

**Exploring the Mental Health of Australian Performing Artists:  
A Two-Part Study**

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## **Abstract**

This thesis involved two studies that each examined the mental health of a population of Australian singers, dancers, actors, musicians and musical theatre performers. The first study examined the mental health vulnerabilities among a group of Australian singers, dancers, actors, and musicians, focusing specifically on anxiety, depression, alcohol consumption, and suicidality. The second study aimed to understand the lived experience of musical theatre performers and the relationships between this and their mental health and well-being. For Study One, 1031 participants (288 actors, 325 dancers, 320 musicians, 98 singers; 660 female, 369 male, 2 other) completed the Hospital Anxiety and Depression Scale, the Paykel Suicidal Scale, The Multidimensional Scale of Perceived Social Support Short Form, the 12 Item Health Survey and items from the National Drug Strategy Household Survey pertaining to alcohol use. The hypothesis that this group would demonstrate higher levels of depressive symptomatology when compared to normative data and that depression would be predicted by the combination of health-related quality of life (physical health and mental health), perceived social support (friends, family, significant other), frequency of alcohol consumption and industry income was supported. Similarly, the hypothesis that this group would demonstrate higher levels of anxiety compared to normative data and that this would be predicted by the combination of health-related quality of life (physical health and mental health), perceived social support, frequency of alcohol consumption and industry income was also supported. It was also predicted that substance use would be higher than population norms and that single occasion risky drinking behaviour would be predicted by the combination of depression and anxiety symptomatology, physical and mental health related quality of life and perceived social support. This was also supported. Further, the hypothesis that suicidality would be predicted by the combination of lifetime mental health diagnosis, depression and anxiety symptomatology, perceived social support and health related quality of life (physical health and mental health) was also supported. Further exploratory analysis indicated that perceived social support from family and from friends in the industry each mediated the relationship between depression and suicidality. The results point to substantial vulnerabilities in this population on all measures. Study Two investigated the lived experience of performing artists working in musical theatre (and therefore demonstrating skills as singers, actors, dancers and musicians concurrently). Sixteen professional musical theatre performers (8 female, 7 male, 1 nonbinary) engaged in interviews investigating areas such as their experiences of the industry and its culture, substance use, injury and the precarity of employment. Interpretive Phenomenological Analysis was used to analysis the data. The results revealed three main themes that captured participants' experiences of working in the musical theatre industry: a sense of identity tied to their work, the competitive nature of the industry, and pervasive feelings of inadequacy. Several subordinate themes were identified with each main theme that related to their overall mental health. Taken together, the results of both studies are discussed, particularly pertaining to the culture of perfectionism and its relationship with anxiety and depression, the role of physical and mental health related quality of life as it pertains to injury in this population and the relationship between social support and mental health. The results from both studies point to a range of implications for this population of performing artists including but not limited to interventions and programs linked to social support, suicidality, alcohol consumption the sense of identity in the work and competitiveness.

## **Declaration of Authenticity**

I, Glen Hosking, declare that the PhD thesis entitled A two part study investigating the mental health, suicidality and alcohol consumption of a group of singers, dancers, actors and musicians, and the lived experience of musical theatre performers is no more than 80,000 words in length including quotes and exclusive of tables, figures, appendices, bibliography, references and footnotes. This thesis contains no material that has been submitted previously, in whole or in part, for the award of any other academic degree or diploma. Except where otherwise indicated, this thesis is my own work.

I have conducted my research in alignment with the Australian Code for the Responsible Conduct of Research and Victoria University's Higher Degree by Research Policy and Procedures.

### **Ethics Declaration**

All research procedures reported in the thesis were approved by the Human Research Ethics and Integrity Committee HRE17-165

Signature

Date 05/03/2025

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# Chapter One:

## Prologue

### prologue

/ˈprɒlɒɡ/

*noun*

a separate introductory section of a literary, dramatic, or musical work that provides context and introduces the setting and key aspects of the plot

(Oxford English Dictionary, 2024).

This thesis presents two separate studies on the mental health, well-being and lived experience of Australian performing artists. The first study analyses data collected in a collaboration between Victoria University and Entertainment Assist, a national health promotion charity that aims to raise awareness about mental health and wellbeing in the Australian entertainment industry. This data collection, undertaken independent to this researcher, investigated a range of variables related to the mental health and well-being of people who work in the performing arts industry in Australia, the results of which are published in van den Eynde, Fisher and Sonn (2016). That work investigated a range of areas of the performing arts industry, including a breadth of performers (including singers, comedians, circus performers and radio announcers), performing arts support workers (including directors, choreographers and stage managers) and performing arts technicians (such as audio and lighting technical operators) and commented on a range of trends related to mental health, income, work and sleep habits and suicide across this broad population of the industry. The current study chose a specific element of this sample – people working as singers, dancers, actors and musicians and investigated areas pertaining to anxiety, depression, alcohol consumption and suicidality. The aim of this was

to ascertain an understanding of the mental health vulnerabilities within this population of singers, dancers, actors and musicians, and predictors of anxiety, depression, suicidality and alcohol consumption. These aims, research questions and the hypotheses were distinct from the work of (van den Eynde et al.). This comprises Study One of this thesis.

The second study investigated a subset of people working as singers, dancers, actors and musicians – musical theatre performers. This data was collected separately from the data collected as part of Study One. Musical theatre performers are unique as performing artists. They are required to sing, act, dance and sometimes play musical instruments, often within the same production. Whilst there is research into the mental health of people who work in these industries separately (for example someone who works just as a singer), there is little research into the mental health vulnerability of musical theatre performers who are required to perform and maintain skills in all areas concurrently. The aim of this was to understand the experience of this population related to their mental health and well-being and their experience of the music theatre industry. This will partly expand on the results from Study One, but also work to understand the unique experience of this population and understand their experience of the industry and the relationship this has to their mental health and well-being.

This thesis will be presented as such; Chapter Two will review literature related to mental health and well-being of singers, dancers, actors and musicians. It will review literature related to variables of investigation in Study One such as depression, anxiety and substance use and research into elements of the industry that have a demonstrated link to mental health, such as the impact of the confronting nature of presenting complex work, some of which are the focus of Study Two. This will lead to the aims and hypothesis of the first study. Chapters Two and Three will outline the method and results of Study One respectively. Chapter Four will discuss the results of Study One, linking it to existing literature and aims to present an overall understanding of the vulnerabilities of this population of singers, dancers, actors and musicians. This

is extended in Chapter Five which will outline the method for Study Two, the results of which are presented in Chapter Six. Chapter Seven will discuss the Study Two results linking it to existing literature. Chapter Eight will discuss the results of the studies together, highlighting parallels and differences between the two studies findings. Limitations of both studies and implications for practitioners, the industry and future research are discussed.

## **Chapter Two: Literature Review**

Performing artists cover a wide range of performance settings and disciplines, requiring a diverse skill set to build and sustain successful careers (Willis, Neil, Mellick, & Wasley, 2019). They are expected to showcase technical expertise, convey emotional depth, exhibit strong business skills, and engage with the public and other key stakeholders (Vaag, Giæver, & Bjerkeset, 2013). Broadly, performing artists include musicians, dancers, actors, and singers (Kogan, 2002). There are also finer distinctions within each of these categories. For example, musicians include pianists, brass, string, and woodwind players, among others, spanning a variety of musical genres, from classical to rock. Singers can include those focusing on opera, pop music or music theatre, whilst dance can include areas such as classical ballet, hip hop, ballroom and contemporary. Performing artists can also include areas such comedians, circus performers, balloon artists and puppeteers (Kogan). For the purposes of this study, professional performing artists are defined as those who work as singers, dancers, actors or musicians for money and those who combine these skills and work in music theatre. Some of these may work full time in this profession, whilst others will combine this with other work that can be in or outside of the performing arts industry. This is distinct from amateur performing artists who may have regular performing engagements without a salary.

The health of performing artists has typically been focused on injury management and prevention (Guptill, 2011). In terms of mental health, the link between people from creative industries and mental illness has attracted some interest, although this is a developing field. Focus on the mental health of performing artists has been mostly confined around performance anxiety in musicians (Kenny, 2005), body image in dancers (Nascimento, Luna, & Fontenelle, 2012; Penniment & Egan, 2012; Swami & Harris, 2012) and stage fright in actors (Simmonds & Southcott, 2012). There is evidence that people working in creative industries experience a vulnerability to complex mental

health conditions; a Swedish study indicated that people from a range of creative industries were more likely to suffer from bipolar disorder and schizophrenia when compared to matched controls (Kyaga, Landén, Boman, Hultman, Långström, & Lichtenstein, 2013), .

Performing artists are a unique population in the field of psychology, and often viewed as a combination of artist and athlete (Ambegaonkar & Caswell, 2011). The parallels between performing arts and sport may be found in the realm of performance psychology (Moyle, 2012), which refers to the application of psychological principles of human performance to assist individuals to frequently and consistently perform in the upper range of their ability. There are several parallels between performing artists and athletes. Both groups must meet high standards and demonstrate optimal performance at specific times (Mainwaring, 2009), both groups undergo extensive training, often from a young age (Moyle, 2016), can experience extended time away from home whilst working, and have potentially short careers (Hays & Brown, 2004). Further, both groups demonstrate passion for the work, the need to work in team environments and the need to stay motivated.

Participation in performing arts has been linked to broad health and well-being outcomes, including a sense of community, and as a facilitator of socialisation although most of this work has concentrated on non-professional populations, (Chung, Lee, Tan, Teo, Lee, Ee, Sim, & Chee, 2018; Stenbridge de Aguilera, Hocking, & Sutton, 2018). In a study investigating the connection between participation in performing arts and mental health, Block, Wong, Kataoka and Zimmerman (2022) found that regular involvement in performing arts (more than once a week) was linked to higher levels of positive mental health when compared to no participation. In contrast, participation in visual arts and writing did not show the same effect on mental health. The authors suggested that one possible explanation for this finding is that involvement in the performing arts fosters social bonding and a sense of collective flow. In contrast to visual art and writing, performing arts requires active engagement with other participants, together with conscious watching, listening and reacting to others and their

actions. As such, the social aspect of performing arts participation may serve as the key mechanism between involvement in performing arts and positive mental health. There is further evidence of the positive impact of engaging in the performing arts. In a meta-analysis investigating the effectiveness of dance on psychological and cognitive health outcomes, Fong Yan, Nicholson, Ward, Hiller, Dovey, Parker, Low, Moyle and Chan (2024) found dance to be as effective as other forms of physical activity in enhancing depressive symptoms and quality of life among individuals with Parkinson's disease. Additionally, it demonstrated superior benefits compared to other physical activities in improving social cognition, motivation, certain aspects of memory, and in reducing overall psychological distress.

Performing arts has also been used as a mechanism for psychological intervention, with music therapy, art therapy and drama therapy being used with some demonstrated effectiveness to address mental health problems (Akandere & Demir, 2011; Australian Music Therapy Association, 2012; Nguyen, Xiao, Chan, Zhang, & Chan, 2022)

Whilst evidence as above does suggest positive impacts of engagement in the performing arts, the work of this thesis will focus on the mental health vulnerabilities of those working as performing artists. This next section will specifically discuss musicians, singers, actors, dancers and musical theatre performers and review a selection of research pertaining to the mental health of each group.

## 2.1: Musicians

Musicians demonstrate skill in playing one or multiple musical instruments (Hallam, 2010). Rickard and Chin (2017) assert that years of formal training are usually required to qualify as a professional musician, and ongoing training and practice are required to maintain successful careers. Working as a musician can differ depending on the genre of music being played. An orchestral musician must demonstrate technical prowess, specificity, and the capacity to play well with others (Hager & Johnsson, 2009), whilst a rock and roll musician must work with a small group of others and demonstrate a capacity to connect

with the crowd (Taylor, Brad, Allan, & Paul, 2020). Conversely, a jazz musician typically demonstrates a capacity to improvise in addition to specificity and technical skill (Farley, 2011; Umney & Kretsos, 2014).

There is strong evidence that musicians experience mental health problems more frequently than the general population (Kyaga et al., 2013; Vaag et al., 2013). Kenny, Driscoll and Ackermann (2012) found that Australian professional orchestra musicians had higher rates of social anxiety (33%), post-traumatic stress disorder (22%), and depression (32%) compared to the general population. Similarly, Barbar (2014) reported high levels of moderate to severe generalised anxiety, social anxiety and depression in their study of Brazilian musicians, whilst Vaag, Bjørngaard and Bjerkeset (2016) reported prevalence rates of 20.1% for depressive symptomatology and 14.7% for symptoms of anxiety, both at levels higher than the general population. Furthermore, research from Germany suggests that opera and concert orchestra musicians had higher levels of mental distress compared to the general population (Vollmer, Zander, Fischer, Kudielka, Richter, & Spahn, 2012) whilst a Brazilian study reported significantly higher levels of depression and anxiety in musicians, with professional musicians reporting double the rates of these conditions compared to their amateur counterparts (Barbar, de Souza Crippa, & de Lima Osório, 2014). In a recent study of student musicians, Shoebridge and Osbourne (2025) identified several barriers to well-being, including financial constraints, limited leave entitlements and time pressures, interpersonal challenges, and unhealthy norms embedded within the music performance culture.

Further, musicians experience frequent musculoskeletal pain (Leaver, Harris, & Palmer, 2011) and high rates of hearing difficulties (Hasson, Theorell, Liljeholm-Johansson, & Canlon, 2009), both of which are associated with mental health distress (Krog, Engdahl, & Tambs, 2010).

The bulk of research into the mental health of musicians has centred on performance anxiety (Kenny, 2011; Kenny et al., 2012; Zarza-Alzugaray, Orejudo, Casanova, & Aparicio-Moreno, 2018). For many authors,



performance anxiety in musicians is considered a subtype of social anxiety disorder (Osborne & Franklin, 2002) and according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) can be classified with the “performance only” specifier (American Psychiatric Association, 2013). The anxiety may be specific to performing music, or it may occur as part of social anxiety disorder, in which musical performance is one of a number of anxiety-provoking social situations (Kenny, 2011). Hays (2009) states that by its very definition, performance involves demonstrating a skill in front of others, and therefore renders itself vulnerable to performance-based anxiety. Similarly, Osborne and Kirsner (2022) say that whilst performing music can be a fulfilling experience for many, musicians frequently experience fear and dread when performing, often irrespective of the level of skill they have playing music of the amount of performance experience. Whilst evidence suggests that musicians experience higher rates of mental health challenges, few studies have investigated large populations within Australia. Furthermore, there has been limited investigation into the predictors of mental health within this population.

## 2.2: Singers

Distinct from working as a musician is someone who works as a singer. Whilst musicians may sing in addition to playing instruments, singers are unique in their role, as their voice serves as their primary instrument. Unlike other instruments, the voice cannot be easily replaced if damaged or quickly repaired if injured, presenting a distinct set of challenges for singers (Titze & Sundberg, 1992). Singers must demonstrate a sense of athleticism unique to the performing arts, having to perform complex phonatory manoeuvres, need vocal flexibility, endurance, and vocal tract control that exceed the fundamental operation of the speaking voice (Phyland, Pallant, Thibeault, Benninger, Vallance, & Smith, 2014). Further, unlike other musicians, solo singers perform directly to the audience without the opportunity to use their instrument to hide behind and create a barrier to the audience as other musicians do (Dobson & Sloboda, 2016; Kemp, 1996).

Whilst limited, evidence suggests that professional singers experience physical and mental health challenges unique to their work and at levels higher than the

general population. Physical health problems include workplace injuries such as vocal nodules and vocal cord haemorrhage (Jahn, 2009), whilst mental health challenges include higher levels of distress as compared with the general population, demonstrating significantly higher scores on measures of depression and anxiety and lower levels of measures of psychological wellbeing (Bodner & Bensimon, 2008). In a small study of opera singers (N = 7), Spahn, Echternach, Zander, Voltmer and Richter (2010) found highly elevated heart rates when during performances and heightened levels of state anxiety immediately prior to going on stage. Similarly, in a dated similar study, Sandgren (2002) identified anxiety related to the opinions of others (including the industry, the audience and critics in the media) was central to the experience of opera singers. The author also identified high levels of self-criticism and worry about vocal problems as having impact on singers' well-being. Whilst there is some emerging research in the areas of mental health of singers, this is limited and as such further investigation is warranted.

### 2.3: Actors

An actor is an individual who performs roles in various forms of storytelling, including film, live theatre and television. They portray characters, bringing them to life through expressive techniques including speech, movement, and emotional expression (Smith, 2022). Actors may follow a written script or improvise, and they often work to understand their characters' motivations, personalities, and background in order to deliver an authentic performance (Worthen, 2014).

Actors also experience significant mental health challenges. In their study of Australian actors, Szabó, Seton, Maxwell and Cunningham (2022) found that their sample had significantly higher levels of depression, anxiety and stress compared to those of a general Australian sample. Similarly, Maxwell, Seton and Szabo (2015) found that actors experience levels of anxiety, stress, and depression above levels of the general population. Further over one quarter reported they had experienced a significant psychological work-related issue that has rendered them unable to work. Robb, Due and Venning (2018)

concluded that actors are at risk of a range of mental health disorders, particularly a strong vulnerability to depression, generalised anxiety disorder and posttraumatic stress disorder. Similarly, Waterman (2013) found that actors were more vulnerable to depression, eating disorders and substance abuse. Additionally, actors have exhibited heightened levels of unresolved trauma compared to a mixed control group of artists, athletes, and people interested in the arts or athletics (Thomson & Jaque, 2012). Furthermore, Cinque, Nyberg and Starkey (2021) found that actors experienced significant hardships in their work (including low salaries, a lack of regulation about work practices and unemployment), and also felt a sense of rejection by the community which they reported was as a result of the work that they do. However, the actors did not consider stopping working as an actor, saying that the work provided a deep sense of personal fulfillment and that this outweighed the challenges.

Similar to musicians, actors experience significant performance anxiety (Maxwell, Seton, & Szabó, 2015) and uncertainty (Filmer, 2008). Female actors seem more likely to report this than men, whilst having professional training as an actor seems to increase the likelihood of reporting such experiences. Taken together, this evidence suggests further investigation into the mental health of actors as part of a group of performing artists is warranted, particularly related to variables that may predict levels of anxiety and depression.

#### 2.4: Dancers

Dancers use their body movements, rhythm, and expression to perform and communicate stories, emotions, or ideas through dance. They may perform in various styles, such as ballet, contemporary, jazz, hip-hop or folk, often accompanied by music. Dancers train extensively to develop strength, coordination, flexibility and artistry. They may perform solo, in pairs, or as part of an ensemble and may do so stage, in film, in video, or at live events (Montero, 2013). Like musicians, many dancers commence training at an early age, with most professional dancers commencing dance between 7 and 12 years of age (Warnick, Wilt, & McAdams, 2016).

While dancers perform across various genres, most research on their mental health has focused on body image and eating disorders in ballet dancers. For example, multiple studies have shown that ballet dancers report lower body satisfaction than non-dancers and exhibit a stronger drive for thinness (Ackard, Henderson, & Wonderlich, 2004; Aujla & Farrer, 2015; Bettie, Bettie, Neumärker, & Neumärker, 2001; Gregory & Interiano-Shiverdecker, 2021).

This heightened emphasis on body image within the dance community increases dancers' vulnerability to disordered eating and clinical clinically diagnosable eating disorders. Research indicates that dancers are more likely to engage in disordered eating behaviours compared to non-dancers (Arcelus, Witcomb, & Mitchell, 2014; Bettie et al., 2001). Many dancers report adopting these behaviours in response to pressures to modify their body weight, size, or shape to fit into form-fitting costumes (Reel, SooHoo, Gill, & Jamieson, 2005). Further, meta-analyses suggest that dancers are three times more likely than non-dancers to develop an eating disorder, with elevated risk for anorexia nervosa and eating disorders not otherwise specified as classified in the Diagnostic and Statistical Manual of Mental Disorders (Arcelus et al., 2014).

Whilst most of research in the mental health of dancers has focused on body image and eating disorders, there is some evidence of further mental vulnerability in this population. In their study of elite ballet dancers, Gregory and Interiano-Shiverdecker (2021) reported that in addition to a preoccupation with body image, their participant group experienced frequent stress, anxiety about injuries and constant pressure to find and maintain work. Further, Pickard (2012) found that young dancers felt that they needed to accept emotional and physical suffering (including chronic pain) for the sake of their ballet. In this study, a strong commitment to the art form drove ballet dancers to continue dancing for hours, often sustaining injuries and working through chronic pain which in turn contributed to emotional distress (Moola & Krahn, 2017).

In addition to these findings about chronic pain, a central factor in the mental health of professional dancers pertains to injury. Gregory and Interiano-Shiverdecker (2021) found that anxiety about injury is common for dancers,

with dancers worried that injury is imminent and that they will suddenly end their careers. Similarly, Wainwright and Turner (2004) suggest that injury is highly normalised and minimised in ballet cultures, even suggesting that working through an injury is often seen as an indicator of heroism, a finding mirrored by McEwen and Young (2011).

In addition, there is a breadth of evidence relating to perfectionism in dancers. Jowett, Hill, Curran, Hall and Clements (2021) found high levels of perfectionism in dancers and that this was linked to high levels of burnout. Similarly, Hill, Mallinson-Howard, Madigan and Jowett (2020) state that whilst in both dance and sport perfectionism may be associated with success, participants who become overly preoccupied with perfection may be vulnerable to well-being, motivation and performance difficulties.

Whilst limited, there is some evidence of a culture of abuse in ballet dancing. Papaefstathiou, Rhind and Brackenridge (2013) suggest a power imbalance exists between ballet dancers and their teachers. The authors suggest that this imbalance manifests in that students feel the need to minimise or deny difficulties related to their dancing for fear of jeopardising future success. Beyond the experience of training, further work has highlighted emotional harm that professional dancers have experienced as a result of frequent criticism, correction and comparison in the work. In their study of past professional ballet dancers, Moola and Krahn (2017) reported experiences of feeling the need to withstand frequent sarcasm and ridicule from superiors in the industry, leading to feelings of humiliation, emotional distress and shame.

Research into other areas of psychological functioning in dancers is limited. One study suggested that dancers have reported a high rate of sleep deprivation and psychological fatigue in addition with a concomitant high rate of self-reported need for mental health intervention (Alimena, Air, Gribbin, & Manejias, 2016). Many dancers reported feelings of hopelessness and depression and indicated loss of interest in activities they previously found enjoyable. However, there appears little work relating to anxiety, depression

and other mental health conditions for this population, particularly from an Australian perspective.

### 2.5: Music Theatre

Musical theatre involves a performance art where a performer is required to sing, dance and act and at times play instruments within the same production. Wanke, Kunath, Koch, Davenport, Weisser, Groneberg, Mache, Endres and Vitzthum (2012) describe musical theatre performers as “triathletes” of the performing arts industry given the breadth of skills that they need to demonstrate and maintain successful careers. Whilst as outlined above, there is some degree of research into the mental health of people who dedicate themselves to one part of performing (i.e. an actor), little is known about those who are required to have skills in multiple areas concurrently.

In study of musical theatre graduates in Australia, Curtis (2019) explored the impact of tertiary-level musical theatre education on psychological wellbeing. The musical theatre students scored significantly lower on measures of psychological well-being, and higher on indicators of depression and anxiety, compared to both the general population and tertiary students in other disciplines. In a similar study of musical theatre students Wanke et al. (2012) observed trends related to body image, injury and illness, with 67.7% indicating they were “partially content” with their bodies, and 45.9% suffering from orthopaedic and/or internal injury at least twice per year. The participants identified pressures and expectation of performance as being the most common cause of injury and illness. Each of these are pilot studies and are on musical theatre students. There is no known research into the experiences of professional musical theatre performers and the relationships between this experience and their mental health and well-being.

Taken together, whilst there is some evidence that singers, dancers, actors, musicians and music theatre performers experience mental health problems at higher rates than the general population as outlined above, there is limited work that investigates this from an Australian perspective. Further, most of the work on dancers has focused on ballet dancers, and most of the work with

musicians has focused on professional classical musicians, with little focus on other genres. Little work has investigated factors that may predict mental health in these population. The next section will review the literature related to a range of factors that may act as contributors to or outcomes of poor mental health in performing artists, including substance use, injury and quality of life.

## 2.6: Substance Use

A range of work has demonstrated high rates of substance use and abuse in performing artists. Research dating back 30 years has indicated that performing artists consume drugs and alcohol at higher rates compared to the general population (Kerr, Sheffer, Chambers, & Hallowell, 1991; Ludwig, 1992). In a survey of musicians in the United Kingdom, 45% reported alcohol abuse or dependence (Forsyth, Lennox, & Emslie, 2016), whilst further work has indicated that musicians demonstrate higher death from drug and alcohol abuse when compared to the general population (Chertoff & Urbine, 2018). In an Australian study of alcohol consumption of performing artists (where approximately half were actors, but most were working across multiple performance domains), Szabó, Maxwell, Cunningham and Seton (2020) found high levels of binge-drinking compared to the general Australian population and that overall, the group consumed alcohol at a level that is considered risky and harmful. Male actors were at a higher risk than female actors. In dancers, research has determined that whilst rates of cigarette and recreational drug use is low (5.4% for each); almost one third (32.4%) engage in binge drinking, compared to 17% of non-dancers (Alimena, Air, Gribbin, & Manejias, 2016).

Several studies have identified high incidence of illicit drug use in musicians (including singers), although this differed depending on the genre in question. Drug use has been reported as common among rock, alternative, rhythm and blues and jazz/blues musicians (ranging 42%-57%), but considerably lower in classical (21%) and church/gospel performers (17%; Chesky & Devroop, 2003; Chesky & Hipple, 1999). In a study that measured the survival rates of famous musicians, Bellis, Hennell, Lushey, Hughes, Tocque and Ashton (2007) reported that rock and pop musicians experience mortality rates 1.7 times

higher 3 to 25 years post fame when compared to a demographically matched sample in Europe and North America. The authors concluded a disproportionate amount of their mortality appears to be related to alcohol and drug use and other risk-taking tendencies.

Substance use may represent a mental health challenge in its own right or emerge as a coping mechanism in response to poor mental health—for example, a performer using alcohol to manage performance anxiety

There is evidence that substance use is more prominent in individuals with higher creativity, irrespective of whether the creative outlet is performing arts or not (Jones, Blagrove, & Parrott, 2009). A meta-analysis into this relationship suggested a general association between creativity and substance use (Iszáj, Griffiths, & Demetrovics, 2017), although the nature of this relationship was not clear. There is anecdotal evidence that substance abuse has occurred in musicians dating back to the 17th century; Breitenfeld, Roland, Pap, Akrap, Grgić and Rešetar (2017) reports that Russian composer Pyotr Tchaikovsky abused alcohol to self-medicate in response to his homosexuality, Ludwig Beethoven abused alcohol to self-medicate low mood and depression, whilst Claude Debussy sought comfort in drugs such as cocaine and morphine.

