders (for example, as found in the Diagnostic and Statistical Manual of Mental Disorders, American Psychiatric Association, 2013) and positive functioning. Indicators of positive functioning have been shown to fundamentally influence PWB (for an empirically validated model, see Ryff, 2014). This dual-focus is in line with the

World Health Organisation's (2014) definition of mental health and was shown by Robb et al. (2016) to be a useful framework for understanding professional actors' experiences. In addition, in a tertiary education environment (such as acting training) the prevention and treatment of mental health concerns may be improved by incorporating strategies that address positive functioning (Bhullar et al., 2014).

According to Siddins et al. (2016), educators consider student actors to be more vulnerable than those training in other creative arts. Similarly, Seton (2010) has suggested that the demand on students to expose their internal world leads to concerns about 'habitual vulnerability' in an environment of intimacy and risk-taking. Seton (2006) also raised concerns over practices of intentionally tapping into trauma in order to develop a character. Indeed, research suggests that developing and inhabiting a character may trigger trauma responses (Thomson & Jacque, 2012) and young actors may be particularly vulnerable to de-stabilization of identity (Thomson & Jaque, 2011). Burgoyne et al. (1999) found that the blurring of boundaries between character and self was distressing for student actors and may result in carrying unhelpful personality traits of a character into offstage life. Student actors may also be vulnerable to body-image difficulties, striving to alter their appearance to fit industry norms (Mitchell, 2014), with resulting vulnerability to eating disorders (see Park, Dunn, & Barnard, 2011 for accounts).

Students are also training in an unusual (insular, intensive) environment (Seton, 2009), while facing typical developmental stressors associated with early adulthood, such as leaving home (Seton et al., 2012). Training is demanding, and permeated with judgment and direct criticism of students' work and progress (Hays, 2002). It is important to note that the relationship with trainers may complicate students' efforts to seek help for PWB difficulties, because trainers are often gatekeepers to the industry (Wangh, 2013) and may not know how to deal appropriately with PWB issues (Burgoyne et al., 1999).

There is a small amount of evidence that acting training may have positive effects on PWB, including personal growth and enhancement of strengths such as empathy,

interpersonal skills and self-awareness (Burgoyne et al.). Similarly, Martin and Cutler (2002) found that theatre students perceived acting to be exciting, stimulating, and an opportunity to accomplish personal goals.

Overall, while the PWB of professional actors has recently been explored (Maxwell et al., 2015; Robb et al., 2016), psychological studies of students training for the profession are scant, despite evidence of stressors that may impact PWB. Furthermore, there is very little literature on the positive aspects of student actors' experiences. The objective of the current study, then, was to explore what factors (positive and negative) might impact the PWB of student actors in vocational training.

2. Method

As is appropriate when researching under-investigated populations (Haslam & McGarty, 2014), a qualitative approach guided the study. Within this paradigm, an interpretive lens was used to understand participants' lived experiences (Fossey et. al, 2002).

2.1 Participants

Purposive and snowball sampling was deployed to recruit adults currently engaged in elite vocational training (with the goal of becoming professional actors), along with those who train them in a range of practical performance skills. The first author, a former student of a vocational drama school, made initial contact with staff at the two South Australian training institutions and made site visits to publicise the research. Given the small population of student actors and trainers in this Australian state, limited demographic details will be reported, in order to ensure anonymity (see Saunders et al., 2015).

The sample was made up of fifteen participants (seven students and eight trainers), from across the two elite training institutions. In the student group, there were five females and two males, ranging in age from 18 to 32 years old (*M*=22.5, *SD*=4.34). Students were from a range of year levels from first to final year, in courses that ran either three or four

years. In the trainer group, there were six females and two males, ranging in age from 40 to 69 years old (M=52.14, SD=12.86). Years of experience as trainers was difficult to determine, as many had moved back and forth between employment as actors and trainers. Seven of the eight were professional actors, either historically or currently and the remaining trainer worked closely with acting students in a technical/production capacity.

2.2 Materials and procedure

The study was granted ethics approval from the authors' university and semi-structured, open-ended, interview questions were developed, adapted for the training context from existing literature. Examples include: "What are the best/most challenging things about drama school?", "Do you think there are unique psychological difficulties/challenges actors face?", and "Do you think there are unique strengths actors have?" The questions were piloted and revised during early interviews. Interviews took place at a location of the participant's choice, were audio-recorded and ranged from 52 to 91 minutes' duration. Interviews were conducted by the first author, who also undertook primary data analysis. The second author completed independent analysis of a randomly selected sub-set of interviews of both students and trainers and consensus was achieved on the final thematic structure.

2.3 Analysis

Thematic analysis consisted of several stages following Braun and Clarke's (2006) guidelines: transcription, reading/familiarisation, coding, searching for themes, producing a thematic map, naming and defining themes and finalising the analysis through writing. The rigour of qualitative research has been criticised (Antaki et al., 2002) and these concerns have been addressed by building Tracy's (2010) quality criteria into the research design. Specifically, sincerity was demonstrated by keeping a comprehensive audit trail including raw data, codebooks, reflexive journal and notes on process, methodology and analysis. Credibility was demonstrated by member-checking, in which feedback was sought from all participants on transcripts and the thematic structure. Of the six participants who gave

feedback on their transcripts, one requested minor changes and these were made before analysis progressed. Checks of methodological rigour included monitoring saturation to help determine when sufficient data had been collected (Kerr et al., 2010) and saliency analysis (Buetow, 2010) was conducted to avoid conflating theme recurrence with importance.

As noted above, the research aimed to explore what factors might underpin and impact PWB in acting students from the perspectives of both students and their trainers. As analysis progressed, it became clear that the themes identified were similar across all participants. Important differences in perspective between students and trainers are, however, highlighted in the following section.

3. Results

Three domains of experience were noted as relevant to PWB: the conservatoire, acting training and student qualities. Themes were developed within each of these inter-related domains (see **Figure 6**). The prevalence of each theme is reported in **Table 4**. The following analysis proceeds by domain, with each theme therein discussed in turn. Pseudonyms have been assigned to participants and any identifying information in the data has been removed.

3.1 The conservatoire

This first domain highlights factors related to PWB that were perceived as inherent in the training environment and/or culture.

A community of complex relationships

Overall, student participants spoke about the community of actors in the conservatoire as a supportive family, which was seen as protective for PWB. However, both student and trainer participants also noted that these supportive relationships were intense, built on an unusual level of intimacy:

The Conservatoire

A community of
complex relationships

Intensity leading to
negative outcomes

Preparing for
uncertainty: fear and
worry

Being exposed

Identity de-stabilisation

Growth

When is it dangerous?

Strengths: empathy,
self-awareness,
commitment

Perfectionism

Mental health
difficulties

Acting Training

Student Qualities
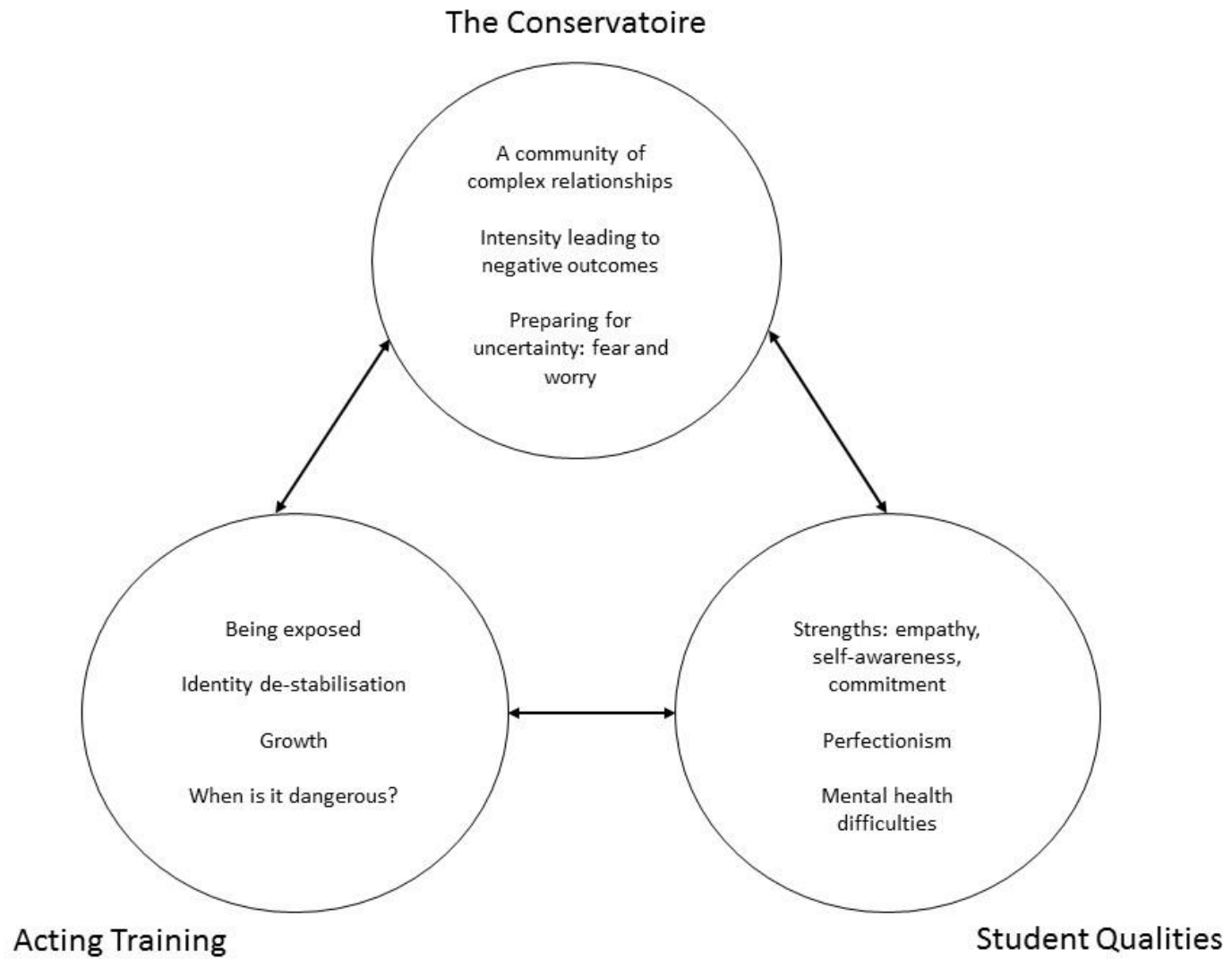
Figure 6. Themes, domains and relationships

Table 4. Domains, description, themes and prevalence

Domain	Description	Theme	Prevalence[a]
The Conservatoire	Factors positively or negatively impacting wellbeing, perceived as inherent in the training environment and/or culture	A community of complex relationships	S1,2,3,4,5,6,7; T1,2,4,5,6,7,8
		Intensity leads to negative outcomes	S1,2,3,4,5,6,7; T1,3,4,5,6,7,8
		Preparing for uncertainty: fear and worry	S1,2,3,4,5,6,7; T1,2,4,5,6,7,8
Acting Training	Factors positively or negatively impacting wellbeing, perceived as inherent in the work of becoming an elite, professional actor	Being exposed	S1,2,4,5,6,7; T1,2,4,5,6,7,8
		Identity de-stabilisation	S1,2,3,4,5,6,7; T1,2,3,4,5,6,7,8
		Growth	S1,2,3,4,5,6,7; T1,2,5,6,7,8
		When is it dangerous?	S1,2,4; T1,3,4,7,8
Student Qualities	Factors positively or negatively impacting wellbeing, perceived as located within the student. May be pre-existing or evoked by the environment and/or training process	Strengths: empathy, self-awareness, commitment	S1,2,3,4,5,6,7; T1,2,3,4,5,6,7
		Perfectionism	S1,2,3,4,5,6,7; T2,4,5,6,7,8
		Mental health difficulties	S1,2,3,4,5,6,7; T1,2,3,4,5,6,7,8

[a] Data supporting themes are found in the listed transcripts, grouped by participant type. S refers to a student, T to a trainer, and each transcript is numbered within its group.

That group of people learns to love, hate, despise, cuddle, arrest, conform…they do it in front of each other and they make friends for life, and friends at a level that we don't *[usually]* make friends. (Matt-trainer)

This phenomenon of work-led intimacy was complex, with participants noting it did not necessarily lead to workable relationships outside the classroom:

You see people in a very exposing way that you would so rarely see in a normal situation, and then you get out of class and you don't know what to talk to them about. It's like you know them in this really deep way but in that normal, superficial way, you don't know people. I think you're physically and emotionally creating these fake relationships with people. (Lisa-student)

Participants also acknowledged issues of complex group dynamics arising from being in a small group of people for a long period of time, and a mandate to put interpersonal issues aside in order to focus on work. As such, the community within the conservatoire was seen as having both a positive and negative impact on students' PWB.

Intensity leads to negative outcomes

The second theme related to being in a conservatoire was intensity. In particular, the workload was described as unusually high. The first key consequence of this was stress:

You come home and you're just exhausted and you're like "Where do I find the energy to keep going?" You've got to prepare for whatever's happening the next day. It's kind of like a cycle of you know, some nights you get the work done and some nights you don't and you end up being really stressed and anxious the next day. (Bill-student)

Students mentioned that the constant stress also had consequences for their physical health, resulting in missed classes and a feeling of falling further behind.

The second key consequence of intensity was the impact on students' relationships with people outside the course:

You struggle keeping relationships outside. You've got friends you don't see for 10 weeks and then you've got 2 weeks of holidays. It's like I've got to see everybody but at the same time I don't want to see anybody at all so yeah your relationships and friendships and things get strained. The sacrifices that you make are huge ones (Joy-student)

This level of workload intensity and sacrifice, however, was perceived as fundamental to future success as an actor, although participants noted that in order to cope, substance use was common among acting students. As such, the intense nature of the conservatoire was seen by both students and trainers as having an overall negative impact on students' PWB.

Preparing for uncertainty: fear and worry

In this third theme pertaining to the conservatoire environment, participants described a process of enculturation to uncertainty. This was framed as essential to preparing for an acting career, perceived as unusual compared with other professions:

> If you train to be a nurse, you go to a hospital and you say "I've got this degree, hire me" and then you do that for the rest of your life, you know? But with acting it's very much like you get a job depending on how you look, your talent, what you bring, your ideas, who you know, all these different things that may not have anything to do with the number of years you've been training, which is quite frustrating. It makes it unpredictable and yeah it's quite scary. (Bill–student)

Carrying this fear compounded the intensity described in the previous theme, with students experiencing every class or production as having high stakes for success or failure. Similarly, trainers were explicit about the difficulties of the industry and expressed a perceived obligation to prepare students:

> There's no certainty, ever. There's not that moment where you arrive at the place and you're going to stay there. It's never going to be like that. I think one of the difficulties of training is some unspoken promise that this will mean something about your future life and it doesn't. I wish it did, but it doesn't. (Trish- trainer)

As such, both students and trainers indicated that the uncertain nature of work and life as an actor had negative impacts on students' PWB.

3.2 Acting training

This domain concerned factors positively or negatively impacting PWB perceived as inherent in the work of becoming an elite, professional actor. Rather than being environmental or cultural, as in the previous domain, the following themes centred on the process of learning to be an actor.

Being exposed

Both students and trainers expressed a mandate that acting training requires students' private inner lives to be opened for inspection, potentially leading to feelings of vulnerability. Coupled with being personally exposed was the confronting reality of having one's efforts viewed and critiqued:

> They are asked to be emotionally vulnerable in front of an audience. First of all, in front of their peers who they work with day in, day out. Is it a safe place to reveal that intimate part of me? Is it actually ok for me to be vulnerable in front of these other people who may judge me? (Dave-trainer)

There was an additional implicit assumption that pushing oneself into frightening emotional territory was critical to developing as an actor: "We were told to pick something that was brave. Something personal, something brave, something that we're actually terrified to do in front of people. That's sort of the rule, something you're scared to do" (Tess-student). Students also expressed a chronic sense of being unsafe, even when attempting to protect themselves emotionally:

> You're working in your safe zone and then a teacher will just…they'll completely see through it and they just say it and that's so scary, having to push through those things and go into this place that feels incredibly unsafe. (Lisa-student)

This issue of pushing into unsafe areas was acknowledged by trainers, but conceptualised as a problem of rationale or support, rather than with the practice itself. Trainers also noted that the exposing nature of acting training could impact students' self-worth, again leading to cycles of substance use.

Identity de-stabilised

The second theme in the domain of acting training deals with students' experiences of de-stabilisation of self. This manifested as three clear types: challenging one's beliefs, accessing uncomfortable material and blurring the boundary between self and character. Firstly, acting school was described as a place in which long-held beliefs were fundamentally challenged:

> You've always believed in something but then to have that challenged by theatre itself and the content of a play can be enough to really question, "Why do I believe that? Why is this play saying that's wrong? It can be confronting to have to deal with things that you're not used to. (Tess-student)

Students noted that this questioning of beliefs was relentless and that, as such, it was hard to switch off or relax. At times this questioning was turned inward, resulting in a perceived identity collapse: "They think they are this person and then it all starts to fall apart. They feel they don't know themselves" (Gillian-student).

The second level of de-stabilisation arose from the requirement for student actors to access uncomfortable mental or emotional material:

> Having to be in the headspace of someone who wants to kill someone else, you've really got to get in there and understand that psychology. I mean, it's daunting to put yourself in that place, to go "I actually understand why I want to kill that person". You're walking on a tightrope there. (Tess-student)

Trainers also noted that this requirement could pose a significant challenge for students and acknowledged that navigating treacherous psychological territory was an unsolved problem:

> An actor is required to go to some pretty dark places in their psyche at times and I think it's a challenging question to ask how do we navigate that territory? Do we have knowledge about how to get actors there safely? Most people learn them through a process of trial and error and, potentially, breakdowns. (Wendy-trainer)

The third level of identity de-stabilisation came when students experienced difficulty distinguishing between self and character: "It can get so blurred between playing a character and being yourself. You're being so many different things and people in one week" (Krista-student). Student actors were required to switch rapidly between characters for class work, but during production were asked to explore the mindset of another in depth for a longer period of time. Students articulated concerns over how to maintain a core sense of self in the face of this work: "I don't know exactly how to do it, other than just saying 'Try not to let it affect you'" (Julia-student).

Growth

Despite these challenges, participants noted a positive outcome of acting training: growth. Growth was characterised by the freedom to explore, personal development and a

burgeoning sense of mastery of the craft of acting. Exploration was described as a positive

experience and developmentally appropriate: "I think doing drama, for that particular age

group, is a very great thing, because you get to explore yourself and think about the world and

tackle issues" (Trish-trainer). Students also reported growth experiences combining personal

development with improvement of acting skill:

> It's been kind of like a gradual process of getting my life together as well as getting
> these new tools and learning all these things. Yeah, working on myself as a person as
> well as working on these acting skills and theory. (Bill-student)

Moments of mastery were described as particularly important: "We're finally putting

everything together in this one acting class. We're going 'This is what we can do now' and

it's been really satisfying" (Joy-student). Growth experiences were perceived as making

positive contributions to PWB and motivating students to persevere in the face of difficulty.

When is it dangerous?

The final theme in relation to acting training took the form of a recurrent question:

when is it dangerous? The psychological work of acting was perceived as a potential trigger

for mental health difficulties; trauma in particular. Trainers noted that the nature of drama

meant that students frequently face traumatic content and Dave (trainer) went on to articulate

a theory of the trauma mechanism in actors:

> It's the depth of emotional engagement that we ask them to portray. I think in very
> few other disciplines, except for specific mental health disciplines, that you're actually
> going to trigger past trauma. Actors are exposed to trauma in a similar way that I
> imagine paramedics, nurses, health professionals are exposed to trauma.

Along with trauma, other mental health difficulties were framed as arising from the process of

acting training. Anxiety, for instance, was described as emerging from the intensity of class

and production work and depression was cited as arising from acting training, particularly

accessing difficult emotional content, and the feeling of falling behind. Eating disorders were

also observed among students and linked with expectations around actors' bodies.

The issue of danger in training was, however, complex. Cultural messages in the conservatoire, specifically the necessity for work to be difficult and personal, led to trouble discerning when there was a problem:

> Being able to recognise what's just general actor brain chatter and just general stress and trying to discern that from what's actually dangerous thinking…I think trying to discern those two from each other is something we don't know how to do. (Tess-student)

Trainers echoed this: "A certain amount is ok, a certain amount is not ok. How do you know the difference?" (Dave-trainer) Trainers also highlighted lack of knowledge about how to balance safety with rigour, alongside concerns about being unskilled in assessing and managing students' psychological struggles.

3.3 Student characteristics

This domain was concerned with positive and negative PWB factors perceived as located within the student, rather than situated in the environment or training culture. These individual characteristics were described as interacting with the process of training, as described below.

Strengths: empathy, self-awareness, commitment

Three key strengths were identified: empathy, self-awareness and commitment. These qualities were perceived both as traits that may have drawn students to the acting profession and qualities that were reinforced by the training process. Empathy, for example, was described as a strength that contributed to students' desire to become actors: "They have that compassion, that empathy that drives them to be artists" (Wendy-trainer). Although framed as a specific personal quality, the mechanism for developing empathy was described as flowing from actors' work: "When you're playing a character you have to understand that person and really be able to feel empathy and I think you take that into your everyday life as well" (Krista-student). As such, empathy was seen as both a personal strength and a trait developed as a result of the training process.

In addition, students described self-awareness as a strong character trait for actors and as helpful both on and off the stage: "You know what you're feeling and why and I think it helps you as an actor and it helps you as a person…I think it's a pretty good thing" (Joy-student). Finally, both students and trainers pointed to commitment as a positive trait: "I always have a good work ethic and the idea of, well, I committed to this so I'm going to do it to the best of my ability" (Krista-student). Trainers also reflected that cultivating this trait was important in order to ensure students could persevere in an uncertain industry.

Perfectionism

The second theme in the domain of student characteristics describes a trait perceived by both students and trainers as unhelpful to PWB: perfectionism. Students described relentless internal pressure to perform at the best of their ability and this internal perfectionism, coupled with a demanding environment, led to high levels of self-criticism. Gillian (student) described a negative internal "tape" that played in students' minds: "I'm not good enough. I'm not good enough to do this, I'm not going to get it. I'm not going to be able to do this. I'm not as good as the others". Tess (student) linked her negative internal messages specifically with being an actor:

> You're watching yourself in your mind's eye and you're going "That's terrible. Why are you doing that? That's so crap. What have you done? No, that's wrong. You look so fake". It's hard not to, because as an actor you're criticised by everyone else all the time, so it's hard not to then criticise yourself as well.

Trainers expressed awareness of students' struggles with perfectionism, but found it difficult to know how to help.

Mental health difficulties

Both students and trainers articulated that some mental health difficulties appeared to be brought by students into the training environment. Trainers, particularly, noted that students struggled with pre-existing anxiety and depression and appeared aware of the high prevalence of anxiety among the student body. The area of mental health difficulty was

complex, however, because in addition to pre-existing problems, participants perceived acting training as a potential trigger (as previously noted). Adding further complexity, trainers articulated the difficulty of untangling personality and training factors:

> …whether it's that type…a very sensitive, permeable person who has the artistic temperament and brings it with them to their training…but when they're training, they're being confronted with their blocks and what they have to work on and they can become despairing very quickly…(Wendy-trainer).