Research has suggested a range of reasons why performing artists may demonstrate higher levels of substance use. These include using substances to overcome impaired mental health functionality (Iszáj et al., 2017), using substances to enhance creativity (Saintilan, 2019), and a culture of drinking that is both part of the job and that assists people to obtain group membership (Forsyth et al., 2016).

In regards to using substances to overcome impaired functionality, Iszáj et al. (2017) suggested that psychoactive substances may stabilise or assist individuals who are experiencing significant mental health problems. This is particularly present in creative artists who present with specific psychopathological disorders (Holm-Hadulla, 2013). Maxwell et al. (2015) suggests that actors use may alcohol and illicit drugs as a form of self-medication, either to cope with the high demands of the profession or to 'cool



down' after playing an intense role or being involved in an intense performance. In their study, when asked about their substance use used specifically to cope with their work as a performer, 36.7% reported using alcohol, 11.1% used marijuana and 6.8% used illegal drugs such as ecstasy and cocaine.

The role that psychoactive substance use play in artistic creation has been the focus of research attention. Saintilan (2019) postulates that the creation of art and the abuse of alcohol and drugs share similarities, as both involve efforts create new experiences, view things from a different or altered perspective, and access parts of the psyche that are otherwise dormant. The author concludes that given these parallels, it is understandable that addiction and the creation of art would be entwined.

Substances may indirectly influence the creative process by enhancing experiences and sensitivity, while loosening conscious processes that can impact creativity. Cocaine and amphetamines have been used to enhance energy levels, creativity and focus (Trynka, 2011), whilst Belli (2009) reported the use of marijuana and alcohol to overcome anxiety about creating original work and improve impaired confidence. The suggestion is that an individual will not be more creative as a result of substance use, but that the quality of the artistic endeavour will be altered due to substance use (Smith, 2005).

Whilst there is evidence that a proportion of artists associate substance abuse with enhanced creativity, the negative impacts are significant. A substantial body of research indicates that high levels of drug and alcohol consumption generally have a negative impact on creative productivity (O'Dair, 2016).

Specific to alcohol consumption, work has investigated the culture of drinking in the performing arts industry. There is evidence suggesting that entertainers are actively encouraged to consume alcohol while working. A study of various entertainers - including musicians, comedians, DJs, and cabaret performers - found that participants experienced social pressure to drink on the job, received complimentary alcohol as part of their work, and faced psychological incentives and stressors that promoted drinking before, during, and after

performances (Forsyth et al., 2016). The research found that drinking was encouraged in licensed and non-licensed venues, with a culture of having drinks supplied by employers or providing your own if there was no licenced bar. Groce (1991) reported that musicians working in bands are often indirectly expected by venue managers to promote alcohol consumption among patrons, typically by modelling enjoyment through drinking while on stage. This is reinforced by the entertainers in Forsyth et al.'s work who reported that they felt their success was measured not by the quality of their performance, but by the amount of money taken by the bar.

Furthermore, there is evidence that substance use promotes a connection with the entertainment industry. Work-related alcohol consumption among musicians has been linked to maintaining group membership (Grønnerød, 2002; Raeburn, Hipple, Delaney, & Chesky, 2003; Wills & Cooper, 1984). This seems most pronounced for musicians working in bands, where drinking with other band members has been associated with the band bonding as a group (Miller & Quigley, 2012). This is also mirrored in Dobson's (2011) work however, with orchestral and jazz musicians, who linked binge drinking with group sociability, and for orchestral musicians, with career progression.

Entertainers working in licensed venues report that alcohol consumption increased as they achieved more success. Success was linked to more work, which was linked to spending more time in licensed venues. The more successful entertainers became, the more frequently they were to be provided with free alcohol. Further, more successful entertainers were usually scheduled towards the conclusion of an event, with entertainers performing last feeling like they should match the level of crowd intoxication. In addition, performing at more prestigious events may result in enhanced psychological incentives to consume alcohol to manage performance anxiety (Forsyth et al., 2016).

Taken together, these studies indicate likely high rates of substance use, particularly alcohol consumption in performing artists. Little research has investigated the frequency of alcohol consumption or binge drinking in

Australian performing artists, and little has investigated the relationships between these and other social and mental health variables.

### 2.7: Suicide

A further area of importance in this population is suicidality. Evidence has suggested a positive relationship between creativity and risk of suicide (Hallaert, 2019; Kyaga et al., 2013; Meyers, 2016). In their study of life expectancy and cause of death in popular musicians, Kenny and Asher (2016) found excess mortality from suicide compared to the general population. In an Australian study of suicide from selected occupations in Queensland, Andersen, Hawgood, Klieve, Kølves and De Leo (2010) found that artists (which included actors, dancers, musicians together with photographers and visual artists) demonstrated the highest rates of suicides for females, a rate that was significantly above that of the overall rate of the employed female population. Whilst dated, Stack (1997) found that suicide rates were three times the rates of the general population in a study of artists (whom they defined as authors, musicians, composers, actors, directors, painters, sculptors, craft artists, artist printmakers, and dancers). Musicians, composers, actors and directors were particularly vulnerable. Further Kyaga et al. (2013) found that creative populations were more likely to complete suicides when compared to scientific occupations, a finding mirrored by Drapeau and DeBrule (2013) when investigating the link between creative achievement and suicidal ideation.

Despite these high rates of suicide completion and ideation in artists, little is known about factors that may make this population more vulnerable or predict higher rates of suicide. In a study investigating the link between creativity and suicide ideation in students, Drapeau (2011) noted that personality traits of hypomania and impulsivity contributed significantly to suicide risk in creative individuals. Conversely, Hallaert (2019) found that a high sense of flow from one's creative work, hope and purpose in life were predictive against suicide risk.

These factors suggest that investigation into suicidality in performing artists is warranted. Particularly, investigation levels of suicidal ideation, planning and attempts and factors that may be related to these in Australian performing artists. There appears to be little research that has investigated these factors from an Australian context, and little that investigates predictors of suicide in Australian singers, dancers, actors and musicians.

## 2.8: Quality of Life

A factor that is important to consider in the mental health of performing artists is an individuals' quality of life. Quality of life and the relationships this has with one's mental health has become of increasing interest to researchers in the field of psychology. Quality of life involves a number of social, physical, psychological and environmental components (Theofilou, 2013). Quality of life broadly involves how an individual measures the functionality of multiple parts of their life. These include their sense of fulfillment and satisfaction with areas including personal and professional relationships, health, leisure and work (Diener, Suh, Lucas, & Smith, 1999). It is subjective and connected to a personal evaluation of one's life and its components and the sense of satisfaction with it (Napora, 2023).

A number of studies have reported a link between quality of life and mental illness in the general population. In a study of primary care users, da Silva Lima and de Almeida Fleck (2007) found that participants with the most severe depression presented with the worst impairment in quality of life when compared with participants with moderate or low levels of depression. In the study severity of depression had the highest negative correlation with quality of life. Similarly, in their study examining the relationship between depression and anxiety severity and quality of life in outpatients with major depressive or bipolar disorder, Gao, Su, Sweet and Calabrese (2019) found a significant negative correlation between the severity of depression and anxiety and quality of life. Similarly, in their meta-analysis on quality of life in individuals with anxiety disorders, Olatunji, Cisler and Tolin (2007) concluded that patients with anxiety disorders reported a poorer quality of life compared to control groups.

The mental health-related quality of life was found to be lowest among individuals diagnosed with anxiety disorders, compared to those diagnosed with depression or those in a control group with no diagnosis.

There is limited research that investigates the relationships between quality of life and mental health in performing artists. In one study investigating the quality of life in a group of actors, Napora and Sękowski (2021) found positive correlations between a sense of quality of life and self-esteem. The capacity to be able to accept one's emotions was also a strong predictor of quality of life. In a similar study investigating predictors of quality of life amongst a group of stage illusionists, Napora (2023) found that the greatest predictors were the capacity to identify and accept emotion and social competence. The author interprets the importance of accepting emotions as important for this population given the breadth of emotional material they experience (both positive and negative). Whilst not looking specifically at quality of life, Szabó et al. (2022) found that a group of Australian actors indicated significantly lower levels of life satisfaction compared to a comparable sample of Australian adults indicating the importance of investigating this with performing artists.

In essence, quality of life is likely to have a relationship to mental health in performing artists, although the scope and nature of this is largely unknown and worthy of investigation. Particularly, understanding the relationships between quality of life and depression, anxiety and suicidality is warranted.

## 2.9: Physical Injury

An important consideration in working within the performing arts industry pertains to injury. Most of the work in this area relates to dancers and musicians; Rietveld (2013) says that dancers and musicians are vulnerable to injury because of the high level of specificity and intense physical demand of the work. For musicians, working as a professional requires many hours of individual and group based practice, extreme precision, fine motor control and repetitive movements (Ericsson, 2008) which renders them vulnerable for injury (Berezutskyi & Berezutska, 2020). There is limited recent data on the prevalence of physical injury in musicians; some studies estimate that playing-

related musculoskeletal disorders among professional musicians range from 39 to 87% (Morse, Ro, Cherniack, & Pelletier, 2000), whilst other estimates that include a wider range of playing related injuries among instrumental musicians being as high as 93% (Guptill, 2012; Guptill & Zaza, 2010). A meta-analysis assessing risk factors and playing-related musculoskeletal disorders reported prevalence rates between 26 and 93% (Bragge, Bialocerkowski, & McMeeken, 2006). In a more recent study of workplace insurance claims lodged by musicians, Stanhope, Weinstein and Pisaniello (2020) found that over two thirds were for musculoskeletal conditions. For dancers, Fostervold Mathisen, Sundgot-Borgen, Anstensrud and Sundgot-Borgen (2022) found that 54% reported at least one injury in the past year. Muscle inflammation, sprains and strains were the most common injuries. In a study that assessed health problems of professional ballet dancers over a 44 week season, Junge, Hauschild, Stubbe and van Rijn (2024) found that almost all dancers (96.5%) reported at least one injury. In the context of all health problems reported, physical injury was the most common (accounting for 73.1% of all health problems) and participants cited excessive workload as the main cause of injury.

There is further work related to injury for singers. In a study specifically investigating a population of singers with vocal injury, Childs, Rao and Mau (2022) reported that phonotraumatic lesions to be the most common injury. Musical theatre and gospel singers were more likely to have phonotraumatic lesions than pop, choral or worship singers.

The relationship between physical injury and mental health is somewhat unclear. In a study of student musicians, Ioannou, Hafer, Lee and Altenmüller (2018) found that of those experiencing playing related pain, 40% had increased levels of trait anxiety. Similarly, Kenny and Ackermann (2015) found that psychological distress was a predictor of the severity of performance-related musculoskeletal pain, although the power of this relationship was relatively weak. The same authors found a significant relationship between pain severity and music performance anxiety and significant relationships

between pain and depression in musicians. In contrast, in a study of student musicians, Steemers, van Rijn, van Middelkoop, Bierma-Zeinstra and Stubbe (2020) found that whilst students who had playing-related musculoskeletal disorders reported poorer general health than those without, there were no difference between the two groups in mental health.

For dancers, the link between injury and mental health has also been unclear. Adam, Brassington and Matheson (2004) found a significant relationship between frequency of injury and psychological distress in ballet dancers and Cahalan, Purtill, O'Sullivan and O'Sullivan (2015) found a relationship between high levels of anxiety and depression were associated with injury in professional Irish dancers. Conversely, a similar study found no relationship between dance injury and psychological distress (Cahalan & O'Sullivan, 2013) and Noh, Morris and Andersen (2009) found no relationship between dance-related injury and anxiety. For singers, the relationship between injury and mental health is largely unclear. In a recent study, Murphy Estes, Flynn, Born, Clark and Sulica (2023) found that singers who'd experienced vocal injury were less comfortable sharing their experience with others in the industry or social media compared to family and friends, although the reason for this reluctance was not known. Furthermore, in a study of vocal injury in undergraduate performing arts students, 60% reported feeling stigmatised in their training program for having a vocal injury (Suddeth & Flynn, 2022). Over half of these reported that the stigmatisation was brought on by the faculty, whilst 39% attributed it to their peers.

In athletes, there is emerging evidence in the link between injury and poor mental health. Donohue, Murphy, Rice and Carr (2021) found clear links between physical injury (particularly when this impacted both the ability to compete and/or overall performance when competing) and heightened levels of depression and worthlessness.

These studies suggest understanding the experience of injury for performers is warranted. Particularly, there appears no work that has investigated the

experience of injury for music theatre performers and whether this is related to mental health and well-being.

### 2.10: Instability of Employment and Renumeration

Work in the performing arts sector is characterised by inconsistency and low remuneration, both of which can impact an individual's quality of life and mental health. Performing artists often navigate a fluctuating landscape marked by success, rejection, and periods of employment outside the industry (Reid, Rowley, & Bennett, 2019). Graduate employment data suggest that the graduates of arts and creative industries programs have among the lowest rates of employment post-graduation (Australian Music Therapy Association, 2012). Cunningham and Higgs (2010) found that two thirds of Australian dancers and almost half of musicians were working outside of the performing arts industry having been unable to financially support themselves within through their artistic work alone.

Whilst some performing artists may be affiliated to a specific and individual organisation, many work on a freelance basis (Mills, 2004). This freelance work leads to the frequent prevalence of short-term contracts, part-time jobs, inconsistent employment or two or more parallel jobs. The employment environment is frequently viewed as precarious (Pasikowska-Schnass, 2019). Maxwell, Seton and Szabo (2018) found that in their group of Australian actors, most were unable to sustain financial stability from acting (almost 75% reported earning a gross income of less than \$50,000 per annum from acting compared to an average Australian 2016 income of \$86,000). Furthermore, 85% of this population reported the need to earn money from jobs other than acting, with most respondents earning more money from jobs other than acting than from acting itself. These jobs were typically casual engagements (that had flexibility, but also limited job security), low paid, low skilled and jobs typically associated with students. Of this sample, over 35% had taken an extended break from acting, with most respondents citing lack of work and financial pressures as the main reason. Consideration of the impact of these factors on mental health is important.



In non-performing arts populations, meta-analyses demonstrate that a lack of security in one's job presents a range of challenges for employees, including on their mental and physical health, workplace performance, job satisfaction and intention to seek other work (Jiang & Lavaysse, 2018; Llosa, Menéndez-Espina, Rodríguez Suárez, & Agulló-Tomás, 2018). In a recent study Wadhwa, Bhardwaj, Srivastava and Malik (2025) found that job insecurity was significantly related to poor psychological well-being of employees. The findings indicated that job insecurity impacted mental health more severely than physical health.

Specific to the performing arts industry, for dancers, Kogan (2002) asserts that instability of work and poor remuneration are significant challenges. These challenges are exacerbated when working in contract-based employment, have irregular working schedule and low levels of financial security. In their study of contract based dancers, Aujla and Farrer (2015) identified a lack of structure and financial difficulty as key challenges faced by this population. Participants reported that these factors hindered their ability to plan both their careers and broader life trajectories. The absence of a stable income affected not only their capacity to pay for day-to-day expenses (such as rent and bills), but also to attend classes, auditions and networking opportunities. It also impacted their social lives and was associated with thoughts of guilt and worthlessness. The authors concluded that the dancers' ability to manage this instability depended on their motivation, general psychological flexibility, work-life balance and social support.

For musicians, in a recent study, King, Koenig and Berg (2024) found significant impacts of work insecurity stress on depression and anxiety. After adjusting for tour, performance, financial and relationship stress, the authors found that only work insecurity stress was associated with anxiety and depression. Conversely, in a study of early career jazz musicians, Umney and Kretsos (2015) found that their participants accepted and at times embraced a working environment that had precarity. Participants sought to deal with this precarity as opposed to viewing it as a transitional phase to overcome. High levels of social support were essential in managing this instability. In a similar

study, Umney and Kretsos (2014) found that while musicians may make deliberate decisions to do work that allows greater autonomy (such as contract based work), it was often associated with poorer working conditions and poorer mental health. In a recent study of professional musicians in Denmark, Musgrave, Gross and Carney (2025) found that income did not predict high levels of either anxiety or depression, although income that fell within the lowest three categories did predict low well-being.

For actors, Bille and Jensen (2018) outline a range of unique factors in the labour market, including more actors than there is work, inconsistent income distribution, and little correlation between formal training and success. Maxwell et al. (2018) argue because of the low income and insecure employment, actors also don't receive other benefits such as paid annual leave and substantial superannuation which inevitably impacts other aspects of their lives. Further, the lack of benefits can lead to actors feeling marginalised and then have an impact on their sense of identity and self-worth. Further, Chen and Jagtiani (2021) argue that one of the most significant sources of stress for actors is the uncertainty of having employment and unstable income. These factors leave actors vulnerable to higher levels of anxiety and may destabilise their personal identity. The authors conclude that these impacts can be long lasting.

In a study of 18 young musicians, Dobson (2011) identified that the instability in the work and lack of financial security was frequently cited as a fundamental negative of the industry. The author suggests this can lead to an inherent sense of competitiveness. The author also suggests that getting work relies on having healthy relationships with others, and that participants struggled with the interplay between competing against others to get work whilst simultaneously working with others to establish possible work opportunities. Further, socialising with others in the industry was seen as an essential way of advancing work prospects and overcoming workplace insecurity, with the consumption of alcohol seen as central to this. However, Parker, Jimmieson and Amiot (2021) found no direct link between concerns about job insecurity and problem drinking in their study of 200 musicians. They did find that low

workplace autonomy did predict higher levels of alcohol use, however. The same study found that high levels of workplace support and autonomy enabled musicians to thrive on career insecurity.

When considering the relationship between income and well-being, evidence suggests that social and economic disadvantage increases the risk of mental health problems within the general population (Isaacs, Enticott, Meadows, & Inder, 2018). Low income and associated financial hardship has been associated to suicide (Amit, Ismail, Zumrah, Mohd Nizah, Tengku Muda, Tat Meng, Ibrahim, & Che Din, 2020), depression (Selenko & Batinic, 2011), substance use problems (Richardson, Elliott, & Roberts, 2013), and psychotic disorders (Jenkins, Bhugra, Bebbington, Brugha, Farrell, Coid, Fryers, Weich, Singleton, & Meltzer, 2008). Hashmi, Alam and Gow (2020) found that more than 25% of people making up the poorest 20% of Australians have psychological distress at extreme levels, compared to just 5% of the richest 20%.

Income inequality refers to the degree of uneven income distribution within a population. For low income earners, high income inequality is linked with high levels of distress and mental health problems, a finding that has been found in population studies in the United Kingdom (Garratt, Chandola, Purdam, & Wood, 2016), the United States (Gornick & Milanovic, 2015) and Canada (Pickett & Wilkinson, 2010). In an Australian study, Hashmi et al. (2020) found that financial related adverse circumstances (for example going without meals, or being unable to pay one's mortgage or rent on time) was strongly associated with poor mental health. The impacts of financial hardships on mental health were more significant for women and more significant for low-income earners.

Whilst limited, there is some evidence about the impact of low income on mental health in performing artists. In their qualitative study of musicians, Gross and Musgrave (2020) found that musicians' mental health was negatively impacted by a range of factors, including uncertainty regarding income. Similarly, King, Berg, Koenig, Adair and Tirado (2019) found that financial insecurity was a significant source of stress for musicians, a finding

mirrored by Dobson (2011) in their study of 18 jazz musicians who cited a lack of financial security as a source of significant stress. In a study examining the mental health of popular musicians who had sought mental health treatment, Berg, King, Koenig and McRoberts (2022) found that 81% reported experiencing high or overwhelming financial stress. The financial stress was significantly associated with increased levels of anxiety and depression. In a recent study, Shoebridge and Osbourne (2025) found that financial restraints was linked to poor well-being in student musicians although it was not known whether this was something that was specific to student musicians or may be generalisable to all students.

For actors, there is evidence of significant challenges related to income. In their study of Australian actors, Maxwell et al. (2015) reported that 1/3<sup>rd</sup> said financial stress was constantly an issue, with over 80% saying it an issue at least some of the time. In work by the same group of researchers using the same data (although exploring different research questions), Szabó et al. (2022) found that income from performing had a significant association with life satisfaction, although this association was small. Income per se was not associated with depression, anxiety or stress, however, financial stress was associated with increased levels of depression, anxiety and stress as well as lower life satisfaction.

Whilst limited, there is evidence of financial stress in dancers. In a study of Australian ballet and contemporary dancers, Blevins, Erskine, Hopper and Moyle (2020) reported that finances were a significant source of stress, something that continued after participants transitioned out of the industry. In a study of Korean dancers, Noh et al. (2009) identified struggling to fulfil one's financial responsibilities as significant to the dancers' experience. The authors identified that this is problematic given the short career span for dancers. In their study of independent dancers, Aujla and Farrer (2015) found that in this population, financial stability was fundamental to their development and that participants often relied on partners and family for financial support.

These findings highlight the value of investigating the relationship between income and mental health within the performing arts industry, and also the experience of this within this population.

### 2.11: Social Support

A further factor that is worthy of investigation is the relationship between social support and mental health in performing artists. High social support is typically associated with good mental health outcomes and low social support is typically associated with poor mental health in the general population (Harandi, Taghinasab, & Nayeri, 2017; Neu, Rode, & Hammer, 2023). Evidence has suggested that social support acts as a protective against the development of mental health problems, including depressive symptoms (Friedlander, Reid, Shupak, & Cribbie, 2007), suicidal ideation and planning (Lee, Dickson, Conley, & Holmbeck, 2014) and a stronger resilience to stress (Bland, Melton, Welle, & Bigham, 2012). Strong social support positively influences individuals' personal resources, including their sense of control, self-efficacy, and self-esteem. (Bernhard, 2010; Zabuska, Ginsborg, & Wasley, 2018).

Whilst it is established that high social support is connected with better mental health outcomes, some groups by virtue of how their communities are organised may lack social connections or the capacity to experience or achieve social support. This is one of the important considerations with those in the performing arts industry. Schneider and Chesky (2011) assert that as students, musicians experience a training environment unique from non-musician students. Their experience is typified by strictly controlled rehearsal and performance schedules, and most of their social contact is with private music instructors and other music students. As a collective, this group is isolated from students studying other disciplines with a substantial amount of time working alone; music students report substantial personal practice time, reported up to 40 hours per week (Yoshimura, Fjellman Wiklund, Pm, Aerts, & Chesky, 2008). Whilst music students perceive comparable levels of social support from family and friends when compared to other students, they report significantly less

social support from others (for example, other students) when compared to other non-music students (Schneider & Chesky).

In their study of classical orchestral musicians, Holst, Paarup and Baelum (2011) found that low levels of social support was associated with high levels of stress. Similarly, Jahn (2009) found that the lack of stability of location and the support network that came with this had negative impacts on well-being, whilst Schneider and Chesky (2011) found that music students with higher levels of perceived social support experienced less frequent and lower levels of generalised and performance anxiety. Similarly, Ascenso, Williamon and Perkins (2016) found that the socially engaging aspects of musicians working together to create a collective work contributes to their well-being whilst dancers report the psychological value of social support they develop in the industry (Cahalan & O'Sullivan, 2013).

More broadly, in the context of social support in the workplace, Netterstrøm, Conrad, Bech, Fink, Olsen, Rugulies and Stansfeld (2008) reviewed several longitudinal cohort studies which consistently reported a connection between low workplace social support and a heightened risk of depression. Similarly, Sinikki et al. (2009) found that depression was associated with low social support, with the largest effect sizes found in relation to social support in the workplace (support from workplace supervisor and colleagues) as opposed to social support in their private lives. Further, Jensen et al. (2010) found that low satisfaction with the psychosocial work climate was linked with an increased risk of depression.

It is apparent that actors, singers and dancers experience a somewhat unique social environment compared to other industries. Whilst they socialise with each other, especially whilst touring, they also report intense competition with each other to get work (Robb et al., 2018). In a recent study of ballet students, Van Herck and Nordin-Bates (2025) found that students' experience was often typified by high competition that lead to students not asking friends for help or assistance. They reported that this competitiveness was at times encouraged by teachers. Further on social support, in their study of Australian actors,

Szabó et al. (2022) found that respondents who were in a relationship reported higher life satisfaction scores than those who were not. Similarly, respondents who were in a relationship had lower levels of both depression and anxiety than those who were not, although this was not the case with level of stress.

In their study of independent dancers, Aujla and Farrer (2015) found that social support was essential to assist overcoming the multiple challenges of the role. The researchers split this into two categories; support from within the dance community, and support from partners, family and friends outside the dance industry. Within the dance community, participants said this support network was essential and took the form of mentorships, support from dance tutors and lecturers whilst training and after. The support from outside the industry involved emotional support, motivation and support for specific skills such as marketing for events.

Whilst there is evidence about the links between social support and mental health within both the performing arts and non-performing arts populations, there is little work that has investigated the relationships between these variables in Australian populations of performing artists.

### 2.12: Self-Identity in the Work

A factor important when considering the well-being of performing artists is the sense of self-identity in their work and the impact that this has on their mental health. Performing artists typically demonstrate a strong sense of self-identity in their work. Actors have reported a powerful calling to become, and remain actors (Robb et al., 2018), something also demonstrated in musicians (Dobrow Riza & Heller, 2015) and dancers (Swami & Harris, 2012). Performers identify a strong sense of meaning in their work and describe their work as something that is intrinsic to who they are.

Warnick et al. (2016) found that dancers reported that their profession was a representation of their identity, a finding that has been demonstrated by a number of other studies (i.e. Gregory & Interiano-Shiverdecker, 2021; Langdon & Petracca, 2010; Pickard, 2012; Wainwright & Turner, 2004). Dancers report

identifying themselves closely with the dancer role, reporting that it shapes their identity and that they *defined* themselves as ballet dancers, rather than dancing being an activity they did or enjoyed. Ballet dancers have described ballet as 'their life' rather than a job, reporting that their lives were defined by ballet and little else (Willard & Lavalley, 2016). Specific to actors, Kociuba (2017) found that established professional actors characterised their personality, self-concept and value as an actor. This was more so when compared to groups of acting students.

Part of the sense of identity in the work is likely explained by the fact that signs of interest in the performing arts typically emerge early (Goldstein & Winner, 2009). For example, whilst all children typically engage in play (Harris, 2006), when compared to lawyers, professional actors exhibited more intense play as children, including use of costumes, set design, and wanting family and friends to provide the audience (Goldstein, 2015; Goldstein & Winner, 2009). This sense of performer-identity is further contributed to by the fact that training in the work typically commences from an early age. Some dancers, for example, report commencing training from aged 3-4 years (Bettle et al., 2001), with the majority of adult professional dancers reporting commencing training by at least age 11 (Willard & Lavalley, 2016). As a result, exposure to identity shaping stimuli external to dance is minimised during this formative time. Within developmental theory, adolescence is recognised as fundamental to the development of self-identity (Umaña-Taylor, Douglass, Updegraff, & Marsiglia, 2018). This is likely reinforced given that like some athletes (namely swimming and gymnastics), ability and career success in ballet dancing is maximised at a young age (Kerr & Dacyshyn, 2000).

Stinson, Blumenfield-Jones and Van Dyke (1990) found that dance students as young 16 demonstrated identities that were intertwined with dance and that dance was central to participants' meaning making. Gregory and Interiano-Shiverdecker (2021), found that elite ballet dancers regarded the work not as something that they did, but rather something that they were. The authors report that the dancers expressed both distain and a sense of gratitude for this. The gratitude was related to the sense of fulfillment that they got from being



able to dance and the power and connection they felt whilst doing so. No elaboration is given for the contempt the dancers reported for their self-identity in the work, other than that some had worked past it and didn't feel that dancing was still their 100% identity.

Willard and Lavalley (2016) make the connection between elite ballet dancers and athletes, who also demonstrate a strong self-identity in their work. In the drive for success, professional athletes focus primarily on their sporting pursuits, and focus less on activities outside the sporting environment (Brewer, Vanraalte, & Petitpas, 2000). Dancers demonstrate similar traits (Swami & Harris, 2012).

Whilst limited, some studies have investigated the impact of high self-identity in dance on other factors, including mental health. Willard and Lavalley (2016) concluded that the immersion in dance that comes with high self-identity restricts a dancers' perspective and that this exacerbates their emotional reaction to experiences therefore rendering them emotionally vulnerable. Further research has suggested that the higher the identity with a particular group, the stronger the possibility one has of adopting the maladaptive behaviours and attitudes of that group. Furthermore, Langdon and Petracca (2010) investigated whether higher self-identity in dance was related to higher levels of the prevailing attitudes of dancers around poor body image, the drive for thinness and the tendency to focus on appearance. The results indicated that higher levels of dancer identity were related to lower levels of body appreciation.

A further impact of high a strong self-identity as a dancer is the difficulty dancers may have imagining themselves outside of the dance environment. As a result, stressors associated with the profession – such as dancing through physical and emotional injuries, restricting eating and other challenges inherent in the work – are often perceived as worthwhile or necessary sacrificed in pursuits of their identity and career (Gregory & Interiano-Shiverdecker, 2021).

It is unsurprising that dancers with high self-identity find it difficult when transitioning out of working as a professional dancer. Willard and Lavallee (2016) found that because of the formative role ballet played in shaping their identity, dancers reported retiring as something requiring significant adjustment, and that dancers reported that they felt they had lost part of themselves when they stopped dancing.

Unsurprisingly, as an addendum to strong dancer-identity, professional dancers report a substantial passion for dance and regard it as more than a job. Passion refers to a deep and intense inclination toward an activity that individuals love, value, and dedicate significant time and energy to (Vallerand & Verner-Filion, 2013). Similarly, Bonneville-Roussy and Vallerand (2020) assert that musicians (both amateur and professional) demonstrate passion, whilst Bonneville-Roussy, Lavigne and Vallerand (2010) report that 99% of professional musicians demonstrated substantial passion in their work.

A part of this strong sense of identity and high levels of passion in the work is the sense that doing the work fulfills something of a 'calling'. Dobrow and Tosti-Kharas (2012) define a calling as an all-consuming, deeply meaningful passion that a person perceives as their life's purpose. Whilst historically, a calling was conceptualised with religious connotations to do morally responsible work (Weber, 1963), this has evolved to a broader view where individuals are driven by a strong inner sense of direction and psychological engagement with the meaning of their career (Allan, Owens, Sterling, England, & Duffy, 2019; Briscoe & Hall, 2006; Duffy, Bott, Allan, Torrey, & Dik, 2011a; Hall, 2004; Wrzesniewski, 2003; Wrzesniewski & Dutton, 2001).

There has been evidence of positive correlations between calling and life and job satisfaction (Duffy et al., 2011a), psychological well-being (Duffy, Manuel, Borges, & Bott, 2011b), engagement with work and motivation (Dobrow & Tosti-Kharas, 2012). Conversely, there is evidence that individuals with strong callings may be exploited by their employers (Bunderson & Thompson, 2009), may experience difficulty delineating between their work and non-work identity (Kreiner, Hollensbe, & Sheep, 2006), and may experience challenges in their

personal and professional relationships because of their high degree of focus on their work (Cardador & Caza, 2012). Further Dobrow and Tosti-Kharas (2012) suggest that those with a high sense of calling are less likely to accept helpful but discouraging career advice.

Specific to performing artists, in their longitudinal study following 450 amateur musicians for 11 years, Dobrow Riza and Heller (2015) found that participants with higher callings towards music when adolescents were more likely to study music at a tertiary level and then pursue it professionally. This was irrespective of actual and perceived ability and advice from teachers. Further, people with higher callings towards music were likely to perceive their own musical talent more favourably. Further, individuals with strong callings prioritised their internal satisfaction in the work over the external rewards (such as money) and that this became problematic in an industry where high numbers of people compete for a limited number of jobs, resulting in a lack of work for most of the market.

This notion is further developed when considering the performing arts as a protean career. Wiernik and Kostal (2019) define a protean career orientation as being self-directed and values driven. A protean career is typified by a personal identification with the work, individual responsibility for managing one's career, and subjective psychological fulfilment from one's career (Crocitto, Arthur, & Rousseau, 1998; Hall, 2004). Individuals with a protean orientation prioritise autonomy and personal values over pursuing opportunities for promotion, higher salaries and increased power in their work environment (Waters, 2008). As such, values drive the individual to take responsibility for their own career decisions and evaluate success based on their personal values rather than standards set by an organisation or others (Briscoe & Hall, 2006; Hall, 2004). Small business owner/operators, professional athletes (Petitpas, 1997) and performers and fine artists (Grefe, 2004) have been recognised for their motivation driven by personal values and autonomy, embodying key characteristics of the protean career.

These findings point to the value in investigating any links between a sense of identity in the work and the relationships this may have on well-being and mental health.

### 2.13: The Interplay between Sensitivity and Creativity.

Given the high sense of identity in the work in performing artists, it is important to consider the interplay between creativity and sensitivity that may impact on the mental health of performing artists. Some evidence suggests that sensitivity is linked to high levels of introspection and rumination in creative populations (Abuhamdeh & Csikszentmihalyi, 2004; Akinola & Mendes, 2008; Knafo, 2008; Meyers, 2016). Drus, Kozbelt and Hughes (2014) assert that when experiencing heightened emotions, creative people are more driven to express themselves, and that this requires them to process the emotional stimuli more comprehensively than non-creative people. In an experimental study where they manipulated the social reactions that creative people experienced from others (either social rejection, social approval or no response), Akinola and Mendes (2008) found that social rejection led to higher levels of artistic creativity compared to the other two conditions. In explaining the findings, the authors posited the possibility that the increase in creativity might be due to the powerful introspection triggered by negative emotions, which could foster greater creative thinking. Similarly, Verhaeghen, Joorman and Khan (2005) found that the tendency for self-reflective rumination explained the correlation between creativity and depression. They found that self-reflection independently increased the likelihood of depression and likely drives the interest in and ability for creative outlets. In this study, rumination was related to depressive symptomatology and creativity with the findings indicating no direct link between depressed symptomatology and either creative interest or creative behaviour, suggesting the association between depression and creativity is linked to introspective rumination.

Further, there is some suggestion regarding a function of mental health challenges on creativity. Akinola and Mendes (2008) assert that despite the challenges faced by individuals with depression, some low to moderate level

depression can lead to increased creative productivity. Similarly, there has been some suggestion that negative mood can result in higher levels of creativity on specific tasks (Kaufmann & Vosburg, 1997). Depressed mood may also propel individuals to pursue creative outlets in an effort to express their inner experiences (Niemi, Winner, & Cordes, 2013). Some theorists propose that creative individuals may use artistic expression as a defensive strategy to alleviate psychological distress and to protect against and manage psychopathology (Drus et al., 2014). This acceptance of mental illness, and even potentially leveraging poor mental health as a tool to enhance creativity may increase a creative person's vulnerability.

Taken together, there is worth in exploring the sense of identity in the work in Australian performing artists and the relationships this may have with their overall mental health and well being.

#### 2.14: The Impact of the Confronting Nature of Creative Work

A further factor important in this area is the impact of engaging in emotionally dense material on a creative person's well-being (Seton, 2008). This has the most relevance to actors and singers where the work may involve engaging with emotionally complex material. An actor may play a complex role where they present confronting material (such as a sexual assault), or a singer may perform an emotionally dense piece of work. There are mixed conclusions about the impact of this on a performers' well-being.

Central to the impact of an actor presenting emotionally complex material is the practice of drawing upon one's personal material to provide inspiration for the creation of a character. This process is famously central to Konstantin Stanislavski's work and engages the actor in an intense and rigorous process of self-analysis and reflection (Hodge, 2001). Identification of this has dated to Rule (1973) who found evidence that actors are encouraged to suspend their own boundaries to advance the character they are playing. Burgoyne, Poulin and Rearden (1999) argue that these inside-out approaches blur the boundaries for actors, with actors being unable to separate themselves and their characters. Participants in their study reported that using their personal

psychological material in character creation was effective artistically, but had negative consequence on their personal emotional functioning, at times leading to emotional distress.

McFarren (2003) questions the ethics of actor training approaches that require students to access traumatic experiences as a resource for character development and the realisation of characterisation. The author notes that trainers are usually not trained or equipped to recognise any trauma related responses (for example dissociation) or assist students to process traumatic experiences so they do not have an impact on their ongoing functioning.

McFarren is particularly concerned with the use of Affective Memory techniques, where an actor delves into their past experiences to add a sense of truth and humanity to the pain, suffering and fear of a character. McFarren notes that a teacher or director may be oblivious to how this may activate unknown traumas from the actor's past.

Seton (2008) continues this concern noting that whilst acting trainers focus on assisting students to connect to and develop their character, little attention is given to disconnecting from the role after a performance or season. Similarly, when working professionally, Maxwell et al. (2015) reported that whilst most actors had warm-up routines to get into character, few reported applying a routine to cool down after performance, particularly after performing a challenging role.

Seton (2008) outlines concern that rehearsal and performance that involves enacting and witnessing a trauma can significantly impact on the actors' life, resulting in what he coined 'postdramatic' stress. There is a substantial body of research that highlights the impact of this on actor's mental health. Thomson and Jaque (2011) found that whilst history of trauma was no different between actors and non-actors, the actor group had higher levels of trauma symptomatology, including elevated dissociation and unresolved loss.

Similarly, in their study where actors reported feeling traumatised by the work, Robb et al. (2018) reported this was particularly triggered by scenes involving

suicide, physical violence and sexual assault. Their participants reported intrusive thoughts and nightmares associated with this work.

There is, however, some evidence that engaging in emotionally dense work can have positive impacts on an actor's mental health. Wall, Fries, Rowe, Malone and Österlind (2020) assert that actors engaging in theatre can provide a means of exploring traumatic experiences, resolving conflict and uncovering unconscious motivations. Similarly, whilst dated, Tust-Gunn (1995) suggests that acting may enhance mental health with the work providing a safe zone for personal exploration. She asserts that acting is contained, because it is done within a specified time and place, thereby limiting the negative impacts on mental health. Whilst their study outlined a range of challenges associated with acting, Burgoyne et al. (1999) also found that actors reported higher levels of empathy, sensitivity and awareness, higher levels of emotional growth and an increased understanding of themselves and others as a result of acting.

Further work about the personal connection with the material in the work pertains to that of singer-songwriters. Singer-songwriters are artists who write and perform their own compositions, having written both the music and lyrics (Till, Williams, & Williams, 2016). Baker and Macdonald (2017) assert that songs written by singer-songwriters have personal meaning for the singer, with artists writing about vulnerable personal material. There is evidence that artists writing and singing about their own experiences has benefit to mental health. In work investigating songwriting practices, Baker, Wigram, Stott and McFerran (2008) found that songwriting helped singers to externalise emotions, thoughts and desires, to be better able to put a narrative to their story and to find a greater sense of self. Further work has suggested that the writing and performing of one's own songs provides both a meaningful opportunity to express one's identity (Baker & Macdonald, 2017), and also an avenue for traumatised people to experience emotional healing (Baker, 2013).

In summary, a breadth of literature suggests that performing artists have an increased vulnerability for mental health problems. However, there is limited work that has investigated predictors of depression, anxiety, alcohol

consumption and suicidality within this population, particularly from an Australian perspective. Whilst some evidence, as outlined above, suggests that areas pertaining to physical and mental health related quality of life, income and social support have on mental health and well being, there is limited work that has investigated this in a population of singers, dancers, musicians and actors, particularly from an Australian perspective.

Further, limited work has investigated the mental health of music theatre performers or sought to understand their lived experience in this work and the relationships between this experience and well-being and mental health. Whilst evidence suggests that factors outlined above including self-identity in the work, precarity with work regularity, and the experience of injury have an impact for performing artists, there is limited work that has investigated the experience of performers working in music theatre. There is a lack of understanding about the lived experiences of musical theatre performers and the relationships between this and their mental health and well-being.

### 2.15: The Current Study

The current study aimed to understand the mental health, well-being and lived experience of Australian performing artists. The research aimed to understand more about the mental health vulnerabilities of a group of Australian singers, dancers, actors and musicians and the lived experience of a subset of this population, a group of professional musical theatre performers.

As outlined earlier, the current research involved two studies. The first study is quantitative in its nature and involves an investigation into the mental health of singers, dancers, actors and musicians. This includes investigation into the levels of depression, anxiety, suicidality, alcohol consumption in this population, and the relationship between these and perceived social support, quality of life and income. The statistical analyses of this study is driven by the current evidence, but also exploratory in its nature to gain an understanding of these relationships and to facilitate relevant exploration as necessary. Whilst there is some work of this nature as outlined above, this work is generally done with relatively small sample sizes. Further, there is little work in this area from



an Australian perspective. The second study is qualitative in its nature and involves an investigation into music theatre performers; that is performing artists who maintain concurrent skills as actors, singers, dancers and musicians. This study involves investigating the lived experience of music theatre performers, including but not limited to areas such as their experience of identity in the work, the impact of presenting emotional dense material, and the precarity in the music theatre industry. The focus of this study is drawn from both the findings from Study One, and the literature as outlined above. There is little work investigating mental health and well-being of musical theatre performers, and to the author's knowledge, none on Australian music theatre performers.

## **Chapter Three:**

### **Study One Aims, Hypotheses and Method**

#### 3.1: Study One Aims and Hypotheses

Study One aimed to understand the mental health of a group of singers, dancers, musicians and actors. Specifically, this included understanding the levels of depression and anxiety in this group and ascertain the relationships between these and alcohol consumption, perceived social support (from friends in the entertainment industry, family and significant others), health related quality of life and income.

Study One also aimed to investigate levels of alcohol consumption in this population and the relationships between this and depression, anxiety, perceived social support from family, friends in the entertainment industry and significant others and quality of life.

Thirdly, Study One aimed to investigate the levels of suicidality in a population of, dancers, singers, actors and musicians and the relationship between this and depression, anxiety, mental health diagnoses, quality of life and perceived social support (from family, friends in the entertainment industry and significant others).

Whilst Study One was partly exploratory in its nature, based on some of the literature outlined in Chapter Two, the following hypotheses were generated. The analyses also included further follow up investigation to address the study aims.

It was predicted that performing artists will demonstrate higher levels of depressive symptomatology (as measured by scores on the HADS) when compared to normative data and that these will be predicted by the combination of health-related quality of life (physical health and mental health), perceived social support (friends, family, significant other), frequency of alcohol consumption and industry income.

It was also predicted that performing artists will demonstrate higher levels of anxiety (as measured by scores on the HADS) when compared to normative

data and that these will be predicted by the combination of health-related quality of life (physical health and mental health), social support (friends, family, significant other), frequency of alcohol consumption and industry income.

Furthermore, it was predicted that substance use would be higher than population norms. Further, it was predicted that single occasion risky drinking behaviour would be predicted by the combination of depression and anxiety symptomatology, physical and mental health-related quality of life and perceived social support.

Finally, it was hypothesised that suicidality will be predicted by the combination of lifetime mental health diagnosis, depression and anxiety symptomatology, perceived social support (friends, family and significant other) and health - related quality of life (physical health and mental health).

### 3.2 Procedure

Study One involved analysis of a data set that was collected as part of a collaboration between Victoria University and Entertainment Assist, a national health promotion charity that aims to raise awareness about mental health and wellbeing in the Australian entertainment industry (Entertainment Assist, n.d.). This data was collected independent of the researcher. Entertainment Assist and Victoria University advertised the survey across various sites and platforms, including social media in addition to several entertainment industry bodies, employers and specialist groups. The survey was made available between January and May, 2015. The advertisement (Appendix A) included a Qualtrics link with the survey. Participants were provided with Information about the study (Appendix B) and consented to participation before commencing the survey (Appendix C).

The survey collected data from people working in all aspects of the entertainment industry, including a multitude of performers (including singers, television presenters, comedians and puppeteers), producers, directors, support workers and technicians. To align with the research aims, for the

purpose of this study, analysis involved focusing on a subset of this data set, and included only performing artists who identified as a singer, dancer, actor or musician.

### 3.3 Measures

#### 3.2.1 Demographics

The questionnaire included a demographic survey that asked participants a range of questions related to their age, gender, income, education level and length of time in the entertainment industry. The questionnaire also asked about lifetime mental health diagnosis. A copy of the questions asked is included as Appendix D.

#### 3.3.2 Depression and Anxiety Symptomatology

Depression and anxiety symptomatology were measured using The Hospital Anxiety and Depression Scale (HADS; Zigmond & Snaith, 1983). The HADS is a self-administered questionnaire used to screen for anxiety and depression in non-psychiatric populations (Stern, 2014; Waqas, Aedma, Tariq, Meraj, & Naveed, 2019). The HADS contains 14 items, with two 7-item subscales, the HADS-A (items 1, 3, 5, 7, 9, 11, and 13) assessing the frequency and severity of different symptoms of anxiety (for example 'I get a sort of frightened feeling as if something awful is about to happen') and the HADS-D (items 2, 4, 6, 8, 10, 12, and 14) measuring the symptoms of depression (for example 'I have lost interest in my appearance'). Responses are indicated on a 4-point Likert scale. Two items are reversed scored (items 7 and 10). Scores on items pertaining to anxiety and depression are summed separately to yield total scores on these subscales, ranging from 0-21. A score of 0–7 is considered as normal, 8–10 borderline and greater than 11 indicated significant anxiety or depression (Cosco, Doyle, Ward, & McGee, 2012; Waqas et al., 2019).

Numerous studies have reported strong internal consistency for the HADS. A recent study reported Cronbach's alpha  $\alpha=0.81$  (Waqas et al., 2019), whilst in a meta-analysis of 747 individual papers, Bjelland, Dahl, Haug and

Neckelmann (2002) reported Cronbach's alpha for HADS-A ranged from .68 to .93 (mean .83) and for HADS-D from .67 to .90 (mean .82). Cronbach's alpha for the current study = .89. Correlations between HADS and commonly used measures of anxiety and depression ranged from .49 to .83 (Crawford, Henry, Crombie, & Taylor, 2001). A copy of the HADS is included as Appendix E.

### 3.3.3 Perceived Social Support

Perceived social support was measured using The Multidimensional Scale of Perceived Social Support (MSPSS; Zimet, Dahlem, Zimet, & Farley, 1988). The MSPSS, is a 12-item scale that measures perceived social support from family, friends and a significant other. Each of the three subscales is assessed with four items; the 'Family' subtest is assessed with items 3, 4, 8 and 11 (for example, 'My family is willing to help me make decisions'), 'Friends' with items 6, 7, 9 and 12 (for example 'I can talk about my problems with my friends') and 'Significant Other' with items 1, 2, 5 and 10 (for example 'There is a special person in my life who cares about my feelings'). Responses to items within each of the subscales are summed to derive a total subscale score. Scores on all 12 items are summed to obtain a composite measure of global perceived social support, whilst a high observed total score on any specific subscale indicates high levels of perceived social support in that domain (Osman, Lamis, Freedenthal, Gutierrez, & McNaughton-Cassill, 2014).

Typically, respondents answer items on a 7-point Likert scale on the MSPSS (very strongly disagree to very strongly agree), however for this study, this was collapsed to a 5-point Likert scale, an approach used by Nakigudde, Musisi, Ehnvall, Airaksinen and Agren (2009) with options strongly agree to strongly disagree. Further, items related to social support from friends were modified to specify 'friends in the entertainment industry'. Adaptation to items within the MPSS is common to target specific population groups (Dambi, Corten, Chiwaridzo, Jack, Mlambo, & Jelsma, 2018).

Strong internal reliability has been reported for the MSPSS as a whole ( $\alpha = .84$  to  $.92$ ), and for each of the three subscales (Family subscale:  $\alpha = .90$  to  $.94$ , Friends subscale:  $\alpha = .83$  to  $.98$ , Significant Other subscale:  $\alpha = .84$  to  $.92$ ;

Zimet, Powell, Farley, Werkman, & Berkoff, 1990). More recent work has reported  $\alpha = .91$  (Wongpakaran, Wongpakaran, & Ruktrakul, 2011). The same study reported test-retest reliability at  $\alpha = .84$ . Construct validity is reported at  $r = .76$  for the family subscale,  $r = .33$  for the friends subscale and  $r = .48$  for the significant other subscale (all  $p < .001$ ; Canty-Mitchell & Zimet, 2000).

This study reported excellent Cronbach's alpha = .91. A copy of the MSPSS is included as Appendix F).

#### 3.3.4 Health Related Quality of Life

Health related quality of life was measured through the Short Form 12 Item Health Survey Version 2 (SF-12v2: Ware, Kosinski, & Keller, 1996). The SF-12v2 consists of twelve questions that measure eight health domains to assess physical and mental health. The measure yields scores in two domains; a Physical Health Composite Summary (PCS) which assesses 'General Health', 'Physical Functioning', 'Role Physical', and 'Body Pain' (for example 'Does your health now limit you in these activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?') and a Mental Health Composite Summary (MCS) which assesses 'Vitality', 'Social Functioning', 'Role Emotional', and 'Mental Health' (for example 'Have you felt downhearted and depressed?'). Four items (items 1, 8, 9 and 10) are reversed scored and scoring involves a combination of Likert scale and binary Yes/No responses.

The measure has demonstrated good internal consistency, with  $\alpha = .88$  for PCS and  $\alpha = .82$  for MCS (Cheak-Zamora, Wyrwich, & McBride, 2009). The same study reported strong construct validity with significant correlations with the European Quality of Life (EQ-5D) with correlations ranging from  $r = .32$  to  $r = .68$ .

The scale recorded good internal consistency for this study,  $\alpha = .78$  for PCS and  $\alpha = .83$  for MCS. A copy of the SF-12v2 is included as Appendix G.

#### 3.3.5 Suicidality

Suicidality was assessed using the Paykel Suicide Feelings in the General Population Questionnaire (PSS; Paykel, Myers, Lindenthal, & Tanner, 1974). The scale consists of five questions answered on a Yes/No basis that assess increasing levels of suicide intent: (for example item 1 'Have you ever felt that life was not worth living?' to item 5, 'Have you ever made an attempt to take your life?'). These items may be used to assess suicidal ideation during the past week, month, year, or lifetime (Alphs, Brashear, Chappell, Conwell, Dubrava, Khin, Kozauer, Hartley, Miller, Schindler, Siemers, Stewart, & Yaffe, 2016). For this study, analysis focused on analysing whether these pertained to over the course of their lifetime, an approach taken by Ashrafioun, Pigeon, Conner, Leong and Oslin (2016). Items are scored on a Yes/No basis, with higher scores indicating higher levels of suicidality.

The measure has demonstrated effectiveness as a good indication of suicidal ideation and behaviour (Brown, Beck, Conwell, Goldston, Jobes, Linehan, Pearson, Prigerson, Rudd, & Steer, 2000; Fonseca-Pedrero, Inchausti, Pérez-Gutiérrez, Aritio Solana, Ortuño-Sierra, Sánchez-García, Lucas-Molina, Domínguez, Foncea, Espinosa, Gorriá, Urbiola-Merina, Fernández, Merina Díaz, Gutiérrez, Aures, Campos, Domínguez-Garrido, & Pérez de Albéniz Iturriaga, 2018).

This study reported good internal consistency,  $\alpha = .87$ . See Appendix H for the measure.

### 3.3.6 Alcohol Consumption

Alcohol frequency and risky single use alcohol consumption was measured using items from the National Drug Strategy Household Survey (Australian Institute of Health Welfare, 2014). Alcohol frequency was measured asking participants to indicate how frequently they consumed alcohol in the last 12 months, with options provided 'Daily', 'Weekly', 'Less than weekly', 'Ex-drinker', 'Never drank' yielding a score between 0-5.

Risky single use alcohol consumption was measured by asking participants to indicate how frequently they consumed more than four standard drinks in a

single day, with options also ranging from 'Never' to 'Daily', yielding a score between 0-7.

In a study measuring the accuracy of the National Drug Strategy Household Survey as a measure of alcohol consumption, Livingston and Dietze (2016) concluded that the measure provides an accurate measure of alcohol use and is an important tool in measuring the alcohol use of the Australian population. .

A copy of the questions asked regarding alcohol consumption is included as Appendix I.

### 3.4 Participants

The sample comprised of 1031 participants. Six hundred and sixty identified as female (64%), 369 as male (35.8%) and two as other (0.2%). Twenty-four people identified as Aboriginal/Torres Straight Islanders (2.3%). The breakdown of ages in the sample is presented in Table 1 which indicates that the majority of participants were aged in the 18-24 range and over half the sample was aged 29 years or younger.



**Table 1***Age of Participants.*

	n	%*
Age		
Under 18 years	23	2.2
18 – 24 years	352	34.1
25 - 29 years	164	15.9
30 - 34 years	141	13.7
35 - 39 years	82	8.0
40 - 44 years	79	7.7
45 - 49 years	66	6.4
50 - 54 years	51	4.9
55 - 59 years	37	3.6
60 +	36	3.5
Total	1031	

\*percentages rounded to nearest decimal point.

When asked their relationship status, 328 participants indicated they were partnered, 250 single, 39 divorced and 5 widowed. 409 did not answer the question. 71.41% of the sample indicated they had no children.

The sample comprised people who worked in various facets of performing arts. Table 2 indicates the main role the participant has in the entertainment industry.

**Table 2***Type of Performing Artist.*

Type of performing artist	n	%
Actor	288	27.9
Dancer	325	59.5
Musician	320	31.0
Singer	98	9.5
Total	1031	

Table 3 indicates the number of years participants had worked in the entertainment industry. As the table indicates, over half the sample (52.3%) had worked in the industry for 10 years or less. Almost one third (31.1%) had worked five years or less.