This chicken-and-egg problem, of whether students brought issues with them and/or the training itself provoked them arose in discussions of trauma, anxiety, depression and eating disorders.

Notably, when discussing mental health difficulties, trainers articulated a sense of responsibility to help students, with a primary strategy of giving health-promotion messages such as making students aware of counselling services. Student participants acknowledged these messages, but did not necessarily experience them as helpful:

> They'll say *[health promotion message]* and then next minute everyone's getting stressed out about getting all these things ready for the next class, you know? It just feels like those words are a bit false. (Bill-student)

In an effort to meet students' needs, trainers also made themselves available as informal counsellors: "Every actor that's ever done a class with me has had my phone number, and this is 24/7 please. If you get any repercussions from the work, you ring me up. You do not do this on your own" (Matt-trainer). Students found this type of support helpful but both staff and students acknowledged that being available in this way was time-consuming: "I do a lot of pastoral care of my acting students, which is a much bigger component of the job than anyone had originally indicated; in fact, not indicated at all." (Wendy-trainer)

Additional barriers to helping were articulated by trainers, including lack of skill, lack of a conscious teaching craft around PWB, and lack of help-seeking by students. Help-seeking, from the student perspective, was described as problematic. In particular, students demonstrated a tendency to prioritise work over self-care and expressed concerns about being

negatively compared to other students and the consequences of help-seeking, such as losing or postponing their place in the training course.

4. Discussion

In this final section, the implications of themes are discussed with reference to positive and/or negative impacts on PWB. Training-specific recommendations and future research directions are indicated throughout.

In relation to the conservatoire domain, participants spoke about the supportive community of actors, echoing findings in a recent study of professional actors (Robb et al., 2016). Positive relations with others are an indicator of PWB (Ryff, 2014), with a comprehensive evidence base of physical and psychological benefits such as buffering against daily stress (Cohen & Wills, 1985; Holt-Lundstad, Smith, & Layton, 2010). However, relationships at drama school were complex (mirroring research in the professional context by Robb et. al.), marked by experiences of emotional vulnerability and criticism, with a likely disturbance in level of trust. Interpersonal trust is fundamental to PWB (J. F. Helliwell & Wang, 2011) and provides resources for individuals to both satisfy needs and meet goals (Lucas & Dyrenforth, 2006). Although beyond the scope of this paper, theory and intervention from sport psychology deals comprehensively with issues of group dynamic for "team" development, performance enhancement and crisis intervention; this literature may be of use in the acting training context (for an overview, see Kleinert et al., 2012).

The second theme in the conservatoire domain addressed the intensity of workload, unequivocally perceived as having negative outcomes for students. Excessive, sustained workloads have been shown to negatively impact PWB (Wood, Michaelides, & Totterdell, 2013), with almost every system in the human body affected by the resulting chronic stress, including suppression of the immune system and vulnerability to anxiety and depression (Mohr et al., 2014). In order to cope with chronic stress, participants described substance use

(predominantly alcohol) as a strategy, also found in professional actors (Maxwell et al., 2015; Robb et al., 2016) and in other tertiary settings (Mohr et al., 2014). Further investigation into what drives students' alcohol use could shed light on which additional, more adaptive, coping strategies would be appropriate to encourage.

The final theme in this domain addressed the negative impact of preparing for an uncertain future. This preparation for uncertainty has been described as inherent in elite music training (Evans & Bonneville-Roussy, 2016) and the current study provides a first look at this phenomenon in elite acting training. Certainly, for professional actors, employment insecurity is an acknowledged problem (Throsby & Zednik, 2010) and is, furthermore, a strong predictor of mental health difficulties (De Witte, 2016). Trainers, understandably, articulated a responsibility to prepare students for this unstable future, but students experienced fear and worry as a result of these messages. Difficulty tolerating uncertainty is robustly associated with anxiety, especially where there is anticipation of a negative future (Carleton, 2012). In order to combat the negative impact of this anxiety, it may be helpful to foster the ability to tolerate uncertainty (McEvoy & Erceg-Hurn, 2016).

In relation to the acting training domain, students indicated that they felt exposed in acting school, supporting Seton's (2010) observation of student distress associated with exposing their private internal world. Students described feeling emotionally vulnerable, especially in an environment of ongoing criticism (as noted by Hays, 2002) and fear of both positive and negative evaluation is associated with anxiety (Weeks & Howell, 2012). Social or performance anxiety, in particular, can result in significant impairment of positive emotions (Kashdan, 2007) and in a training environment, the implications of this impairment include diminished attention, creative thinking and problem-solving (Fredrickson, 1998).

The second theme in this domain centred on struggles with identity. While exploration of identity is a normal part of emerging adulthood (Arnett, 2004), a sub-type of exploration concerned with rumination (such as acting students' repetitive, self-critical thinking) is associated with distress (Sica, Sestito, & Ragozini, 2014). Moreover, in acting training, two

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additional levels of de-stabilization were identified: inhabiting difficult psychological territory and losing sight of the boundary between self and character. These kinds of identity difficulties have been previously observed in actors (Burgoyne et al., 1999; Thomson & Jacque, 2012), highlighting the need for further research in this space. Identity is a core component of healthy personality functioning (Bender, Morey, & Skodol, 2011) and attending to this issue in student actors is particularly important because pervasive, ongoing identity instability can impair an individual in multiple life domains (see Sollberger et al., 2015 for difficulties associated with personality disorders).

While training appears to foster some unhelpful ruminative exploration, the opportunity to explore a range of ideas and identities in the process of acting training may make a positive contribution to students' PWB and was perceived as fostering growth (see also Burgoyne, et al., 1999). This type of exploration, known as *exploration in breadth*, is a key aspect of healthy emerging adulthood and important for minimising distress (Sica et al., 2014). Moments of mastery over the craft of acting were also described as important to students' PWB, adding to previous research by Martin and Cutler (2002) who found that goal accomplishment was a positive aspect of acting training. Both mastery and accomplishment are aspects of the basic psychological need for competence, essential to PWB (R. M. Ryan & Deci, 2000). In a training environment, it is important to note that satisfying the need for competence predicts performance outcomes (Deci & Ryan, 2000) and so it might be useful to consider pathways for improving feelings of competence. Examples include improving the balance between challenges and skills (see Robb & Davies, 2015 for discussion of this concept with professional actors) and ensuring that feedback targets behaviours within students' control (Kluger & DeNisi, 1996).

In the case of trauma, previous research (Seton, 2006; Thomson & Jacque, 2012) raised concerns about the acting practice of tapping into personal traumatic memory, as well as constructing and inhabiting characters who undergo trauma. In the current study, participants' experiences lend support to the findings of Robb et al. (2016) that a vicarious

trauma mechanism may be at work, similar to the impact of traumatic content on the PWB of jurors (Robertson, Davies, & Nettleingham, 2009). It should be noted that the images and feelings students are experiencing are potentially so intense they may be incorporated into identity as memories (Pillemer, Steiner, Kuwabara, Thomson, & Svob, 2015). When students are simultaneously experiencing de-stabilisation of identity, this is of concern and further investigation is warranted.

In relation to student characteristics, three personal strengths were reported: empathy, self-awareness and commitment, reflecting research by Robb et al. (2016) and Burgoyne et al. (1999). It may be that the emotions evoked in acting training help build these strengths by shaping the way students attend to, engage with and respond to their own and others' internal worlds (Maiese, 2016). It is also worth noting that empathy and self-awareness are correlates of social intelligence; a character strength (C. Peterson & Seligman, 2004). Similarly, commitment is likely to correlate with the character strength of persistence, defined as the ability to continue in spite of difficulties or discouragement (C. Peterson & Seligman, 2004). It should be noted, however, that when the criteria for success are uncontrollable (as in the acting industry) and persistence is directed at a single, challenging goal (for example, to become an elite actor) many other meaningful goals may be missed (C. Peterson & Seligman). It is also possible that, rather than a character strength, students' persistence is a coping strategy adopted to handle the intense workload and may be maladaptive when combined with the next theme; perfectionism.

Participants reported high levels of perfectionism, having consequences for PWB in the form of intense self-criticism. In the acting training environment, in which ongoing criticism and striving to improve are closely-held norms, it seems almost inevitable that perfectionism would arise. Perfectionism has been raised as a concern for the PWB of professional actors (Robb et al., 2016) and the current study adds a first glance at this problem for acting students. Students in the current study certainly perceived perfectionism to be exacerbated by the constant self-monitoring and criticism inherent in their work.

Perfectionism is a complex area, with striving for excellence seen as essential to elite performance, but negative aspects (such as harsh self-criticism) can place performers at risk for depression and burnout (see Hall & Hill, 2012 for a review related to elite sport and performing arts).

The final theme in this domain dealt with mental health difficulties. As discussed earlier, students appeared to struggle with anxiety, depression, disordered eating and traumatic experiences, all of which may correlate with formal mental health disorders and, as such, may require assessment and intervention (American Psychiatric Association, 2013). An important aspect of this theme related to provision of help by trainers. This study provides the first data on feelings of responsibility and burden shouldered by acting trainers when assisting students with PWB-related issues. This issue has been encountered by tertiary educators in other domains dealing with emotion-laden material (Branch, Hayes-Smith, & Richards, 2011) and the literature may offer insight into managing role boundaries (Carello & Butler, 2014; Hayes-Smith, Richards, & Branch, 2010). In order to reinforce role boundaries and monitor students' PWB, it may be useful to have access to a PWB professional. This is especially pertinent given that the healthcare needs of elite performing artists in tertiary institutions are currently under-served (Ambegoankar & Caswell, 2011). This professional would, however, need to be aware of the unique demands of both environment and process because performing arts healthcare is a specialist area (see British Association for Performing Arts Medicine, 2007; Performing Arts Medicine Association, 2013).

Finally, acting students in the current study perceived barriers to help-seeking. Wangh (2013) noted that students may find it difficult to ask for help because trainers are often gate-keepers to the industry and student perceptions in the current study supported this, citing fear of being negatively perceived or facing practical consequences such as postponing training. These are both components of stigma, known to reduce the likelihood of both seeking and receiving help for mental health difficulties (Corrigan, Druss, & Perlick, 2014). An additional barrier was connected to the intense workload in that students felt there was no time to stop

and deal with mental health difficulties. Although it may not be possible to reduce the practical workload, it may be possible to deploy strategies to reduce stigma and encourage help-seeking. One such strategy is increasing mental health literacy among both students and trainers (Corrigan et al.).

5. Limitations & Conclusion

Participants were drawn from the two elite training institutions in South Australia, and there may be differences in perspective from other sites devoted to acting training. It is also possible, although not a salient theme in the current cohort, that students' stage of training might correlate with specific challenges or joys and there may be important differences between year levels which are not outlined in this study.

As the first study of the PWB of actors in vocational training, framed in contemporary psychological theory, the findings of this study go some way toward filling in the picture of what student actors are 'vulnerable' to (Siddins et al., 2016). It also adds a first glimpse of how acting training might positively impact PWB and the personal strengths of acting students. There is a great deal of future research which could be undertaken to assist this population, especially in the areas of prevalence of mental health disorders, barriers to help-seeking, identity de-stabilisation, the drivers of student alcohol use and the mechanism of trauma in the acting process. As Siddins et al. pointed out, skills for building and maintaining PWB need to be taught in training and the current study suggests a host of potentially helpful pathways, such as looking to sport psychology to inform group dynamics, fostering the ability of students to tolerate stress and uncertainty, building students' sense of competence, implementing programs for mental health literacy and seeking the services of a specialist PWB professional. In all these endeavours, collaboration between health professionals, trainers and students is encouraged, to both understanding of the training environment's

unique demands and ensure implementation of evidence-based tools to meet the PWB needs

of acting students.

Chapter Five: Paper 4

Supporting psychological wellbeing in student and professional actors:

an applied ecological scoping study

Statement of Authorship

Title of Paper	Supporting psychological wellbeing in student and professional actors: an applied ecological scoping study
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Principal Author

Name of Principal Author (Candidate)	Alison Elizabeth Robb		
Contribution to the Paper	I was responsible for the conception of the research upon which this paper is based. I completed the literature search, research design, recruitment, data collection and analysis. I produced the drafts of the manuscript and submitted the final manuscript. As the primary author, I have been in contact with the journal and have been responsible for responding to reviewers and editors, in consultation with and consent from, my supervisory panel		
Overall percentage (%)	80%		
Certification:	This paper reports on original research I conducted during the period of my Higher Degree by Research candidature and is not subject to any obligations or contractual agreements with a third party that would constrain its inclusion in this thesis. I am the primary author of this paper.		
Signature		Date	11/09/2017

Co-Author Contributions

By signing the Statement of Authorship, each author certifies that:

i. the candidate's stated contribution to the publication is accurate (as detailed above);

ii. permission is granted for the candidate in include the publication in the thesis; and

iii. the sum of all co-author contributions is equal to 100% less the candidate's stated contribution.

Name of Co-Author	Dr Clemence Due		
Contribution to the Paper	As supervisor and co-author, Dr Due's role was to assist in the initial stages of conceptualisation of the research and to refine and critically analyse manuscript drafts, including making suggestions and providing editorial input. Additionally, Dr Due independently coded several interviews to ensure consistency of findings. I, Dr Clemence Due, certify that this statement of contribution is accurate, and give my permission for this paper to be incorporated in Ms Alison Robb's submission of the degree of Doctor of Philosophy from the University of Adelaide. By signing the statement of authorship, I also agree that the candidate's stated contribution is accurate and that our contribution is 100% less the candidate's stated contribution.		
Signature		Date	11/09/2017

Abstract

The aim of this study was to explore, in their own words, what types of support professional and student actors would like to have, to maintain or enhance their psychological wellbeing. Interviews were conducted with 35 participants ($N = 15$ in vocational training, $N = 20$ professionals) and qualitative content analysis was used to reduce the data to thematically-derived categories of support. In the student cohort, participants reported two desired categories of support. The first was resources to be embedded in the training institution, including mental health training and information, a specialist clinician, alterations to course structure or content and examining the role of staff. The second category was resources beyond the training environment, namely building a supportive community, broadening students' identities, practical resources (such as financial support) and professional networks. For the professional actors, desired support came in five distinct categories: practical resources, connectedness, the social perception of art and actors, building a life outside acting and desired changes in the way the industry functions. Findings are discussed in terms of an ecological timeline of actors' needs, from training through the professional career. It is recommended that interventions to support actors' psychological wellbeing take place at multiple levels and that particular attention is paid to fostering positive relationships and broadening actors' identities.

Keywords: actors, ecological, qualitative, support, wellbeing

1. Introduction

> I think it's good that people in the field of psychology and mental health want to look at our industry and see how we're traveling and what they can do and so on, whether programs can be put together to help people working in our business. I think that's a really good thing. ("Tony", a professional actor)

1.1 Overview, theory, definitions

A growing body of research has indicated both that people who train to become actors and those who devote their professional lives to acting face numerous challenges to psychological wellbeing (PWB)(Maxwell et al., 2015; Robb & Due, 2017; Robb et al., 2016). Literature concerning PWB for actors specifically is still largely absent, however, particularly when compared with other performing artists such as musicians and dancers (Nordin-Bates, 2012). This represents a considerable gap in knowledge, particularly given growing recognition that there is a need to consider context-dependent understandings of PWB and to develop supports for specific communities accordingly (for examples from elite sport, see Bär & Markser, 2013; Carless & Douglas, 2013; Coyle et al., 2017). In order to begin considering the issue of PWB support for actors, this paper reports on the results of an applied ecological scoping study which aimed to capture, from their perspective and in their own words, how student and professional actors would like their PWB supported. The broad aim of this study was to provide a detailed picture of the areas of intervention considered important, thereby providing a launching pad for future research and the generation of sensitive strategies, resources and places to maintain and enhance actors' PWB.

By way of definition, in this paper PWB was considered broadly, in line with the World Health Organization's (2013) concept of a "state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (p. 6). Moreover, PWB is affected by a range of factors including individual, social, cultural, economic, political and environmental factors (World Health Organization). Theoretically, in

line with the PWB definition above, this paper adopted an ecological perspective; attention was paid to individual and environmental determinants of behaviour. This type of theoretical model, with its roots in reactions to the medical model of care (Bronfenbernner, 1977; Engel, 1977) is often represented by a series of nested circles representing levels of dynamic influence on behaviour and interventions are considered at multiple levels of proximity to the individual. Despite being criticized as encouraging eclecticism (Ghaemi, 2009), the ecological approach supports a key principle guiding the current study; that participants' context-specific perceptions are intrinsic to generating useful findings (Kingry-Westergaard & Kelly, 1990). This is especially salient because intervention efforts, particularly in relation to PWB, are most likely to be effective when they connect with what individuals or groups already think about a problem or find important (Ambrose & Lovett, 2014; Kendall-Taylor & Haydon, 2016).

1.2 Background: actors in Australia

The government-funded performing arts sector in Australia (including theatre, dance, music and opera) employs approximately 8400 people, including 4600 performing artists (Watts, 2013). In addition, performing artists working in not-for-profit companies or in unpaid work swell these numbers by an unspecified amount (Australian Bureau of Statistics, 2007). Although it is difficult to determine how many of these performing artists are actors, a study commissioned by the Australia Council for the Arts (Throsby & Hollister, 2003) suggested there were approximately 6500 professional actors in Australia. In Australia, actors may work across a range of platforms including film, radio, television, stage and cross-platform work and may use casting agents and/or audition as freelance artists for both paid and unpaid roles (with approximately one third receiving any wage for their acting work and half unemployed at any given time; Throsby & Hollister, 2003). Professional actors in Australia also form artistic collectives for both the staging of existing work and the development of new work.

Across the Australian performing arts sector each year, approximately 1300 people train for professional careers in vocational training institutions (Australian Government, 2013). Although approximately three quarters of professional actors have undertaken formal training (Throsby & Hollister, 2003), it is difficult to determine how many are in training at any given time, because published admissions data are scant. Moore (2006) suggested that approximately 600 graduates per year attempt to enter the professional world of acting. By way of a general sketch, in the Australian context a person undertaking vocational acting training has generally taken drama as a subject through secondary school and within 2-3 years of graduation has auditioned for, and attained entry to, a degree or diploma course. These courses are most commonly three years full-time study (Throsby & Hollister) with limited holiday breaks, in a small cohort of others who desire to become professional actors. The training is generally a mix of text-based and physical work, including dance/movement and vocal training, character development and extended production time in which students stage existing texts or devise and present new work. Formal vocational training is distinct from casual or professional development courses offered, for example, as stand-alone tertiary subjects (Flinders University, 2017) or by casting agencies (Actors Ink, 2017). Formal vocational training explicitly endeavours to produce professional actors of an elite standard who are ready to join the industry upon graduation.

1.3 Actors: a vulnerable population in a unique context

Kogan (2002) posited that separate disciplines within the performing arts (such as acting, music and dance) constitute distinctive subcultures, each with its own atmosphere and requirements. Of these disciplines, music and dance have an established and growing psychological literature (Nordin-Bates, 2012) but, although facing contextual demands in both training and professional life, actors are under-researched within the discipline of psychology (for a brief review, see Robb, Due & Venning, 2016). This is particularly problematic since actors themselves have described their lives and work as unique (Robb et al., 2016). Unique

demands which may impact actors' PWB include being in the public eye and undergoing frequent evaluation, not just by audiences, but by mentors, critics and peers (Kogan, 2002), the requirement to memorise, recall and express large bodies of text (Noice & Noice, 2006), and the need to manage the verbal and nonverbal expression of emotion in order to evoke an appropriate response in an audience (Kogan).

Professional actors may face a range of additional threats to their PWB, along with the low rates of employment and remuneration mentioned above (Throsby & Hollister, 2003; Throsby & Zednik, 2010). Results of a survey of Australian professional actors suggested levels of depression, anxiety and stress above those in the general Australian population, along with difficulty relaxing and over-use of alcohol (Maxwell et al., 2015). Most recently, Robb et al. (2016) found that actors face a number of challenges to PWB, such as anxiety, depression, vicarious trauma, perfectionism, alcohol abuse, loneliness, low help-seeking behaviour and identity issues. Brandfonbrener's (1992) commentary on actors also cited long working hours, poor dietary habits, isolation on tour extreme pressure to perform when ill.

The training environment of an actor is also unusual, customarily being an insular and intensive experience (Seton, 2009). While research in this domain is scant, the demand on actors in training to expose their inner life and connect with an audience has led to concern about 'habitual vulnerability' (Seton, 2010). Student actors may also face body-image difficulties while striving to fit industry norms (Mitchell, 2014). Seton (2006) also raised concerns over practices of intentionally tapping into personal trauma and Thomson and Jacque (2012) posited that developing and inhabiting a character may trigger trauma responses. Student actors may also be vulnerable to de-stabilization of identity (Thomson & Jaque, 2011) and Burgoyne et al. (1999) found that the blurring of boundaries between character and self was distressing for student actors. Most recently, Robb and Due (2017) showed that acting students' wellbeing was negatively impacted by intense workload, complex personal relationships in the training environment, uncertainty about the future,

perfectionism, mental health difficulties, identity de-stabilisation and feeling vulnerable as a result of chronic exposure of their inner lives.

1.4 Unique care for a unique context – but where are the actors?

Acknowledgement of the unique contexts that characterise performing arts work and the ensuing demands on performers has led to a specific sub-discipline of healthcare, much like the needs of athletes are considered and met by sports medicine (Sports Medicine Australia, 2017) and sports psychology (Australian Psychological Society, 2017f). Performing arts healthcare to date has been marked by the emergence of a medical speciality and associated journal (Brandfonbrener, 1986) and is dominated by a focus on injury prevention and management, due to parallels drawn between elite sport and performing arts (Guptill, 2011a). Leading organisations in the field include those in the United States of America (Performing Arts Medicine Association, 2013), the United Kingdom (British Association for Performing Arts Medicine, 2013) and Australia (Australian Society for Performing Arts Healthcare, 2017b). In terms of PWB, performing artists are increasingly being included in performance psychology (see Hays, 2012; G. Moyle, 2016 for more on the links between sport and the performing arts) and their inclusion is noted by both the American Psychological Association's Division 47 (American Psychological Association, 2014) and the Australian Psychological Society (Terry, 2008).

Despite these links, only music and dance have anything approaching a scientific literature, particularly in psychology (Nordin-Bates, 2012). Similarly, in terms of health care, specialist practitioners catering to musicians and dancers appear on web directories (Australian Society for Performing Arts Healthcare, 2017a) and are occasionally embedded in performing arts companies (The Australian Ballet, 2017) and in training institutions (The Australian Ballet School, 2017). In vocational training, the only documented attempt at a specialist healthcare service has been in dance (Ambegoankar & Caswell, 2011) but the situation for actors remains as Brandfonbrener (1992) described it; forgotten.

1.5 Aim of the current study

In light of the unique contexts in which actors train and work and the PWB challenges they face, along with the under-investigation which has marked actors' healthcare to date, the aim of the current study was to consider what type of PWB support is suitable for actors in both the training and professional contexts and what areas of intervention were considered important. As Ryan and Deci (2001) stated, in order to have a vision for a better future, it is essential to find out what better *is*; in this case, what actors would like to see in place to support their PWB.

2. Method

2.1 The position of the researchers

In the interest of reflexivity, an important quality criterion for qualitative research (S. J. Tracy, 2010), it is worth noting that the first author trained as a director at one of South Australia's elite vocational training institutions and worked in various capacities in the performing arts for 10 years. She retains personal connections with people working in funded and unfunded arts companies and is currently re-training as a clinical psychologist, with the aim of developing support services for artists and arts-workers. She is involved in informal arts community support groups and has delivered workshops and presentations on various aspects of mental health in the arts. She also remains committed to her own artistic practice, including painting and working on theatrical productions.

The second author is a researcher with a university position, whose interests include child mental health and the experiences of populations who can broadly be considered 'vulnerable', particularly refugees and asylum seekers. She is also interested in cross-cultural psychology and the use of mixed and participatory action research methods. She is an accomplished musician and thus has connections to the performing arts generally, but has no connection to the participants in the current study.

2.2 Participants

Participants were recruited from the two contexts of interest; vocational training schools and the professional workplace (in South Australia). Initial participants were purposively recruited, using industry connections of the first author and subsequent participants were recruited via snowball sampling. Given the small population of actors in training and the professional workplace in South Australia, limited demographic details will be reported, in order to ensure anonymity. Although not a focus of this study, it should be noted that the majority of participants were of white, Anglo-Saxon descent. One trainer and two professional actors, however, mentioned being from a non-dominant cultural background (which cannot be specified for anonymity purposes) although they did not cite their cultural background as influencing their need for PWB support as actors.

In the professional context, 20 participants were interviewed. These participants were adults (aged 18 or above) who identified as professional (rather than amateur) actors and had participated as an actor in a stage or screen performance in the six months prior to interview. These professionals worked across multiple platforms, including theatre, film, television and voice-over and had experience as directors as well as actors. Ten were male and 10 were female, ranging in age from 22 to 66 years old ($M = 37.45$, $SD = 12.92$), with self-reported professional experience ranging from one to 50 years ($M = 16.05$, $SD = 13.34$).

In the vocational training context, both acting students and their trainers were recruited. Fifteen participants were interviewed (seven students and eight trainers), from the two training institutions in South Australia. In the student group, there were five females and two males, ranging in age from 18 to 32 years old ($M = 22.5$, $SD = 4.30$). In the trainer group, there were six females and two males, ranging in age from 40 to 69 years old ($M = 52.14$, $SD = 12.86$). Years of experience as trainers was difficult to determine, as many moved back and forth between employment as actors and trainers. Seven of the eight trainers were professional

actors (either historically or currently), while the remaining trainer worked closely with acting students in a technical/production capacity.

2.3 Materials and Procedure

Ethics approval was sought and gained from the relevant committee at the authors' university. Interviews took place at location of the participant's choice and were audio recorded. All interviews were conducted by the first author. Informed consent was obtained by providing participants with an information sheet prior to interview, discussing the information sheet at interview and explaining the consent form, which the participant then signed. Participants were free to withdraw their consent at any time, including up to submission of this manuscript. Participants retained a copy of the information sheet, consent form and a debriefing sheet. In addition, participants were given opportunities to provide feedback on the evolving research such as reviewing the interview transcript, reading a summary of the results and reading the manuscript of this article. This 'member-checking' formed part of a strategy to build Tracy's (2010) quality criteria into the design and execution of the study. Of the 35 participants contacted, one requested minor changes to the transcript and one, Terry, requested that his real name be used (rather than a pseudonym). After consulting with the relevant ethics committee, this request was honoured. For a discussion of the complexity of anonymising data, see Saunders, Kitzinger and Kitzinger (2015). Sincerity, (another of Tracy's criteria), was demonstrated by keeping a comprehensive audit trail including raw data, codebooks, reflexive journal and notes on process, methodology and analysis.

Participants took part in in-depth interviews concerning the experiences of professional and student actors (average time of 72.74 minutes), as part of a larger project on actors' PWB. During the interview, participants were asked the following questions: "What kind of support would you like to have as an actor/student?" or "What kinds of supports would you like to see in place for actors/students?" and "If you won the lottery or had a magic

wand, what would you change (about the industry/training course)?" These questions formed the basis of data analysis for this paper.

2.4 Analysis

The general approach to data analysis was inductive (non-theoretical), as is appropriate where there are no previous studies of the phenomenon in question (Elo & Kyngäs, 2008). Specifically, qualitative content analysis (QCA) was used to classify the data into categories representing similar meanings. The particular form of content analysis used was thematic coding (Schreier, 2012), appropriate in studies whose aim is to describe a phenomenon and where existing literature is limited (Hsieh & Shannon, 2005). Development of a sound coding scheme (the process and rules of data analysis) is central to trustworthiness in this type of research (Folger et al., 1984) and as such, the analytic process is described.

Schreier's (2012) guidelines for QCA were adopted, entailing the following phases: defining the research question, selecting the material to be analysed, building the coding frame, segmenting the data, trial coding, evaluating and modifying the coding frame, the main analysis and presenting and interpreting the findings. In the current study, the amount of data to be analysed was determined by the participants' answers to the interview questions stated above (see Materials and Procedure). In addition, the entire transcript of each in-depth interview was hand searched for spontaneous mention of desired changes or supports. An initial coding frame was built using a sub-set of the data, chosen to reflect the diversity of data sources (in this case, professionals, students and their trainers). Categories and sub-categories were built according to the following rules: uni-dimensionality (covering one aspect of the material), mutual exclusivity (data must not fall into more than one category) and exhaustiveness (all data must be covered). Data extracted from the interview transcripts were segmented according to a thematic criterion (each unit of data corresponds to a theme). In the professional cohort, there were 99 units of data and in the training cohort there were 72.

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In the pilot phase of analysis, both researchers independently coded a sub-set of the data from each cohort. In the professional cohort, the researchers coded 18 units of data and agreed on 15 of those (83% agreement). The coding frame was revised by collapsing and re-defining some sub-categories. In the training cohort, the researchers coded 20 data units and agreed on 17 of these (85% agreement) and the coding frame was similarly revised. In the main phase of analysis, the researchers again independently coded a sub-set of the data. In both cohorts, agreement was increased; to 95% in the professional cohort (with the single discrepancy discovered to be a coding error) and 100% in the training cohort. Coding of the remaining data concluded the main phase of analysis.

The research team anticipated that differences in perspective might be noted between student actors and their trainers, due to a range of factors such as: age, demands on students (e.g.: housing, employment, training intensity) and demands on trainers (e.g.: work/life balance, managing academic and teaching demands). After initially analysing these two groups separately, it became clear that the categories contained data from across the cohort. The data in the vocational training context were therefore treated as one group. The final phase of QCA, presenting and interpreting the findings, can be found in the sections below.

3. Results

3.1 Training

In the training cohort, two main categories of support were identified: 'embedded' and 'beyond training'. **Table 5** contains the complete coding frame, including sub-category definitions and data examples additional to those found in this section. **Table 6** contains information on prevalence, such as the number of data units found in each category and the number of participants to endorse each. Participants are identified by a pseudonym and, in this cohort, by 's' for student or 't' for trainer.

Table 5. Coding frame for training cohort

Main Category Name and Description	Sub-Category Name	Sub-category Number	Sub-category Description	Data Examples[a]
1. Embedded Supports or alterations within the training environment	Mental health & wellbeing resources	1.1	Mental health training/information provided to students or staff	20.1 "I would love to give them more basic mental health training"
	Counsellor/mental health clinician	1.2	Specific talk about having a specialist student support person and/or mental health clinician on site	24.2 "It's difficult talking to people who don't really know anything about acting or the course…if you had a sort of specific counsellor"
	Course alterations	1.3	Any desired additions or alterations to course structure or content, NOT mental health and wellbeing	22.1 "I would give them more training about grant writing"
	Staff caretaking	1.4	Any talk of the role of staff (core or guest staff) in supporting students, INCUDING the role of staff in mental health and wellbeing	33.7 "If I could wave my magic wand and all of a sudden the lecturers know everything that's going on, you know, that kind of consideration"

2. Beyond Training	Community connections	2.1	Connecting students with members of the community, NOT making professional connections with industry members	21.6 "I would just love there to be more interaction with all sorts of artists and with people who go to the theatre and with young people who do drama"
Connecting students with the world beyond the training institution				
	Broadening identity	2.2	Any talk of giving students an expanded sense of identity beyond acting	21.9 "It's really hard to just get a perspective on what is the range of possible lives you might lead that could all be good"
	Practical resources	2.3	Any talk about resources outside the training environment, including mental health, financial support	21.3 "A sense that there are resources and people outside this little hothouse"
	Professional network	2.4	Creating a professional network, including finding a mentor	22.7 "The support of industry people that they can network with"

[a] Data examples are numbered according to participant number and data segment. For example, 21.3 would be the third data segment from participant number 21.

Table 6. Data prevalence across training and professional cohorts

Training Cohort[a]

Category/Subcategory Number	Data Segments (TOTAL = 72)	Number of Participants (TOTAL = 15)
1.1	17	8
1.2	11	9
1.3	14	10
1.4	9	5
2.1	4	4
2.2	4	2
2.3	5	4
2.4	8	7

Professional Cohort[b]

Category/Subcategory Number	Data Segments (TOTAL = 99)	Number of Participants (TOTAL = 20)
1.1	15	10
1.2	15	8
1.3	6	6
1.4	15	10
2	20	12
3.1	8	7
3.2	6	5
4	8	3
5	6	5

[a] The most popular items in this cohort were, in rank order, 1.3, 1.1, 1.2 and 2.4
[b] The most popular items in this cohort were, in rank order, 2, 1.1 & 1.4 (tied) and 1.2

Embedded

In this category, participants identified supports or alterations that should take place within the training environment. As seen in **Table 5**, there were four sub-categories, each of which is briefly described in turn, with accompanying representative quotes. The first was *mental health and wellbeing resources*. Participants demonstrated a desire for mental health information and training, as expressed by Dave (t):

> I would love to give them more basic mental health training, things from stages of development through to stress management, crisis management, you know, how to deal with trauma and that sort of stuff…I believe there is a huge hole in our training with this.

The second subcategory contained data about having a *specialist counsellor or mental health clinician* on site:

> There should be a qualified counsellor in every school, that is available from 9 in the morning until 9 at night, if that's how long the course runs, so that any student that has an emotional problem or a mental health issue can go to that counsellor and say 'I need help' because they can't do it to their teachers. (Matt-t)

The third sub-category of embedded support dealt with desired *alterations or additions to the content or structure* of the course (not having to do with mental health and wellbeing). This sub-category contained a raft of ideas from individual participants, rather than one cohesive theme (see **Figure 7**). Example items from this list included training in business skills and professional situations such as audition rejection, along with reducing competitiveness and workload.

Meditation Classes

Training in grant writing, producing and business skills

Developing a new show in final year

Reduction in competitiveness

Regular year-level check-in during semester to discuss challenges & positive experiences

Check in during productions to discuss challenges & positive experiences

Assistance with secondary-to-tertiary education transition

More holiday time

Career advice

Reduction in workload

Higher funding for productions

Advice on learning priorities from recent graduates

Work through future scenarios, such as audition rejection

Figure 7. Suggested alterations to course structure/content in training

The final sub-category (*staff caretaking*) addressed the role of both core and guest staff in supporting students, including monitoring and intervening in student's PWB. Students specifically articulated a desire for more supervision:

> They don't have enough staff always to supervise everything and…especially in early years where you're working with student directors or a lot of creative people…you're working with a group of people that aren't always going to be on the same page and so it's not like they've gone out and formed this group by choice, they're actually kind of forced in a way, so you need supervision. (Krista-s)

Beyond training

This category identified ways in which students could be connected to the world outside the training institution. The first sub-category collected data about *community connections*; linking students with members the wider community (not specifically professional or industry connections). Wendy (t), for example, expressed the following wish for her students: "I would get them engaged in producing their own work in a public setting a lot more, so they're engaging with the community" The second sub-category addressed the issue of *broadening students' identities*. Trainers, in particular, expressed a desire to help students become aware of life beyond acting:

> I think…opening themselves up to other things than just seeing themselves as an actor and that's not just in terms of career, but also in terms of identity…I don't know how you do it in this environment, with the hours and, you know, the requirements and stuff, but just to open them up to realising that this is just one part of their lives. (Denise-t)

The next sub-category contained a range of information concerning *practical resources* outside the training environment. The primary resources mentioned by participants were mental health networks and financial support. Finally, concluding the coding frame for the training cohort was a sub-category about creating a professional network, specifically making connections with industry members to assist students after graduation. A specific support mentioned was finding a mentor for each student:

> It would be good if they each had a buddy from the industry…a buddy that's got a good perspective on the industry but who's going to be really in there with them and someone they can go and talk to about anything that comes up that they could really trust. (Trish-t)

3.2 Professionals

In the professional cohort, the coding frame contained five main categories of support: practical resources, connectedness, social perception, life outside acting and industry functioning. See **Table 7** for the coding frame, including sub-category descriptions and data examples (refer to **Table 6** for prevalence information). All participants in this cohort, with the exception of Terry (as per his request) have been assigned a pseudonym.

Practical resources

This category contained information about tangible resources professional actors cited as useful to support either artistic endeavour or personal wellbeing. There were four sub-categories, here described in turn. The first sub-category dealt with *funding and resources for art-making*, for example:

> It's always a struggle, particularly financially, always a struggle and there's a lot of companies closing down because they just don't get the financial support and they just can't survive. You know, obviously if there was more money, there'd be more jobs for actors and we'd all get to work more (Jane)

Secondly, participants expressed a desire for ongoing *skill/craft development and maintenance*, as described by Eve: "An actors' skills enhancement program of some sort…so that when you did get a gig, you were ready for it". In the third sub-category, participants stated a need for *financial support for living expenses* and the importance of such support was articulated by Max:

> I think if we can create greater security for actors and artists in all the ancillary parts of our lives, all the practical things, then I think we can make riskier work too and I think that's really important as well. Yeah, we can make better work because we can feel free to fall off cliffs on stage because we're not scared of falling off cliffs at home

Finally, participants spoke about wanting *mental health services*, including help navigating the health system, reducing stigma and having specialist clinicians available:

Table 7. Coding frame for professional cohort

Main Category Name and Description	Sub-Category Name	Sub-category Number	Sub-category Description	Data Examples[a]
1. Practical resources Tangible resources to support actors in their artistic endeavour or personal wellbeing	Funding & resources for art-making	1.1	More money in arts funding, including resources specifically to assist with making art	1.1 "Real problems tend to come from money...trying to work out how to move forward with creating a project or with getting funding"
	Skill/craft development & maintenance	1.2	Professional development for actors, including self-care, skills training and being exposed to others' work	1.2 "Skilling up actors…we're very much taught how to get on the stage and to act but it's all the other things that we're not taught"
	Financial support for living expenses	1.3	Financial support for actors, for example, a living wage, expenses	1.4 "In an ideal world there'd be some kind of housing subsidy"
	Mental health services	1.4	Any talk about dealing with mental health, including services, stigma, clinicians, health system literacy	2.2 "It'd be good if there could be…psychologists or counsellors available…so maybe through the bigger organisations"

2. Connectedness Suggestions revolving around being part of a supportive community	NONE	N/A	N/A	12.7 "…greater kind of formal and semi-formal um avenues for artists to link up with each other and go away and be non-formal"
3. Social perception Desired changes in the social perception of art and artists	The value of art in society	3.1	Any talk of increasing the social value of art, including emphasising its benefits.	3.2 "It would be intrinsically repositioning the value of the arts in our society"
	The status of actors as professionals	3.2	Acting viewed as a profession, rather than, for example, a hobby, by individuals or organisations	1.8 "…try to make it seen as a profession, rather than a kind of a hobby"
4. Life outside acting Suggestions related to expanding one's interests, skills or values beyond life in the performing arts, including occupying one's time when not working	NONE	N/A	N/A	16.3 "I think a lot of people make that mistake, 'If I look in the wider world I'll give up', well maybe, maybe that means you should but it also might mean if you see what else is in the world, maybe it enhances your life.

5. Industry functioning	NONE	N/A	N/A	1.7 "a higher level of transparency, especially in the TV and film world, as far as why casting decisions are made…there is always this kind of secrecy around why things happen"
Desired changes in the way the industry functions and treats its performers				
				8.2 "I would build theatre from a basic premise that the actor is the central artist"

[a] Data examples are numbered according to participant number and data segment. For example, 8.2 would be the second data segment from participant number 8.

> There are accountants you can go to who are very good at doing artists' tax…similarly, if there were psychologists that were sort of known to understand the industry, not just the industry but what it feels like to be an artist and the vulnerabilities that go with that and how big and profound they can feel, I think that would be amazing (Greg)

As expressed by participants in the training cohort (category 1.2), having access to a specialist clinician who understood the demands of the profession was seen to be important.

Connectedness

The second category of professionals' support needs was centred on *connectedness*. There were no sub-categories, simply a stated desire to be part of a supportive community. As Kath described: "I would really like to see perhaps a coming together of people in the industry, but not necessarily around a theatrical event…just getting together as a community". Kyle summed up his entire interview by saying "Is there a common thread in everything I'm saying? Yes there is: integrate everybody back so that we've got some sort of a sense of community in the arts again".

Social perception

Participants expressed a wish that the social perception of art and artists would change. Firstly, participants described the impact that increased *social value placed on art* would have: "Just having society say, 'Your work has monetary value and your work is valued by society'; that automatically would have a huge shift in how people can feel about their work and their value as a human being" (Tina). In the second sub-category, participants stated they would specifically alter *the status of actors as professionals*, shifting others' views from acting as a perceived hobby to a profession: "Try and make it seen as a profession rather than a kind of a hobby, because I think that would be best for all" (Clive).

Life outside acting

This category centred on suggestions related to expanding an individual's interests, skills or values beyond life as an actor. This included ways to occupy one's time when

unemployed, as suggested by Meg: "It would be great if there was some sort of service for actors between gigs, so even in terms of jobs that you can step into and step out of". The importance of an expanded field of interests was elaborated by Tony:

> I know plenty of actors who have probably as much energy in their lives for things that have got nothing to do with performing or acting and it's good. I think it's interesting and good to see…I think it's important not to expect acting to be your life.

As expressed by participants in the training cohort (category 2.2), expanding one's interests and identity beyond the world of acting was seen as beneficial.

Industry functioning

In a similar way to participants in the training cohort listing desired changes in course structure or content (category 1.3), professional participants listed alterations they would make to the way the performing arts industry functions and/or treats actors. See **Figure 8** for a list of desired changes, which included more consultation with actors early in the creative process and greater transparency about casting decisions.

Higher transparency about casting decisions

More developmental residencies/laboratories for new work

More accountability in arts journalism, especially in critical reviews

Earlier consultation of actors in the creative process

Different working models (rather than the predominant structure of 4 week rehearsal period, 1 week technical production, performance season)
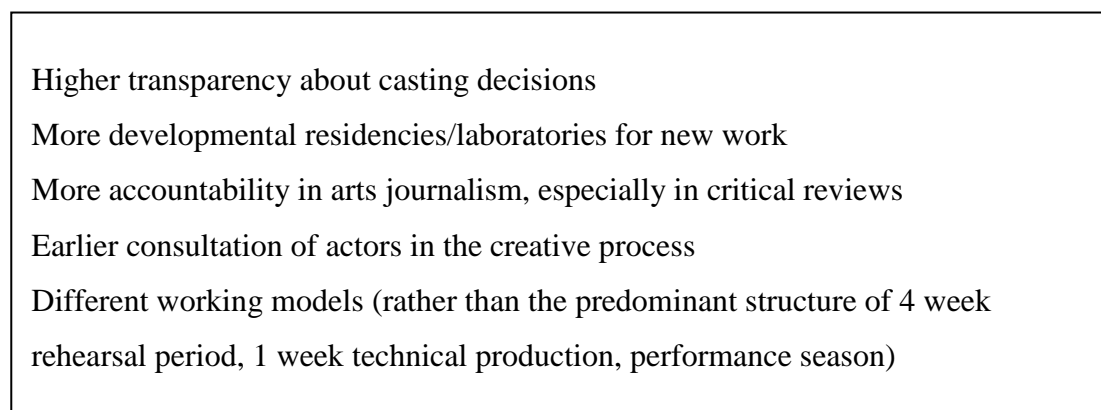
Figure 8. Suggested alterations to industry functioning: professionals

4. Discussion

4.1 An ecological timeline of actors' needs

Australian actors' paths generally follow a trajectory from vocational training to forging a professional career (Seton, 2009; Throsby & Hollister, 2003) and our analysis here suggests that there are some differences in support needs for actors at various stages of their careers. In addition, our analysis shows that support is needed for actors at various levels of proximity to the individual, indicative of the need to consider an ecological model when offering support, in the tradition of Engel (1977) and Bronfenbrenner (1977). In this section, then, we consider our results in light of an ecological timeline of support (see **Figure 9**) for those in acting training through to professional practice (after Glass & McAtee, 2006; Tebes, 2016). We use this model to frame discussion of our results and to pinpoint areas of future research and intervention to enhance the PWB of student and professional actors. More specifically, we consider the categories outlined in our analysis in relation to the levels of influence proposed within ecological models (see Bronfenbernner, 1977; Tebes, 2016). These are the **micro** system (influences upon an individual in their immediate setting, for example the student in the training institution, the professional in the work place), the **meso** system (interactions between micro systems, for example between the training course and healthcare providers, the **exo** system (systems in which the individual does not directly take part, but which still affect them), and the **macro** system (reflecting the broader social system such as the political arena, culture and institutions).
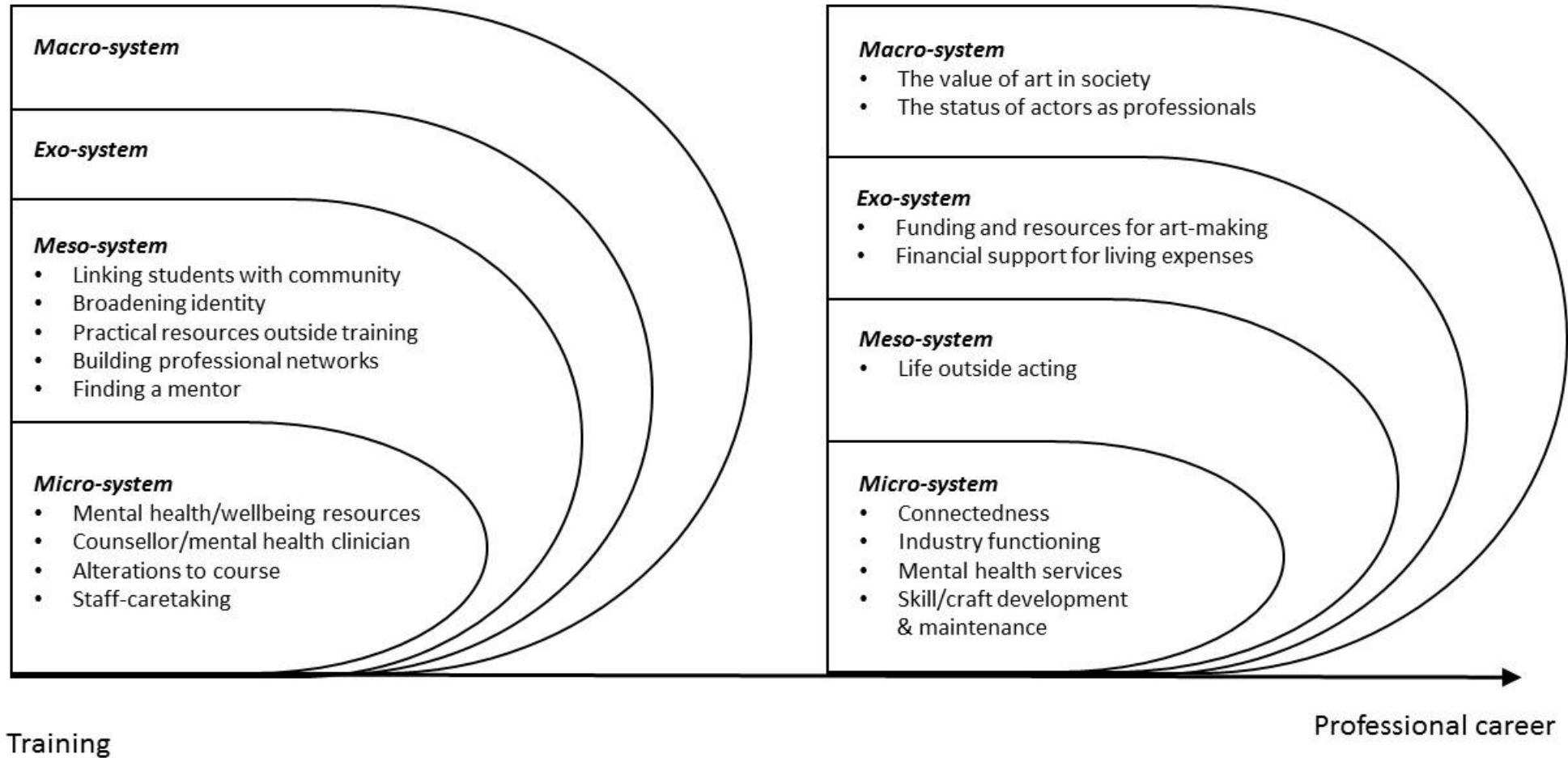
Figure 9. An ecological timeline of support for actors' PWB, from training to professional career

Training

For acting students, there were two domains in which support for PWB was identified: the micro system (resources to be embedded directly in the training environment) and the meso system (ways to link students in the training institution with other areas of community or resources). It is interesting to note that suggestions for support were not made in domains of influence further from the individual (the exo or macro systems). This supports existing literature identifying acting training as consuming, insular and intensive (Robb & Due, 2017; Seton, 2009).