**Table 3**

*Number of Years Worked as a Performing Artist*

	n	%
Years a performing artist		
Less than 1 year	27	2.6
1 – 2 years	91	8.8
2 - 5 years	203	19.7
6 - 10 years	218	21.1
11 - 15 years	154	14.9
16 - 20 years	115	11.2
21 - 25 years	67	6.5
26 - 30 years	58	5.6
31 - 35 years	32	3.1
36 - 40 years	30	2.9
41 - 45 years	22	2.1
46+ years	16	1.5
Total	1031	

Four hundred and sixty-three (44.9%) reported earning their primary income from the entertainment industry, with the remaining 568 (55.1%) earning their primary income from other sources. As outlined in Table 4, over half the sample earned nothing or less than \$20,000 from the entertainment industry. A substantial majority (84.48%) of the sample earned \$39,999 or less from their work in the entertainment industry.

**Table 4***Income from Performing Arts.*

	n	%
None	99	9.6
Below \$20,000	532	51.6
\$20,000 - \$29,999	117	11.3
\$30,000 - \$39,999	66	6.4
\$40,000 - \$49,999	46	4.5
\$50,000 - \$59,999	28	2.7
\$60,000 - \$69,999	22	2.1
\$70,000 - \$79,999	23	2.2
\$80,000 - \$89,999	11	1.1
\$90,000 - \$99,999	7	.7
\$100,000 - \$109,999	3	.3
\$110,000 +	10	1.0
Total	964	93.5

As outlined in Table 5, of those that indicated their level of education, almost half (49.83%) had completed tertiary education at either a bachelor or postgraduate level. Approximately a quarter (27.65%) had completed qualifications at Certificate-Advanced Diploma level, whilst almost a quarter had completed education at Year 12 or lower (22.67%).

**Table 5***Highest Level of Education.*

Highest level of education	n	%
Year 10	14	2.25
Year 11	22	3.54
Year 12	105	16.88
Certificate I & II	11	1.77
Certificate III & IV	65	10.45
Advanced Diploma/Diploma	96	15.43
Bachelor Degree	220	35.37
Post Graduate Degree/Graduate	90	14.47
Total	622	

Of participants who responded to the question about whether they had been diagnosed with a mental illness (n = 519), 206 (39.69%) indicated they had. Participants were given the option to indicate which mental illness they had been diagnosed with, the results of which are presented in Table 6.

**Table 6***Mental Health Diagnosis.*

	n	%
Depression	82	62.69
Anxiety	72	54.96
Bipolar Disorder	19	14.50
Eating Disorder	9	6.87
Borderline Personality Disorder	7	5.34
ADHD	4	3.05
PTSD	7	5.43
Other	7	5.34

N = 131.

Note: Participants could indicate multiple diagnoses.

## Chapter Four: Study One Results

The data was analysed using IBM SPSS Statistics Version 26.

Given that the group of actors, singers, dancers and musicians are analysed together, initial analysis involved conducting a number of one-way ANOVAs to assess whether there were pre-existing differences between the groups for depression, anxiety, suicidality, physical and mental health related quality of life and all measures of perceived social support (friends in the industry, family, significant others). These are presented in Table 7.

**Table 7:**

*Analysis of pre-existing differences for Depression, Anxiety, Suicidality, Physical and Mental Health Related Quality of Life and Perceived Social Support (Family, Friends in the Industry and Significant Other).*

<b>Depression</b>	<b>n</b>	<b>Mean</b>	<b>Sig.</b>
Actor	157	5.66	.49
Dancer	97	5.62	
Musician	184	6.24	
Singer	53	5.94	
		5.90	
<b>Anxiety</b>	<b>n</b>	<b>Mean</b>	<b>Sig</b>
Actor	157	9.40	.24
Dancer	97	10.83	
Musician	184	9.58	
Singer	53	10.83	
		9.90	
<b>Suicidality</b>	<b>n</b>	<b>Mean</b>	<b>Sig</b>
Actor	153	3.56	.81
Dancer	96	3.48	
Musician	180	3.41	
Singer	51	3.16	
		3.44	
<b>Physical Health Quality of Life</b>	<b>n</b>	<b>Mean</b>	<b>Sig</b>
Actor	189	20.77	.<.001
Dancer	143	19.11	
Musician	217	19.29	
Singer	66	20.21	
	615	19.80	
<b>Mental Health Quality of Life</b>	<b>n</b>	<b>Mean</b>	<b>Sig</b>
Actor	189	5.81	.32
Dancer	143	5.61	
Musician	217	5.95	
Singer	66	5.72	
	615	5.80	
<b>Social Support Family</b>	<b>n</b>	<b>Mean</b>	<b>Sig</b>
Actor	175	14.16	.28
Dancer	117	14.32	
Musician	209	14.12	
Singer	60	15.30	
	561	14.30	
<b>Social Support Friends in the Industry</b>	<b>n</b>	<b>Mean</b>	<b>Sig</b>
Actor	175	13.19	.34
Dancer	117	13.01	
Musician	209	12.97	
Singer	60	14.02	
	561	13.16	
<b>Social Support Significant Other</b>	<b>n</b>	<b>Mean</b>	<b>Sig</b>
Actor	175	15.62	.17
Dancer	117	15.90	
Musician	209	15.46	
Singer	60	16.82	
	561	15.75	

HADS-A – Hospital Anxiety and Depression Scale – Anxiety. HADS-D – Hospital Anxiety and Depression Scale – Depression. SS-Family – Perceived Social Support Family. SS-Friends – Perceived Social Support Friends in the Entertainment Industry. SS-Sig Other – Perceived Social Support Significant Other. MHC – Mental Health Related Quality of Life. PHC – Physical Health Related Quality of Life. PSS – Paykel Suicide Scale

The analysis revealed that there were no significant differences between singers, actors, dancers or musicians in all outcome variables except physical health related quality of life. The post hoc analysis for this variable indicated a significant difference between actors and dancers and actors and musicians, with dancers and musicians indicating significantly lower physical health related quality of life than actors (both  $p = .002$ ). There were no significant post-hoc differences between singers and any of the other groups.

Initial assessment of each of the variables involved a series of correlation coefficients to assess relatedness between the variables. These results are presented in Table 8

**Table 8:**  
*Correlation Coefficients for all Variables.*

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.
1. HADS-D	1										
2. HADS-A	.60**	1									
3. SS – Family	-.39**	-.25**	1								
4. SS – Friends in the industry	-.40**	-.27**	.39**	1							
5. SS - Sig Other	-.35**	-.17**	.47**	.33**	1						
6. MHC	-.66**	-.63**	.32**	.37**	.30**	1					
7. PHC	-.45**	-.32**	.19**	.23**	.16**	.33**	1				
8. PSS	.30**	.32**	-.26**	-.26**	-.18**	-.36**	-.21**	1			
9. Alcohol Consumption	-.08	.04	.00	.12*	-.05	-.08	.02	.09	1		
10. Income from Entertainment Industry.	-.11*	-.09	.15**	.11**	.09*	.08	.17**	-.20**	.15**	1	
11. Mental Illness Diagnosis	.27**	.21**	-.12**	-.15**	-.10*	-.28**	-.20**	.31**	.92	-.10*	1

\* Correlation is significant at the 0.05 level (2-tailed).

\*\* Correlation is significant at the 0.01 level (2-tailed).

HADS-A – Hospital Anxiety and Depression Scale – Anxiety. HADS-D – Hospital Anxiety and Depression Scale – Depression. SS-Family – Perceived Social Support Family. SS-Friends – Perceived Social Support Friends in the Entertainment Industry. SS-Sig Other – Perceived Social Support Significant Other. MHC – Mental Health Related Quality of Life. PHC – Physical Health Related Quality of Life. PSS – Paykel Suicide Scale

Table 8 indicates a range of significant correlations between the variables. Most correlations were significant at the .05 or .01 level. Factors investigating these variables will now be explored further.

#### 4.1 Depression and Anxiety

The first part of the analysis relating specifically to anxiety and depression involved investigating the level of depression and anxiety within the sample. The scores on the Hamilton Anxiety and Depression Scale (Zigmond & Snaith, 1983) for this sample are presented below with scores the normative data from Hinz and Brähler (2011) as means of comparison.

**Table 9:**

*Mean Scores on the Hamilton Anxiety and Depression Scale with Comparison to Normative Data*

	Mean (SD)	Range	N	Hinz and Brähler (2011)
HADS-A	9.90 (4.48)	0-21	492	4.70 (3.30)
HADS-D	5.90 (3.95)	0-21	491	4.75 (3.95)

Scoring: 0–7: Normal. 8–10: Borderline Abnormal. ≥11: Abnormal

The mean score indicates that the anxiety score falls at the upper end of the 'Borderline abnormal' range (Zigmond & Snaith, 1983). In order to compare this, a Z-test was conducted using normative population data (Hinz & Brähler, 2011). This test was appropriate as the variable of interest was categorical with mutually exclusive categories. The assumptions for the test were satisfied, including the use of frequency data, independent observations, and expected frequencies of at least five in each category. The results indicated that the sample mean was significantly higher than the population normative level with  $Z(492) = 32.96$ ,  $p < .001$  indicating that this sample reported significantly higher levels of anxiety.

HADS-A – Hospital Anxiety and Depression Scale – Anxiety. HADS-D – Hospital Anxiety and Depression Scale – Depression. SS-Family – Perceived Social Support Family. SS-Friends – Perceived Social Support Friends in the Entertainment Industry. SS-Sig Other – Perceived Social Support Significant Other. MHC – Mental Health Related Quality of Life. PHC – Physical Health Related Quality of Life. PSS – Paykel Suicide Scale



For depression, the mean score fell at the upper end of the 'Normal' range (Zigmond & Snaith, 1983). The Z-test was used to compare the mean score to Hinz and Brähler's (2011) normative population data, a test that was appropriate given the depression scores were categorical with mutually exclusive categories. The assumptions for the test were satisfied, including the use of frequency data, independent observations, and expected frequencies of at least five in each category. The result indicated that the sample mean was significantly higher than the population normative level with  $Z(492) = 6.83$ ,  $p < .001$ .

In line with the hypotheses related to depression and anxiety further analysis into predictors of depression and anxiety were conducted. This pertained to perceived social support, mental and physical health related quality of life, suicidality, frequency of alcohol consumption and income from the entertainment industry.

To assess, a multiple linear regression was calculated to predict depression symptomatology based on perceived social support (family, friends in the entertainment industry and significant other), physical and mental health related quality of life, entertainment industry income and frequency of alcohol consumption. This analysis was appropriate as the outcome variable (depression symptomatology) was continuous, and the predictor variables were either continuous or appropriately coded for inclusion in the model. Key assumptions of multiple regression - including linearity, independence of errors, homoscedasticity, and absence of multicollinearity - were assessed and found to be adequately met. The results indicated a significant regression equation,  $F(7, 343) = 47.982$ ,  $p = .000$  with an  $R^2$  of .518. The following table presents the results of individual predictors for depression symptomatology.

**Table 10:***Individual Predictors of Depressive Symptomatology*

	Beta	t	Significance
SS - Family	-.131	-2.95	.003
SS – Friends in the entertainment industry	-.081	-1.79	.074
SS – Sig Other	-.061	-1.48	.140
PHC	-.209	-5.11	.000
MHC	-.503	-10.74	.000
Income from Entertainment Industry.	-.014	-.20	.843
Frequency of Alcohol Consumption	-.879	-2.25	.013

The results indicate that perceived social support – family ( $p = .000$ ) physical health and mental health components of the Quality of Life were significant predictors of depression (both  $p = .000$ ). Frequency of alcohol consumption was also a significant predictor of depression ( $p = .013$ ). Industry income and perceived social support from friends in the entertainment industry or a significant other were not significant predictors of depression symptomatology.

To assess contributing factors to anxiety, a similar multiple linear regression was calculated to predict anxiety symptomatology based on perceived social support (family, friends in the entertainment industry and significant other), physical and mental health related quality of life, entertainment industry income and frequency of alcohol consumption. This analysis was appropriate as the outcome variable (anxiety symptomatology) was continuous, and the predictor variables were either continuous or appropriately coded for inclusion in the model. Key assumptions of multiple regression - including linearity, independence of errors, homoscedasticity, and absence of multicollinearity - were assessed and found to be adequately met. The results indicated a significant regression equation,  $F(7, 322) = 29.186$ ,  $p = .000$  with an  $R^2$  of .399.

HADS-A – Hospital Anxiety and Depression Scale – Anxiety. HADS-D – Hospital Anxiety and Depression Scale – Depression. SS-Family – Perceived Social Support Family. SS-Friends – Perceived Social Support Friends in the Entertainment Industry. SS-Sig Other – Perceived Social Support Significant Other. MHC – Mental Health Related Quality of Life. PHC – Physical Health Related Quality of Life. PSS – Paykel Suicide Scale

Table 11 presents the results of individual predictors for anxiety symptomatology.

**Table 11:**

*Individual Predictors of Anxiety Symptomatology*

	Beta	t	Significance
SS - Family	-.066	-1.155	.249
SS – Friends in the entertainment industry	-.006	-.006	.911
SS – Sig Other	.090	.088	.087
PHC	-.135	-.121	.000
MHC	-.690	-.581	.010
Income from Entertainment Industry.	-.057	-.029	.531
Frequency of Alcohol Consumption	.087	.192	.847

As indicated in Table 11, the two factors related to quality of life (physical and mental health) were significant predictors of anxiety. No component of perceived social support, income or frequency of alcohol consumption were predictors of anxiety symptomatology.

#### 4.2 Alcohol Consumption

To assess frequency of alcohol consumption, the frequency was calculated and compared to normative data from National Drug Strategy Household Survey detailed report (Australian Institute of Health Welfare, 2014) using the same measure. These are presented as percentages of the total sample and presented in Table 12.

**Table 12:**

Frequency of Alcohol Consumption with Comparison to Normative Data.

	n	Sample %	Australian Institute of Health Welfare (2014) %
Daily	29	6.45	6.5
Weekly	231	51.45	37.3
Less than weekly	99	22.05	34.5
Ex-drinker	75	16.70	8.0
Never drank	15	3.34	13.80
Total	449		

The data suggests that there was a higher proportion of participants in this sample who drank alcohol weekly compared to the population data. The proportion of people who had never had a serve of alcohol in this sample was also lower and the proportion of ex-drinkers was higher in the current sample. A chi-square goodness of fit was calculated comparing the occurrence within the sample with that found in the Australian Institute of Health Welfare (2014) report. This test was appropriate as the alcohol consumption was categorical with mutually exclusive categories. The assumptions for the test were satisfied, including the use of frequency data (not percentages or means), independent observations, and expected frequencies of at least five in each category. The result indicated there was a significant difference,  $\chi^2 (5, N = 449) = 28.3, p = .000$ .

To further assess alcohol consumption, analyses was conducted on whether participants were classified as a single occasion risky drinker. The Australian Institute of Health Welfare (2014) defines single occasion risky drinking as consuming more than four standard drinks at least once a month or more. The results are presented in Table 13, with comparison to normative data.

HADS-A – Hospital Anxiety and Depression Scale – Anxiety. HADS-D – Hospital Anxiety and Depression Scale – Depression. SS-Family – Perceived Social Support Family. SS-Friends – Perceived Social Support Friends in the Entertainment Industry. SS-Sig Other – Perceived Social Support Significant Other. MHC – Mental Health Related Quality of Life. PHC – Physical Health Related Quality of Life. PSS – Paykel Suicide Scale

**Table 13:**

*Frequency of Single Occasion Risky Drinking Behaviour with Comparison to Normative Data.*

	n	%	Australian Institute of Health Welfare (2014) %
No	82	24.9	72.7
Yes	247	75.1	27.3

The table suggests a higher proportion of people in the sample engaged in single occasion risky drinking behaviour compared to population norms. A chi-square goodness of fit (where all assumptions were met) was calculated comparing this, and found this difference to be significant,  $\chi^2 (1, N = 329) = 116.89, p = .000$ .

To assess factors contributing to risky single drinking behaviour, a logistical regression was calculated based on anxiety and depression symptomatology, physical and mental health related quality of life and perceived social support (family, friends in the entertainment industry and significant other). This analysis was appropriate as the risky single drinking behaviour was continuous, and the predictor variables were either continuous or appropriately coded for inclusion in the model. Key assumptions of multiple regression - including linearity, independence of errors, homoscedasticity, and absence of multicollinearity - were assessed and found to be adequately met. The results indicated a significant regression equation,  $F(7) = 16.77, p < .05$ . The individual predictors are presented in Table 14.

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**Table 14:***Individual Predictors of Single Occasion Risky Drinking*

	B	Significance
HADS-A	.032	.366
HADS-D	-.042	.391
SS - Family	-.037	.299
SS - Friends in the entertainment industry	.092	.011
SS - Significant other	.059	.070
PHC	-.029	.538
MHC	-.780	.575

The results indicate that the only significant predictor of single occasion risky drinking behaviour was perceived social support – friends in the entertainment industry indicating that higher perceived social support from industry friends was associated with risky alcohol consumption.

Anxiety and depression symptomatology, or physical and mental health related quality of life were not significant predictors.

### 4.3 Suicidality

A range of analyses were implemented to investigate suicidality within the sample. Firstly, the 5-item Paykel Suicide Scale (Paykel et al., 1974) was calculated, yielding scores ranging from 0-5 with a mean of 2.79 (SD = 1.16). The frequency of items endorsed for each of the items is presented in Table 15, with a comparison to Sterud, Hem, Lau and Ekeberg (2008) who used the same measure and scoring method in their work with Norwegian ambulance personnel.

HADS-A – Hospital Anxiety and Depression Scale – Anxiety. HADS-D – Hospital Anxiety and Depression Scale – Depression. SS-Family – Perceived Social Support Family. SS-Friends – Perceived Social Support Friends in the Entertainment Industry. SS-Sig Other – Perceived Social Support Significant Other. MHC – Mental Health Related Quality of Life. PHC – Physical Health Related Quality of Life. PSS – Paykel Suicide Scale

**Table 15:**

*The Percentage of Participants Endorsing the presence of Paykel Suicide Scale items.*

	Current Study N = 504		Sterud et al. (2008) N = 1,168	
	n	% of respondents*	n	% of respondents*
Not worth living	353	70.19	327	28.0
Wished was dead	297	59.20	242	20.7
Taking own life	337	67.13	266	22.8
Thoughts/plans	355	69.61	121	10.4
Suicide attempt	69	13.61	36	3.1

\* Participants may have endorsed more than one item.

The results suggest higher rates of endorsement on all items in the current sample compared to Sterud et al. (2008). Almost 70% of the sample indicated they had had thoughts or plans of suicide and almost 14% indicated they had attempted to end their life.

In addition to the summation of the five items, data from the PSS was collapsed into levels of suicidality. Participants who scored 0 were classified as 'No', participants who scored 1 or 2 classified as 'Low' and participants who scored 3-5 classified as 'High', an approach taken by Ashrafioun et al. (2016). The results are presented in Table 16 with a comparison to Sterud et al. (2008).

**Table 16***Levels of Suicidality.*

Level of Suicidality	Sample		Sterud et al. (2008)	
	N	%	N	%
No	1	.20	686	58.75
Low	174	34.52	517	17.21
High	329	65.28	722	24.03
Total	504		1168	

The table indicates that one third of this sample indicated a low level of suicidality with the other two thirds indicating a high level of suicidality. Only one participant indicated no level of suicidality. Comparatively, this is higher than Sterud et al. (2008) where over half of their sample indicated no level. To assess whether the difference between the two samples was significant, a chi-square goodness of fit (an appropriate test as the variable of interest was categorical with mutually exclusive categories and where all assumptions were satisfied) was calculated and indicated a significant difference between the two samples,  $\chi^2 (1, N = 495) = 148.1, p = .000$ .

To further understand suicidality, a multiple linear regression was calculated to predict suicidality. This analysis included anxiety, depression, perceived social support (family, friends in the industry and significant other), mental and physical health related quality of life and whether the participant had been diagnosed with a mental illness. This analysis was appropriate as suicidality was a continuous variable, and the predictor variables were either continuous or appropriately coded for inclusion in the model. Key assumptions of multiple regression - including independence of errors, homoscedasticity, linearity, and absence of multicollinearity - were assessed and found to be adequately met. The result indicated a significant regression equation,  $F(7,461) = 13.8040, p =$

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.000 with an R2 of .207. Table 17 presents the results of individual predictors for suicidality.

**Table 17**

*Individual Predictors of Suicidality*

	Beta	t	Significance
Mental illness diagnosis	.210	4.798	.000
HADS-A	.128	2.254	.025
HADS-D	-.028	-.435	.662
SS - Family	-.113	-2.243	.025
SS - Friends	-.103	-2.128	.034
SS – Sig other	-.008	-.165	.869
PHC	-.039	-.833	.405
MHC	-.138	-2.244	.025

The results indicate that a range of mental health factors were significant predictors of suicidality. Having a diagnosis of a mental illness was the strongest predictor. Anxiety symptomatology, and Mental Health related Quality of Life were also significant predictors, as were perceived social support from family and perceived social support from friends in the entertainment industry. Depression symptomatology was not a significant predictor, nor was perceived social support from a significant other or physical health related quality of life.

#### 4.3.1 Mediation Analyses

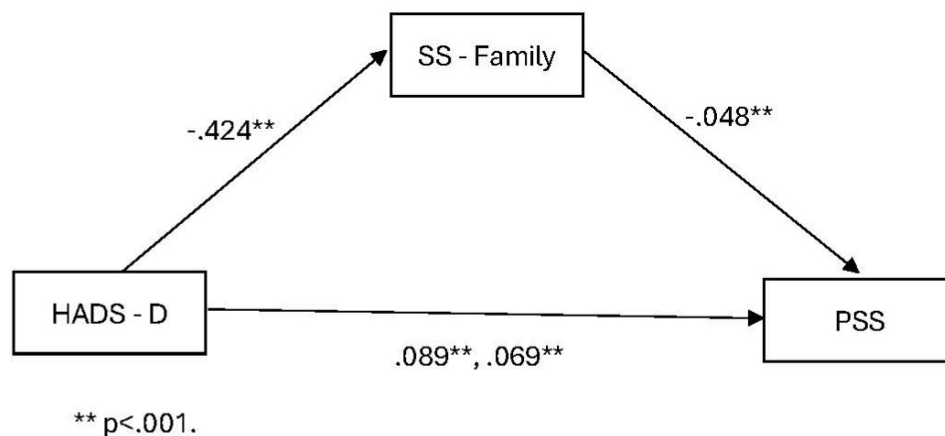
The results indicated that whilst the bivariate correlation between suicidality and depression was significant, when all predictors are included in the model, depression was not a predictor of suicidality. To explore this further, an analysis was conducted to investigate whether perceived social support – family and perceived social support – friends mediated the relationship between depression and suicidality.

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Coefficients are presented in Figure 1.

### Figure 1

*Mediation Analysis between Depression Symptomatology, Perceived Social Support – Family, and Suicidality*



Results indicated that perceived social support – family was a significant mediator in the relationship between depression and suicidality,  $F(2, 476) = 48.47$ ,  $p = .000$  with an  $R^2$  of .092. As seen in Figure 1, the relationship between depression and perceived social support – family (path a) and the relationship between perceived social support – family and suicidality (path b) was significant. Depression had a significant direct effect on suicidality (path c) before and after (path c) including perceived social support – family in the model.

Results of a bias-corrected bootstrapped analyses found that depression had a significant indirect effect on suicidality via perceived social support - family ( $b = .020$ ,  $Bse = .006$ ), with a 95% confidence interval ranging from .008 to .028.

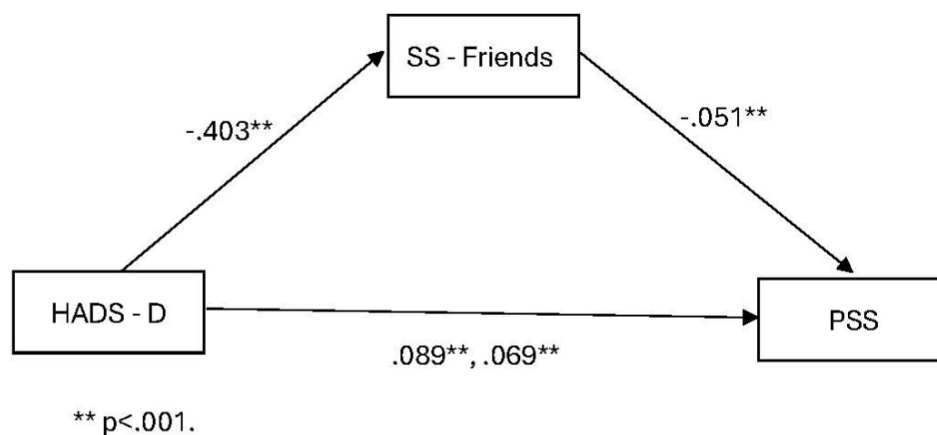
HADS-A – Hospital Anxiety and Depression Scale – Anxiety. HADS-D – Hospital Anxiety and Depression Scale – Depression. SS-Family – Perceived Social Support Family. SS-Friends – Perceived Social Support Friends in the Entertainment Industry. SS-Sig Other – Perceived Social Support Significant Other. MHC – Mental Health Related Quality of Life. PHC – Physical Health Related Quality of Life. PSS – Paykel Suicide Scale

The results indicates that perceived social support – family significantly mediated the relationship between depression and suicidality.

Similarly, a mediated regression analysis was used to test whether perceived social support from friends in the entertainment industry would mediate the relationship between depression and suicidality. Coefficients are presented in Figure 2.

**Figure 2**

*Mediation Analysis between Depression Symptomatology, Perceived Social Support – friends in the entertainment industry and Suicidality*



Results indicated that perceived social support – friends was a significant mediator in the relationship between depression and suicidality,  $F(2, 476) = 48.47$ ,  $p = .000$  with an  $R^2$  of  $.092$ . As seen in Figure 2, the relationship between depression and perceived social support – friends (path a) and the relationship between perceived social support – friends and suicidality (path b) was significant. Depression had a significant direct effect on suicidality (path c)

HADS-A – Hospital Anxiety and Depression Scale – Anxiety. HADS-D – Hospital Anxiety and Depression Scale – Depression. SS-Family – Perceived Social Support Family. SS-Friends – Perceived Social Support Friends in the Entertainment Industry. SS-Sig Other – Perceived Social Support Significant Other. MHC – Mental Health Related Quality of Life. PHC – Physical Health Related Quality of Life. PSS – Paykel Suicide Scale

before and after (path c) including perceived social support – friends in the model.

Results of a bias-corrected bootstrapped analyses found that depression had a significant indirect effect on suicidality via perceived social support - friends ( $b = .069$ ,  $Bse = .014$ ), with a 95% confidence interval ranging from .009 to .034. The results indicates that perceived social support – friends in the entertainment industry significantly mediated the relationship between depression and suicidality.

#### 4.4: Summary of Study One Results

Overall, the results of Study One indicated a range of mental health related vulnerabilities in this population of singers, dancers, actors and musicians and several factors related to these vulnerabilities. The levels of depression and anxiety symptomatology, frequency of alcohol consumption and suicidality were each significantly higher than population norms. Perceived social support from family, physical and mental health related quality of life and single occasional risky drinking were significant individual predictors of depressive symptomatology, whilst both physical and mental health related quality of life were significant individual predictors of anxiety.