In the micro system, there were four points of concern and possible intervention: mental health and wellbeing resources, a counsellor/mental health clinician, alterations to the course structure and staff caretaking. Basic mental health information and training could be provided to staff and students, which may de-stigmatise mental health problems (Rüsch, Angermeyer, & Corrigan, 2005) and encourage help-seeking (Reavley, McCann, & Jorm, 2012). As far as embedding a specialist clinician into the institution is concerned, in other elite performance training (such as sport) having in-house mental health clinicians is a well-established practice (Australian Institute of Sport, 2017). In performing arts healthcare in Australia, access to specialist psychologists is still an emerging field and research into key competencies and guidelines for working with developing actors is needed.

The next point of interest for those in acting training was a collection of suggested alterations to the content or structure of the course. While this list was most likely specific to these particular training institutions, it is worth noting that meditation classes may positively impact students' stress levels, resulting in a range of physical and PWB benefits (J. D. Creswell & Lindsay, 2014). Other items likely to reduce stress are decreasing workload and scheduling more holiday time which, along with reducing competitiveness would have PWB benefits including more perceived control and social support (Braveman et al., 2011). Other items on the list of alterations, such as developing a new show in final year, advice from

recent graduates and working through future scenarios all speak to students' desire to be prepared for their futures as professional actors. A recent study of 30,000 college graduates in the United States showed that those who felt their training prepared them well for the workplace were significantly more likely to be engaged with their workplaces, with flow-on benefits to PWB (Gallup Inc. & Purdue University, 2014). Exactly which skills should be taught in which acting training institutions, however, remains an unanswered question and fruitful area for future, context-specific research.

Finally at the micro level of acting students' experiences, the role of staff as caretakers was mentioned. Tertiary level students who feel they had teachers who cared about them have been shown to be more engaged at work and also have higher levels of overall wellbeing (Gallup Inc. & Purdue University, 2014). However, previous research has suggested that acting students may be unlikely to seek help from their trainers for PWB difficulties and staff may find it challenging to monitor and intervene in this area (see Robb & Due, 2017 for discussion of this issue). Specific research into the relationships between acting students and their trainers would be helpful to uncover areas of deficit or strength and, thereafter, opportunities for intervention to support students' PWB via these important relationships.

At the next level of proximity away from the student (the **meso** system), there were four points to consider: linking students with their community, broadening students' identity, building professional networks and identifying practical resources outside the course. Each of these areas of interest focus on fostering links between the training environment and other systems to which the student is connected or will be connected. Participants showed interest in students forming links with the broader community and this has PWB benefits such as increasing the potential number of positive relationships a person might have, which buffer against any negative influences in the immediate environment (Stevenson, 1998). Expanding students' connections beyond the insular training environment may have a secondary benefit of broadening their identity, which is significant given both student and professional actors have been shown to struggle with identity issues that impact PWB (Burgoyne et al., 1999;

Robb & Due, 2017; Robb et al., 2016; Seton, 2006; Thomson & Jacque, 2012). At the level of the training institution, additional efforts to broaden students' identities may include ensuring time for outside interests and engaging in values-identification exercises, such as those found in the acceptance and commitment therapy paradigm (Hayes et al., 2011).

In relation to building professional networks, participants noted that they would be interested in finding a mentor. Mentoring relationships characterised by empathy, trust and mutuality have positive PWB benefits including positive identity development (Rhodes, 2005). Given acting students' struggles with identity (Burgoyne et al., 1999; Robb & Due, 2017), they may benefit from this aspect of mentoring relationships. These relationships can be built via formal or informal pathways (Schwartz & Rhodes, 2016) and it may be that training institutions can assist students to cultivate a *mentor circle* (Murphy & Kram, 2014). This circle could be drawn from within the training institution, from performing arts companies and/or the community of performing artists, thereby helping to relieve some of the stress experienced during the transition from education to career (Moore, 2006; Robb & Due, 2017).

Finally, student participants noted the importance of identifying practical resources outside of the training institution. Financial support (one of the social determinants of health, see Braveman et al., 2011) was considered particularly important and financial stress has clear and well-documented negative impacts on PWB (Richardson, Elliot, & Roberts, 2013). Additionally, participants in this cohort (as in the professional cohort) were specifically interested in mental health services. There is vast scope for future research in finding out the key components of a specific mental health service for actors.

Professional life

For professional actors, ways to support PWB were identified in all four domains of the ecological model (see **Figure 9**). At the micro-level, participants described a desire for connectedness, mental health services, skill/craft development and changes in the way the

industry functions. As far as connectedness is concerned, there is no question that the PWB (and physical health) of individuals is affected by the communities in which they live, carry out daily activities and socialise (Levula, Wilson, & Harre, 2016). O'Neal, Mancini and DeGraff (2016) highlight that community may be particularly important in work domains in which the work role is a key component of identity; this is certainly the case for actors (Robb et al., 2016). Given that actors' relationships can be complex (Robb et al.), future research might endeavour to untangle how the community of actors impact each other's PWB. In any case, actors' PWB would benefit from the shared responsibility, collective competence and trust which would result from building a socially rich network (Bowen, Martin, & Nelson, 2000).

The second category at the micro level was a desire for mental health services, reflecting findings from the student cohort. In addition, participants articulated a desire for development and maintenance of their acting skills, suggesting a need for continuing professional development (CPD)(Friedman & Phillips, 2004). Personal development experiences correspond with a validated indicator of PWB, personal growth (Ryff, 2014); this indicator also contributes to career commitment. Actors, therefore, who experience more personal growth (in this case, as a result of CPD) may be more committed to their careers; a significant factor in an industry with very low rates of employment and remuneration (Throsby & Hollister, 2003; Throsby & Zednik, 2010).

The final item in the micro system was a list of desired changes in the way the industry functions. Much like the student cohort, this list of desired changes is likely context-specific and the work practices of performing arts companies will differ from location to location. The list may also reflect actors' desire to have more control over their working lives; previous research has highlighted the powerlessness felt by professional actors trying to navigate the system (Moore, 2006; Robb et al., 2016).

At the level of the meso system, participants in the professional cohort described the positive impact of considering life outside acting. As in the student cohort, expanding one's

identity was considered helpful and this aligns with a recent study highlighting the difficulties actors face when narrowly defining themselves by their profession (Robb et al., 2016). Between acting jobs, the distress experienced via loss of identity (Twohig, 2012) is detrimental to PWB and could possibly be decreased by the ongoing CPD mentioned above and/or increasing other valued activities. As in the student cohort, professionals could engage in exercises to help identify and pursue other values-based goals.

Actors also expressed a desire for support at the exo-system level. In this domain, actors expressed the need for more funding and resources, for both art-making and living expenses. This is unsurprising, considering there have been recent extensive cuts to arts funding in Australia at both the professional and the tertiary level (Eltham, 2016b; Watts, 2017), on top of an already economically precarious existence for actors (Throsby & Hollister, 2003; Throsby & Zednik, 2010). There is little doubt that low economic resources have a generally negative impact on PWB but this can be ameliorated by access to other resources or opportunities (Braveman et al., 2011). In the case of actors, as discussed above, building a supportive community and opportunities for CPD may help actors to cope with economic instability, but this is not known and therein lies another opportunity for future research.

At the macro level, actors expressed a wish that the value placed on their social status as professionals and on art in society be altered. Professional actors have reported feeling chronically de-valued (Robb et al., 2016) and face social disapproval (Seton, 2009). These experiences are associated with shame, implicated in poorer PWB in the form of psychopathology (Pallanti & Quercioli, 2014). With regard to shame concerning perceived social status, there is some evidence that learning how to regulate emotions (Zvolensky et al., 2017), decreasing sensitivity to anxiety (Reitzel et al., 2016) and increasing health literacy (Zou, Chen, Fang, Zhang, & Fan, 2016) can all mediate the impact of low subjective social status on PWB.

4.2 Limitations

Although a context-specific approach is vital to investigating how to best support the PWB of actors in Australia, the specific location of the research may mean the results have limited transferability to other contexts. For students, in particular, it is worth noting that acting training methodology is varied and will likely present unique PWB challenges. Moreover, the study did not involve interviews with newly graduated actors and, as such, the timeline between training and professional life is missing in this cohort. Career transition points such as this have been identified as having PWB impacts for musicians and dancers (J. C. Middleton & Middleton, 2017) and, as such, investigating the perspectives of actors transitioning from education to career is an important area for future endeavour.

There was limited scope to investigate the nature and PWB impact of exo- and macro-level factors, especially in the training cohort. Students' PWB will likely be impacted by decreasing funding in Australia for arts courses including exclusion from student loan programs (Watts, 2017), much as the PWB of professional actors is impacted by the decreased value placed on art by the wider culture (Eltham, 2016b). This would be a valuable area for future investigation and any research which explores the cultural and monetary value placed on acting, along with identifying programs of support and intervention available around the world would be particularly useful.

4.3 Conclusion

In this first study to investigate how actors would like their PWB supported, participants responded with suggestions in multiple domains, highlighting the need for a multi-level, contextual approach when assisting this unique and under-served population. At the conclusion of this research project, a forum will be held for participants and interested stakeholders from both contexts, at which the results will be presented and researchers and the community will have the opportunity to strategize about priorities and methods of supporting the PWB of student and professional actors. There is a great deal of scope for future research

with actors as active participants in determining solutions to their PWB needs. It is hoped that the current study will act as a springboard for other researchers, clinicians and stakeholders in the performing arts community to invest in building lasting solutions.

Chapter 6: Contribution, implications and conclusions

This chapter will summarise the findings of the four studies which form the basis of this thesis, then discuss the findings with reference to the three components of evidence-based practice outlined in Chapter 1, namely research evidence, clinical expertise and patient preferences. Suggestions for future endeavour will be outlined throughout, and the limitations of the research program will be highlighted. The thesis concludes with some final thoughts on the current research and the future for actors' PWB.

1. Overview of findings

This clinical psychology thesis explored the PWB of Australian professional actors and acting students by interviewing stakeholders in two key contexts, vocational training and the professional workplace. Data were collected simultaneously for four studies and the analysis for each proceeded consecutively and independently. In each study, data were considered in terms of an ecological, dual-focus theory of PWB which accounted for the importance of contextual factors to understandings and experiences of PWB, together with evidence-based constructs of mental illness and positive functioning. The findings identified professional and student actors' definitions of PWB (and associated challenges), the contextual and personal factors influencing PWB and the kinds of intervention and support actors would like to have to maintain and/or improve PWB. Please note that in this chapter the term 'actors' will be used to describe professional and student actors (e.g.: when results converged for both cohorts), whereas individual cohorts will be referred to as 'professional actors' and 'student actors'. In each study outlined below, 'participant' refers to participants in that study.

Paper 1

Paper 1 (Chapter 2), investigated how professional and student actors ('actors') define PWB. The study took a 'bottom-up' (ecological) approach, theorizing that PWB is not necessarily a fixed, global concept but is embedded in specific contexts. Six themes were identified, four of which directly answered the question of how PWB was defined in the cohort. Actors described PWB as active; something a person does, for which responsibility lies with the individual. They also specified the need for deliberate self-awareness of personality, thoughts and feelings. This was linked to Ryff's (2014) indicators of positive functioning since each indicator is predicated on self-awareness. Indeed, self-awareness was fundamental to actors' work and may therefore represent an element of PWB more salient to actors than the general population. However, participants' tendency toward deliberate self-examination raised concerns about vulnerability to rumination and worry. Actors also endorsed cultivating healthy self-regard, which aligned with Ryff's self-acceptance indicator. Participants further endorsed accepting the internal world while applying strategies to manage it as a key aspect of PWB, a conceptualisation not covered by 'top-down' theories such as Ryff's. This internal acceptance and management was key to actors' work but problematic for help-seeking, particularly when coupled with participants' views on self-managing PWB. Acceptance of the internal world also had theoretical implications for actors' PWB, in that participants discounted positive emotion as a useful goal, thus supporting the use of a eudaimonic (rather than hedonic) approach in this population.

The remaining themes were important aspects of how participants talked about PWB, rather than part of the definition itself. Firstly, they found it difficult to talk about PWB and felt inadequate in their ability to address the question. This difficulty reflected a broader problem in literature, namely that the definition of PWB is largely unresolved. Secondly, participants described a range of tools for adjusting and maintaining their internal worlds, with the most commonly endorsed being positive relationships (an indicator of PWB in Ryff's

model). Overall, this study showed that actors thought about PWB in specific ways, confirming the importance of an ecological approach in this population. Results suggested that student and professional actors belong to a sub-culture of performing artists, having specific rules and needs (as Kogan, 2002 suggested). Further, their specific understanding of PWB, anchored in their social identity, may result in actors needing assistance to both monitor PWB and seek help. The mental health disorders to which actors are vulnerable, and which may go unnoticed because of self-management and emotional acceptance, are discussed in sections 2.2 and 3 of this chapter.

Paper 2

In Paper 2 (Chapter 3), attention turned to investigating what factors influence professional actors' PWB. Themes were developed in two categories, environmental factors and personal factors, theoretically aligning with the ecological model of person-in-context (Bronfenbernner, 1977). In the environmental domain, participants spoke about the demoralising way power was used in the industry, leading to feelings of helplessness and humiliation (particularly for women). Chronic instability characterised actors' lifestyles, with salient aspects including financial pressure and the use of alcohol as a coping strategy. Participants described themselves as living apart from mainstream society, with positive effects on self-concept but also negative consequences whereby they felt shamed as a result of the reactions of family and friends to their chosen career, as well as the low value placed on the arts by broader society (including government). Inherent in actors' work was a profound sense of engagement, stimulation and personal growth. Professional actors experienced complex relationships with each other, including relationships characterised by belonging, comfort and connection. Connections were, however, transitory and sometimes involved bullying and what participants termed 'false intimacy'. False intimacy referred to unusual relationship formation characterised by deep emotional responsiveness in the absence of mundane or everyday communication. The final environmental factor concerned taking care

of PWB. Professional actors described peer support and lack of mental health stigma but struggled with a culture of self-management, fear of disclosing mental health problems and feeling undeserving of help.

Personal factors influencing PWB were divided into five themes: pursuit, strengths, the calling, precariousness and looking within. Pursuit described both burnout and perfectionism, having negative impacts including exhaustion, inability to relax and self-regard problems arising from thoughts about self-as-failure. Self-reported strengths of professional actors included curiosity and the ability to explore, empathy and improvisation (actors as problem-solvers). The calling referred to the powerful place of acting at the centre of participants' identities and daily lives, with professional actors demonstrating passion about their craft and the societal importance of art. There were negative ramifications, however, particularly when unemployed, such as purposelessness, fear and loss of identity. Participants also described precariousness, especially the struggle to maintain boundaries between themselves and characters played. Consequences affecting PWB included intrusive thoughts and feelings, along with nightmares involving traumatic content and subsequent difficulties with emotion regulation. Finally, professional actors reflected on their tendency to look within (as noted in the PWB definition in Paper 1). In Paper 2, this self-examination was associated with both personal growth and over-analysis, with the latter facilitating self-doubt and self-criticism.

In terms of mapping these findings onto Ryff's (2014) positive functioning indicators, participants endorsed *autonomy* in their choice of career in the face of criticism, but had little control over their working lives, experiencing chronic uncertainty. Employment instability and financial stress placed professional actors low on *environmental mastery* and raised concerns about vulnerability to depression. Participants' experience of *positive relationships* was complex, with actors self-reporting empathy which improved relationships outside the industry. Work relationships, however, were transitory; a factor implicated in loneliness and vulnerability to depression. A strong sense of *purpose in life* was endorsed, but professional

actors experienced costs such as lack of time for recreation and hobbies, as well as feeling trapped and struggling with loss of identity when not working. Participants experienced frequent *personal growth* and described themselves as explorers. Finally, professional actors showed difficulty with *self-acceptance*, displaying self-criticism and perfectionistic beliefs, despite endorsing self-acceptance as part of their PWB definition in Paper 1. Perfectionism appeared to have a profoundly negative impact on participants' PWB, with professional actors displaying unattainable personal standards and self-criticism. Perfectionism has been proposed as a trans-diagnostic process in a number of DSM5 disorders (Egan et al., 2012) although it is not present in the DSM5 itself. Implications for research and clinical practice can be found in sections 2.2 and 3 of this chapter.

The qualitative application of Ryff's model showed that some indicators were clearly related to professional actors' PWB experiences and highlighted aspects that would be missed by sole discussion of the results in relation to the DSM5 (e.g.: environmental stressors and perfectionism). Overall, however, the model was not an easy fit with participants' experiences and did not cover important contributors to PWB (e.g.: personal strengths). This supports observations in literature that little is known about how the indicators play out in individuals or specific populations (Bhullar et al., 2014) and this paper provided a first look at this phenomenon in professional actors (see section 2.1 for further discussion of the use of theory in this research program).

Turning to DSM5 implications regarding mental disorders (American Psychiatric Association, 2013), findings suggested professional actors may be vulnerable to depression. Participants also described generalised anxiety symptoms connected with a commonly practised imaginative exercise "Yes, but what if…?" They further described feeling traumatised by their work, particularly when embodying scenarios of rape, physical violence, grief and suicide. The potential risk of vicarious traumatisation and the use of substances (especially alcohol) as a coping strategy were of particular concern.

Paper 3

In Paper 3 (Chapter 4), the experiences of student actors in vocational training were explored in a similar vein to those of professional actors in Paper 2 (Chapter 3). Three domains of inter-related experience were noted as relevant to students' PWB: the conservatoire (environmental factors), acting training (process factors) and student qualities (personal factors). The conservatoire domain highlighted factors inherent in the training environment and/or culture. The first of these was the community of complex relationships, characterised by supportive and intimate relationships which were complicated by competition and group dynamic issues arising over the years of training. The next conservatoire theme was intensity, with the unusually high workload resulting in stress, physical health complaints and difficulty maintaining relationships 'on the outside'. Participants also described the consequences of preparing for an uncertain future, citing fear, worry and constant pressure to perform at a high level in an attempt to maximise chances of future success.

In the acting training domain, the process of learning to become a professional actor was considered. Participants expressed concern over vulnerability related to exposing their private inner lives, as well as constant criticism and a mandate to push themselves into frightening emotional territory. Participants who were trainers (rather than students themselves) noted related PWB concerns for students' self-worth and the use of substances by student actors as a coping strategy. The next theme in the acting training domain was identity de-stabilisation. This process occurred along three dimensions: challenging previously held beliefs, accessing parts of the self that were experienced as negative and blurring the boundary between self and character. An aspect of acting training positively associated with PWB was growth. This positive experience was made up of freedom to explore, personal development and mastery. Finally, in the acting training domain, an important unresolved question arose: when is it dangerous? Participants described acting as a potential trigger for

mental health difficulties, specifically citing trauma, anxiety, eating disorders and depression as arising from the process of training. Trainers highlighted their lack of knowledge about how to balance safety with methodological rigour and acknowledged their lack of skill in assessing and managing PWB in their students.

The final domain relevant to PWB was student characteristics: strengths, perfectionism and mental health difficulties. Key student strengths were empathy, self-awareness and commitment, all perceived as having influenced the choice to become an actor and reinforced by the training process. Participants described perfectionism (conceptualised as relentless internal pressure) as unhelpful and resulting in self-criticism, particularly in their demanding environment. Student actors also brought pre-existing mental health difficulties (particularly anxiety and depression) into the training environment. Factors complicating the management of mental health in training included lack of skill from trainers, lack of a conscious teaching craft about PWB, staff workload and lack of help seeking by students.

It should be noted that the specifications of the (non-psychology) journal in which this paper was published did not allow for discussion of findings with reference to Ryff's model and DSM5 in the same systematic way as in Paper 2. Those constructs were, however, used to ground the analysis and relevant results will be briefly highlighted here. As in Paper 2, factors implicated in mental disorders but not present in DSM5 (such as perfectionism) negatively impacted PWB. Additionally (also as in Paper 2) the positive PWB impact of personal strengths was a finding not covered by Ryff's model.

As far as Ryff's model is concerned, student actors struggled with *autonomy* and *environmental mastery*, being at the behest of an intense workload, demands from teachers and guest artists and attempting to prepare for uncertainty. A strong *sense of purpose* was displayed, with student actors self-describing commitment as a strength. This commitment had negative PWB connotations, however, especially in facilitating perfectionism. The community within the training institution was a source of *positive relationships*, but as in the professional cohort in Paper 2, the relationships were complex. For student actors, negative

aspects included competition, being in an involuntary group over a number of years and unusual relationship formation characterised by work-led intimacy. *Self-acceptance* was also difficult for student actors, even though accepting the internal world was characteristic of participants' understandings of PWB in Paper 1. Students' self-acceptance was compromised by identity de-stabilisation and the acting training process which encouraged self-examination and self-criticism. Finally, acting students experienced clear *personal growth*, both as emerging professional actors and in their self-development.

As far as intervention recommendations were concerned, investigating appropriate, adaptive coping strategies to enable acting students to face contextual stressors was highlighted. Further recommendations were that acting students would benefit from skills training in emotion regulation and tolerating uncertainty. Training institutions could investigate strategies to increase students' feelings of competence and build positive group dynamics, potentially having a further positive impact on PWB.

As far as DSM5 mental disorders are concerned, it was noted that in the training environment it is important to be aware of, and responsive to, trauma, anxiety, depression, substance use and eating disorders. Although not present in the DSM5, perfectionism was a key clinically-relevant finding. Another important finding related to mental disorders was that the responsibility for PWB assessment, monitoring and intervention should not rest with trainers. Carefully established role boundaries and the employment of a clinician could assist in this regard. Furthermore, findings suggested that help-seeking for mental health concerns could be improved by decreasing student actors' workload and increasing mental health literacy among both students and trainers.

Paper 4

Given actors' unique training and work contexts and PWB challenges, Paper 4 aimed to consider what type of PWB support was suitable for actors. The opinions of professional actors, acting students in vocational training and their trainers were sought. In the training

cohort there were two categories of support: those to be embedded in the training environment and resources beyond training. Embedded support included mental health resources, a specialist clinician, alterations to acting courses and changes in the way staff were currently caretaking students' PWB. Concerning resources beyond training, participants cited the importance of community connections, broadening students' identities, identifying practical resources (e.g.: financial and mental health support) and creating a professional network to help ease the transition from training into work.

In the professional cohort, there were five categories of desired support. The first referred to practical resources for art-making, professional development, living expenses and mental health services. Professional actors also expressed a need for connection with supportive communities and wanted a positive change in the social perception of both art in general and actors specifically. Another salient source of support was assistance to expand participants' interests, skills and values beyond acting. Finally, participants requested changes in the way the industry functions and treats actors.

Findings were discussed with reference to an ecological model of actors' PWB which encompassed the career trajectory from training into professional life. Recommendations for the training environment included providing mental health training to staff and students, access to a specialist clinician, reducing stress, workload and competitiveness, ensuring time for outside interests and helping students find a professional mentor. In the professional cohort, specific recommendations included building a rich social network, opportunities for professional development, engaging in values-identification exercises with the aim of broadening identity, teaching emotion regulation skills and decreasing anxiety sensitivity. Overall, it was noted that both cohorts expressed a need for PWB support in multiple domains, suggesting that the ecological model is a useful framework for conceptualising interventions in this population.

2. Contribution to knowledge

Overall, this thesis contributes to knowledge in several ways. Firstly, attention has been drawn to the scarcity of research endeavour devoted to actors' PWB (Brandfonbrener, 1992; Dawson, 2007) and the current findings add much-needed evidence about professional and student actors' understandings and experiences of PWB, as well as their preferences for support and intervention. The voices of student actors in particular have largely been absent from research (as noted by Burgoyne et al., 1999) and the studies reported in this thesis are the first known to focus specifically on student actors' PWB in context. Moreover, the studies outlined in this thesis are also the first to incorporate the experiences of actor trainers alongside those of their students and address salient PWB issues such as help-seeking and the perspectives of staff regarding their role in addressing acting students' distress.

In discussing the implications of this research, the following sections of this chapter focus firstly on this thesis' use of integrated PWB theory, then on the three elements of *evidence-based practice* outlined in Chapter 1. Firstly, this thesis' contribution to knowledge *(research evidence)* is outlined. The following section (3) details implications for clinicians *(clinical expertise)* and section 4 outlines pathways for actor-sensitive service delivery *(patient characteristics and preferences).* Suggestions for future research endeavour are provided throughout.

2.1 Use of integrated PWB theory

In attempting to address the issue of professional and student actors' PWB, this program of research proposed and implemented an integrated, contemporary, evidence-based theoretical framework. In this framework, the dual continua of mental illness and positive functioning are conceptualised as located within the individual, who moves within nested circles of context and through time. See **Figure 10** for an illustration of the integrated theoretical framework. This is the first known program of research to use this specific
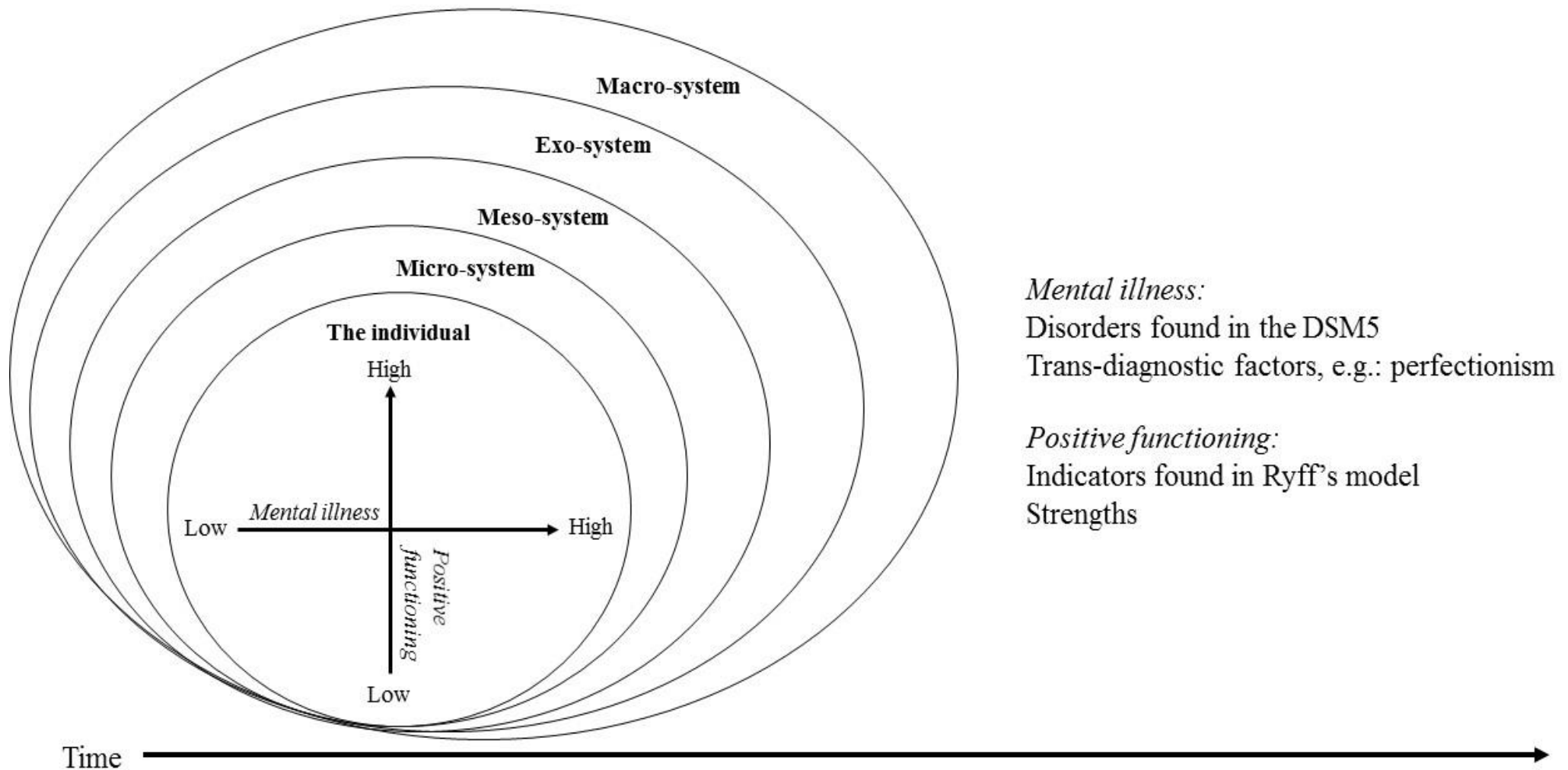
Figure 10. An integrated dual-focus ecological model of PWB

framework, designed to align with the World Health Organization's stance on mental health (World Health Organisation., 2014) and to support the three aspects of evidence-based clinical practice: research evidence, clinical expertise and patient characteristics, preferences and culture (Spring, 2007).

The framework presented in this thesis particularly highlights the importance of patient characteristics, preferences and culture (context), the aspect of evidence based practice which has historically been least developed (Spring, 2007). This aspect is vital because from a clinical psychology standpoint, PWB interventions are likely to be most effective when they connect with what individuals or groups already think about a problem, or find important (Ambrose & Lovett, 2014; Kendall-Taylor & Haydon, 2016). Moreover, exploration of context-specific experience can provide information about the relevance of proposed interventions (Binder et al., 2012). For the actors in the current study, taking a context-sensitive ('ecological') approach was key to uncovering both understandings and experiences of PWB. The studies in this thesis are the first to contribute a systematic ecological investigation of the multiple influences of context on professional and student actors.

As noted in section 1 of this chapter, the qualitative 'bottom-up' investigation of actors' understandings of PWB resulted in findings that illustrated a specific definition, predicated on intentional self-awareness and requiring active efforts to improve self-regard, to monitor the internal world and to apply coping strategies for re-balancing after overwhelming experiences. The actor-specific understanding of PWB outlined in this thesis adds to existing evidence in other performance domains (such as athletics)(Tracey & Elcombe, 2004), indicating that understandings of PWB can be grounded in an individual's performance-related identity. In particular, actors' strongly held, meaning-laden social identities and culture of self-management are similar to athletes (Lundqvist, 2011) and this adds to evidence that 'bottom-up' investigation of PWB is not only valuable within specific cultural groups (as shown byAhuvia, 2001; Manuela & Sibley, 2013) but in groups who experience unusual contextual demands and/or a powerful social identity.

The findings of this thesis also contribute a contextually-derived account of PWB experiences (as opposed to understandings) which are uniquely salient for actors. One example is the de-stabilisation of identity which begins in training and carries on throughout the career (see section 3 of this chapter for details). Actors, then, having unique understandings and experiences of PWB, may require and certainly desire considered, appropriate services and interventions. There is currently no professional psychology division and/or interest group in Australia specifically devoted to the psychology of the performing arts overall, or to the specific needs of actors. Such a group would be a helpful site for focussing both research enquiry and issues of clinical practice. Furthermore, given the presence of contextual similarities between acting and athletics, it would be useful to proactively include actors as a population of interest to performance psychology. As Hays (2002) noted, care should be taken when translating performance psychology into new domains, but the studies reported in this thesis contribute knowledge about key considerations to take into practice with actors (see section 3 of this chapter).

Another important point regarding use of theory in this thesis is that the framework integrated 'top-down' theories of mental health with the 'bottom-up' contextual approach. The rationale for doing this was both general and specific. Generally, any theory of PWB should take into account two aspects of human experience, positive and negative, in order to account for a complete state of health as endorsed by the World Health Organization (1948). For actors specifically, at the time of designing this research program, there were enough cues in literature to suggest actors were vulnerable to mental health disorders in part because of their identity as actors *and* had compelling positive experiences associated with acting (see section 6 of chapter 1) and the findings of this thesis suggest that both are the case. A contribution of this thesis to theory is that by integrating both 'bottom-up' contextual understandings of PWB with 'top-down' taxonomies, a nuanced approach to PWB is possible, in which individuals' idiosyncratic experiences and beliefs are balanced with empirically valid taxonomies. In Paper 1, for example, findings indicated that actors had a unique

definition of PWB, grounded in their social identity and task demands as actors. This provided insight into clinically relevant issues, such as lower likelihood of help-seeking and the need to provide actors who are likely to self-manage PWB with appropriate, evidence-based tools. While the findings of the study added these details about PWB for actors, the absences in actors' understandings were also noticeable. Most starkly, actors did not cite mental disorders as impacting their PWB. While this may have been an issue of language, in that PWB may have been conflated with a state of wellness (not illness), it was the case that actors defined PWB as the ability to accept the internal world, regardless of how difficult the experience. This has ramifications for actors' care because in their efforts to accept and self-manage, mental disorders may be suffered in silence. One of the key recommendations in Paper 1 was the need to help actors monitor their PWB using taxonomies of both mental illness and positive functioning and this is an important advantage of using an integrated model such as the one in this thesis. Both mental illness and positive functioning have been operationalised in empirical psychological research. These measures could be used to help assess the prevalence of relevant constructs in actors and/or to help develop actor-specific measures (see sections 2.2 and 3 of this chapter). This approach could also be taken with other groups of performing artists, such as musicians who may need to be assessed for performance anxiety (Kenny, 2011) and dancers for issues of body image and eating (Nasciemento et al., 2012).

It should be noted that, as found in this thesis, the DSM5 does not necessarily cover every relevant aspect of the mental illness continuum within the individual. Trans-diagnostic processes, such as perfectionism, contribute significantly to the incidence of mental health disorders (Egan et al., 2012) and is a growing field of study as researchers and clinicians attempt to identify common within-person (Garland & Howard, 2014) and treatment factors (Newby, McKinnon, Kuyken, Gilbody, & Dalgleish, 2015) as an important additive to mental disorder taxonomies. For this reason, trans-diagnostic processes have been included in the illustration of the integrated framework seen in **Figure 10** above**.**

The other continuum in the dual-focus approach, positive functioning (Ryff, 1989, 2014), is less established as an aspect of formal clinical assessment in Australia. One reason for this might be that despite empirical validation of the measures, it remains unclear how the indicators play out in individuals (Bhullar et al., 2014). The current program of research contributes to knowledge about how positive functioning plays out in a specific population, showing that the fit of the model to the experiences of individuals in a unique context is complex. For actors, positive functioning is both challenged and enhanced by their training and work (as shown in section 1 of this chapter). Relationships, for example, are complex and challenging for both acting students and professionals; supportive but complicated by competition, false intimacy and transience. None of the positive functioning measures has been used with actors or other groups of performing artists and quantitative research may provide insight into unique positive functioning profiles and/or similarities across disciplines.

As shown in section 1 of this chapter, Ryff's model does not necessarily cover all protective or positive aspects cited by individuals as important to PWB and this is an important consideration for the future of the integrated framework. For actors in the current study, self-reported personal strengths such as empathy, curiosity, improvisation and commitment buffered against contextual stressors and fostered aspects of positive functioning such as personal growth, positive relationships and purpose in life. It may be that assessment of personal strengths is a useful addition to the integrated framework at the level of the individual (in whom the strengths reside) and which will be influenced by context (see **Figure 10**). Currently, the model of human strengths with strongest evidence base is Peterson and Seligman's taxonomy of character strengths (C. Peterson & Park, 2009; C. Peterson & Seligman, 2004) and incorporating these into the integrated framework could highlight an important protective factor for PWB (see section 2.2 and 3 of this chapter for discussion of actors' strengths).

Finally, the use of the ecological model as the structure for the integrated framework allows for intervention at multiple levels, incorporating both within-individual factors (such

as mental disorders) and determinants of PWB further from the individual (such as social determinants of health; see Braveman et al., 2011). Given that other Australian performing artists train and work in a political and funding system similar to that of actors, use of the ecological model in research with these cohorts may shed light on the complex experience of both contextual stressors and protective factors. Indeed, the ecological model was suggested by Manchester (2011a) as an appropriate way for performing arts healthcare providers to conceptualise their patients/clients and the findings of the current study support this. In the case of actors (as seen in Paper 4), findings indicated that intervention is desired at multiple levels of the ecological model along the timeline from training to the professional career.

2.2 Relationship of the findings to research evidence

As noted in section 1.1 of Chapter 1, according to the by-publication format of this thesis, the final chapter does not focus on the significance of individual findings as they relate to literature. Those observations have been made in the discussion and conclusion sections of each paper comprising Chapters 2-5. This section is, therefore, more concise than that found in a traditional thesis and contains a broad summary of findings in relationship to past literature. Further relationships to existing literature are noted in the following two sections concerning clinical and service recommendations. Please also note that Paper 1 represents the first attempt in literature to explore how professional and student actors define PWB and to identify a conceptualisation based in actors' social identity and, as such, is not discussed in terms of previous research with actors. Rather, this study was discussed in terms of theory use in section 2.1 above.

Professional actors

A key finding from this research is the critical importance of context for professional actors' understandings and experiences of PWB. Previous research has noted some elements of context as important for actors' health and wellbeing more broadly, including lack of help seeking (Brandfonbrener, 1992; R. W. Hill, 2005), the use of power and bullying in the

industry (Hays & Brown, 2004; Maxwell et al., 2015), criticism and judgement (Hays & Brown, 2004), financial stress (Brandfonbrener, 1992; Seton, 2009) and social de-valuing (Kogan, 2002; Seton, 2009) and the current research confirms all these elements. In addition, the current research indicates extra contextual factors which need to be considered for actors, including repeated rejection (especially in auditions), lack of career autonomy, living on the fringes of mainstream society, complex interpersonal relationships, vocational commitment, engagement and a culture of self-managing mental health concerns.

The findings also support previous observations of actors' specific PWB difficulties, characterised by mental disorders such as substance abuse (Acuna, 2016; Brandfonbrener, 1992; R. W. Hill, 2005; Maxwell et al., 2015; Seton, 2009), trauma (Brandfonbrener, 1992; Nemiro, 1997; Seton, 2006; Thomson & Jacque, 2012, 2017), depression (Maxwell et al., 2015; Moore, 2006), anxiety (Maxwell et al., 2015) and body image difficulties (Mitchell, 2014). In the current research, a major negative impact on PWB was identity de-stabilisation. This is the most common phenomenon seen in literature and has previously been explored in terms of using aspects of self during character development and/or boundary blurring between self and character (Brandfonbrener, 1992; Crane, 2011; Geer, 1993; Hays & Brown, 2004; R. W. Hill, 2005; Nemiro, 1997; Thomson & Jaque, 2011). The findings of this thesis add support to this body of previous literature and extends previous research by adding data concerning the clinical implications of identity disruption (see section 3 of this chapter).

Of note, although stage fright (performance anxiety) has previously been cited as a problem for actors (Filmer, 2008; Goodman, 2011; R. W. Hill, 2005; Valentine et al., 2006) participants in the current study did not mention it. The interview questions did not ask about specific disorders, and it is possible that participants assumed performance anxiety to be an unremarkable part of acting life and/or did not consider that it impacted particularly on PWB. As such, future research could explore stage fright specifically to confirm research evidence and given the findings of this thesis concerning the need for actor-specific supports, examine context-sensitive supports where stage fright is seen as problematic.

Conversely, although perfectionism was a key finding of the current research, there is no previous evidence of perfectionism in professional actors, and as such, this is a unique contribution made by this thesis. This finding is particularly salient in light of perfectionism's negative consequences for other elite performers such as dancers and athletes (Hall & Hill, 2012; A. P. Hill, Witcher, Gotwals, & Leyland, 2015). Moreover, perfectionism's role as a trans-diagnostic process across a range of mental disorders (Egan et al., 2012) and possible predictor of mental health problems such as eating disorders in performing artists (Penniment & Egan, 2012) makes it an area of concern. The components and measurement of perfectionism are contested areas in community samples and the performing arts (Egan et al., 2016; Nordin-Bates et al., 2011) and it is not known exactly how perfectionism is manifested in actors. Participants in the current research reported unattainable personal goals which were tied to self-worth, suggesting that clinical perfectionism may be a good fit (Shafran, Cooper, & Fairburn, 2002). Future research into the presentation of perfectionism in actors would be helpful. Moreover, assessing the appropriateness of a measure of clinical perfectionism (such as the Clinical Perfectionism Questionnaire; Fairburn, Cooper, & Shafran, 2003) and the acceptability and effectiveness of therapy targeting clinical perfectionism (such as Cognitive Behavioral Therapy for Perfectionism; Egan, Wade, Shafran, & Antony, 2014) would be worthy endeavours for future research.

Finally, the positive functioning aspects of actors' PWB have not been systematically investigated and this thesis makes an overall contribution in that regard, particularly in relation to the complexity of *positive relationships* in this population, actors' lack of *environmental mastery* facilitating vulnerability to depression, compromised *autonomy* via lack of control over career, a strong sense of *purpose in life* undermined by shame, powerful experiences of *personal growth* and difficulties with *self-acceptance* resulting from constant criticism. There are scattered observations in literature which are related to the indicators and these are briefly summarised here. Personal growth (Acuna, 2016), increased self-knowledge and tendency to self-explore (Crane, 2011; Hays & Brown, 2004; Tust-Gunn, 1995) have

been noted, as have difficulties with autonomy (Brandfonbrener, 1992; Moore, 2006) and self-criticism (Robb & Davies, 2015). Relationship complexity has also been noted, with some accounts of warmth, support and sensitivity (Acuna, 2016; Hays & Brown, 2004) and some of mistrust (Nemiro, 1997), bullying (Maxwell et al., 2015) and transience (Hays & Brown, 2004).

As noted in the overview of findings above (section 1 this chapter) an important source of positive PWB for professional actors was their self-identified strengths (exploration, empathy and improvisation) and the findings of this thesis related to empathy support previous work (Acuna, 2016; Crane, 2011; Nettle, 2006; Tust-Gunn, 1995). The impact of strengths on PWB are not clearly articulated in Ryff's positive functioning model, although empathy is assumed to be an aspect of *positive relationships* and exploration is related to *personal growth*. Future research could investigate actors' strengths via use of a taxonomy such as Peterson and Seligman's (2004) character strengths. Strengths in the current study were not necessarily completely positive, however, with commitment complicated by perfectionistic striving and self-exploration leading to rumination. There is much scope for future research in identifying whether actors have key character strengths (e.g.: by using a measure such as the one endorsed by the VIA Institute on Character, 2017) and how context might interact.

Another apparent strength of both professional and student actors was the ability to accept difficult emotions (as found by Tust-Gunn, 1995) and to regulate them (as found by Thomson & Jacque, 2012, 2017). These strengths would likely be classified as skills (rather than character strengths) and are explicitly addressed in therapy paradigms such as Dialectical Behaviour Therapy (Linehan, 1993). Interestingly, these therapeutically useful skills were a core aspect of professional and student actors' definition of PWB (Paper 1), grounded in actors' social identity and work tasks. When internalised as an imperative to self-manage PWB, however, these skills had implications for low help-seeking and low reporting of mental health disorders. This is a unique finding of the current research and shows the

powerful effect contextual rules for behaviour can have on both understandings and experiences of PWB.