Perceived social support was salient in the findings. Perceived social support from family and friends in the industry were each significant individual predictors of suicidality, and each mediated the relationship between depression and suicidality. Perceived social support from friends in the industry was the only individual predictor of single occasion risky drinking.

The result also indicated important findings related to suicidality. This population demonstrated significantly higher levels of suicidality. The results indicated that anxiety, having been diagnosed with a mental illness and mental health related quality of life were individual predictors of suicidality. These results go some way in understanding the vulnerabilities in this population. The

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next section will discuss these results in the context of existing literature and discuss the uniqueness of these findings related to this population.

HADS-A – Hospital Anxiety and Depression Scale – Anxiety. HADS-D – Hospital Anxiety and Depression Scale – Depression. SS-Family – Perceived Social Support Family. SS-Friends – Perceived Social Support Friends in the Entertainment Industry. SS-Sig Other – Perceived Social Support Significant Other. MHC – Mental Health Related Quality of Life. PHC – Physical Health Related Quality of Life. PSS – Paykel Suicide Scale

## **Chapter Five:**

### **Study One Discussion**

Study One involved investigating the mental health of a group of singers, dancers, actors and musicians. The study aimed to test the prediction that this group would demonstrate higher levels of depression compared to normative data, and that this would be predicted by health-related quality of life, perceived social support, alcohol consumption and income. This hypothesis was supported. The prediction that the sample would exhibit higher levels of anxiety compared to normative data and that this will be predicted by health-related quality of life, perceived social support, frequency of alcohol consumption and industry income was also supported. Similarly, the hypothesis that alcohol consumption would be higher than population norms and that single occasion risky drinking behaviour would be predicted by the combination of depression and anxiety symptomatology, physical and mental healthrelated quality of life and perceived social support was also supported. Similarly, the hypothesis predicting that suicidality would be explained by the combination of mental health diagnosis, depression and anxiety symptomatology, perceived social support (friends in the industry, family and significant other) and health-related quality of life was also supported.

Given that when included in the model, depression was not a predictor of suicidality, exploratory analysis was conducted to investigate whether perceived social support – family and perceived social support – friends in the industry were mediating a relationship between depression and suicidality. This was found to be significant. In full, these results suggest important factors related to the mental health of musicians, singers, actors and dancers.

#### **5.1: Anxiety**

The results indicated that there were high levels of anxiety within this population with rates at the upper end of the 'Borderline Abnormal' range and at a level that was significantly higher than population norms. This is consistent

with a range of established evidence that found similar in singers, actors, dancers and musicians (i.e. Barbar, de Souza Crippa, & de Lima Osório, 2014; Gregory & Interiano-Shiverdecker, 2021; Kenny, 2005, 2011; Kenny, Davis, & Oates, 2004; Nicholson, Cody, & Beck, 2015; Thomson & Jaque, 2017). The results suggest the importance of understanding anxiety in this population and factors that relate to it.

The results indicated several significant negative bivariate correlations between anxiety and measures of perceived social support, mental and physical health related quality of life and suicidality. Further analysis found that quality of life related to physical health and mental health were the strongest predictors of anxiety in this population. Quality of life, which refers to how an individual measures the functionality of multiple parts of their life and their sense of satisfaction with it (Napora, 2023) has had some relationship with anxiety in other studies, although little research has looked specifically at the relationships between these variables in performing artists. For instance, the current results are consistent with the work of Gao et al. (2019) and Olatunji et al. (2007) who found strong relationships between these variables in the general population. As the strongest predictor of anxiety, the current findings suggest that the relationship between mental and physical health related quality of life and anxiety is paramount for this population. Given that mental and physical health related quality of life was also a significant predictor of depression, further discussion about the role of physical and mental health related quality of life in this population will take place when discussing these findings later in this chapter.

All measures of perceived social support were significantly related to anxiety in the correlation analyses. This is consistent with a range of previous research, including Szabó et al. (2022) who found that Australian actors in a relationship had lower anxiety scores than those who were not. These results are also consistent with Schneider and Chesky (2011) who in their work with college music students, found that those with greater perceived social support reported less frequent anxiety. These authors also found that perceived social support

moderated the relationships between anxiety and participants' capacity to perform. The current finding - that all measures of perceived social support were not related to anxiety in the multivariate prediction analyses - may be explained by an overlap between perceived social support and mental and physical health related quality of life. Harandi et al. (2017) identified a strong association between social support and physical and mental health related quality of life, finding that strong social connections were linked to better overall health, reduced stress, and increased physical activity. It is possible that perceived social support and mental and physical health related quality of life overlapped in this analysis, potentially explaining the finding in this multivariate analysis.

The current findings that income was not related to anxiety in both the correlational and regression analyses were interesting and in contrast to a range of studies of both performing artists and those outside the performing arts industry (i.e. Chen & Jagtiani, 2021; Dobson, 2011; Gross & Musgrave, 2020; King et al., 2019). Most studies in this area have found the relationship between financial stress and anxiety, rather than solely income as assessed in the current study, suggesting that income per se may not be related to anxiety. These results do align with Musgrave et al. (2025) who recently found that income did not predict anxiety, and with King et al. (2024), who reported that musicians' occupational stress stems primarily from work insecurity rather than financial insecurity. It may be apparent that income itself does not relate to anxiety, noting that almost 85% of the sample earned less than \$40,000 from their work in the entertainment industry and the average Australian income 2015-2016 was \$47,692 (Australian Bureau of Statistics, 2016)

In full, these results suggest high rates of anxiety in this population, and when combined in analyses, mental health and physical health related quality of life stood out as salient predictors.



## 5.2: Depression

Further analyses into the mental health of this population indicated that depression levels for the sample were within the upper end of the 'Normal' range. Given the breadth of literature suggesting high levels of depression and other mood disorders in this population (i.e. Akandere & Demir, 2011; Akinola & Mendes, 2008; Kyaga et al., 2013; Loveday, Musgrave, & Gross, 2023; Verhaeghen et al., 2005), this result is somewhat surprising. Nevertheless, the rates were significantly higher than population norms. The correlation analyses indicated that depression was significantly correlated with all measures except single occasion at risk alcohol consumption. The multivariate prediction analysis indicated that the significant predictors of depression were physical and mental health related quality of life, perceived social support – family and alcohol consumption.

Consistent with the findings related to anxiety, both physical and mental health related quality of life were strongly related to depression in this population. Limited work has established links between these variables in singers, dancers, actors and musicians. Parallels may be drawn however, between the current results and Napora and Sękowski (2021) who found positive correlations between a sense of quality of life and self-esteem in a group of actors. Outside of performing artists, the strong link between depression and quality of life is comparable to a number of other studies. da Silva Lima and de Almeida Fleck (2007) found that severe depression was related to impairment in quality of life in a group of primary care users. Similarly, in a meta-analysis, Sivertsen, Bjørkløf, Engedal, Selbæk and Helvik (2015) found a significant relationship between depression and poorer quality of life in older persons and Joshi, Khanna and Shah (2015) also found strong relationships between depression and physical and mental health related quality of life in patients with arthritis. Whilst most of the work in this area investigates clinical populations, in their study of medical students where less than 4% experienced depression, Ghassab-Abdollahi, Shakouri, Aghdam, Farshbaf-Khalili, Abdolalipour and

Farshbaf-Khalili (2020) found significant relationships between quality of life and scores on the Beck Depression Inventory.

Physical and mental health related quality of life were significant predictors for both anxiety and depression. Whilst there is limited work looking specifically at these variables in performing artists, this result may be explained by the physical demands of performing arts work and the impact this may have on well-being. For example, in a systematic review, Mainwaring and Finney (2017) found significant relationships between physical injury and a range of psychological variables, including what they defined as psychological distress in dancers. Similarly, Adam et al. (2004) found that time off resulting from injury was significantly positively related to depression, stress and sleep disturbance in a population of dancers.

Similarly, there are findings related to the relationships between physical health and depression in musicians; Kenny and Ackermann (2015) found a significant relationship between depression and performance-related musculoskeletal pain disorder in orchestral musicians for example. As such, the findings of the current study where physical health-related quality of life was a significant predictor of depression, may be linked to this populations' experience of physical injury and the impact that this may have on their quality of life.

It may be the case that this finding is most relevant to those working dancers or musicians. In assessing preexisting differences between actors, dancers, singers and musicians in Chapter Four, physical health-related quality of life was the only variable where there were significant differences between the groups, with musicians and dancers indicating significantly lower physical health related quality of life than actors. These groups have also attracted the most research attention. This points to the importance of understanding this within these populations. This is an area that will be investigated in Study Two.

A further area of significance was the significant relationship between perceived social support from family and depression. This is consistent with a range of studies assessing this relationship in the general population. For

example, in a meta-analysis Gariépy, Honkaniemi and Quesnel-Vallée (2016) found that social support was protective against depression in adults, with support from spouses the strongest, followed by family and then friends. Similarly, in their study of sexual and gender diverse adults, Rogowska and Cisek (2024) found that perceived social support from family and friends mediated the relationship between minority stress and depression.

Whilst there is limited research into the relationships between social support and depression in singers, dancers actors and musicians, some comparison may be made with Sullivan, Moore, Blom and Slater (2020) and their work with athletes given the aforementioned parallels between them and performing artists. Their study found correlations between high levels of social support and low levels of depression. Further, social support from family and friends and teammates were significant predictors of depression, a similar finding to the current study. The importance the relationships between perceived social support and depression in this population are important given the nature of the work that results in frequent touring and being away from one's support network.

The findings indicated that alcohol consumption was a significant predictor of depression in this population. Whilst there is a breadth of research that has indicated high levels of alcohol use in actors (i.e. Szabó et al., 2020), musicians (i.e. Butkovic & Rancic Dopudj, 2017), singers (i.e. Santos, Montagner, Bastilha, Frigo, & Cielo, 2019), and dancers (i.e. Sekulic, Peric, & Rodek, 2010), little has investigated the relationship between this and levels of depression despite the previously mentioned findings indicating high levels of depression in performing artists. In non-performing arts populations, the current findings are consistent with research indicating a link between alcohol use and depression. For example, Turner, Mota, Bolton and Sareen (2018) found that those with depressive disorders were likely to self-medicate with alcohol, whilst Wardell, Kempe, Rapinda, Single, Bilevicius, Frohlich, Hendershot and Keough (2020) found that together with low social connectedness, depression predicted alcohol use in adults. There is also a range of literature reporting the

comorbidity between substance use disorders and diagnosed depression (i.e. Brière, Rohde, Seeley, Klein, & Lewinsohn, 2014; McHugh & Weiss, 2019). The finding that alcohol consumption was a significant predictor of depression in this population of performing artists is unique. The finding that income was not a predictor of depression has parallels with the findings related to income and anxiety.

In full, the results related to depression indicated levels above population norms. Physical and mental health related quality of life were significant predictors of depression, as was perceived social support from family and alcohol consumption.

### 5.3: Alcohol Consumption

The understanding of the mental health of this population was expanded on in the analysis related to alcohol consumption. This investigation indicated a range of significant findings. The results indicated a significant difference between the frequency of alcohol consumption within this sample compared to population norms and higher rates of this sample engaging in single occasion risky drinking behaviour compared to population norms. These findings are consistent with a breadth of work that has found higher rates of alcohol consumption in performing artists (i.e. Dobson, 2011; Szabó et al., 2020).

When assessing predictors of risky single use drinking behaviour, whilst the overall model was significant, the sole individual significant predictor was perceived social support from friends. This was also the only variable that was significantly correlated with single use risky drinking behaviour. This was a positive relationship, indicating that high levels of social support was associated with high levels of risky single use drinking. A number of studies have suggested that singers, dancers, actors and musicians obtain social support from within their industry (i.e. Loveday et al., 2023; Robb et al., 2018; Willard & Lavalley, 2016) and that these industries have a culture of drinking (i.e. Forsyth et al., 2016; Szabó et al., 2020; Tolson & Cuyjet, 2007; Turner et al., 2018). Whilst this is not a direct finding of the culture of substance use in

the performing arts industry, the link between perceived social support and substance use may suggest this. This could support previous work that has found a strong culture within this industry that encourages alcohol use (Butkovic & Rancic Dopudj, 2017; Forsyth et al., 2016). These findings are in part consistent with the work of Hagihara, Miller, Tarumi and Nobutomo (2003) who in a study of the general population found that high levels of social support from someone who was not a spouse was related to high levels of alcohol consumption, particularly in workplaces with high levels of stress. In the same study, high levels of social support from a spouse was not related to high levels of alcohol consumption. The authors speculated that this may be due to the social support from others occurring in venues where alcohol is served. The findings of the current study may suggest that high levels of social support from friends was related to alcohol consumption and at risk single drinking behaviour.

#### 5.4: Suicidality.

The results related to suicidality in this population indicated a range of important findings. Most notable was that levels of suicidality in the sample were significantly higher than other studies. What was particularly meaningful was that 13.6% of this population reported a suicide attempt, compared to 3.1% of the population used in the comparison. Whilst this finding is consistent with a breadth of literature that has found higher rates of suicide amongst the artistic community (i.e. Andersen et al., 2010; Hallaert, 2019; Preti, De Biasi, & Miotto, 2001; Stack, 1997), the significant magnitude of the level of this indicates a high level of vulnerability in this population.

There were significant correlations between suicidality and all measures except alcohol consumption. These were positive correlations for depression and anxiety, and negative for all measures of perceived social support, mental and physical related quality of life, having had a mental health diagnosis and income from the industry. The results indicated several individual predictors of suicidality in the multivariate analysis; having had a mental illness diagnosis, mental health related quality of life and anxiety symptomatology. Whilst there is

little that has investigated predictors of suicide in a population of singers, dancers, actors and musicians, these results are consistent with some other work. For example, in a systematic review of 20 studies, Moitra, Santomauro, Degenhardt, Collins, Whiteford, Vos and Ferrari (2021) also found that a diagnosis of a mental health disorder was a significant predictor of suicide. Further, mental health related quality of life was strongly related to completed suicides in a large longitudinal American study (Wei & Mukamal, 2019). This study reported statistically significant adverse relationships between lower multiple measures of mental health related quality of life and suicide. In a meta-analysis, Bentley, Franklin, Ribeiro, Kleiman, Fox and Nock (2016) found that anxiety was a significant predictor of suicidal ideation and attempts, but not deaths, whilst Wiebenga, Dickhoff, Mérelle, Eikelenboom, Heering, Gilissen, Van Oppen and Penninx (2021) found significant relationships between anxiety and suicide ideation and attempts.

These findings raise a range of important points. The high level of suicidality, including but not limited to suicide attempts indicates vulnerability in this population. Further, the analysis indicated the relationships between suicide and having a mental health diagnosis, anxiety, mental health related quality of life and family social support, suggesting that these factors are important to understand and address in singers, dancers, actors and musicians. Of note is that whilst the level of anxiety and depression were higher than population norms, as previously discussed, the levels of anxiety ('Borderline Abnormal' range) and depression (upper end of the 'Normal' range) were not at clinical levels (that is, in the 'Abnormal' range). Further, depression was not a predictor of suicidality in the multivariate model, a finding contrary to a breadth of prior research (i.e. Jiang, Nagy, Rosellini, Horváth-Puhó, Keyes, Lash, Galea, Sørensen, & Gradus, 2021; Melhem, Porta, Oquendo, Zelazny, Keilp, Iyengar, Burke, Birmaher, Stanley, & Mann, 2019; Ribeiro, Huang, Fox, & Franklin, 2018). These findings are surprising considering the levels of suicidality and suggest the importance of understanding suicidality in this population.

As such, to gain some understanding about this, analyses indicated that perceived social support from both family and friends partially mediated the

relationship between depression and suicidality. Whilst there are no comparable studies investigating these factors in a performing arts population, there is some consistency between these results and those found in other populations. Babiss and Gangwisch (2009) found that social support mediated the relationship between depression and suicidal ideation in a population of adolescents, a finding mirrored by Lamis, Ballard, May and Dvorak (2016) in their study of university students. Overall, the results suggest that perceived social support has significant relationships with depression, single use risk drinking, and suicidality in this population, highlighting the importance of the role it plays in this populations' well-being. Given that working in this industry involves touring and being away from one's support network, the importance of managing the impact that this has on well-being is paramount.

Furthermore, this result suggests an interplay between depression and the quality of life variables. Whilst depression and suicidality were highly correlated, when included together in the regression analyses, depression did not predict suicidality. This is likely because the regression included both depression and mental health related quality of life. When quality of life is not included, depression plays a more substantial role. Nevertheless, the role of quality of life emerged as a significant factor in the mental health of this population.

In summary, the results indicate a range of findings related to the mental health of a group of singers, dancers, actors and musicians. Rates of anxiety and depression, alcohol consumption and suicidality were all significantly higher than normative data. These point to substantial vulnerabilities within this population, the implications of which are explored in Chapter Nine.

## **Chapter Six:**

### **Study Two Aims and Method.**

As outlined in chapters one and two, Study Two also investigate the mental health of performing artists, but specified this to those who work as professional musical theatre performers. As outlined, musical theatre performers have concurrent skills in singing, dancing, acting, and at times playing instruments. The aims of Study Two, a qualitative study, were twofold. It aimed to build on the findings of Study One to understand more about the experience of those working in this industry and its relationship with mental health and well-being, including but not limited to salient findings from Study One pertaining to alcohol consumption, social support, and quality of life. The second aim for Study Two was to understand the experience of this population related to factors identified in previous research for performing artists related to the sense of identity in the work, the interplay between sensitivity and creativity, the impact of presenting confronting material in the work, the instability of employment, remuneration and the experience of dealing with injury. These areas are explored with the aim to understand the impact of these elements on musical theatre performers' mental health and well-being.

#### **6.1: Research questions**

To address these aims, the research questions aimed to understand the experience working in the industry in Australia and its relationship with mental health and well-being. This included investigating how do musical theatre performers make sense of their lived experiences in working as professional musical theatre performers? Additionally, it sought to understand how do they make sense of areas such as working with emotionally complex material, the experience of injury and with the realities of unstable employment? These areas were explored with a lens of understanding how does this experience relate to their mental health and well-being?



## 6.2: Participants

Sixteen participants who identified as professional musical theatre performers participated in Study Two. Eight participants were female, seven were male, and one nonbinary. Ages ranged from 25-40 (mean 29.65 years). Years working in the industry ranged from 5 to 22 years (mean 7 years). All participants were actively working in the professional musical theatre industry, having worked in at least one paid professional musical theatre production as a performing artists that required them to be on stage and sing, dance, act and/or play instruments in the 12 months prior to the interview. Participants are given the following pseudonyms when presenting the results.

1. Alastair
2. Alice
3. Erica
4. Evan
5. Hamish
6. Jake
7. Jane
8. Jasmine
9. Laura
10. Lauren
11. Mark
12. Peter
13. Reece
14. Simone
15. Sophie
16. Tim

As recommended by Saunders, Kitzinger and Kitzinger (2015) given the small population of musical theatre performers in Australia, additional demographic information are not reported to ensure anonymity. These authors state that giving additional demographic information regarding participants in a small industry may result in a reader being able to identify a participant, especially in light of responses they may provide in interviews. As such, this information is not included for these participants. Further, to protect anonymity of participants, identifying information regarding show and production names were excluded from participant quotations.

### 6.3: Procedure and analytical approach

The research was advertised on social media (see Appendix J) inviting professional musical theatre performers to participate. Details were also sent to agents and managers, asking them to pass the information onto artists who they represent that may be interested in the study. Following the initial response from participants, snowball sampling was used to recruit more participants. Snowball sampling is a convenience sampling method. This method is applied when it is difficult to access subjects with the target characteristics. In this method, agreeable existing study subjects are asked to recommend other contacts who fit the research criteria and who potentially might also be willing participants, who then in turn recommend other potential participants, and so on (Naderifar, Goli, & Ghaljaie, 2017). Gierczyk, Gromkowska-Melosik, Scott and Parker (2023) state that snowball sampling is an effective measure when recruiting a specific and difficult to reach sample.

Participants were provided with information about the study (Appendix K), and signed a consent form (Appendix L) before participating.

Participation involved interviews conducted online. Interviews typically lasted 60-90 minutes. All interviews were conducted via Zoom and were recorded and transcribed. Semi-structured, open-ended interview questions were developed based on the results from Study One and existing literature on wellbeing in the performing arts industry. Questions included “What is your experience of the music theatre industry?”, ‘What is your experience of the instability of employment?', ‘What is your experience of the culture of the music theatre industry?', “What is your experience of substance use in the music theatre industry?”. Whilst the interviews were semi-structured, a full list of the question guide is included as Appendix M.

Interpretive Phenological Analysis (IPA) was used to analyse the data. Interpretative phenomenological analysis is a qualitative approach that investigates individuals’ lived experiences (Smith, Flowers, & Larkin, 2021). It is based in phenomenological and hermeneutic traditions and is centred on the

specific experiences that individuals have and their meaning making that occurs in relation to those experiences (Smith & Fieldsend, 2021).

IPA investigates the experience of participants who have familiarity with a common phenomenon. The analysis involves making sense of and describing the common meaning for participants' lived experience of a concept or phenomenon and describing the commonalities of the experience of that phenomenon (Creswell, 2012).

In IPA, researchers conduct microlevel explorations of meanings that tap into the contextual experiences an individual experiences. When working to understand lived experience, IPA explores experiential meanings through the interpretative work between the researcher and the participant (Alase, 2017). IPA focuses on the detailed exploration of individual experiences, starting with an in-depth analysis of each participant's response. It then moves on to identify patterns of convergence and divergence across multiple participant responses.

Nvivo was used to code the interviews. Micro-level explorations of the data were conducted on an interview by interview basis between the candidate and supervisors. This approach, as outlined in (Smith et al., 2021) involves a detailed and close analysis of each individual participant's transcript, focusing on the nuances of how they describe and make sense of their experiences. It involves line-by-line analysis, making comments that are descriptive (what is being said), linguistic (how it is being said) and conceptual (the researchers interpretation\_ Interviews were transcribed and discussed between the candidate and the supervisors as they were conducted, with preliminary interpretations of participants' lived experience of the music theatre industry occurring over the course of the conducting of the research interviews. As recommended by Smith and Osborn (2003), the transcripts were reviewed multiple times, with emergent themes being identified in each interview. These themes were then reviewed, grouped for each individual, and compared across the entire sample. As a demonstration of the data relevant to themes and subordinate themes, the data for the theme 'Sense of Identity in the work' and the associated subordinate themes is included as Appendix N. This process

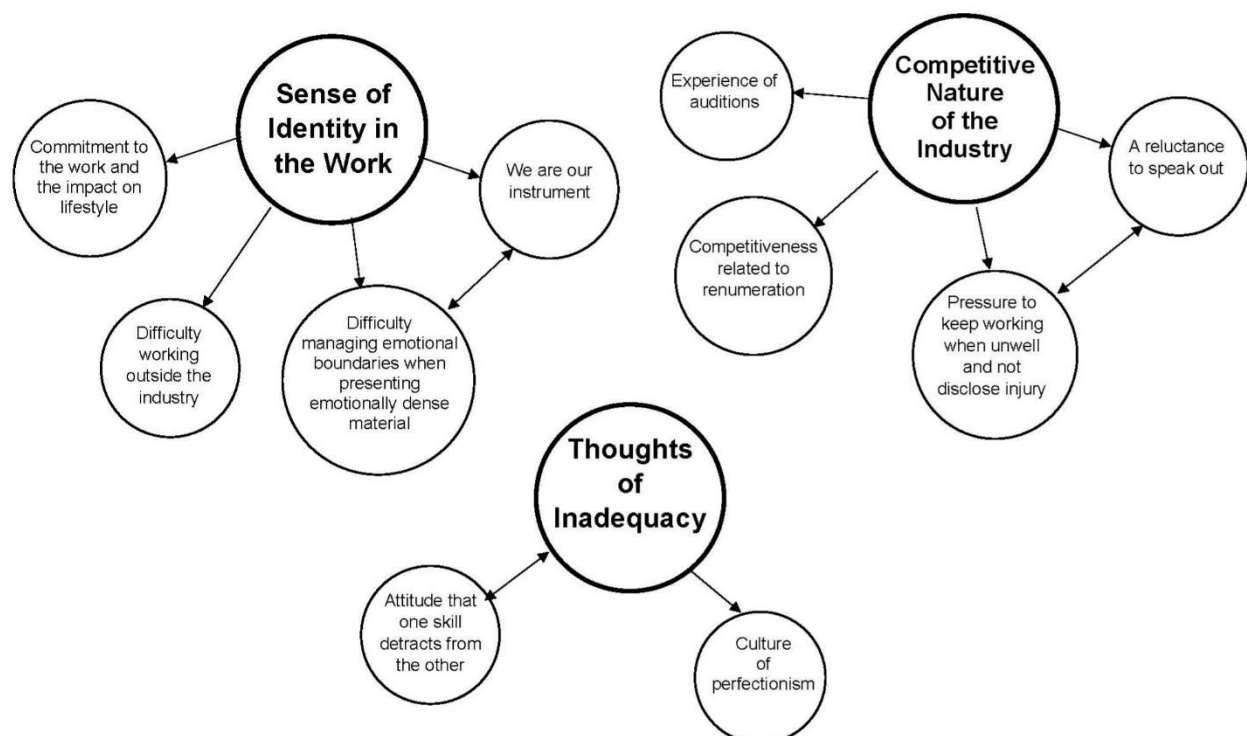
led to the identification of themes and subordinate themes for the whole sample.

## Chapter Seven: Study Two Results

The results indicated that participants' responses fell into three main themes that reflected the wholeness of their experience of working in the music theatre industry. The first related to the **sense of identity in the work**, the second to challenges related to the participants' experience of the **competitive nature of the industry** and the third related to **thoughts of inadequacy**. Several subordinate themes were identified with each main theme. Figure 3 gives an overview of the main themes and subordinate themes.

**Figure 3**

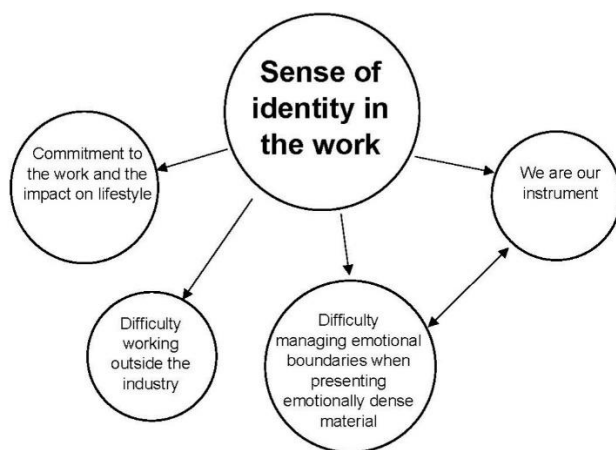
*Graphic Representation of Themes and Subordinate themes.*



The theme ‘sense of identity in the work’ encapsulated three subordinate themes; ‘commitment to the work and impact on lifestyle’, ‘difficulty managing emotional boundaries when presenting emotionally dense material’, and ‘we are our instrument’ and ‘difficulty working outside the industry’, as demonstrated in Figure 4.