Student actors

As noted in section 6.4 of Chapter 1, there is very little literature on student actors' PWB, but findings from the current study lend support to various previous observations. Context was an important factor influencing students' understanding and experience of PWB and previous findings about the training environment supported here included intense workload (Seton, 2009) and vulnerability arising from exposing students' inner life (Seton, 2010). As in the professional cohort, students reported a context-specific definition of PWB arising from the work of acting, requiring them to be aware of, and regulate, their emotional world. This supports Orzechowicz's (2008) observation of student actors' ability to evoke and suppress emotions and extends these findings to highlight the importance of context for student actors' understandings and experiences of PWB.

A unique contextual impact on PWB reported in this thesis was that preparing for the uncertain future experienced by most performing artists resulted in anxiety for student actors. As noted in Middleton and Middleton (2017), there is no literature concerning career transition points for actors, despite the possibility that new graduates might be vulnerable to depression and identity difficulties (Moore, 2006). Moreover, according to Tuisku et al. (2016), the early stages of a performing arts career may lead to lower PWB than the more secure later stages of a career. Investigating actors' career transition points (e.g.: into training, into the profession, career change, retirement) would therefore be a useful avenue for future research.

As far as mental disorders are concerned, findings in this thesis support a previous observation that student actors may be vulnerable to body image difficulties (Mitchell, 2014). There is no other literature regarding the presence of mental disorders in student actors and this thesis contributes a first suggestion that student actors may bring pre-existing mental

disorders into the training environment. It may be that people who enter training for an acting career are particularly prone to mental disorders (e.g.: anxiety and depression, as found in this thesis) and may require particular and targeted interventions in the training environment but this is not yet known with any certainty. In addition, this thesis highlighted that acting training may trigger trauma, anxiety, depression, substance abuse and eating disorders and there is vast scope for further research into the mental disorders of acting students, including comparison to other student groups to explore similarities and differences and ensure appropriate service delivery within training environments. Moreover, any efforts to understand the mechanisms by which acting training might trigger mental disorders would be of particular interest.

Of note, the findings in this thesis support previous observations that trainers may be reluctant to deal with students' psychological distress because of lack of skill and/or training (Barton, 1994; Burgoyne et al., 1999; McFarren, 2003). Tertiary educators in various fields have experienced similar discomfort when confronted with student disclosure of psychological distress (Branch et al., 2011; Hayes-Smith et al., 2010). Moreover, educators in areas such as trauma, which can be emotion-laden and personally confronting for students, have advocated for both trauma-informed teaching and the setting of careful boundaries around their role as educators rather than counsellors (Carello & Butler, 2014). At this stage, there is not enough evidence regarding the experiences of acting trainers who encounter students' PWB and further research could help identify similarities and differences compared with tertiary educators in other fields, as well as intervention points and protocols (such as a trauma-informed approach to teaching acting).

As with professional actors, students did not mention stage fright (performance anxiety) as a problem, although a previous study suggested it may be an issue (Steptoe et al., 1995). As noted in the previous section, interview questions did not enquire about specific disorders, so performance anxiety may be a problem left unmentioned by students because of its commonality, or it may be that students' PWB is not significantly impacted by it. Given

the prevalence of performance anxiety literature concerning musicians and dancers (see section 6.3 in Chapter 1), it may be useful to investigate this specifically in student and professional actors and compare prevalence with the aforementioned groups.

Also mirroring the pattern in professional actors, perfectionism is not present in literature about student actors, but findings in this thesis suggest it is a salient problem, resulting in high levels of self-criticism and anxiety. Perfectionism is a trend in the dance student literature (see section 6.3 in Chapter 1) and this research theme could be usefully taken up in the context of acting training. Specifically, measuring perfectionism in student actors would be useful, but selection of measures is complex with the key elements of perfectionism debated and potentially context-dependent (Fairburn et al., 2003). Given the significance of contextual factors in acting training such as image ideals, criticism and the stress of striving for uncertain outcomes, a qualitative investigation of the exact components and mechanisms of perfectionism in student actors could be a useful first step.

As with professional actors, a key finding in this thesis was the negative PWB impact of identity de-stabilisation and this has been noted as a problem for acting students in previous literature (Burgoyne et al., 1999; Hannah et al., 1994; Kanefield, 1990; Mitchell, 2015). This thesis adds a unique contribution in showing that identity de-stabilisation is a problem from training through the professional career, along with detailing the multiple de-stabilising mechanisms at play in the training context (see section 3 of this chapter).

As with professionals, the positive functioning aspects of PWB have not been specifically investigated in student actors and this thesis makes a unique contribution in that regard. As noted in section 1 of this chapter, student actors struggled with *autonomy* and *environmental mastery* in the face of intense workload and demands. Students had a strong sense of *purpose in life*, as evidenced by their passionate commitment and they experienced a trajectory of *personal growth* throughout acting training. Students struggled with *self-acceptance* in the face of criticism and striving. *Positive relationships* were present in the acting student community, but complicated by competition (previously noted by Seton, 2009)

and findings of the current research contributed unique observations about relationship structures in acting training. Firstly, relationships in the training context were complicated by group dynamics arising from being part of an unchosen group for a period of years. Secondly, relationship formation was unusual; characterised by intimacy in classwork coupled with a lack of casual interaction. It should be noted that the complexity of relationships in training also complicates help-seeking, as described by Seton et al. (2012). The current research indicated that this is especially salient when staff and/or guest artists are gatekeepers to the industry and students feel pressured to appear professional by not disclosing mental health difficulties. These experiences may be similar to those of athletes (Lundqvist, 2011) and further research investigating the similarities, differences and contextual factors implicated in help-seeking of students in various performance domains (e.g.: sport and performing arts) could help identify specific difficulties and intervention points.

3. Clinical expertise

The findings in this thesis suggest several areas of which clinicians should be aware when working with professional and student actors. Although assessment tool and intervention choices are, of course, the purview of the individual clinician, the actor-centred concerns identified in this thesis provide information about key areas of assessment. This, in turn, may impact decisions related to therapy modality, interpersonal style and tools/homework offered to actor-clients. It is important to note that both acting students and professional actors expressed a desire that clinicians be familiar with the unique contextual factors influencing PWB. Hays (2002) also found, in an interview study of N=15 performing artists (including N=3 actors) that "the milieu within with performing artists function needs to be understood" (p.305). Exactly what key competencies are important for working with actors is not yet known, but findings of this thesis suggest a profile of contextual factors, mental health challenges and indicators of positive functioning of which to be aware.

As such, based on the findings of this thesis, a 'Clinician's guide to assessing actors' psychological wellbeing' has been developed (see Appendix 14). Similar guides exist for working with various groups (such as gender-diverse clients) and problems (such as domestic violence) for which there are key items clinicians should be aware of (Byrne et al., 2017; O'Brien, 2015). The guide presented in Appendix 14 is designed to increase awareness of areas of concern for which there are existing measures, as well as providing interview questions which probe for acting-related challenges. This is especially salient for the assessment phase of engagement with actor-clients because, as participants described, they may not articulate their concerns due to feeling undeserving of help and attempting to self-manage their mental health. Future research could ascertain which specific clinical assessment tools are appropriate for use with actors and whether any actor-specific measures need to be developed. Further, the assessment guide provided in Appendix 14 could be tested with a population of actors. Individual sections of the guide will be identified here and briefly

discussed in relation to the evidence-base presented in this thesis. Two areas of clinical interest unique to the psychological work of actors (trauma and identity) will be highlighted in more detail and to conclude the section, there is a note on the potential characteristics of actors as clients.

Anxiety and depression

As found in this thesis, actors may suffer cumulative effects from audition-anxiety and a commonly-used exercise in acting craft "the magic if" may foster the tendency to worry. In this exercise, actors become skilled in imagining and embodying diverse scenarios by asking questions like "*What if* the roof caved in?" "*What if* the bus crashed?" "*What if* your lover didn't come home?" and then acting out the resulting scene. This *"What if?"* thought pattern can become habitual and lead to generalised-anxiety type symptoms. The clinician's guide in Appendix 14 (henceforth referred to as 'clinician's guide') contains acting-related anxiety questions, including assessing for substance use as a coping strategy which was a key finding of this thesis. Actors may also be vulnerable to depression and risk factors found in this thesis were social isolation related to the transient nature of work relationships, lack of control over career, chronic unemployment, their profession being de-valued by family, friends and society, repeated experiences of rejection (eg: auditions) and constant criticism by mentors, audiences and critics. A key clinical finding of this thesis was actors' tendency toward self-examination, which may promote the rumination characteristic of depressogenic thinking (Alloy et al., 1999). When coupled with actors' experiences of shame and self-criticism, vulnerability to depression becomes a key concern for any clinician working with actor-clients.

Acting-related stressors and alcohol

As noted throughout this thesis, the contexts in which an actor trains and works have considerable impact on PWB. The section of the clinician's guide concerned with acting-related stressors contains clinical interview questions directly derived from the findings of this

thesis and from observations made in previous literature. These questions are intended to serve two purposes. Firstly, the questions build a profile of the stress load being carried by the actor-client. Secondly, the questions help build a therapeutic alliance in which the actor-client feels that their needs are understood and this desire for specialist understanding was a key finding of this thesis. The questions are also divided into sections pertaining to professionals and students because as found in this thesis, there are different contextual pressures. For professionals, clinical interview questions uniquely contributed by this thesis concern repeated rejection, pressure to conceal personal or mental health problems, the isolation experienced between jobs, relationships characterised by transience and false intimacy, loss of control/helplessness, the impact of social de-valuing, burnout and self-esteem issues. The list of questions for students represent a unique contribution made by this thesis because the specific contextual stressors associated with acting training have not been previously investigated, with the exception of pressure related to image and the ability of staff to respond to PWB issues.

In this thesis, both professional and student actors identified substance use (particularly alcohol) as problematic. Clinicians should carefully assess for actors' substance use and, specifically, what drives it. In the clinician's guide, cues to assess for substance use appear in several domains because findings in this thesis suggest substances are used as a coping strategy to deal with acting-related stressors, identity problems, anxiety and trauma symptoms.

Positive functioning and strengths

Indicators of positive functioning (Ryff, 1989, 2014) and actors' self-identified strengths may provide useful information to clinicians regarding factors which are protective of actors' PWB. Although it is not customary in clinical practice in Australia to formally assess for positive functioning as conceptualised by Ryff, a recommendation arising from this thesis is that a profile of the positive mental health of actors may be provided by assessing

them. This can be done either by interview or using measures of self-acceptance, relationship quality, autonomy, environmental mastery, purpose in life and personal growth (see the clinician's guide for information about measures). As previously noted, participants' experiences in each of these domains were complex and the patterns described in the current thesis provide a starting point for clinicians to begin identifying an idiosyncratic profile which could form part of case conceptualisation for actor-clients.

As far as strengths are concerned, the findings of this thesis identified the following as relevant to actors: empathy, self-awareness, passion and commitment, interpersonal skills, curiosity and improvisation/problem solving. These strengths are each salient for acting, for example: curiosity helps actors explore the mindset of another and passion helps actors persist in the face of contextual stressors. For clinicians working with actors, strengths are relevant in that they buffer against work-related stress (Harzer & Ruch, 2015) and may be useful to apply in non-acting domains for the purpose of expanding actors' identities (see section on identity below). There is a proposed taxonomy of character strengths (C. Peterson & Seligman, 2004), as well as a publicly available measure which gives results pertaining to key strengths and their implications (VIA Institute on Character, 2017). Further information is available in the clinician's guide.

Eating disorders and perfectionism

As found in previous literature, pressure to meet industry-led image ideals affects actors, with women tending to strive for low body weight and men encouraged to build muscle and a lean shape. As described in the clinician's guide, it is important for those working with actor-clients to be aware that eating disorders may be particularly prevalent in the acting student population, because of perceived pressure to meet industry ideals prior to graduation.

Relatedly, both student and professional actors may be vulnerable to clinical perfectionism, defined as striving to meet demanding standards despite negative

consequences and basing self-esteem on achievement (Fairburn et al., 2003). While striving for excellence, in itself, is not negative and is arguably necessary in high-performance domains like acting (Hays, 2002), basing self-worth on striving for personally demanding standards is likely transdiagnostic across a number of disorders, in particular eating disorders, depression and anxiety (Egan et al., 2012). As noted in section 2.2 of this chapter, this thesis' findings related to perfectionism in professional and student actors are new for the literature and it is not clear exactly how perfectionism plays out in actors or how it should be measured. In the clinician's guide, therefore, there is simply a description of clinical perfectionism and a suggestion for useful clinical resources.

Trauma

Trauma is the first of two issues (the other being identity) which are uniquely relevant to the psychological work of acting. Participants described traumatic experiences both in training and the profession, arising primarily from two scenarios: the use of personal traumatic memories in developing and performing a character, and embodying and enacting traumatic content on stage (e.g.: sexual violence and grief). Findings of this thesis posited that actors may be vulnerable to vicarious traumatisation in a similar way to other professionals like paramedics and it is also possible that actors add to their traumatic load by building up vicarious memories. Vicarious memories are formed when people incorporate intense images and feelings experienced by other people into their own identities (Pillemer et al., 2015). There are no data on this in actors, but clinicians should be aware of the potential for intrusive thoughts, feelings and sensations *related to characters played* to resemble the flashbacks associated with posttraumatic stress disorder (PTSD).

Adding to the load, as Thomson and Jacque (2017) recently showed, a high proportion of actors may have experienced four or more of adverse childhood experiences (ACE, as originally measured by Felitti et al., 1998). Four or more ACEs can significantly compromise functioning (Felitti & Anda, 2010) and particular experiences to be mindful of with actors are

domestic violence, familial mental illness and emotional abuse (Thomson & Jacque).

Thomson and Jacque also advocate for using a trauma-informed care perspective when

engaging with actors. Trauma-informed care is a strengths-based framework grounded in an

understanding of, and responsiveness to, the impact of trauma that emphasises physical,

psychological, and emotional safety (Blue Knot Foundation, 2017). The clinician's guide

contains a number of acting-related questions about trauma, along with resources for trauma-

informed practice.

Identity

The second clinical area unique to the lives of actors was identity. In the current

studies, actors' PWB was bolstered by their identity, manifested as a strong sense of purpose

and a passionate commitment to self-as-actor. Conversely, participants experienced identity

difficulty in two key areas: shame and de-stabilisation. **Figure 11** provides an illustration of

actors' identity difficulties in training and the profession developed from the findings of the

current research. As participants in the training context noted, they experienced identity

shame when their choice of profession was devalued by family, friends and society and when
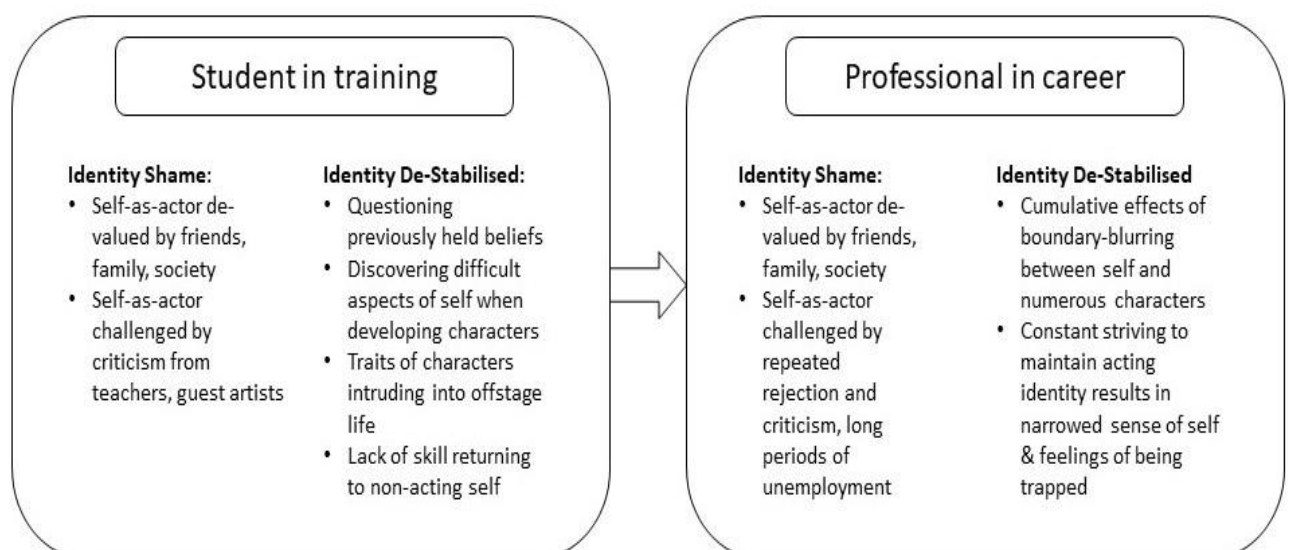
Figure 11. Identity difficulties for actors in training and the profession

criticised by teachers and guest artists. Student actors also experienced destabilisation of identity, manifested by questioning their beliefs, discovering difficult aspects of self, having traits of characters intrude into offstage life and lacking the skill to return to a core sense of self. For professionals, identity shame was experienced via de-valuing and by repeated experiences of rejection, criticism and unemployment. De-stabilisation occurred for professionals because of the cumulative effect of boundary-blurring between self and characters and striving to retain an identity-as-actor. This detailed account of the mechanics of identity difficulties for actors is a unique contribution of this thesis.

In literature, identity disturbance is generally marked by a disjointed sense of self, unstable relationships and compromised self-care (Ryle, 2004) and is often maintained via chronic substance misuse (Talley, Tomko, Littlefield, Trull, & Sher, 2011); all characteristics clinically relevant to actors and found within the results of this research. There is, however, a paucity of empirically sound measures of identity disturbance (Adler, Chin, Kolisetty, & Oltmanns, 2012) and existing measures such as the Personality Structure Questionnaire (PSQ; Pollock, Broadbent, Clarke, Dorrian, & Ryle, 2001), although diagnostically associated with mental health disorders, needs significant further development before being empirically validated (Berrios, Kellett, Fiorani, & Poggioli, 2016). It should also be noted that the PSQ is made up of three components: the presence and awareness of differing self-states, instability/variability of mood and loss of behavioural control. For actors, the presence and awareness of differing self-states is an adaptive occupational skill, variability in mood may be subsumed under actors' tendency to accept their internal worlds and participants in the current study did not cite loss of behavioural control as a problem.

Existing measures, then, may not capture the complexity of actors' identity issues (especially the positive or protective aspects of purpose and passion), nor the occupational necessity and/or advantage for actors who can flexibly manage identity shifting. It may be useful to develop an identity questionnaire specific to actors, based on the qualitative data collected in this thesis and previous literature, which could then be evaluated. Regardless of

current capacity to measure actors' positive and negative identity characteristics, participants in the current studies identified that they would benefit from expansion of their self-concept beyond acting.

Actors as clients

A final note regarding implications for clinicians is that despite low help-seeking, actors may make good candidates for therapy. According to Acuna (2016), clinicians have found actors to be in touch with their emotions, articulate in expressing thoughts and feelings, interested in self-exploration, courageous and motivated. In the current studies, actors' active definition of PWB, comprising deliberate self-awareness and both monitoring and regulating their internal world, suggests the capacity for sustained effort. Their self-identified strengths of curiosity and improvisation suggest divergent thinking and problem-solving skills. The necessary psychological flexibility actors use to take the perspectives of multiple characters, along with their definition of PWB including acceptance of difficult emotions suggests that, as previously noted, Acceptance and Commitment Therapy (ACT)(Hayes et al., 2011) may be a good fit as a therapy modality. The ACT community contains special interest groups in which protocols are devised and adjusted for use with specific populations, including a 'sport, health and human performance' group (Association for Contextual Behavioral Science, 2017). There is no evidence for the specific use of ACT with actors as a population group, however, and the development of a protocol with subsequent evaluation would be a useful future endeavour.

4. Actor-sensitive service delivery

Although there are individual psychologists who work with actors (as sole practitioners and as consultants to acting schools), there are currently no known psychological services specifically catering to professional and student actors. If such services were to be devised and implemented, the findings of this thesis contribute context-sensitive, actor-centred knowledge to guide such an endeavour. For professional actors, practical matters are a significant factor in accessing care. Services ideally should be low-cost and provide appointment times outside of normal business hours (both characteristics previously endorsed by Brandfonbrener, 1992). In Australia, short-term low-cost mental health services are obtainable via the 'Better Access to Mental Health Care' scheme, in which a mental health care plan is drawn up in consultation with a primary care doctor, enabling access to six sessions (with conditional extension of four sessions) partly funded by the Australian Government (Australian Government Department of Health, 2012). This scheme allows for flexibility in a person's choice of treating clinician, but finding a psychologist who does not charge an extra 'gap' can be a challenge because recommended fees for psychologists far exceed current government rebates (Australian Psychological Society, 2017b).

Maintaining continuity of care when actors are on tour is an important service consideration. Obrecht and Telson (1992) cite the importance of strategies such as phone consultation in supporting actors' therapeutic experiences away from home, especially given the PWB impact of isolation. Unfortunately, in Australia, there is inflexibility in delivery of psychological services, such that no government rebates apply for phone or live video consultations with a psychologist (Australian Psychological Society, 2017e), although such rebates do apply for medical practitioners (Australian Government, 2017). It may be useful to build a network of actor-sensitive medical practitioners and psychologists in rural and remote locations, thereby facilitating continued use of the funded mental health care plan while away from home. Building this network of health professionals would be a valuable future

endeavour especially given that similar issues are likely to affect other performing artists and production crew who tour, thereby making a national network of services useful for considerable numbers of people in the industry.

The findings of this thesis, along with the service-delivery obstacles cited above, suggest that efforts to maintain or improve PWB for actors will need to take place, at least in part, outside traditional models of care. Given participants' desire for supportive communities, establishing and/or supporting gatherings of like-minded peers with guest clinicians may provide an effective alternative model for safe discussion, psychoeducation and skills training. Some private groups already exist in Australia (not identified here to protect participants' anonymity) and the groups use social media to build and maintain community. The online world may be an important medium for achieving connection with supportive peers, especially while unemployed or on tour. Online interventions (e-help) may also play a role in clinical service delivery for actors. Given that actors may be unlikely to seek face-to-face help and may prefer to self-manage PWB, appropriate portals, tools and smart phone applications should be pro-actively provided. Evidence-based e-help interventions exist for anxiety, depression, eating disorders and substance abuse (Klein, 2010), with many more in development (see Australian National University, 2016). Assembling a useful e-help suite of programs and applications, and distributing this information to actors and their employers would be valuable for the future of actors' PWB. Regardless of the model of care, professional actors expressed a desire for clinicians who are familiar with the unique context and challenges of being an actor. As discussed in section 3 above, there are key areas to be aware of when working with actors. For services desiring to become actor-friendly, training in key contextual demands and competencies, as well as community consultation with actors themselves regarding location-specific needs, would be a useful practice to engage in.

For acting students, many of the points above apply: appropriate tools for self-management and the utility of e-help interventions are also indicated in the training context.