**Figure 4**

*Sense of Identity in the Work Theme and Subordinate Themes.*



### 7.1: Sense of Identity in the Work

“It’s pretty intrinsic. Something that I have felt from a really young age in terms of just my interest in musicals” (Jake).

Central to participant’s experience in the musical theatre industry was sense of identity in the work. Participants had a deep, long and enduring connection with musical theatre, a passion for the work, and described it as something that brought them great joy. “It’s something that fills me up. It consumes me with happiness” (Jasmine).

The connection and interest in music theatre was apparent from an early age. Participants regarded it as their destiny and central to their identity; "I think I am a born performer, I live for it and I think I always did as a kid" (Tim). This connection was something that many participants described being reinforced when first seeing a musical theatre performance. Jake described watching musicals as being a "a powerful, intoxicating kind of thing to experience", and Erica described it as visceral;

"I watched musicals and I just went, 'Whatever's happening, I want that'. Because that connected to my soul.....it felt very powerful.... all my senses were ignited when I was watching it. And then it all started for me... I was just crazy about it". Erica

This early connection likely explains why participants reported engaging in music theatre training from a young age. All participants reported professional training in childhood and that this early training was something that consumed a significant part of their lives then. Participants described that they would spend most hours outside of school training, and some travelled long distances to attend specialised Secondary Schools that had a focus on the performing arts. Reece described feeling that their childhood was anchored around performing;

"Most of my childhood is very pinpointed around dance, because I think that I just weirdly blocked out the day at school until I could go to dance. It was what I was living for. It was the main motivator." Reece

The early experiences of training (and for a number of participants working professionally as children) meant that people's formative socialisation experiences were done within the industry. This reinforced the industry being central to their identity.

The passion in musical theatre industry continued as participants completed training and pursued professional work in the industry. Participants spoke about always wanting to pursue musical theatre professionally. "When I left high school, I knew exactly what I wanted to do. I thought, 'God I'm lucky that I love my job this much and that I'm so fulfilled'" (Simone). Similarly, Jane

described never considering any other career; “Guess I've never really thought about it because it, for me, this was always the only option I genuinely considered.”

Further to this connection to the work, music theatre was central to their identity with participants saying that their identity was encapsulated in their work. Jasmine described it that “I feel like that’s what I’m supposed to be doing. It’s a deeper feeling”, whilst Jane said that “A huge part of my identity is that I love theatre and all I want to do is tell stories and act and sing and that’s what it’s about.” Jane

The fulfillment participants reported from working in the industry contrasted with their experiences of doing work outside the industry;

“I think everything else I've done it, there's not that kind of overwhelming sense of *needing* to do it. And yet nothing else kind of makes me as happy. Sometimes I wish it did, but I haven't found that yet.” Jake

Similarly, Alistair;

“But I feel like I’m not as fulfilled as when I am working as an actor. It’s like the tank isn’t quite full.”

This sense of fulfillment was something that participants reported as being helpful in challenging times;

So there's a flow to it in a sense.....even through the hard times, and there's been plenty of those. There’s been a lot of challenges, but there was still something underneath that that made me feel like I was still doing the right thing. It still filled me up.” Jasmine

This sense of identity in the work served something of a foundation to participants’ overall experience of the music theatre industry and was related to mental health and well-being in numerous ways. Whilst engagement with the industry consumed them with happiness and fulfillment, the sense of identity in



the work also lead to their self-worth being connected with their success (or lack of success) in the industry. It also meant that participants felt a sense of failure when they would not get work or experienced injury, as will be explored in later themes and subthemes.

#### 7.1.1: Commitment to the Work and the Impact on Lifestyle

A part of the sense of identity in the work was the high level of commitment to the work and the impact this had on lifestyle. Participants had to be frequently cognisant of their work, at times impacting on other areas of their life to be able to work in the industry. Whilst on the most part participants did not experience this either negatively or positively, it was something that was frequent in participants' experience and had an impact on well-being and mental health. Jake reflected that this was intensified in musical theatre where professionals are required to maintain performance levels in singing, dancing acting and musicianship (compared to someone who works only as an actor);

“The biggest thing about mental health from a music theatre perspective is the sacrifice or the commitment we have to make to the show. It is more when you add singing and dancing to it and how you have to look after yourself outside of the show” Jake

Participants' commitment to the work was reflected in their experience of having to be aware of their work at all times and the impact this had on their lifestyle. This was typified when several participants outlined their experience of being on 'vocal rest'. As the term suggests, vocal rest is a process where musical theatre performers spend a concentrated period not using their voice (for speaking and for singing) in between performances and on days off in order to ensure optimal workplace performance. Sophie recounts a three year period where she was working on a production and that “during those three years I didn't talk on a Monday for all of those three years. So I completely vocal rested. So I was doing everything correct in order to get me through the show”.

This commitment to the work and the impact on lifestyle affected relationships, social life, diet and sleep;

“The big sacrifice is social life. I very rarely go out or live an extremely social lifestyle. I have to be very careful how I live my life throughout the day before a show, like I could maybe catch up for lunch with one person but I wouldn't be able to have three social gatherings and be able to talk all day. And you have to be very boring and healthy in terms of how much sleep you get and diet and exercise. My body can't do that to my voice can't do that. I have to be careful about not doing anything too extreme outside of the show and having lots of physical and vocal rest.” Jake.

The level of commitment and impact on lifestyle included limiting substance use. Given the levels of substance use identified in Study One, some of these findings were surprising. Participants outlined their experience of generally not engaging in risky substance use at all whilst working as this would compromise the quality of the work. Alistair remarked “For me, it [substance use] has always felt a little bit at odds with trying to maintain the level of professionalism and the quality of what I'm trying to do day in day out”. Similarly, in the context of discussing substance use, Jake asserted that “My craft will always be top priority”.

The experience of commitment to the work and impact on lifestyle was further demonstrated by the impact of the work participants' quality of relationships. Many remarked that “Missing those family events and things and not feeling like you can take the time off for that. For me, that's probably the biggest sacrifice” (Jane). This impact was particularly felt when touring;

“I was touring non-stop for five years. The longest I was in one spot was five months. I've always really enjoyed it but I did find it very challenging in other ways. I missed so many family birthdays. Building any type of romantic relationship I found impossible because no-one really wants to date someone who's going to leave in three months”. Peter

Participants felt that they needed to choose a career over a relationship.

“For me it always comes back to the fact that relationships aren’t possible. Ten years ago I consciously made the decision to choose career. Every relationship I’ve ever had has ended due to me either getting a job elsewhere or something about the work”. Hamish

Participants reflected the work they did to maintain relationships and how this was challenging especially when touring. The schedule of music theatre can differ from show to show; but most productions will have performances each day from Tuesday – Sunday. When touring, participants reflected that at times they would try and return home for their day off to connect with partners and family, but that this added to the exhaustion they felt;

“The longer I’m with my partner and the longer the tours are going to be – that means longer times away and more travelling on your day off, which is exhausting to be like, ‘Okay, I’ve got a day off, but I’m going to wake up really early and fly and then have to fly back the next morning’”. Jane

The strong sense of identity in working in the industry lead to a strong commitment to the work. This commitment impacted on participants’ lifestyle particularly related to relationships, but also areas such as speaking on days off and socialising. This presented challenge to the well-being and mental health for participants who reported lack of fulfillment in social and intimate relationship as a result.

#### 7.1.2: Difficulty managing emotional boundaries when presenting emotionally dense material.

A further theme related to participants’ sense of identity in the work was the difficulty managing emotional boundaries related to the work. This related to presenting emotionally dense material where people would draw from their personal experiences to present a character.

Music theatre involves presenting at times complex stories with complex characters experiencing a raft of emotional challenges and performers are required to express characters and tell stories through their acting, singing and dancing.

“We’re doing theatrical versions of these things. If you’re going to cry on stage it can’t be a single tear, you have to cry. You have to make people believe you”. Tim

Participants use their own personal experiences to connect to the psychological material and had difficulty managing the boundaries around this, impacting on their well-being. Jasmine recalled presenting a character dealing with grief and internal and external pressure to be believable. “I was so serious about giving that performance eight shows a week of physically crying, every single show”. To be believable, participants drew from their personal psychological material;

“Anything where you have to cry on stage I think the natural way most actors do that is you tap into something that makes you cry as a real life human being. The majority of the time that's what you're seeing”. Tim

Music theatre typically involves eight shows per week, sometimes for several years. This is unique from other forms of performing (for example an actor on a film), where the engagement is more time limited. The intensity made connecting with the emotional material more difficult. Alastair remarked that “you’ve got to find that emotional journey day in day out, sometimes twice a day and for a really intense dramatic part, it is sometimes hard to shake it.”

The intensity of the engagement meant that people would delve deeper into challenging emotional material to produce the desired result which would impact their mental health. Jasmine recalled an experience when presenting emotionally complex material as a show run continued;

“I was bringing up stuff that happened to me when I was a kid. I was deliberately doing stuff that I would never normally do to bring tears on

organically. It happened easily at the beginning, but then as time goes by, you've got to start pulling from different areas of your life to bring it up. And that shit's not normal". Jasmine

Participants were unable to manage the boundaries related to accessing personal material. They were unable to deal with using their personal material to present complex characters and this had a significant impact on their well-being;

"I brought up so much emotion for the role. I couldn't put it back and so, we'd be on the way home, but I'd be sitting there crying. I didn't know what to do because I was so worried about if I put it back, then I couldn't find it again." Erica

The lack of capacity to deal with the emotional material rendered them vulnerable to emotional challenge, or as Jasmine articulates, susceptible to whatever comes in;

"As actors, you have to be vulnerable. So you are open and that's your role. And that's why things seep in more. If you want the magic to happen as a performer, the shell has to be taken down, but then that makes you susceptible to whatever comes in". Jasmine

Whilst this experience of being unable to manage the emotional boundaries when utilising personal material to present the work was common, some participants had developed strategies to help set boundaries. Hamish said he found it helpful to spray himself with a particular fragrance when getting into costume and make-up to play a character. At the end of the performance, as he removed the make-up and costume, he would spray himself with a different fragrance. Jane spoke of taking a more physically grounding approach where she would "jump and down and shake everything off and let it go. I needed to get rid of tears that happened on stage, I'd whack the lower part of my body just to get back into the grounded-ness again". Jane

Similarly, Reece spoke about developing a post-show ritual where he would actively get 'out' of character;

"I find a way to rid myself of the character, is to physically say goodbye to it at the end of every show. I take a few breaths, and say 'goodbye, mate, have a good night'. It's very healthy for my brain to go 'he used my body for a good two hours', and now I'm going to have it back and I'm going to experience my own thing." Reece

Whilst some had learned skills to overcome the emotional impact of utilising personal material, it was clear that most had struggled with this and that it had had an impact on their overall well-being.

"I don't think I've ever, ever been taught how to get out of character. Certainly not at drama schools. To my knowledge there's not even a resource you can look to. But we are all taught to use your shit to get into the role". Hamish

In summation, participants struggled to manage the emotional boundaries when presenting complex material. Whilst some had found techniques to manage this, most struggled to separate their personal material from the work they were presenting which then impacted their mental health and well-being. The strong sense of identity in the work seemed to increase the vulnerability to want to put more of one's personal material into the work they were doing.

#### 7.1.3: We are our Instrument

"We *are* our instrument. You can never separate yourself from your instrument"". Alistair

A further expansion from the sense of identity in the work was participants' experience that they were the instrument being used to present the work. Participants had difficulty with this and lacked the capacity to be able to separate from themselves as performers to themselves as 'people'. This was

particularly difficult when they were suffering from injury or when they received negative feedback.

Participants reported that because of the physical nature of using themselves and their bodies to sing, dance and act, it was difficult to separate themselves from the work they were doing. Alistair compared the work he did to that of people who work in other creative industries, remarking that it was different for him and those in this industry;

“I have been a bit jealous of people that work as creative people on other things. They might do a painting and it’s over there, or they might do the sculpture and it’s over there or they might build this amazing architecturally designed house and it’s over there. Whereas we are our piece of creation.”. Alistair

This was challenging because people found feedback and criticism to be a personal commentary about them as individuals, rather than about the work they were producing.

“You’re the product. You have no real shielding. Because if I were to go in and be like, ‘Hey, this is a report I’ve written’, and the report is shit, if they criticise it, they’re not saying ‘you’re shit’, they’re saying ‘your report is shit’. You can be like, ‘I’m not this’. There’s no differentiation for us. They’re not saying ‘your acting is not this’ or ‘your singing is not this’ because it’s all connected to you. And it’s a part of you as well. And sometimes you can’t change the way that you sing or act, because that’s just you as a human”. Reece

As such, participants found it difficult to separate themselves from the work they were doing. This is similar to the factors outlined in the other two elements of this theme ‘sense of identity in the work’. In a similar way to not being able to manage the emotional boundaries related to the emotional material, participants weren’t able to separate themselves from the actual nature of the work.

Similarly, these factors seemed to make it difficult when participants were struggling with injury;

When my voice had trouble after [name of show], I put so much of my identity into my voice. So then when my voice wasn't doing what it was normally doing, I then was 'well, who the fuck am I?' And then I felt really bad about myself because I was like, 'What do I have to offer now?' That was what I had to offer and now I don't have that. And that was huge". Jasmine

This sense of feeling like they were their instrument and difficulty managing the challenge of this rendered participants vulnerable. Part of this relates to the overall sense of identity in the work, but this is likely unique for this kind of work, given the physical element required in music theatre.

#### 7.1.4: Difficulty Working Outside the Industry

A further subtheme of the 'sense of identity in the work' was the difficulty participants had when working outside the industry. Whilst participants accepted this as a reality given the inherent instability of the work, they struggled with it, resulting in lower moods.

"You go from playing a big part, a big lead role in a big commercial musical that tours the country, and you've got people lining up at stage door and wanting your autograph and, having this amazing experience going on TV and you're the talk of the town. Maybe winning awards, those sorts of things and just feeling this great sense of fulfillment, living the dream. And then and then you're folding clothes in a retail store and it just feels like 'how am I here?'. It's hard, without a doubt." Alistair

Working outside of the industry was difficult, because it challenged the sense of identity and fulfillment that participants got when working;

"Well, it's like you're treading water essentially because I don't want to be a full-time bartender for the rest of my life. But it's like I can do this, for now, I can happily do this until I do what I want to do. But not



knowing when that's coming sometimes like I said it's treading water and you just get tired." Peter

Overall, this was difficult and whilst this was not apparent with all participants, most lacked the capacity to be able to deal with the reality that they needed to work outside of the industry (or as Jake described it, in a 'muggle job' – a reference to Harry Potter where a muggle refers to a person lacks any sort of magical ability and is a regular member of society);

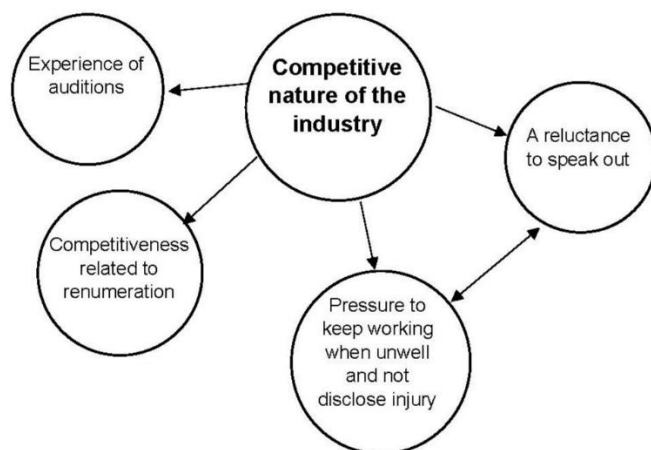
"I'm very lucky to be employed right now. I hate having a.....it's so arrogant, I call them like muggle jobs. I hate having to go back to a muggle job in between shows. Whilst I prefer to be working in some capacity, a muggle job breaks me." Jake

Participants lacked the capacity to manage the realities of working outside of the industry because it challenged their overall sense of fulfilment (and identity) in the work. This difficulty seemed to negatively impact on their mental health and well-being.

The second theme related to the competitive nature of the industry. Five related subthemes were connected to this theme, as represented in figure 5.

**Figure 5:**

*Competitive Nature of the Work Theme and Subordinate Themes.*



## 7.2: Competitive Nature of the Industry

“Competitiveness is everywhere. Competitiveness is probably the worst thing in the industry. It *is* music theatre culture”. Reece

The second major theme related to the competitive nature of the musical theatre industry. All participants spoke about a pervasive culture of competitiveness that existed at all stages of the workplace engagement; whilst training, auditioning to secure work, and performing together in a production. This sense of competitiveness meant that participants found it difficult to feel at ease and experienced high levels of anxiety and lower moods.

Tom and Lauren explain;

“The biggest psychological challenge I would say is the competitive nature of the industry. Constantly being forced whether you like it or not, to compare yourself to others.” Tom

“I mean I think it’s all [our poor mental health] just fuelled by the fact that we’re all just competing against each other constantly.” Lauren

The competitiveness is experienced prior to professional training with participants being involved in competition based performances at a pre-professional level (for example, dance and singing competitions). This is extended upon graduating from professional training where everyone is at the same stage of their professional engagement in the industry and all are competing against each other to secure work;

“There’s a way that competitiveness is specifically encouraged from when you’re at drama school. You obviously graduate with people who are the same as you and then because you’re at the same stage in your career. You will see the exact same people at every audition you go to based on type. When you’re seeing the same people in an audition time after time, it’s impossible not to compare yourself to them at least to a degree, especially if you’re sitting in the waiting-room and you can hear them singing before or after you”. Mark

The competitive nature of the work was partly due to the instability of employment. The reality for the industry was that there were limited opportunities to be employed for long periods of time. Performers are engaged in individual employment contracts on a production-to-production basis, meaning they are employed for time limited periods. Hamish remarked that “Stability of work is a big thing. We don’t really have it”. As such, participants were worried about securing their next job, and that this perpetuated an inherent competitiveness against each other to secure work.

“In such an industry where it relies so much on getting work, I think it’s hard for people not to become competitive, because it’s often seen that someone’s success is your failure”. Simone

In addition to the competitiveness around getting work, competitiveness presented itself when ensemble members were understudying or covering other roles whilst working in a production. If a lead cast member was unable to work, participants described a competitiveness amongst the cast related to who would be asked to perform the role in any given show.

“There’s obviously a big thing with competition around understudies”.  
Mark

It is conventional that each lead role has at least two understudies (sometimes referred to as a ‘cover’) who is a member of the ensemble. When a lead performer is unwell, there is competitiveness related to who would get to play that part for that performance.

“I think I find a lot of competitiveness with covers and who’s first cover and who’s second cover and, ‘Oh, why did you put her on tonight? She got to go on last time’”. Alice

Simone explains that this competitiveness can be perpetuated by the employers who do not have a set procedure for deciding who may play a role for a given performance. Simone and others described this as game playing, which perpetuated the competitiveness amongst performers;

“So there is a lot of competition. If there’s two understudies for something, I don’t think they’ve really nailed the way to do it. It doesn’t matter about people’s feelings. Sometimes there’s game playing like, ‘Oh, well, we’ll see how well you do, and then we’ll see who goes on’. So that can become direct competition between the two people, which shouldn’t be there.” Simone.

Participants outlined that this competitiveness sometimes meant that performers would be hoping other performers would become unwell so they could stand in for the lead role;

“It’s a pretty horrible feeling that people are waiting in the wings to take their spot the minute they’re sick.” Lauren

“It’s so awful, there’s this term that we all use called hunger study. Oh, she’s a hunger study or he’s a hunger study because they’re really hungry to like get on. When I’ve been a lead role, I worked with a person who kept coming to my dressing room, and would say ‘How are you feeling today? How are you? Are you feeling a bit under? I’m here if you need’.” Alice

Erica outlined an experience where she was playing a lead role, and an understudy bullied her so she would be unable to work;

“I had an understudy experience on [name of show] where someone deliberately wanted to bring me down. She would do things to bully me and make me upset. Push my buttons and do things that she knew would upset me so I would take a night off. I didn’t even think that that was a thing that would be happening, but it was”. Erica

It was clear that there was a strong sense of competitiveness in the work with performers in competition with each other. This permeated most aspects of the work and resulted in high levels of anxiety amongst participants and a sense of inadequacy.

### 7.2.1: Experience of auditions

A subtheme of the competitive nature of the work pertained to participants' experience of auditions. Auditions are a process where participant presents to a prospective employer (usually a panel) with a sample of their singing, dancing, musicianship and acting to test suitability for employment. The reality of this contract based employment meant that participants were frequently required to audition for roles to secure work. Given the small industry and limited opportunities for professional work, auditions typified the competitive nature of the work as participants need to compete with and against others to obtain work. Further, participants put significant investment (both emotionally and literally) into auditions and struggled with the disparity between this investment and the small opportunity they had to secure the job. These factors all had a significant impact on mental health.

“I hate auditions. I hate auditions with a passion. They will be the reason why I give up or move on, transition, into something else, some other career. They're the enemy of creativity for me. They're the enemy of self-assurance and of confidence. I find them very difficult. I find them very challenging. I have medicated for them in the past. They trigger all of those anxieties that I try to avoid.” Hayden

Auditions typified the competitive nature of the work because participants were in competition with each other throughout the audition process. Further, the desire to secure the work in a small industry with limited employment opportunity meant that auditions were highly competitive. Alastair explained his competitive thinking;

“As soon as a role comes up, I'll think 'I bet he's going for it as well. I bet it will be him, him and him all going for the role'. Alastair

Auditions are conducted in a way that perpetuated this competitiveness. People audition in groups, performing in front of and with others;

“With music theatre, they announce the show, everyone knows it’s happening. You’ll go in together, you’ll all dance in the same rooms, performing for each other and everyone’s in each other’s business, which is really frustrating.” Jake

This was intensified when participants were simultaneously working in a production and auditioning for another production. This meant that people would be auditioning with and against others who were currently their colleagues, cultivating a culture of competitiveness in the workplace. Lauren explains;

“I mean the biggest thing for me I think is the challenge in the dressing rooms. So just when a show was auditioning and all the girls in the one dressing room we’d all be going and auditioning for the same show. Sometimes some people would get kept and some people would get cut and then you’d all have to be in the dressing room together that night. So that is probably the grossest part of it for me and just the constant chatter about it. People are constantly talking about it. It’s 24/7. That is the only thing we talk about and I just want to forget that and focus on myself and focus on the audition”. Lauren.

Competing against people with whom participants have other connections to (be it as current or former colleagues and/or friends) enhanced self-doubt;

“I’m doing an audition for a project tomorrow and just last night I had this real kick in my gut where I was speaking to a good friend, a friend who I love, a friend who I support. We support each other, we’ve worked together on two shows and then outside the parameters of theatre we’re also great friends. But I realise that he mentioned that he’s auditioning for the job too and you immediately are jealous, competitive. I start hypothesising what he will do in the audition that I won’t. What’s right about him? Why he’ll get it and I won’t”. Tim

The competitive nature of the work and how this manifested in auditions, meant that participants put a great deal of attention into auditions, investing large

amounts of physical, financial and emotional energy. For some roles, participants prepared years in advance for an audition. They described staying informed with musical theatre productions being performed around the world, familiarising themselves with the music and characters and identify roles they would like to audition for in the event the musical came to Australia (this was also partly related to the theme 'sense of identity' in the work where people had an enduring interest in music theatre). This was often years before an Australian production was announced or they would have the opportunity to audition. Simone describes;

"When it was released that [name of show] was coming, I was like "great, I would like to be [name of role] please". And so I started working on the material with my singing teacher two years before auditions had started. I said to my singing teacher 'this is what I'm working towards. I'm working towards this role, so we need to make this happen'". Simone

This long-term planning contributed to the increased pressure when they would present to the audition. Participants spoke about this pressure they felt walking into a room and performing in front of a group of people for a short period of time to demonstrate their skill and talent;

"Auditions are a big one, I have major audition anxiety. I've had really bad previous experiences from auditioning. And it's very fair if you think about walking into a room and you have five minutes to show what you can do for this one character which is a very complex character. And you have people staring at you that that is almost traumatising for anybody." Reece

There was an imbalance between considerable personal investment participants had in an audition and the and limited opportunity they had to prove their ability and competence;

“You are proving your point in that one second. You’ve worked all this lifetime, and in that one second, you have to prove that you are exactly what they want to see”. Simone

It was clear that there was a high sense of weight put on auditions and what they meant. It can be seen from Simone’s statement where she talks about working “all this lifetime” for that “one second”. This was linked to the competitive drive to secure the work.

The high investment people have on auditions and the imbalance between this and the limited opportunity to prove their ability meant that participants experienced significant vulnerability whilst auditioning. This was intensified when participants experience overt criticism of their skills and appearance whilst engaging in the audition process. Given the vulnerability already experienced at this time, this made the process more difficult, rendering them further vulnerable to emotional distress. The combination of the competitive culture to secure work, the high emotional investment in the investment audition and the criticism experienced whilst auditioning lead to this emotional distress. Jasmine, in discussing an audition;

“I was criticised from the beginning about how I looked. So the director was like, ‘I hate your hair. Can you get it off your face?’. So I’m in the audition room, putting up my hair. And, then they said ‘what are you wearing? That’s doing nothing for your figure’, like that kind of stuff and you’re already vulnerable anyway. So through that whole process, I’ve been judged”. Jasmine.

Given the competitiveness that was typified by auditions, and the significant investment put on them, it is unsurprising that participants struggled when unsuccessful at auditions;

“It’s hard. It’s especially hard because you spend so long preparing for this audition and you get so - especially me because I just love every show - I get so invested in the shows and I learn everything about the shows. I know all of the songs. I’ve watched them - bootlegs that I can



find - all. So then when you are imagining yourself in a show to then get a “No” is pretty devastating”. Laura

Participants described feelings of shame and worthlessness. This seemed particularly pronounced when performers were younger, and most seemed to find ways to deal with it more effectively as they gained more experience;

“So it was interesting as a younger, like 17-18 year old, getting knocked back from a lot of auditions. I was so disappointed and I felt so much shame”. Reece

Similarly, Erica described an experience of not being successful at an audition when she was young, and how it had a significant and lasting emotional impact;

When I was 21 and auditioned for [name of role] and didn’t get it, I had a chip for fucking ever. I was like, “Oh, it’s so unfair, I should’ve got that.” I just sat there for years affected, because I was so fresh out of college and in that environment where you’re told to just suck it up and move on” Erica

Further, to the difficulty participants reported managing these dual relationships, participants reported difficulty learning that they were unsuccessful at an audition when they learned that someone else had been successful;

“I guess it’s harder when someone else tells you they’re going in next week and that’s the way of you being told that you didn’t get it. No-one bothers to tell you you’re cut, you just find out through friends”. Jake

Participants reported learning skills to deal with ‘audition rejection’. They described developing the ability to allow themselves to feel sadness for a period of time, before actively moving on;

“I ‘hold on tightly let go lightly’. So if I’ve been rejected for something I’ll feel very intensely about it for quite a finite period of time, and then I’ll just move on”. Jake

Participants described this as different from what they were taught or what was encouraged by the industry, which was centred around the concept that they should expect rejection as part of the work, and just ignore it;

“What has worked for me personally is for that day to be really sad, to feel really sad because it’s almost like you’re mourning, this death of this thing that you’ve cared really deeply for. Then if you do that in its fullness, the next day, you feel a little sensitive, but it gets better. Third day, gone. But what it used to be was, ‘Suck it up’ because that’s what you’re told. You’re told ‘It’s fine. It’s part of the industry. Get over it. It’s an audition. This is what you should be prepared for. Be prepped for this’”. Laura.

The main challenges related to auditions were that participants invested a significant amount of emotional investment but had limited opportunity to demonstrate themselves. Further, participants struggled to manage the interplay between auditioning with and against people who were also colleagues and friends. As participants got more experience with being unsuccessful at auditions, they learned skills to be able to process the disappointment.

#### 7.2.2: Competitiveness related to remuneration

A subtheme of the competitive nature of the work related to remuneration. This pertained the participants’ experience of a lack of structure about how remuneration was determined and how this resulted in the experience of competitiveness amongst participants related to pay. Remuneration in this industry is organised by way that each contract (or show) required a different negotiation period between the producer and the performer (or their agent). Jobs in a production were not set to a structure (for example, one job paying a

set amount), so the success of securing the work depended on the negotiation period of the artists' remuneration, and this meant that someone doing the same or a very similar role to them (i.e. as part of the ensemble) could be paid differently. This contributed to the competitive nature of the industry in that participants felt employers would make them compete with each other to who would accept a job at the lowest rate.

Peter explains the realities of the lack of structure with remuneration;

"I'll be doing the same ensemble job as someone else and they could be getting \$500 more than me a week or I could be getting \$1,000 more".

Peter

Simone remarked her wishes about how remuneration was determined;

"I would much prefer if it was like everyone in the ensemble gets this much money. Anyone playing a small role gets this much money and then maybe if you're headlining a show or if you are someone famous then you can negotiate that". Simone.

Remuneration contributed to the competitive nature of the industry in that participants felt that producers worked hard to pay performers as little as possible, thereby feeding the competitive nature of the work;

"With money, it's known within the industry, what producer is going to pay you what you're worth. [Name of producer] will never pay you what you're worth. They will fight you tooth and nail to get you as close to that equity minimum as they possibly can. Their argument will be, 'take it or leave it....Someone else will do it'". Evan

The competitive nature of the industry as it related to remuneration was further demonstrated by reports of experiences by participants of people who had requested a review of their remuneration and how the producers' response fed into competition within the industry;

“And [name of producer] turned around and was like “we can find another tall, white boy who’s just graduated to fill your spot, that’s going to take this \$800 pay cheque”. And he went “okay, if you find somebody who is going to take that, you give it to them”. And then he got his offer retracted. Because he said I’m not going to work for less”. Sophie

The competitive nature of remuneration was further exacerbated by the experience that employers would exploit the passion for the work (related to their sense of identity) to coerce them into accepting lower remuneration.

“They paid me so little, but I would have done it for less than I did. Because it meant so much to me that job. They do tell you within your contract not to discuss your wage, but everybody does. And I was told I was getting so ripped off. But I didn’t feel ripped off because I wanted the job. And I was happy to do that.” Evan

Building on this, participants reported their experience of employers knowing that people loved a particular show and would exploit this by offering a low salary;

“They (the producer) offered every single person the minimum and said they wouldn’t budge. They knew it was a show that people love and they want to be a part of and they weren’t going to turn down [name of show]. So they got away with it”. Jane

The unstructured nature of the remuneration perpetuated competitiveness within the industry. Employers exploited the participants’ sense of identity in the work in a way that meant they were competing against each other to accept the lowest salary. This contributed to high levels of anxiety, and the experience of being not valued by their employer, contributing to low mood.

#### 7.2.3: Pressure to keep working when unwell and not disclose injury

“There is absolutely pressure from the company not to miss a show”.  
Jane

The next subtheme related to competitive nature of the industry pertained to the experience of participants to continue to work when unwell and not disclose injury. Because of the competitiveness within the industry, together with the small size of the industry and limited amount of work, participants were pressured to work whilst unwell and not disclose injury for fear of being labelled as unreliable and therefore impact their future employability.

The first part of this was the attitude that 'the show must go on' and participants must work irrespective of how they were feeling mentally and emotionally.

"I've been in shows where there's somebody vomiting in the bucket in the wings and they're like 'sorry darling, you're going on, there's no other option'. That is the 'show must go on', they don't say that for nothing let me tell you". Tim

Working when unwell and not disclosing was related to the competitive nature of the work because participants worried that if they did not work while unwell, they would be seen as unreliable, get a bad reputation and this would negatively impact their future employability;

"It happens in every show, there is always an instance where you are asked to do something a little bit sketchy (work when injured or unwell) and you kind of just go 'oh, I want to keep working so I'm going to do it'. But this is actually fucked and here we are". Simone

This related to physical and mental health, with participants not disclosing mental health challenges because they felt replaceable, hence relating to the competitive nature of the work.

"With the mental health thing, it kind of becomes people are scared to ask for it because they are scared that there's going to be someone younger and someone cheaper that will get their job.....You don't want to, because you know you're replaceable." Reece

Simone spoke about this extending to not wanting to show any physical or mental health weakness for fear of worrying about being labelled difficult to work with;

“Don’t show any weakness because I think they’ll mentally note it and be like, ‘oh, they’re difficult to work with’”. Simone

The pressure to work when unwell meant that people didn’t disclose injury, which was most pronounced when it was related to vocal injury. Participants described negative attitudes in the industry about vocal injury, that were both internal and external;

“There is a real stigma and taboo with vocal injury, but it is a very, very common thing....When you first start out your voice fatigues and you’ll lose your voice and you’re like ‘I’m a failure’ and ‘I’m not good at what I do’. It’s not something that people feel they can discuss with people. If somebody keeps losing their voice in the show, everybody’s like ‘they can’t sing’. Reece

Similarly, Lauren described seeing a colleague taking time off for a vocal injury, and the attitude amongst the company being that they were unable to handle the demands of the work;

“When [name of performer] had a few shows off I think in a row because of vocal problems, there were negative comments about him having time off for his voice. Like that he couldn’t hack the role” Lauren

As well as the attitude to vocal injury, participants worried about how their reputation could be impacted and as such, reported not disclosing vocal injury;

“All you have to do is just look at what happened to [name of performer]. It’s terrifying – that they were just like “oh, she had a vocal injury, she couldn’t hack it” and she didn’t work for like seven years”. Simone

Simone disclosed she had a vocal injury required her to have vocal surgery. She expressed anxiety about disclosing this, and actively hid this from people for fear that it could have ramifications for her career;

“I actually have had vocal surgery. And I have hidden it. And I am keeping it hidden for a very particular reason because there is this pressure around if you want to carry a show and you want to be a lead and if you want to do this, you have to have the reputation that backs it up”. Simone

Simone described going to significant lengths to conceal her vocal surgery. She pre-recorded video content which she posted on social media whilst she was recovering in an effort to minimise anyone suspecting that she had had vocal surgery because anxiety that if people knew, she would be labelled as being unable to work and therefore not get employed, further relating to the competitive nature of the industry.

Overall, it was apparent that a range of external attitudes and internal cognitions related to injury had a significant impact on participants' well-being. Whilst participants acknowledged physical and mental injury was a normal part of the work, when they experienced these, they felt this meant that they lacked competence, that they would be labelled as unreliable, such and that they would not get future work. This had links to the inherent competitive nature of the industry that was centred around getting work.

#### 7.2.4: A Reluctance to Speak Out

A further subtheme related to competitive nature of the work pertained to the reluctance to speak out. This relates to the reluctance to speak about physical and mental health injury as outlined earlier, but also to a more pervasive reluctance to speak out about difficulties in the workplace. The main reluctance to speak out was because participants feared getting a reputation that they were difficult to work with, and that this reputation would negatively impact their future employability, hence relating to the competitive nature of the industry. Participants remarked that the given the small size of the industry,

and the small number of companies that produced professional musical theatre productions, if they expressed something negative about the workplace, their experiences, or their challenges, there would be ramifications. This meant that people didn't speak out about things including poor working conditions, bullying and sexual harassment. Simone commented that people who were vocal about workplace or personal challenges were regarded as difficult to work with;

"In the industry, there's this old Hollywood thing of like, 'Don't speak up, because you'll be reprimanded for that', or 'don't show any weakness because think they'll mentally note it and be like, 'oh, they're difficult to work with'". Simone

Whilst participants acknowledged that they have worked with some people who were traditionally difficult to work with, they remarked that this perception is often the case when people were highlighting issues they regarded as reasonable (such as related to workplace conditions). Jake remarked that once a person had a reputation, it was difficult for them to change it;

"I am seeing examples now though, when people are kind of getting bad reputations, and I think once they've got that name for themselves, it's very hard for them to get out of that". Jake

Participants reported that this meant that people didn't communicate challenges in the workplace, meaning that they would suppress negative emotions, which impacted on their mental health. Reece commented;

"It all ties into the same thing, like making a fuss asking for too much money, asking for mental health compensation, asking for physio, asking for help. There's such a fear to say something". Reece.

Similar to the factors related to working when unwell and disclosing injury, participants worried that if they were perceived as difficult to work with, an employer would not hire them for future work, hence pertaining to the competitive nature of the industry. Erica commented about her experience of being reluctant to speak to her employer for these reasons;



“In this industry everyone is so quiet. About sexual harassment, whatever. No one would ever say anything because everyone wants the next job. There’s so far and few jobs, so everyone’s going to keep quiet.” Erica

Sophie described a direct experience of a workplace incident and the internal conflict she experienced about whether she should speak to someone about it, and how wanting to get her next job impacted on not speaking to anyone about it;

“So then you spend the whole day battling with your own brain about whether you should complain about it, but then if you complain about it are you seen as difficult and if you want to work with this producer. In this particular instance, I was auditioning for [name of show] at the time. So I was like, they are both [name or producer] shows, I was like ‘I don’t want to come off as difficult, I want to work’. So I just agreed to it because our industry is too small. If I piss off one person, you are completely blacklisted from a whole company”. Sophie

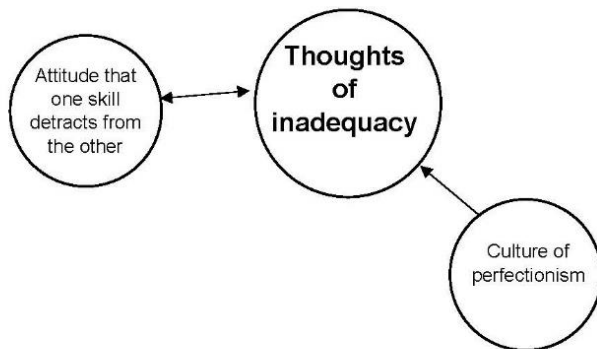
It was apparent that the reluctance to speak about difficulties was intensified by the lack of infrastructure to deal with challenges. Participants spoke about the difficulty with there being no formal departments to deal with issues;

“No one wants to be that person that says, ‘This is inappropriate’, Because there isn’t that middle ground person, there isn’t the Human Resources person, you can go and speak to about those things”. Simone

The reluctance to speak out, as motivated by these factors lead to increased experiences of anxiety and other challenges to well-being amongst the participants.

**Figure 6**

*Thoughts of Inadequacy Theme and Subordinate Themes*



The third major theme pertained to thoughts of inadequacy. This was related to two subthemes: an attitude that one skill detracts from the other, and a culture of perfectionism.

7.3: Thoughts of Inadequacy

Participants reported frequent thoughts of inadequacy. A strong characteristic of this cohort were reports of thinking they were not good enough in their work, which had a significant impact on their overall well-being. Jasmine described a difficult workplace moment where she was experiencing significant mental health challenges and how this was related to pervasive thoughts;

“It was a fear of not being not good enough. It’s like not believing in myself. And it sounds so stupid because I was there doing it. But I still had this really deep inadequate feeling almost like I shouldn’t be there”.

Jasmine

Whilst it was clear that the instability of employment was challenging for people, as outline in the previous theme, the thoughts of inadequacy were apparent irrespective of employment success. Erica talks about working on a production and dealing with pervasive thoughts about her competence;

“You sit in torture. In [name of show], I would head to the theatre every day thinking, ‘I’m not good enough to do this’. It almost sounds a bit

wanky, but I would constantly think 'I'm not good enough to do this'.

Erica

Every participant reflected that they felt that they weren't good enough. This cognition seemed to be active in most parts of the work; when preparing for auditions, when unsuccessful at auditions, when successful auditions, when not working in the industry and doing other work, when working in the industry, and when experiencing physical and mental health related injury, all of which are outlined in previous themes and subthemes.

There were two areas that seemed to contribute to the thoughts of inadequacy; the first was expectation that this population needed to be simultaneously competent in singing, dancing and acting, and a feeling that weakness in one area takes away from competence in another. The second was the prescribed nature of professional musical theatre productions that seemed to cultivate a culture of perfectionism.

#### 7..3.1: One skill detracting from the other(s)

A unique aspect of the musical theatre industry is the requirements to perform and maintain skills in singing, dancing, acting and musicianship. It was clear that there was a perception amongst participants that weakness in one area can be seen to take away from strength in another and that this contributed to participants' thoughts of themselves as inadequate;

"I had a really bad experience where they confirmed all of my fears. I sang my songs (in an audition) and they looked at me and they said, 'You're a really good singer for a dancer'. Because that's what I was trying so hard not to be. I was trying so hard to make a little step to at least have some kind of skill set in singing and acting as well as dancing. And that little comment has like sat deep in my head since".

Reece

Participants found it difficult to appreciate a sense of varying strength and weakness. Rather, weakness in one area was interpreted in a somewhat rigid way, and indicative of inadequacy;

“I felt I’m not a good enough singer. I would compare myself and not in a competitive way, but compare myself to their skill level and say, ‘I’m not good enough’. All of a sudden when I have to be the best, world class, singer that’s all that matters. And the same works in dancing, all of a sudden you disregard that you can sing. If you’re not the best dancer in that room, then you’re a failure, or that you’re failing”. Simone

Whilst the failure was often discussed as an internal interpretation, participants reported expectation in the industry to maintain all skills to a high standard;

“A musical director will expect you to be the best at all these things. A musical director once had a go at a cast for not being able to read music. And I don’t read music and I thought, ‘but I’m not a musician’. I can’t be expected to sing, dance, act, read music, play the guitar, play that. It’s just not feasible to be at the top of your game and all those three fields”. Erica

The expectation to have multiple skills and that weakness in one contributing to a sense of inadequacy was captured by Alice, who recounted a role where she was a ‘swing’ (required to cover multiple roles in the same production) and required to play (or learn) multiple instruments as well as sing, dance and act;

“I covered three different roles and I had to learn piano for it along with Violin and Viola. I learned the entire show three different ways with three different instruments. There’s 30 songs in the show, so I’d learned these songs on three different instruments. I’d essentially learned 90 songs. And when I couldn’t get it right every single time, I felt inadequate and they came down so hard on me. And then you’re expected to sing, dance and act as well. It’s fucking nuts.” Alice

Sophie echoed these comments, highlighting that people don't appreciate that having skills in all three areas was possibly a sign of adequacy;

"When I need to sing, I all of a sudden think I have to be the world's greatest singer. When I need to dance, I have to be the world's greatest dancer. The same goes for acting. There's not that level of going, 'you can do all three, you're doing a great job of that'. As soon as you're a bit weak in one, you're a failure". Sophie

This global and rigid interpretation that people needed to be simultaneously competent in all areas, and when they were not, that it was interpreted as being inadequate had a significant impact on participants' mental health. This also related to the theme 'sense of identity in the work', because participants reported feeling destined to work in this industry. However, when they experienced challenges, they interpreted it as being indicative of inadequacy.

### 7.3.2: Culture of perfectionism

"I think it's a particular area of the industry that I think fosters a lot of perfectionism". Alistair

The second subtheme and perpetuating factor related to the sense of inadequacy was a culture of perfectionism. Participants reported that they felt an expectation to be faultless, and that anything that was not perfect, meant that they were inadequate;

"If it's not 110%, I'm a failure. Sometimes I sing a little bit off pitch. To me, that discards everything vocally I've ever done that's great. In my head, I see that as 'I'm a terrible singer'. I definitely think that there is this dramatic version of it and perfectionism in the industry. Simone

The sense that there was no room for error was reported to be specific to music theatre, where there was a culture of direct specificity about how a production was performed. This differs from other areas of the performing arts (such as a play, or a band), where there is greater creative licence for performers to develop their own interpretation.

“In regards to musicals, it’s a lot more prescribed. The attitude is ‘That’s the choreography. That’s the line your leg has to go to that line and match up with everybody else’s’. Your body has to look in that shape or you have to hit those particular beats. And it all has to happen within that music which goes at this time. You can’t change it from night to night like if you’re not feeling it if you just want to slightly adjust it. If your voice is a little bit tired, there’s no ‘Oh, I’ll just swap that note around and do whatever I feel’. It’s ‘that is the music, that is the part’”. Alistair

Participants reported that there was an expectation that if a performance always had to reach the exacting standards and that it was not possible to make errors.

“So any direction you’re given, any notes you’re given, if it’s just the slightest bit wrong, the slightest bit out, it doesn’t feel like there’s too much room for error. Which of course adds to the pressure of if it’s not perfect, it’s wrong”. Sophie

It was clear that these exacting standards were interpreted by participants that if they were not ‘perfect’, or if they were given feedback to change or improve, they were a failure;

“If I have a bad performance, you come off and that’s just not good enough. It ruins everything. You feel hopeless”. Sophie

Overall, participants felt a culture of perfectionism, and struggled to reconcile that if they were unable to meet this, that this meant that they were a failure. This rigidity had an impact on their mental health.

#### 7.4: Summary of Study Two Results

Overall, the experience of musical theatre performers highlighted a range of vulnerabilities that impacted mental health and well-being. A key element of this experience was a strong sense of identity in being a musical theatre performer, which gave rise to a high sense of commitment to the work. This had impacts on participants’ lifestyle, and participants struggled to reconcile the

interplay between this sense of identity to the work and these negative impacts on lifestyle. Further, this sense of identity in the work contributed to a difficulty managing emotional boundaries when presenting dense material, a difficulty separating oneself from the work and emotional challenges when having to work outside the industry. These all had an impact on participants' mental health. Further, the participants' experience reflected a competitive industry. This manifested most aspects of the job. Participants reported a reluctance to speak out about things that were challenging and felt pressure to work when injured or unwell because they felt doing either of these would result in them getting a bad reputation and then not getting work. They also reported a competitiveness to work for less remuneration. These all impacted mental health and well-being. Further, because of the competitive nature of the experience, participants struggled when auditioning because they were auditioning with and against friends and colleagues, and because of a disparity between the emotional investment they were put into auditions and the reward. These also had negative impacts on well-being and mental health. The participant experience was also characterised by a pervasive sense of inadequacy. Part of this was connected to feeling that one skill (singing, dancing, acting or musicianship) was taking away from another (or others) and that if things were not perfect, that one was inadequate. Taken together, these vulnerabilities offer some insight into the overall experience of musical theatre performers and the relationships between this experience and mental health.

## **Chapter Eight: Study Two Discussion**

Study Two aimed to understand the lived experience of Australian professional musical theatre performers working in their industry. It aimed to understand how professional musical theatre performers make sense of their lived experience in working as musical theatre performers, and to understand how they make sense of areas including dealing with complex emotional material, injury and the precarities of the work. This understanding was through the lens of how it impacts their well-being and mental health. The findings indicated three main themes; the sense of identity in the work, the inherent competitiveness of the industry and an enduring sense of inadequacy. This chapter will explain these findings further, in the context of previous literature and provide a discussion about how these factors relate to well-being in this population. Overall, these results point to a range of unique findings related to the experience of professional musical theatre performers.

A central finding was that this group experienced a strong sense of identity in their work as musical theatre performers. This underpinned a significant part of their experience and had relationships with several subthemes. It also had impact on their mental health and well-being as will be explored in this section. This finding has consistency with other work in this area. For example, in their study of Australian actors, Robb et al. (2018) found participants reported a strong sense of 'calling' to become and remain actors and that they derived a strong sense of meaning in their work. Similarly, Dobrow Riza and Heller (2015) found a strong sense of calling in musicians, and Warnick et al. (2016) who found that dancers reported that dance was a representation of their identity.

Part of this identity in the work manifested in participants engaging in training at a young age. This likely is motivated by the sense of identity in the work through an early identification with the industry, but also likely serves as a



reinforcer. Eccles (1999) says that between the ages of 6 and 14, individuals are making fundamental developmental advances that establish their identity. As such, participants' engagement in the performing arts industry at this time likely meant that this impacted their identity development and contributed to this strong sense of identity in the work. This is consistent with the work of Warnick et al. (2016) who concluded that to decide one's future profession at young age suggests that people do not just choose a job, but choose a way of being and that for most, performing seemed to be a representation of their identity.

The impact of the sense of identity in the work was multifaceted. Positive impacts included a sense of fulfillment in the work and in creating performances with others. This extends on work that has found having a strong sense of identity in the work can have positive impacts on mental health; Liljeholm and Bejerholm (2020) found that for young people, strong identity in the work was linked to higher self-efficacy and fewer negative thoughts, whilst in their studies of dancers, Gregory and Interiano-Shiverdecker (2021) found that a higher sense of identity in the work was connected to a higher sense of overall fulfillment. The positive association was likely due to feeling as though one was fulfilling their sense of identity.

Conversely, the sense of identity in the work was difficult when participants were challenged, such as when they were not working, working in other industries, were criticised or injured. This negative association was likely due to these experiences feeling as though one was not fulfilling their sense of identity.

The sense of identity in the work was linked to high levels of commitment to the work and the impact this had on lifestyle; participants reported feeling as though they cognisant of their work at all times and that this impacted their non-work lives. Participants made such sacrifices because it enabled them to work in the industry and/or maximised the likelihood of getting work, therefore fulfilling their sense of identity. Whilst participants were drawn to make

sacrifices to fulfil this identity, this also presented challenges. Whilst there is little work on this area in music theatre performers (or performing artists in general), the results are consistent with work that has investigated the experience of professional athletes. In terms of the sacrifice, Douglas and Carless (2009) found that athletes' identity contributed to a focus on success at the expense of all other areas of life, a finding consistent with the current study. In terms of struggling with the sacrifice, Baturkina and Budyakova (2023) found that athletes had conflicting reactions when sacrificing other things in order to obtain success. Their participants had a pragmatic attitude to sacrifice and saw it as a natural part of the job and necessary for success, but also reported condemnation of the need to sacrifice, saying that they felt forced to sacrifice their health and lifestyle to obtain career success. These authors concluded that some types of sacrifice have significant negative outcomes on well-being.

The current results are also in part consistent with Smith, Darroch, Giles and Wykes (2024), who in their study of elite athletes and fatherhood, found that there was a trade-off between athlete performance and parenting responsibilities; participants felt that focusing on one area meant reducing their focus on another. These participants felt a strong sense of selfishness when focusing on their work over their fatherhood. These findings are in concert with the current study, where participants felt driven to sacrifice parts of their lifestyle for their work (for example being on vocal rest for long periods of time), but also expressed a negative impact of this on their well-being and that it contributed to higher levels of anxiety and lower mood.

An interesting component of this was the reported limited substance use in this population. This is contrast to a breadth of literature that reports high levels of alcohol and illicit drug use in musicians (i.e. Miller & Quigley, 2011; Vaag et al., 2016) actors (i.e. Just, Bleckwenn, Schnakenberg, Skatulla, & Weckbecker, 2016; Kyaga et al., 2013) and dancers (i.e. Sekulic et al., 2010). It also contrasts the results of Study One. Whilst limited substance use is not a sacrifice per se, it is a commitment to the job. Participants reported that substance use was at odds with preserving their "instrument", and that this was

important to them, and as such needed to be regulated. This is a unique finding and may be explained by the distinctive nature of musical theatre where individuals need to maintain multiple skills concurrently.

Fundamental to the mental health of this group was the difficulty they had managing emotional boundaries when presenting dense material. The sense of identity in the work seemed to contribute to this. These findings are consistent with Robb et al. (2018) who also found actors had difficulty maintaining boundaries between themselves and the character they are playing. Similarly, Seton (2008) asserts that trainee actors are taught to access their personal material to embody a character, little attention is given to teaching actors to disconnect from the role and that this therefore renders them vulnerable. It is likely that the high sense of identity in the work increases this vulnerability with participants wanting to put 'all' into their work and not being able to manage the difficulties that may arise when doing so.

Further to the difficulty musical theatre performers had separating themselves from their work was the challenge they identified related to feeling as though 'we are our instrument'. This increased vulnerability in that participants felt it personally challenging if they were struggling (for example, experiencing criticism or injury). This is consistent with the work of O'Bryan (2015) in their case study of an opera singer who found that the singer found it difficult to separate themselves from their voice, particularly when confronted with dislike about how their voice sounded and criticism and/or feedback about their voice. In that study, it challenged their sense of identity as a singer.

In the current study, the notion of *being the instrument* was important when dealing with injury. Participants struggled because it was them that was injured – their voice or their body – and having an injury meant further challenge to their sense of identity. This is similar to some other findings related to dancers. For example, Wainwright, Williams and Turner (2005) found that injuries have significant psychological, social, and even spiritual impact that intensifies the already difficult experience of the injury. The current findings are in sync with

these authors' findings that injuries are not just threats to their ability to perform, but to their identity as a person.

The finding that musical theatre performers struggled when they needed to work in jobs outside the industry is unique. Whilst Bartlett and Wilson (2017) did investigate the relationship between working outside the industry and vocal health in singers, their work focused on the vocal load of other work (for example using one's voice in another job) rather than the mental health challenges of this. There are some similarities with the current findings and those of athletes when retiring from sport and moving into other roles however. Wylleman, Alfermann and Lavallee (2004) reported that following retirement, athletes may experience a range of mental health challenges, including substance use, depression and eating disorders and that this was connected to feeling as though retirement was challenging their athletic identity. This is consistent with the current findings where participants struggled when working outside the industry because working in other industries was contrary to their sense of identity. The current results have similarity to Grove, Lavallee and Gordon (1997) who suggested that identifying solely with the athletic role (and to the exclusion of other roles) was related to higher levels of anxiety and stress when doing work in other industries.