Given the intensive, consuming nature of acting training, however, the ideal model of care is likely to be, as identified by participants, an embedded PWB service. Such a service would ideally comprise components uncovered in Paper 4, such as provision of mental health information, psychological skills training and the availability of a specialist clinician. Embedding a PWB service in the training environment would also address a problem uncovered in this thesis; the responsibility that untrained staff feel for monitoring and responding to students' PWB. An embedded service could also address context-specific PWB needs, for example: assisting students to develop the skills they need to maintain PWB before coming into contact with the acting industry, an approach endorsed in previous literature (Siddins et al., 2016). Aside from the findings of this thesis, there is no other evidence as to what the exact components of a PWB service in acting training might be and an important next step would be to devise, pilot and evaluate such a program in a vocational acting training institution. It may be that in an Australian tertiary setting, increasing indicators of positive functioning will improve PWB (Bhullar et al., 2014) but how these indicators can be fostered in acting students and the outcome of doing so remains unknown.

However, there are likely obstacles in attempting to embed a PWB program in acting training. From a clinical perspective, protecting the confidentiality of clients would be complex with such small cohorts of people. There also may be difficulties with role boundaries, especially if the embedded clinician is required to provide clinical interventions to students and to consult with their trainers; issues of 'multiple relationship' would need to be carefully managed (Australian Psychological Society, 2014). The issue of professional ethics in the broader literature on performance (for example, in sport) has been explored and this evidence base may prove useful in further exploring the issues (G. M. Moyle, 2014)

A larger obstacle is the difficulty of funding the service. Moyle (2012) noted that funding availability was a key barrier to increasing the use of psychology in the performing arts and the current political climate in Australia is not encouraging. Following the Australian Government's severe funding cuts to performing arts (see section 4.2 of Chapter 1),

ideologically congruent changes were made in the education sector. In 2017, the government

removed access to student loan programs for a raft of creative arts courses, including

vocational training pathways in performing arts (Watts, 2017). The removal of funding in arts

education allowed for an additional $12 million to "restore the focus, and increase student

uptake of, science, technology, engineering and mathematics (STEM) subjects in primary and

secondary schools across the country" (Australian Government Department of Education and

Teaching, 2015). This policy is in direct contrast to the preceding Creative Australia policy

(Australian Government, 2013) that stated:

> For the first time, all Australian school children will be guaranteed an arts education. The importance of this cannot be underestimated, and its impact should be measured over the life of this policy as a new generation makes career choices by the end of the decade. The commitment to opening access to creative arts will be delivered in schools where the Government has built new libraries, performing spaces and work spaces. (p. 41)

There is a small counter-movement, advocating the acronym STEAM (adding Arts

back into the mix) but these arguments have tended to focus on the benefits of creativity for

outcomes in STEM disciplines (Gardiner, 2015) or the value of arts in humanistic education

practices (Kendall-Taylor & Haydon, 2016), rather than inherently valuing the arts. In this

political and financial climate, sourcing funding for a PWB service to be embedded in acting

training, serving the needs of a small cohort of aspiring professional performing artists, would

be a challenge indeed.

Despite the obstacles, the findings of this thesis suggest that, for professional and

student actors, contextually sensitive PWB services are desired and important. As interest and

research endeavour grows and clinicians, researchers and actors engage to further understand

and identify their needs, then a network of informed practitioners can begin to provide

support based on the principles of evidence-based practice.

5. Limitations

There were some limitations associated with this program of research. The cohort of professionals in the current study worked across multiple platforms, including theatre, film, television, voiceover and cross-platform work. It is important to highlight that in other participant pools there may be people who specialise in one role, with subsequent differences in perspective on the definition of PWB and how it unfolds in the professional environment. For example, screen acting work may have differential effects on PWB for male and female actors. There are less roles for women in film (Geena Davis Institute on Gender in Media, 2014) and female characters, when they appear, tend to be less developed (Taylor, Kaufman, & Riggs, 2012) and more sexualised (Geena Davis Institute on Gender in Media, 2014).

The issue of gender is relevant to actors' PWB but was not specifically highlighted in this thesis. In Paper 2 participants did refer to difficulties faced by women, such as the preponderance of men in positions of power, as well as pressure related to body size. For students in particular, the likelihood that they will strive to meet the industry's gender-differentiated body image ideals (thinness for females, muscularity for males)(Mitchell, 2014) suggests this is a valuable area for future research. Maxwell et al. (2015) reported that female actors experience more workplace bullying and harassment and for younger female actors, adherence to image ideals can be more relevant to employment than acting talent (Simonton, 2011). For older women, roles dry up earlier than for their male counterparts, generally by age 40 (De Pater, Judge, & Scott, 2014). The experiences of transgender (trans) actors are also complex, with approximately half of trans characters portrayed in a defamatory way (Townsend, 2014). There is also ongoing debate about whether trans roles should be played by trans actors (Ruiz, 2015), despite a trend toward more trans actors appearing on screen in trans roles (Lawler, 2017). Investigation of the role of gender in actors' PWB is an important area for future endeavour.

As noted in section 6.1 of Chapter 1, research with actors has historically been troubled by difficulties in defining the research population. Although effort was made in the current study to carefully define professional and student actors, this remains an area in which it is difficult to be precise. It is impossible, for instance, to define professional actors as those who derive their majority income from arts work because, as shown in section 4.2 of Chapter 1, actors generally experience very high rates of unemployment and low remuneration. Similarly, work in funded companies is an inappropriate measure of professional practice because of the degree to which arts funding and therefore the number of companies has decreased, particularly since 2013 in Australia (Eltham, 2016a). The sample, therefore, was made up of actors with varied levels of employment as actors and this may have affected both self-concept and views about contextual stressors. It should be noted, however, that in analysis for each paper, themes were sought which occurred across the cohort, so any differences in perspective are likely minimal.

One way of defining the sample could have been to add a criterion excluding untrained actors, given that according to Maxwell et al. (2015), approximately 70% of professional actors have undertaken professional training. Adding that criterion would potentially exclude a large cohort of actors, however, and so in the current studies being a professional actor was defined by self-report. In South Australia (where the research took place), there is an ecological distinction made between amateur companies, comprising people who have careers in other areas and perform theatre as a hobby (The Metropolitan Musical Theatre Company of SA, 2017; Theatre, 2017) and professional practice, in which non-arts work is viewed as necessary financial support to carry the actor between arts jobs. This distinction may not, of course, apply in other contexts.

Further to defining the sample, in the studies reported here a recency-of-practice criterion was added, as is applied in other professions as a way of marking current involvement in salient work (see Australian Health Practitioner Regulation Agency, 2016 for examples in health). The criterion applied was that participants had to have performed a paid,

part-paid or unpaid role in the past six months. On reflection, although this criterion allowed professional actors who were not remunerated for their work to take part, it may have excluded actors who self-identified as professional but had not worked for more than six months. In future research, the requirement for past performance could be extended for a longer time period and an additional criterion could allow participation of actors who *would be* performing a role in the future.

Sample characteristics that may have further limited the research were that no retired actors, or actors who had left the profession were included. Actors no longer in the profession may have important perspectives on contextual pressures and mental health challenges and various reasons for leaving the industry. As noted in the literature review found in Chapter 1, there is no research on career transitions for actors, so it is not known what the voluntary and involuntary reasons for leaving the profession might be, or if they are comparable to those faced by musicians and dancers (see J. C. Middleton & Middleton, 2017).

It is also worth noting that in the student cohort, participants were drawn from courses lasting three and four years and there may be important differences in, for example, relationship complexity over the two timeframes. There may also be PWB challenges specific to each year of training, particularly in the first year (high school to tertiary transition) and the final year (student to professional transition). In the current studies, participants were initially asked about those differences, but did not cite them as significant for PWB. As mentioned above, there is no research on the career transitions of actors and the first year of training could be a valuable research target. Kanefield (1990) observed that acting students (unlike musicians and dancers) may not have grown up accustomed to the discipline required of a performing arts career and may, therefore, find the first year of vocational training highly stressful. Comparison of issues related to the transition into training between groups of performing artists (e.g.: musicians, dancers and actors) may shed light on areas of commonality and divergence and this would help inform prevention and intervention strategies. It would also be useful to know which areas of difficulty align with the experience

of the general student population transitioning to university and which are unique to vocational performing arts populations. In the general tertiary population, the transition to university is experienced differently according to, for example, parental education level, familiarity with curriculum and the amount of time the student has spent out of the education context (James, 2016; Keller, 2016; McPhail, 2017). These factors may also affect actors in vocational training, but given the findings of this thesis highlighting acting students' experiences of contextual stressors, there are likely to be unique aspects worth investigating.

In the vocational training context, it is also worth noting that acting pedagogy is unregulated (see Seton, 2009). In the current study, there were no discernible differences in themes across the two South Australian acting schools in which the research took place. It is possible, however, that there are diverse acting techniques being taught to students both in Australia and internationally and these have great potential to affect PWB. For example, 'inside-out' methods, in which the actor uses personal material to create a character (typified by the Method system, arising from Stanislavsky, 1936) has potential to result in emotional hangovers (Acuna, 2016; Crane, 2011) and boundary-blurring (Burgoyne et al., 1999). In contrast, 'outside-in' methods (known as technical, analytical or classical acting, see Benedetti, 2007) in which performers construct a detailed physical and vocal language for a character and use techniques to show (rather than feel) emotion may more psychologically sustainable for actors but may not satisfy a modern audience's demand for vulnerability and emotional realism on stage (Seton, 2006).

Another limitation of this program of research was homogeneity in terms of cultural background. The cohort was made up of mainly white participants, generally of Anglo-Saxon descent (32 of 35 participants). Lack of cultural diversity in the sample may have resulted in this study failing to capture important PWB experiences of non-white performers, particularly because there is ongoing debate in the Australian industry about lack of cultural diversity, especially in screen media (Kalina, 2012; Leng & Mar, 2016). Actors from marginalised cultures experience racism and typecasting (Stone, 2013a), for example: Indigenous actors

may be offered a narrow range of roles as victims of violence or drug addicts (Stone, 2013b). Actors who are not white are also offered less auditions (Quinn, 2016) and, therefore, have reduced work opportunities compared with their white peers. These context-related factors are likely to impact on actors' PWB and this would be a valuable area of future research.

Of the three participants who identified as coming from a non-dominant cultural background, none cited their ethnicity as impacting their PWB in the professional acting or training context. Cultural background can, however, have considerable influence on individuals' understandings of PWB. Indeed, the 'bottom-up', context dependent approach to PWB has historically been grounded in concerns that 'top-down' taxonomies do not accurately capture cultural understandings (Crivello et al., 2009). For participants in the current study, their social identity as actors appeared more salient to their definition of PWB than cultural background. Indeed, one of the key theoretical implications of this thesis is that social identity can have a powerful influence on PWB, as also seen in athletes.

Finally, this program of qualitative research did not attempt to untangle the complicated influence of personality on PWB. There is an unfortunate history in psychology research of actors' personalities being pathologized as deviant and histrionic (see Reciniello, 1987) and according to Acuna (2016), clinicians remain wary of this in their work with professional actors. It is certainly possible that there are various traits implicated in what draws people to the profession (Goldstein & Winner, 2009) and actors may have a personality style characterised by extraversion, openness to experience, agreeableness, neuroticism and empathizing (Nettle, 2006). The evidence is, however, far from comprehensive and in actors, the occupational necessity of shifting identity to play a role and the documented phenomenon of boundary-blurring suggest that investigating actors' baseline personality styles would be, at best, a very complex undertaking.

6. Final thoughts

As I conclude this thesis, one thing is very apparent: there is vast scope for future research and clinical in-reach to engage with actors. In the preceding sections of this chapter, I have made suggestions for endeavour in many domains; in mental health and positive functioning, career transition points, systematically reviewing the literature, establishing an interest group or division to serve as a home for performing arts psychology, the possibility of translating performance psychology into work with actors, key competencies for clinicians working with actors, the appropriateness of clinical assessment tools and the need for new ones, testing therapy protocols with actors, devising and piloting a PWB service for use in acting training, finding out if/when acting training is dangerous, establishing e-health kits and networks of actor-sensitive rural and remote services and the effect of cultural background and gender on actors' PWB.

As far as immediate action is concerned, following submission of this thesis, a forum is planned to discuss the findings of all four studies with the local South Australian community of actors (both student and professional). At the forum, there will be time and opportunity to dream about what the components of an actor-sensitive PWB service might be, including where it might be located and how to manage the service delivery obstacles. In this endeavour and any other which aims to support actors' PWB, I endorse the recommendation of other scholars in this field (such as Crawford, 2005; Seton, 2009) that efforts to serve actors in training and the profession require collaboration; between academics, actors, clinicians, trainers and arts organisations both large and small because there is a need for intervention at multiple levels.

Moreover, in the current financial and political climate inhabited by Australian actors and their champions, efforts will likely come from grassroots community-led activity by actors themselves, investment by private individuals who know and care for actors, the efforts of individual clinicians who are interested in working with them and researchers who are

inclined to build the evidence base needed to advocate for change. It is unlikely that, in the foreseeable future, public funds will be devoted to actor-sensitive care, either in training or the industry. The marginalisation of the arts in Australian society has and will, in my opinion, have a significant impact on actors' PWB. Only four years ago, the now-defunct Creative Australia government policy clearly articulated the value of artists' contribution:

> The most gifted artists take the ability to imagine, adapt, empathise and collaborate to another level through training, practice, discipline and courage. The extraordinary achievements that come when the most gifted individuals combine capacity and skill is something we recognise…Artists and creative practitioners and professionals are at the heart of the cultural economy…it is their work that fills theatres, cinemas, galleries, bookshops and countless digital devices. Writers, visual artists, performers, musicians, composers are like scientists: unique individuals with highly specialised skills, knowledge, discipline and talent, who generate new ideas and new ways of understanding the world. (p. 40-41).

It is still the work of artists that fills venues and is at the heart of the creative economy, but they are no longer equated with scientists, not necessarily valued for their specialised skills and are de-valued because the arts are inherently de-valued.

Until the political climate in Australia changes and art returns as a central societal concern, it is my hope that the work I have done here, as a concerned individual, is of assistance to actors and those who work closely with them in training and in the profession. I hope it provides a launching pad and a guide for clinicians already working with actor-clients. I further hope it may spark interest in other researchers and clinicians, who might consider engaging more proactively with actors to build sensitive services which will positively impact the PWB of these extraordinary people.

Appendices

Appendix 1: Interview questions (professional cohort)

1. Demographics: age, length of time as an actor/director

2. How did you come to be an actor/director? (Tell me something about the different hats you wear)

3. Tell me a bit about your current/latest work (content, hours, pay, location, responsibilities)

4. How would you explain what psychological wellbeing means/looks like? (If there was a person with really high levels of wellbeing what would they be doing, thinking, feeling?)

4a. Do you think wellbeing is talked about or considered much in the industry?

OPTIONAL: Is there a different view of wellbeing in the industry?

5. What are the best things (for actors) about the acting industry?

5a. What are the best things (for actors) about being in rehearsal?

5b. What are the best things (for actors) about being in a performance?

6. What are the most challenging things (for actors) about the acting industry?

6a. What are the most challenging things (for actors) about being in rehearsal?

6b. What are the most challenging things (for actors) about being in a performance?

OPTIONAL PROBE If more information needed: Do you think there are unique psychological difficulties/challenges actors face?

7. What does psychological distress mean/look like? (If there was a person with really low levels of wellbeing, what would they be doing, thinking, feeling?)

7a. Do you think actors experience psychological distress? What kind?

8. Do you think actors are likely to seek help for mental health concerns? Why?

8a. If an actor was experiencing distress, what support might they need?

9. If you are willing (completely optional) would you like to share a story about an actor (yourself or someone else) who has been through some psychological distress?

10. Do you think there are unique strengths actors have?

OPTIONAL PROBE: Is there an actor you really admire? Why? Does that person have high psychological wellbeing? What does that look like in that person?

11. What kind of support would you like to have as an actor? OR What kinds of supports would you like to see in place for actors?

12. If you won the lottery, or had a magic wand, what would you do to change the industry?

13. I'm interviewing actors, directors, students and teachers. Do you think there are any other groups of people who might have an interesting perspective on actors' wellbeing?

14. Any final comments?

Appendix 2: Interview questions (training cohort)

1. Demographics: age

2. How did you come to be an actor/trainer? (Tell me something about the different hats you wear)

FOR TRAINERS: What draws you to teach?

3. Tell me a bit about your current/latest work (content, hours, pay, location, responsibilities).

FOR TRAINERS: What's your interaction with the students?
FOR STUDENTS: What are the demands on you in life outside the course?

4. How would you explain what psychological wellbeing means/looks like? (If there was a person with really high levels of wellbeing what would they be doing, thinking, feeling?)

4a. Do you think wellbeing is talked/about or considered much at drama school?

5. What are the best things (for actors) about acting school?

5a. What are the best things (for actors) about being in class?

5b. What are the best things (for actors) about being in a production block?

6. What are the most challenging things (for actors) about drama school?

6a. What are the most challenging things (for actors) about being in class?

6b. What are the most challenging things (for actors) about being in a production block?

6c. Do you think the challenges/joys change (will change) across year levels?

7. Do you think here are particular psychological difficulties/mental challenges acting students face?

8. What does psychological distress mean/look like? (If there was a person with really low levels of wellbeing, what would they be doing, thinking, feeling?)

8a. Do you think actors experience psychological distress? What kind?

9. Do you think actors are likely to seek help for mental health concerns? Why?

10. What do you think the first couple of years after drama school are like?

11. Do you think there are unique strengths student actors have?

OPTIONAL: Is there an actor you really admire? Why? Does that person have high psychological wellbeing? What does that look like in that person?

12. What kind of support would you like to have as an acting student? OR What kinds of supports would you like to see in place for student actors?

FOR STUDENTS: What kinds of challenges do you imagine you will face in the industry? (Prompt: are you currently connected to anyone in the industry?

FOR STUDENTS: What kinds of support do you imagine you might need in the industry?

13. If you won the lottery, or had a magic wand, what would you do to change the training course?

14. Any final comments?

Appendix 3: Recruitment flyer 1 (Tear-off)

THE UNIVERSITY
of ADELAIDE

ATTENTION ACTORS & DIRECTORS

You are invited to participate in the Actors' Psychological Wellbeing Project. I am seeking:

- **Professional actors**, aged 18 or over, who have performed a role in the last 6 months (paid, part-paid or unpaid)
- **Professional directors**, aged 18 or over, who have directed/devised a piece of theatre or film in the last 6 months (paid, part-paid or unpaid)

I invite you to participate in an interview which will take approximately **one hour.** I will ask questions about your views and I hope this research will help better understand **actors' wellbeing** by consulting actors and those who work closely with them. One of the aims of the research is to provide **more support to actors** in the future. Interviews are **confidential** and great care is taken to preserve anonymity. Dates, times and locations are highly flexible around work and auditions.

Alison Robb is conducting this research as part of her PhD/Master of Clinical Psychology, within the School of Psychology at the University of Adelaide. Alison is a former theatre director, with more than 10 years' experience in the industry, who is currently retraining in Psychology. The study has been approved by the School's Human Research Ethics Subcommittee. Any concerns should be addressed to Alison, her supervisor Professor Ted Nettelbeck (ted.nettelbeck@adelaide.edu.au) or the head of the Ethics Subcommittee, Associate Professor Paul DelFabbro (paul.delfabbro@adelaide.edu.au).

If you're interested, please contact Alison (alison.robb@adelaide.edu.au). This study will run until approximately the end of September 2014 and it's likely future studies will spring from these initial interviews.

Cheers – and all the best with your work ☺

Appendix 4: Recruitment flyer 2 (Tear-off)

THE UNIVERSITY
of ADELAIDE

ATTENTION ACTING STUDENTS

You are invited to participate in the Actors' Psychological Wellbeing Project. I am seeking:

- **Acting students**, aged 18 or over, who are undertaking vocational training in a recognised elite training institution (eg: ACArts, Flinders Drama Centre)

I invite you to participate in an interview which will take approximately **one hour.** I will ask questions about your views on being an actor in training and I hope this research will help better understand **actors' wellbeing** by consulting actors and those who work closely with them. One of the aims of the research is to provide **more support to actors** in the future. Interviews are **confidential** and great care is taken to preserve anonymity. Dates, times and locations are highly flexible around work and auditions.

Alison Robb is conducting this research as part of her PhD/Master of Clinical Psychology, within the School of Psychology at the University of Adelaide. Alison is a former theatre director, with more than 10 years' experience in the industry, who is currently retraining in Psychology. The study has been approved by the School's Human Research Ethics Subcommittee. Any concerns should be addressed to Alison, her supervisor Professor Ted Nettelbeck (ted.nettelbeck@adelaide.edu.au) or the head of the Ethics Subcommittee, Associate Professor Paul DelFabbro (paul.delfabbro@adelaide.edu.au).

If you're interested, please contact Alison (alison.robb@adelaide.edu.au). This study will run until approximately the end of October 2014 and it's likely future studies will spring from these initial interviews.

Cheers – and all the best with your work ☺

Appendix 5: Recruitment flyer 3 (Email)

THE UNIVERSITY *of* ADELAIDE

ATTENTION ACTING STUDENTS & TRAINERS

You are invited to participate in the Actors' Psychological Wellbeing Project.

I am seeking:

- **Acting students**, aged 18 or over, who are undertaking vocational training in a recognised elite training institution (eg: AC Arts, Flinders Drama Centre)
- **Actor trainers,** aged 18 or over, who work with actors in training at recognised vocational institutions (eg: AC Arts, Flinders Drama Centre)

I invite you to participate in an interview which will take approximately **one hour.** I will ask questions about your views on being an actor in training and I hope this research will help better understand **actors' wellbeing** by consulting actors and those who work closely with them. One of the aims of the research is to provide **more support to actors** in the future. Interviews are **confidential** and great care is taken to preserve anonymity. Dates, times and locations are **highly flexible** around class, work and other commitments.

Alison Robb is conducting this research as part of her PhD/Master of Clinical Psychology, within the School of Psychology at the University of Adelaide.

Alison is a former theatre director, with more than 10 years' experience in the industry, who is currently retraining in Psychology. The study has been approved by the School's Human Research Ethics Subcommittee. Any concerns should be addressed to Alison, her supervisor Professor Ted Nettelbeck (ted.nettelbeck@adelaide.edu.au) or the head of the Ethics Subcommittee, Associate Professor Paul DelFabbro (paul.delfabbro@adelaide.edu.au).

If you're interested, please contact Alison (alison.robb@adelaide.edu.au). This study will run until approximately the end of October 2014 and it's likely future studies will spring from these initial interviews. I really appreciate your time and support.

Cheers – and all the best with your work ☺

<u>Appendix 6: Information sheet</u>

Welcome! You are invited to participate in the Actors' Psychological Wellbeing Project. I am seeking:

- **Professional actors**, aged 18 or over, who have performed a role in the last 6 months (paid, part-paid or unpaid)
- **Professional directors**, aged 18 or over, who have directed a piece of theatre or film in the last 6 months (paid, part-paid or unpaid)
- **Acting students**, aged 18 or over, undertaking training in an elite training institution (i.e: a training course in an institution dedicated to entry to a professional acting career)
- **Teachers and trainers**, aged 18 or over, teaching any subject to acting students in an elite training institution (ie: a training course in an institution dedicated to entry to a professional acting career)

This study is being undertaken by Alison Robb as part of her PhD/Master of Clinical Psychology within the School of Psychology at the University of Adelaide. The study has been approved by the School's Human Research Ethics Subcommittee. Any questions or concerns about the research should be addressed to Alison Robb (alison.robb@adelaide.edu.au), her supervisor Professor Ted Nettelbeck (ted.nettelbeck@adelaide.edu.au) or the head of the Ethics Subcommittee, Dr Paul Delfabbro (paul.delfabbro@adelaide.edu.au).

I invite you to participate in an interview which will take approximately **one hour**. During the interview you will be asked several questions about your views on actors' psychological wellbeing, in the context appropriate to you (training or the industry). It is hoped that this research will help to better **understand actors' wellbeing in training and at work**, by consulting both actors and those who work closely with them. One of the aims of the research is to provide **more support to actors**, in both contexts, in the future.

The interview will be recorded (audio only) and transcribed. Your name will not appear in any publications or materials resulting from the research and no information will be released that might compromise your anonymity. Some of what you say may appear in my

final PhD thesis or other publications, but never in a way that could identify you and you will have the opportunity to approve the transcript after it has been prepared. Both audio files and transcripts will be kept in a secure location.

It is unlikely you will receive any direct benefit from participating in this study, although **we hope the research will benefit actors in the future**. The study is not anticipated to be harmful in any way, your participation is fully voluntary and you are free to withdraw *at any time*.

If you would like to take part (at a time and location convenient for you) please email Alison at alison.robb@adelaide.edu.au, or give her a call on 0413 335 906 to arrange a time. If you think the study is of interest to others, **please feel free to forward this information to your colleagues**.

Cheers! Alison Robb.

Appendix 7: Consent form

Welcome! You have been invited to participate in the Actors' Psychological Well-being Project. This study is being undertaken by Alison Robb as part of her PhD/Master of Clinical Psychology within the School of Psychology at the University of Adelaide. The study has been approved by the School's Human Research Ethics Subcommittee. Any questions or concerns about the research should be addressed to Alison Robb (alison.robb@adelaide.edu.au), her supervisor Professor Ted Nettelbeck (ted.nettelbeck@adelaide.edu.au) or the head of the Ethics Subcommittee, Dr Paul Delfabbro (paul.delfabbro@adelaide.edu.au).

I would like to invite you to participate in an interview which will take approximately one hour. During the interview, you will be asked several questions about your views on actors' psychological wellbeing, in the context appropriate to you (in training or at work). It is hoped that this research will help to better understand actors' well-being in training and at work, with a view to providing appropriate support to actors in both contexts.

The interview will be recorded (audio only) and transcribed. Your name will not appear in any publications or materials resulting from the research and no information will be released that might compromise your anonymity. Some of what you say may appear in my final PhD thesis or other publications, but never in a way that could identify you and you will have the opportunity to approve the transcript after it has been prepared. Both audio files and transcripts will be kept in a secure location.

It is unlikely you will receive any direct benefit from participating in this study, although we hope the research will benefit actors in the future. If you would like a summary of the findings, it will be provided if you give your email address below. Your email address will not be used for any other purpose.

Your participation is fully voluntary and you are free to withdraw at *any time*. If you agree, please sign the following statement:

I, _____, have been adequately informed about the nature of this study. I understand that my participation is voluntary and I can withdraw at any time. I have been guaranteed that information collected is confidential and anonymous. I understand that the information generated by the study may be published – with no identifying details. I consent to participate in this study.

_____   _____

Participant's Signature   Date

I would like a research summary. My email address is:_____

Yes, you can contact me about future research: ☐

Appendix 8: Debrief sheet

Thank you very much for participating in the Australian Actors'
Wellbeing Project. Your interview will be used to help us understand what psychological
well-being means for actors, what psychological difficulties actors might face, the risk and
protective factors in training and at work and what support actors might need. Your comments
will also be compared with the comments of other students, professional actors, trainers or
directors to help us understand if the views of these different groups are the same or vary in
important ways.

When your interview has been transcribed and edited, removing all identifying
information, you will have the opportunity to review your transcript to ensure accuracy and
anonymity. Remember, you still have the opportunity to withdraw your participation *at any
time*.

If you have any questions or concerns about the nature or conduct of this study, please
contact Alison Robb (alison.robb@adelaide.edu.au), her supervisor Professor Ted Nettelbeck
(ted.nettelbeck@adelaide.edu.au) or the Head of the School's Ethics Subcommittee, Dr Paul
Delfabbro (paul.delfabbro@adelaide.edu.au).

We hope that this study will act as a springboard for other researchers' interest in the
psychological wellbeing and support needs of actors. We also hope that researchers and
practitioners will collaborate more in the future, so that training and work environments serve
to protect and enrich actors' wellbeing. In the future, we would like to provide acting training
institutions and performing arts companies with practical suggestions about how to support
the actors in their care.

We hope the study has been interesting and that you have enjoyed the opportunity to
express your views. Thank you once again. Your contribution is very valuable and we wish
you a positive, enduring and healthy career.

Appendix 9: Sample saliency analysis

This sample saliency analysis is from an early stage of coding the data from the professional cohort for paper 2 (chapter 3). Some notes for the next round of analysis are found at the bottom of the table. Recurrence of a code: **X** in **bold** denotes appearance in every transcript. *X* in *italic* denotes more than half. Importance of codes is defined in relation to the research questions and interpreted following Buetow's (2010) suggestion: something that advances understanding and/or is useful in addressing real world problems.

Round	Code	Important, recurrent	Important, not recurrent	Not important, recurrent	Not important, not recurrent
1	Many hats			*X*	
1	Early career struggle			X	
1	Life outside acting		X		
1	Money	**X**			
1	A real actor		X		
1	Self-worth (defining wellbeing)	**X**			
1	Coping strategies (defining wellbeing)		X		
1	Riding the wave (defining wellbeing)	*X*			
1	Ignoring mental health	**X**			
1	Intense emotions		X		
1	Highs and lows		X		
1	Lip service		X		
1	Self-management	*X*			
1	Keeping it in the family	*X*			
1	Help-seeking	**X**			
1	Outside the norm		X		
1	Novelty	*X*			
1	Stretching yourself	*X*			
1	Craft/skill*				X
1	Possibility	*X*			
1	Connectedness	**X**			
1	Mastery	*X*			
1	Momentness	*X*			
1	Life markers		X		
1	The void		X		
1	Uncertainty		X		
1	Being judged	**X**			
1	Helplessness	*X*			

Round	Code	Important, recurrent	Important, not recurrent	Not important, recurrent	Not important, not recurrent
1	Transient/unreliable connections		X		
1	Routine**				X
1	The brave face		X		
1	Trauma***		X		
1	Blurring	*X*			
1	Burn out	*X*			
1	Self-doubt	*X*			
1	Anxiety	*X*			
1	Stress****		X		
1	Self-criticism/rumination	*X*			
1	Sleep		X		
1 (S)	Skilled Communicators				X
1	Resilience		X		
1 (S)	Problem solvers				X
1 (S)	Driven/motivated				X
1	The Calling	**X**			
1 (S)	Passion				X
1	Meaning	*X*			
1	Resources				X
1	Up-skilling				X
1	Competition		X		
1	Community		X		
1	Secrecy		X		
1	Social de-valuing	*X*			
1	Alcohol	*X*			
1	Post-performance coping		X		
1	The people	**X**			
1	The trouble with happiness (defining wellbeing)		X		
1	Stigma				X
1	Play & Joy		X		
1	Exploration		X		
1	Worthlessness		X		
1	Interpersonal difficulties	*X*			
1	Desire for mental health support		X		
1	It's who you know	*X*			
1	Acting as a risk factor		X		
1	Giving it up		X		
1	Depression		X		
1	Needing feedback	*X*			
1	Professional development*****		X		

Round	Code	Important, recurrent	Important, not recurrent	Not important, recurrent	Not important, not recurrent
1	Relationships (defining wellbeing)		X		
1	Productivity (defining wellbeing)		X		
1 (S)	Self-awareness	*X*			
1	Fragmentation (a)				X
1	Being needed				X
1	Flow		X		
1	Vulnerability		X		
1	Being unsafe		X		
1	Being away from home				X
1	Not deserving help		X		
1	The suffering artist		X		
1	The athlete				X
1	Grass roots movement				X
1	Belonging		X		
1	Shame		X		
1 (S)	Zest		X		
1	Purpose (defining wellbeing)		X		
1	Something greater (defining wellbeing)		X		
1	Not working		X		
1	Fulfilment		X		
1	Perfectionism		X		
1	Stimulation		X		
1	Larger than life		X		
1 (S)	Empathy		X		
1	Having a mentor		X		
1	Looks		X		
1	Support to single-task				X
1	Knowing yourself (defining wellbeing)		X		
1	Being all things				X
1	Looks		X		
1	Boys' Club				X

* I think this one is about novelty
** I think this one speaks to a larger theme about instability or uncertainty
*** Can probably be lumped in with blurring – something about the down sides to psychological flexibility?
**** Probably in with anxiety
*****Probably in with upskilling
(a) Probably in with transient social connections
S Strengths that don't seem important or recurrent in the first transcript but may become salient when the whole data set has been analysed.

1   Interviewer (I): Ok, so it's the 12th of September and it's late in the day, 10 past 4. So just

2   demographic stuff to start with…how old are you?

3   Krista (K): I am 20.

4   I: 20 and you're in your [mid] year of training?

5   K: Yeah

6   I: Cool. So tell me a bit about how you actually came to be an actor…what's your story?

7   K: Well I always did quite a lot of acting when I was in primary school and yeah I started

8   heavily in music actually. I started piano when I was four and then I was entering eisteddfods

9   and competitions and all of that and doing a lot of music and when it came…I did it yeah

10   quite a lot of speech lessons and private drama lessons and [youth theatre company] and lots

11   of those kind of things but when it came to year 12 I was actually going…I was pretty much

12   committed to do classical [instrument] at the conservatory. Yep, I auditioned, got in and the

13   same day I got the call saying I was in to [course] and for me, I always loved making, like

14   being in plays, making, I also loved being another character. I loved that I could be someone

15   else for a while and I just adored that and I adored doing improve and theatre sports and

16   making these kind of caricature, bigger than life characters that made me feel happy and made

17   me feel good and then with…like I love my music as well but part of the reason I went from

18   piano to…I played trumpet and cornet and tenor horn and euphonium was that I could be part

19   of a band…I was in brass bands…I wanted to be in ensemble. I didn't want to sit at a piano

20   by myself and that…so being part of an ensemble with acting, whether it was street theatre or

21   writing plays, that was the appeal and doing classical [instrument] for

Appendix 11: Sample codebook page

This sample codebook is from the first stage of analysis of training cohort data for Paper 1 (Chapter 2). Transcript numbers denoting students are in **bold**, transcript numbers denoting trainers are in *italic*.

Code Name	Description	#1st	# In	Extracts
It's big	The topic of wellbeing is big, or tricky to talk about	24	**24,27, 29**, *23*	"That's an interesting question…I think…I mean it's a huge thing" (Tess) "It's not as well educated in terms of how to deal with mental health problems and it's not talked as much compared to, like, the body." (Bill) "I don't know. It's a funny one…" (Krista) "I don't know, does that answer your question?" (Ange)
Self-acceptance	Acceptance of and contentment with the self	24	**24, 28, 33**, *21, 31, 35*	"…just being happy with yourself and who you are" (Tess) "You can't really have wellbeing if you're unhappy about the way you look or who you are as a person" (Tess) "I guess just being confident in yourself in a healthy way. You don't have to be anything other than just who you are, be happy in that I guess". (Julia) "Being happy with themselves…someone who didn't have a great mental wellbeing would take it out on themselves I think" (Joy) "I think it involves basically knowing that one is good and smart and lovable" (Trish) "They've got a healthy sense of self" (Wendy) "…having a sense of belief in yourself, respect, trust…" (Maria)
Autonomy	Following one's own course, a sense of independence	24	**24,25**	"I think being true to who you are and following what you want to do. I've got so many friends who are in Uni courses that they just hate but they won't drop out because their parents are pushing them, or they're too scared to not know what they want to do" (Tess) "…you feel happy to do things on your own" (Lisa)
Wellbeing as a verb	Sense of wellbeing as active, a doing thing	24	**24, 27, 29**, *22, 23, 30, 31, 33, 35*	"…following what you want to do" (Tess) "Not being quiet, talking out…being honest with how you are" (Bill) "…figuring out what steps you can take to figure out the problem" (Bill)

Appendix 12: Sample qualitative content analysis coding frame page

This coding frame is from the qualitative content analysis of the training cohort for paper 4 (chapter 5). The coding frame provides rules for coding segments of data.

Main Category Name & Description	Sub-Category Name	Sub-category Number	Sub-category Description	Data Examples
1. Embedded Supports or alterations within the training environment	Mental health & wellbeing resources	1.1	Mental health training/information provided to students or staff	20.1 "I would love to give them more basic mental health training"
	Counsellor/mental health clinician	1.2	Specific talk about having a specialist student support person and/or mental health clinician on site	24.2 "it's difficult talking to people who don't really know anything about acting or the course…if you had a sort of specific counsellor"
	Course alterations	1.3	Any desired additions or alterations to course structure or content, NOT mental health and wellbeing	22.1 "I would give them more training about grant writing"
	Staff caretaking	1.4	Any talk of the role of staff (core or guest staff) in supporting students, INCUDING the role of staff in mental health and wellbeing	33.7 "if I could wave my magic wand and all of a sudden the lecturers know everything that's going on, you know, that kind of consideration"

Appendix 13: Sample qualitative content analysis coding sheet

This coding sheet is from the content analysis of the training cohort in paper 4 (chapter 5) and shows the author's final coding of each data segment in the training cohort, including subcategory number (matched to the coding frame in Appendix 10)

Numbered data unit	Category 1 Embedded (.subcategory)	Category 2 Looking Beyond (.subcategory)
20.1	1.1	
20.2	1.1	
20.3	1.1	
20.4		2.3
20.5		2.3
20.6	1.1	
20.7	1.1	
21.1	1.1	
21.2	1.4	
21.3		2.3
21.4	1.1	
21.5	1.2	
21.6		2.1
21.7	1.3	
21.8		2.4
21.9		2.2
22.1	1.1	
22.2	1.3	
22.3	1.3	
22.4	1.3	
22.5		2.2
22.6		2.2
22.7		2.4
22.8		2.1
22.9		2.2
23.1	1.1	
24.1		2.3
24.2	1.2	
25.1	1.3	
25.2	1.3	
25.3		2.4
27.1*	1.1	
27.2	1.2	
27.3		2.3
27.4		2.4
27.5	1.4	
27.6	1.4	
27.7	1.3	
28.1	1.1	
28.2	1.2	
28.3	1.3	

Numbered data unit	Category 1 Embedded (.subcategory)	Category 2 Looking Beyond (.subcategory)
29.1	1.2	
29.2	1.2	
29.3		2.4
29.4	1.2	
29.5	1.3	
29.6	1.4	
30.1	1.2	
30.2	1.3	
31.1	1.1	
31.2	1.2	
31.3	1.1	
31.4	1.1	
31.5	1.1	
31.6		2.4
31.7		2.1
32.1		2.4
32.2	1.3	
32.3		2.4
32.4		2.1
33.1	1.4	
33.2	1.4	
33.3	1.3	
33.4	1.2	
33.5	1.3	
33.6	1.4	
33.7	1.4	
34.1	1.2	
34.2	1.4	
34.3	1.1	
35.1	1.3	
35.2	1.2	

*participant 26 is in the professional cohort and therefore not included in this round of analysis

Appendix 14: Clinician's guide to assessing actors' psychological wellbeing

Assessing actors' psychological wellbeing: an alphabetical guide to key areas of concern

Includes acting-related interview questions

Please note that although actors encounter some unique psychological challenges in their work, there are currently no actor-specific measures. Clinicians should exercise discretion in choosing and applying any assessment tools relevant to the domain. Actors may be sub-clinical for some disorders but experience cumulative distress associated with sub-clinical symptoms in conjunction with lifestyle and role demands.

ACTING-RELATED STRESSORS

<u>For professional actors:</u> Do you experience the following?

- o Financial uncertainty
- o Employment instability
- o Repeated rejection (eg: auditions)
- o Repeated criticism (eg: from mentors, critics, peers, employers)
- o Workplace bullying
- o Pressure to perform when ill
- o Pressure to look a certain way
- o Pressure to use alcohol or substances to help your career
- o Pressure to conceal personal or mental health problems
- o Competition
- o Isolation (eg: while on tour, between jobs)
- o Relationships that seem close but really aren't
- o Relationships that only last the length of the job
- o Feeling like your career was not in your control/helplessness
- o Feeling like your friends, family or society don't value what you do
- o Difficulty saying "no" even when you're exhausted/burnt out
- o Problems with your self-esteem

<u>For acting students:</u> Do you experience the following?

- o Financial pressure
- o Feeling overloaded/overworked
- o Stress related to getting everything done
- o Repeated criticism (eg: from teachers, peers, guest artists)
- o Difficult group dynamics in your training group
- o Pressure to use alcohol or substances
- o Pressure to look a certain way
- o Competition
- o Difficulty maintaining relationships outside training
- o Worry about going to your teachers for help with psychological problems
- o Fear about the future (eg: career)
- o Feeling like your friends, family or society don't value what you do
- o Pressure to keep going even when you're exhausted/burnt out
- o Bullying or demanding guest artists or teachers
- o Problems with your self-esteem

ALCOHOL AND SUBSTANCE USE
See listed questions in 'acting-related stressors', 'identity', 'anxiety' and 'trauma'

ANXIETY
Actors may suffer cumulative effects from audition-anxiety and may also experience stage fright. A commonly-used exercise in acting craft "the Magic If" may also foster the tendency to worry. In this exercise, actors become skilled in imagining and embodying diverse scenarios by asking questions like "*What if* the roof caved in?" "*What if* the bus crashed?" "*What if* your lover didn't come home?" and then acting out the resulting scene. This *"What if?"* thought pattern can become habitual and lead to generalised-anxiety type symptoms.

Acting-related questions:
- Has stage fright ever been a problem for you?
- Have you ever refused a job or been unable to perform because of anxiety?
- Have you used alcohol to cope with performance-related anxiety?
- Do you ever feel like your imagination is out of control?
- Do you think your vivid imagination causes you any trouble?
- Do you get caught up in worrying about imaginary scenarios?

DEPRESSION
Actors may be vulnerable to depression because of isolation while on tour, social isolation related to the transient nature of work relationships, lack of control over career, chronic unemployment, their profession being de-valued by family, friends and society, repeated experiences of rejection (eg: auditions) and constant criticism by mentors, audiences and critics. It is also important to note that actors have a tendency toward self-examination, which may promote rumination.

EATING DISORDERS
Pressure to meet industry-led image ideals affects actors, with women tending to strive for low body weight and men encouraged to build muscle and a lean shape. Clinicians should note that eating disorders may be especially prevalent in acting school, when there is a powerful perceived need to meet industry ideals prior to graduation.

IDENTITY
Actors may be vulnerable to identity problems of two kinds: one is shame about the identity of 'actor' in the face of unemployment and/or de-valuing by friends, family and society. The other is de-stabilisation of identity, generally resulting from blurring the boundary between self and character.

Acting-related questions:
- How important is being an actor to you?
- Can you imagine being anything other than an actor?
- Do you have any hobbies?
- How easy is it for you to call yourself an actor?
- Do you still feel like an actor when you're not working?
- Do you feel stuck being an actor?
- Are there ever times when you feel like a character has taken over?
- Are there ever times when you're not sure who you are?
- Do you ever feel like it's difficult to 'shake off' a character after a show?
- Do you ever use alcohol or drugs to get rid of a character?
- Do you think being an actor has made you more or less sure of who you are?

PERFECTIONISM

Clinical perfectionism is defined as striving to meet demanding standards despite negative consequences, and basing self-esteem on achievement. Striving for excellence is not intrinsically negative and is arguably necessary in high-performance domains like acting. Self-worth being dependent on striving for personally demanding standards, however, is likely transdiagnostic across a number of disorders, in particular eating disorders, depression and anxiety.

It is not clear exactly how perfectionism plays out in actors, complicated as it is by training and industry mandates for excellence and striving, but the Centre for Clinical Interventions has a number of modules which may be of use, located here: http://www.cci.health.wa.gov.au/resources/infopax.cfm?Info_ID=52

POSITIVE FUNCTIONING INDICATORS

Although it is not customary to formally assess for positive functioning (as conceptualised by Dr Carol Ryff) in Australian clinical practice, assessing these domains in actors may be useful to provide a profile of positive mental health in the following areas:

- self-acceptance
- the establishment of quality ties to others
- a sense of autonomy in thought and action
- the ability to manage complex environments to suit personal needs and values
- the pursuit of meaningful goals and a sense of purpose in life
- continued growth and development as a person

More information about the characteristics associated with high and low scorers in each of these domains is available at http://www.liberalarts.wabash.edu/ryff-scales/ and the empirically validated measures are available free of charge by following these instructions: *Institutions or organizations interested in using the Ryff Scales of Psychological Well-Being should send a request and description of how the instrument will be used to Dr. Carol Ryff: cryff@wisc.edu.*

STRENGTHS
Question:
What do you think your strengths are? (probe for the following)
- o Empathy
- o Self-awareness
- o Passion and commitment
- o Interpersonal skills
- o Curiosity
- o Emotional literacy
- o Improvisation/problem solving

One approach to the measurement of strengths which is gathering an evidence base is grounded in Peterson and Seligman's *Character Strengths and Virtues* taxonomy. There is a publicly available measure called the *VIA Classification of Character Strengths,* available at http://www.viacharacter.org/www/Character-Strengths/VIA-Classification

STRESS
See 'acting related stressors' questions

TRAUMA

Note: It may be important to assess actors for both early adverse experiences and post-traumatic stress symptoms.

A high proportion of actors may have been exposed to four or more adverse childhood experiences (Thomson & Jacque, 2017) and experiences to be aware of in actors include: familial mental illness, domestic violence and emotional abuse.

Acting-related questions:
- o Have you ever experienced a 'hangover' from playing a character, in which a character's thoughts, feelings or behaviours carried on after the show was over?
- o Have you ever felt a character was intruding into your life?
- o Have you ever had nightmares related to a show?
- o Have you ever used alcohol or drugs to 'come down' after a show?
- o Have you ever been distressed by using your own memories in creating or performing a character?
- o Have you ever been distressed by having to perform scenarios on stage, such as sexual violence or grief?

Practice and service-delivery guidelines for trauma-informed care are available from the Blue Knot Foundation at http://www.blueknot.org.au/ABOUT-US/Our-Documents/Publications/Practice-Guidelines

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