The second major theme related to the competitive nature of the industry is consistent with some research in this area. For example, in their study of dancers, Schmitt (2019) found amongst other things, a culture of competitiveness in the industry, findings mirrored by Rasheed and Runswick (2024) who found a cut throat competitive environment in the dance industry. Whilst the culture of competitiveness was central to the participants' experience in the current findings, most research in this area points to a culture of competitiveness that exists when training rather than the professional industry post training. For example, Robson (2004) asserts that as children, dancers are exposed to a culture of competitiveness where competition exists for young dancers in dance classes where they are arranged in formation based on their evaluated competence. Young dancers are also exposed to

competitions between dance studios, and competition at auditions for elite training courses and professional work. Similarly, there is evidence of competition amongst training musicians; a group of Australian and American student musicians reported a high level competitiveness in music conservatories (Miksza, Evans, & McPherson, 2021), whilst Demirbatir (2015) found competition epitomised tertiary music training. It is somewhat unique that the current findings reported the strong culture of competitiveness in the professional industry and the difficulty that this presented for mental health.

The sense of competitiveness underpinned the pressure to work when unwell and a reluctance to speak up and communicate personal or workplace related challenges. Participants worried that if they spoke up about poor working conditions, and/or communicated that they were struggling with something, that they were injured or unwell, their reputation would be impacted and they would not get work. People believed that because the industry is small and there are limited work opportunities, someone who speaks up or is seen as unreliable because they have an injury will not get as much work as someone who doesn't have an injury or doesn't speak up, hence relating it to competitiveness. These all were related in part to the sense of identity in the work, because successfully having work enabled participants to fulfill their sense of identity in the work. The reluctance to speak up was consistent with the work of Vassallo, Pappas, Stamatakis and Hiller (2019), who in their study of Australian dancers found that stigma around injury led to an underreporting of injury and a reluctance to seek help. Similar to the current findings, these authors found that dancers underreported because they worried doing so would affect their future employability and they would lose their dance identity. The results are also consistent with Walker and Nordin-Bates (2010) who found that dancers felt that talking about the feelings of anxiety and low self-confidence was taboo in the industry and best avoided. These authors concluded that this avoidance was perpetuated by the competitive nature of the dance industry. The results are also consistent with the Robb et al. (2018) in their study of Australian actors which found that participants were unwilling to discuss their difficulties with others because they worried about the seen as

difficult. Interestingly, these authors also found that actors were unwilling to disclose difficulties because of an attitude that because they choose to pursue a career in acting, psychological challenges should be dealt with alone which was not identified in the current study.

Furthermore, the current findings are consistent in part with Guptill (2012) who found that musicians underreport injury because they feared they would lose a sense of meaning in their lives, professional and personal relationships and career opportunities. The reluctance to speak out was also consistent with Burgoyne et al. (1999) who found that student actors remained silent because they worried about being judged or seen as incapable, although those findings did not link it to competitiveness in the work directly.

A key finding related to the experience of auditions which highlighted the interplay between the sense of competitiveness in the work and the sense of identity in the work. The results are consistent with Karmeier (2012) who found that auditions cause considerable anxiety because they are highly competitive and because it is both a performance and a job application. Similarly, they are consistent with Spahn, Walther and Nusseck (2016) who conceptualise that musicians experiencing anxiety in audition settings is understandable given auditions are a unique setting where interruptions by the audition panel are common and musicians play a short snippet of their work in isolation (as opposed to in the context of a group or orchestra). These factors are consistent with the current results; the experience of anxiety was intensified for the current sample because of the significant investment people had on succeeding at the audition. In addition to the sense of competitiveness in the work, this was likely also connected to their sense of identity in the work in that they wouldn't be able to fulfill the sense of identity in the work if they weren't successful at the audition. As such, the interplay between the competitive nature of the industry, the unique manner in which auditions are conducted and the sense of identity in the work seemed to increase overall vulnerability.

The finding that there was competitiveness related to remuneration perpetuated peoples' negative experience of the industry and had impacts on well-being. Participants felt that there was a culture of competitiveness encouraged by the industry where they were pitted against each other as to who would work for less. Key to this was that the experience that producers were exploiting their love of the work to get them to accept a lower level of remuneration. Whilst there are no known studies of this in this industry, this is consistent with Kim, Campbell, Shepherd and Kay (2020) who in a meta-analysis investigating employers' attitudes to the exploitation of employees, found that employers were more likely to exploit employees (including expecting them to work extra hours without pay and accept poorer working conditions) when they saw them as more passionate about the job. When employees were highly passionate about the job, employers had beliefs that the work was its own reward and they could pressure them to work for lower remuneration. The feeling of competitiveness related to remuneration lead to participants feeling exploited and despondent.

The third major theme related to the experience of sense of inadequacy. This explained a lot about participants' poor mental health, acting as a perpetuator to low mood and high anxiety. This is consistent to other findings about this industry. Walker and Nordin-Bates (2010) for example, found that dancers felt that they were never good enough despite frequently working at their craft, whilst Robb et al. (2018) found that Australian actors had ongoing beliefs about being unworthy, were highly critical of themselves and had pervasive self-doubt. They are also consistent with a recent study by Ficek (2023) who found that working as a musician negatively impacted people's self-confidence and self-doubt. The sense of inadequacy likely contributes to mental health challenges for this population, likely acting as a contributor to levels of depressed mood and high anxiety.

A component related to the sense of inadequacy was the feeling that one skill (e.g. dancing) detracted from another (i.e. singing), meaning that musical theatre performers never felt good enough. This is key to the experience of

musical theatre performers given their work is unique in the performing arts industry because they are required to maintain multiple skills concurrently. There is limited research that has investigated the need for employees in any industry to maintain regular skills or whether this results in them feeling like they are never good enough. This had a key impact on their sense of inadequacy and by virtue their mental health. Participants struggled to reconcile that they inevitably have areas of strength and areas of weakness. Rather, they would focus mainly on areas of weakness and felt that they needed to demonstrate competence in all areas concurrently; if they were struggling with one element of the role (i.e. the singing), they would discount their skills in other areas (i.e. as a dancer). This perpetuated an idea that they were never good enough.

A likely contributor to this was the sense of perfectionism that formed a strong part of the participants' experience. This is consistent with a breadth of work that has found high rates of perfectionism in musicians (i.e. Butković, Vukojević, & Carević, 2022; Kenny, 2011) dancers (i.e. Nordin-Bates, Cumming, Aways, & Sharp, 2011; Penniment & Egan, 2012) and actors (i.e. Robb & Due, 2017; Robb et al., 2018). Much of this research has discussed perfectionism as a contributor to performance anxiety (particularly in musicians, i.e. Bond & Petronzi, 2025) and eating disorders (particularly in dancers, i.e. Silverii, Benvenuti, Morandin, Ricca, Monami, Mannucci, & Rotella, 2021) rather than linked to a sense of inadequacy as found in the current study. Eusanio, Thomson and Jaque (2014) did find links between perfectionism, shame and self-concept in dancers, with the results indicating that a sense of shame mediated the relationship between perfectionism and self-concept in dancers, but did not do so in a control group of non-dancers.

Given the high level of competitiveness and evaluation in this industry, it was unsurprising that participants felt an expectation to adhere to perfectionism. Interestingly, central to the experience of perfectionism was that it was something reflective of the *culture* of the industry, rather than a personality characteristic of the participants. Participants felt a pressure to be perfect,



particularly because of the exacting nature of musical theatre, and when they were unable to be as exact as they felt the work demanded, felt a sense of inadequacy.

Overall, the results of Study Two, as outlined in this chapter highlighted a range of unique elements inherent in this group of musical theatre performers' experience of the industry and the impact this had on their mental health and well-being. The next section will draw together the findings from Studies One and Two, highlighting parallels and distinctions. It will also acknowledge limitations, and implications from the findings of both studies for clinical practice and research.

## **Chapter Nine:**

# **A Collective Discussion of the Results Study One and Study Two, Implications and Limitations.**

### 9.1: Collective Discussion of Studies One and Two.

Study One indicated significantly higher levels of anxiety, depression, alcohol consumption and suicidality in a population of singers, dancers, actors and musicians. It also indicated the relationships between these variables and several predictors of anxiety, depression, suicidality and alcohol consumption, including perceived social support, and mental and physical health related quality of life. Study Two identified a range of factors central to the experience of a subset of this population, musical theatre performers, a group that have skills in singing, dancing, acting and musicianship. This section will discuss the results of Study One and Two together, drawing parallels between the findings from the two studies and relevant differences. The aim of this is to provide some explanation and exploration of the mental well-being of this population. It will also discuss limitations in both studies and the implications of the findings for clinical practice and future research.

A central finding in Study One was that the levels of depression and anxiety were significantly higher than population norms. The findings related to high levels of depression has parallels with a number of findings in Study Two, most notably the significant experience of a sense of inadequacy that was reported in that population. The thoughts of inadequacy were pervasive with participants reporting it in all aspects of the job (i.e. when working, auditioning, succeeding and when failing). This is likely linked to high levels of depression with the pervasive view of self-inadequacy giving rise to depressed mood. This extends on the work of Sickert, Klein, Altenmüller and Scholz (2022) who found a link between low thoughts of adequacy and depression a group of musicians and Oosthuizen (2024) who found a link between a lack of self-compassion and self-doubt and unhappiness and hopelessness in student musicians.

Furthermore, a culture of perfectionism was reported in Study Two, possibly compounding participants' thoughts of inadequacy and increasing their vulnerability. The sense that if things weren't perfect that someone was inadequate identified in Study Two is also likely a contributor to depressed mood as identified in Study One. This relates to the work of Flett and Hewitt (2002) who found that individuals who demonstrate high levels of perfectionism were highly critical of themselves and rarely satisfied with their performance and Zhou, Chen, Zhang, Yang and Guo (2024) who found that perfectionism significantly and positively predicted depressed mood. Similarly, these results are consistent with Eusanio et al. (2014) who found significant negative correlations between perfectionism and self-concept and between perfectionism and self-esteem in dancers. The link between perfectionism and a sense of inadequacy also extends on the work of Sickert et al. (2022) who found that musicians are frequently working to identify areas in need of technical improvement (that is perfectionism) and that this can result in a degradation of self-worth and low self-esteem. As such, the culture of perfectionism and sense of inadequacy identified in Study Two, may explain the high levels of depression found in Study One.

The culture of perfectionism is also likely something that has parallels with the high levels of anxiety identified in Study One. A breadth of research has found links between perfectionism and anxiety in the general population (i.e. Handley, Egan, Kane, & Rees, 2014; Kannis-Dymand, Hughes, Mulgrew, Carter, & Love, 2020) and in populations of dancers (Nordin-Bates et al., 2011; Penniment & Egan, 2012), musicians (Butković et al., 2022; Stoeber & Eismann, 2007) and actors (Robb et al., 2018). Study Two participants recalled this culture of perfectionism – of needing to get everything completely right every time and the expectation to be flawless was connected to a perennial experience of anxiety. As such, the culture of perfectionism identified in Study Two may explain the high levels of anxiety identified in Study One.

An important difference between the findings of Study One and Two pertains to alcohol consumption. Study One found that both overall alcohol consumption and the proportion of the sample that engaged in risky drinking behaviour was significantly higher than population norms. This contrasts from the results in Study Two where

participants reported limited alcohol use, citing that it negatively impacted their performance and compromised their commitment to the work. It is possible that this difference may be explained by the differences between the samples in each study. Whilst Study One included a breadth of actors, singers, dancers and musicians across a range of genres, Study Two included only elite professional musical theatre performers, and as such the limited alcohol consumption is likely a reflection of this. This builds on the findings of Wanke et al. (2012) who found that musical theatre students noted a 60% decrease in their alcohol consumption when they commenced professional training. Whilst there is little work that has investigated work performance as a motivator for limited alcohol use in performing artists, McDuff and Baron (2005) found that professional athletes avoided alcohol use because they linked it with impaired athletic performance, whilst Green, Uryasz, Petr and Bray (2001) found that alcohol use was cited as having the highest negative impact on performance in a study of professional university athletes. It is also possible that the nature of musical theatre and the requirement to concurrently maintain multiple skills reinforces limiting substance use because of its impact on work performance.

An important finding across both studies is the relationship between physical and mental health related quality of life and well-being. Physical health related quality of life refers to the impact of physical health on an individual's quality of life (Napora, 2023). It was the strongest predictor of both anxiety and depression in Study One, indicating that when an individual's physical health impacted their quality of life, it was strongly related to high levels of depression and anxiety. Similarly, mental health related quality of life, which refers to the impact of mental health on an individual's quality of life was also a significant predictor of both anxiety and depression in Study One. In the context of Study One, this in isolation is an important finding for singers, dancers, actors and musicians, although this may be most relevant to dancers and musicians given the previously discussed preexisting differences between these two groups and actors in the sample, and the breadth of literature that outlines the relationships between injury and mental health in dancers (i.e. Vassallo et al., 2019) and musicians (i.e. Ackermann, Driscoll, & Kenny, 2012).

Further, these findings likely have parallels with findings in Study Two related to participants' experience of reporting injury, a reluctance to speak up and the pressure to work when unwell. When Study Two participants experienced physical and mental health difficulties, they reported not disclosing such for fear of getting a reputation that they were unreliable and that this would impact future employment. This had negative impacts on their well-being and as such, may explain the link between physical and mental health quality of life and anxiety and depression in Study One.

A further parallel between the two studies relates to social support. Low perceived social support was a significant predictor of depression, and also mediated the relationship between depression and suicidality in Study One. In Study Two, in the theme 'commitment to the work and the impact on lifestyle', participants outlined their difficulty in having to limit their social life in order to commit to the work, feeling as though they needed to choose their career over a relationship and that they found it difficult to maintain family, intimate and social relationships because of the demands of the work. As such, in both studies, poor social support was related to mental health. In addition, participants in Study Two outlined limited social support within the industry when highlighting the competitive nature of the work. As well as feeling unable to disclose injury in the workplace, they had a reluctance to speak openly about workplace difficulties, meaning that they were unable to get social support in the workplace. These findings extend on the work of Kristiansen and Roberts (2010) who in their study of elite athletes, found relationships between a highly competitive environment and low social support and its impact on stress, and McEwan, Gilbert and Duarte (2012) who found that the level of safety a person feels in their social relationships mediated the relationship between competitiveness and depression in a general population. Whilst dated, the results extend the work of Patterson, Smith, Everett and Ptacek (1998) who found that high levels of social support moderated the relationship between stress and injury in dancers. These further speak to the importance of social support for this population.

A further parallel between the two studies related to income. Although it was not an individual predictor of anxiety and depression in Study One, there were a number of

significant relationships . Income from the entertainment industry was significantly negatively correlated with depression and suicidality and when included in the model, was a significant predictor of both depression and anxiety. In Study Two, participants reported competitiveness related to income, reporting feeling as though producers pressured them to take lower incomes and how there was a lack of structure about how salaries were determined meaning that people could be paid less than their peers for doing similar roles. They felt that their love of the work was exploited in this pressure. The relationship between income and depression and anxiety is well established in general populations (i.e. Dijkstra-Kersten, Biesheuvel-Leliefeld, van der Wouden, Penninx, & van Marwijk, 2015; Patel, Burns, Dhingra, Tarver, Kohrt, & Lund, 2018). For this population, the sense of competitiveness and feelings of exploitation to take a job at a lower income in Study Two seemed to further explain the relationships between income and depression and anxiety in Study One.

Overall, the findings of both studies suggest a range of vulnerabilities in this population. The studies indicated high levels of depression, anxiety, suicidality and at-risk alcohol consumption in a population of singers, musicians, dancers and actors. For this group, perceived social support from both family and friends mediated the relationship between depression and suicidality. When investigating a subset of this population, those working as professional music theatre performers, the results indicated that participants reported a strong sense of identity in the work, but struggled to regulate this when managing emotional boundaries when presenting complex emotional material or when working in jobs outside the musical theatre industry. They also struggled with a sense of inadequacy and perfectionism. Taken together, these studies indicate an industry with a range of vulnerabilities related to mental health and well-being.

## 9.2: Limitations of Both Studies

There are, however, a number of limitations in both studies that are important to acknowledge. Firstly, in Study One, the performers were grouped together, with no separation between singers, dancers, actors or musicians. Whilst each of these

groups share common features, there are also differences. Furthermore, there are likely differences within these groups; for example, a classical musician playing in an orchestra is likely to have a different experience to a rock musician playing in a band, and a ballet dancer is likely to have a different experience to a hip-hop dancer. It is likely that these differences will result in different vulnerabilities. Whilst grouping them together did provide some understanding of the overall nature of the mental health challenges within this performing arts population, the findings have some limitations given the heterogeneity of the population.

A further limitation relates to the finding in Study One regarding the measurement of income and the relationships with mental health in Study One. Whilst measuring income provided some meaningful data, it may have been more helpful to get a measure of financial stress. This may have been useful given that several studies have found relationships between financial stress and depression (i.e. Guan, Guariglia, Moore, Xu, & Al-Janabi, 2022) and anxiety (i.e. Tran, Lam, & Legg, 2018), and that Maxwell et al. (2015) found high levels of financial stress in their study of Australian actors. As such, it would have been beneficial to ascertain the relationships between financial stress and mental health rather than income and mental health. Whilst income from the entertainment industry was significantly negatively correlated with depression and had significant positive correlations with all measures of perceived social support, surprisingly it was not an independent predictor of depression or anxiety when included in the model. Assessing financial stress may have enabled a meaningful findings. Further, the data for Study One was collected in 2015 and should be interpreted with caution, as the temporal gap may limit the relevance or applicability of the results to the current context.

A further limitation relates to the elite nature of the participants in Study Two. All participants were professional music theatre performers and had worked in at least one paid professional production in the 12 months prior to participating in the study. Whilst in some respect this enabled a reflection of the professional industry and of the experience of professionals working within it, the generalisability of the findings to the broader musical theatre performing arts industry that includes performers who, for example were struggling to find work despite regular auditions is limited. Further,

participants in Study Two were all aged between 25-40 with a mean age of 29.65. As such, the results are not a reflection of musical theatre performers outside of this range, who are potentially starting their careers or who have had a long history with the industry.

A further limitation pertains to the time that the interviews for Study Two were conducted. The interviews were conducted in the middle of 2021 and in the context of COVID-19 lockdowns. At this time, the music theatre industry had been shut down, and as a result, none of the participants were currently working in the industry. This may have impacted the findings, as participants' experience of the industry may have been less obvious to them meaning that the results may not be an accurate reflection of such. Conversely, the experience of COVID-19 lockdowns and the industry shutdowns may have exacerbated their mental health challenges and resulted in inaccurate reporting of their experience. In a scoping review, Brooks and Patel (2022) investigated the experiences of performers during COVID-19 and found amongst other things, specific COVID-19 related challenges with anxiety about the future, psychological well-being, income and social connectedness. Several studies revealed significant decline in anxiety, depression and psychological well-being as a result of the pandemic. As such, it is possible that the negative experiences of Study Two participants may have been more salient and as such not a fully accurate reflection of the experience of the industry. This stands in contrast to the data collected for Study One, which was gathered well before the onset of the COVID-19 pandemic. At that time, the performing arts industry was operating under markedly different conditions, and the different contexts should be considered when interpreting the findings

### 9.3: Implications of Both Studies:

Within these acknowledged constraints, the results of both studies have a range of implications for mental health practitioners, the industry and future research. The findings indicate a vulnerable population with high levels of depression, anxiety, suicidality and alcohol consumption. The findings also suggest a culture of competitiveness within the industry, a difficulty managing the emotional boundaries



when presenting complex work, and a high sense of inadequacy amongst musical theatre performers. These provide worthwhile implications for the understanding of this population for practitioners.

Of particular importance are the findings related to perceived social support across both studies. Perceived social support was strongly related to depression and suicidality in Study One and related to the competitive nature of the work in Study Two and the impact of the work on maintaining social relationships. This has implications for working with this population in clinical practice, where direct efforts to increase perceived social support and consider the vulnerabilities (such as frequent touring and the competitiveness) within the industry are important given its relationship with these mental health outcomes. As such, interventions that provide psychoeducation about the importance of social support and help people to strengthen and maintain it in this challenging environment are likely to have positive impacts on mental health. This may include challenging unhelpful beliefs related to social support through Cognitive Behavioural Therapy or behavioural activation and role play to increase social engagement (Eidelman, Jensen, & Rappaport, 2019). It may be particularly useful to acknowledge the interplay between obtaining social support from friends and colleagues when working on tour whilst managing the inherent sense of competitiveness identified in this study.

Connected to social support was alcohol consumption. A salient finding in Study One was the high level of alcohol consumption, particularly the higher frequency of single occasion risky drinking behaviour. As discussed in the discussion of the Study One results, the sole individual predictor of single use risky drinking behaviour was perceived social support from friends, with high levels of social support related to high levels of alcohol consumption. This suggests that performers like those in Study One would benefit from interventions to manage the interplay between social support and at-risk alcohol consumption. Whilst it was apparent that perceived social support had positive benefits on mental health, it was also apparent that helping singers, actors, musicians and dancers to regulate their alcohol consumption in this context would be beneficial given that this group demonstrated significantly high levels of alcohol consumption.

A further implication relates to suicidality identified in Study One and the relationship between that and anxiety and depression. Whilst the levels of anxiety and depression were significantly higher than population norms, they were not at the extreme levels, being in the 'Borderline Abnormal' range for anxiety, and the upper end of the 'Normal' range for depression. This contrasts to suicidality where the sample indicated significantly higher levels of suicidality, with almost 14% of the sample indicating having a suicide attempt and almost two thirds of the sample indicating a high level of suicidality. Whilst the findings did indicate the role that social support may play in this, the findings have additional implications for both future research and clinical practice. For clinical practice, these findings highlight the vulnerability of this population, and that practitioners would benefit from understanding that this may be an at risk population and that the level of suicidality may be disproportionate to the level of depression and/or anxiety. The findings also have implications for further research, with greater work to understand why this population presents with greater vulnerability for suicide risk.

A further implication pertains to the sense of identity in the work. As discussed, this had significant impacts on well-being, particularly when this population were experiencing challenges. This has implications for practitioners who may fail to fully understand the impact of workplace challenges (for example unemployment or injury) without appreciating the strong sense of identity in the work which perpetuates the difficulty and has associated impacts on mental health. Considerations to understand the sense of identity in the work will assist practitioners to be able to appreciate the vulnerability that this can present for this population. Practitioners will also benefit from understanding the strong sense of commitment to the work and the impact that this has on lifestyle as connected to the sense of identity in the work. Further implication relates to assisting performing artists to manage the sense of identity in the work. Cognitive Behavioural Therapy to challenge beliefs that one is only successful if they succeed at work and test alternative sources of identity away from work are likely to be of assistance here. This approach has demonstrated effectiveness with people from other industries who have a high sense of identity in the work (Mantica, 2011).

A further implication connected to this sense of identity in the work pertains to assisting people to manage emotional boundaries when presenting emotionally dense material. This has implication for clinical practice, where the population is likely to benefit from interventions to assist them to develop these emotional boundaries when preparing for and playing roles, including cooling down after a performance, a process advocated by Seton (2008). This also has implication for the industry. Performers are likely to benefit from being assisted to develop boundaries between themselves and their characters when training, and to be able to regulate their emotional connection when using personal material in their characters when rehearsing for and presenting work. In the workplace, whilst it is common practice to for singers and dancers to warm up (Kaufmann, Nelissen, Stubbe, & Gademan, 2022; Miller, 2004), it is not common practice to 'cool down' at the end of a performance, and as such, including this in workplace practice to assist people to disconnect from the role would be beneficial.

Further, a key finding from Study Two related to a strong sense of competitiveness in the industry, and the experience that this is perpetuated by a lack of structure around workplace factors, including what someone is getting paid for playing a role, and how it is determined who performs a role when another actor is unwell. These things had a negative impact on well-being and mental health. As such, a greater understanding about these factors, and considerations about how these areas could be better managed within the industry would be advantageous. It is likely that having a more structured approach to these matters and more transparency in the decision making would be likely to have positive impacts on mental health.

A further implication pertains to the strong sense of inadequacy that was central to the experience of participants in Study Two. Given that this likely links to higher levels of anxiety and depression, this has implications for clinical practice where practitioners can work to understand this sense of inadequacy and assist people to explore and manage it. In this study, the sense of inadequacy was linked to the feeling that one skill detracts from the other, and the culture of perfectionism and as such, practitioners may work to explore these factors and assist musical theatre performers to manage these perceptions. This also has implication for the industry

who may benefit from assessing how they can alter things to reduce the experience of perfectionism.

A further implication pertains to physical and mental health related quality of life and injury in these populations. Given that physical health related quality of life was a significant predictor to depression and anxiety in Study One, and the reported pressure to work when injured or unwell in Study Two, it is evident that addressing physical and mental health concerns is important in mitigating mental health challenges within these populations. The findings suggest that interventions aimed at improving physical health-related quality of life may have a cascading effect on reducing symptoms of depression and anxiety. Moreover, the pressure to work while unwell, as highlighted in Study Two, suggests the need for policies and workplace support systems that prioritise both physical and mental well-being. Failure to address these factors may contribute to a cycle of poor health outcomes, reduced quality of life, and increased vulnerability to injury. Future research should explore targeted interventions and organisational changes that promote a healthier work environment and enhance overall well-being in these populations.

#### 9.4: Summary and Conclusion

This thesis sought to investigate the mental health of singers, dancers, actors, musicians and musical theatre performers. There is little work that has investigated the mental health of a large number of singers, dancers, actors and musicians in Australia, and very little that has investigated the mental health of musical theatre performers. As such, the results point to a range of unique findings within these populations. Study One found that a population of singers, dancers, actors and musicians demonstrated levels of depression and anxiety that were significantly higher than population norms. The results indicated that depression and anxiety were each predicted by a combination of mental and physical health related quality of life, single risk at risk alcohol consumption, income from the entertainment industry and social support. Physical and mental health related quality of life, single occasion at risk alcohol consumption and social support from family emerged as prominent individual predictors of depression. For anxiety, physical and mental health related quality of life were prominent predictors.

The sample also indicated significantly higher rates of alcohol consumption, both frequency of alcohol consumption and the frequency of single occasion risky drinking behaviour compared to population norms. Single occasion risky drinking behaviour was predicted by the combination of anxiety, depression, social support from family, friends in the industry and significant other, and mental and physical health related quality of life. Perceived social support from friends in the industry was the sole individual predictor of single occasion risky drinking behaviour.

The results also indicated that suicidality was substantially higher than normative data. Suicidality was predicted by the combination of mental illness diagnosis, anxiety and depression symptomatology, perceived social support from family, friends in the industry and significant other and mental and physical health related quality of life, with anxiety, mental health related quality of life, and perceived social support from friends and family emerging as prominent individual predictors. Further analysis indicated that perceived social support from both family and friends in the industry mediated the relationship between depression and suicidality.

Study Two found that professional musical theatre performers identified three major themes that explained the wholeness of experience of working in the music theatre industry; A sense of identity in the work, the competitive nature of the industry and pervasive thoughts of inadequacy emerged as significant in this experience. The sense of identity in the work related to participants having difficulty managing emotional boundaries when presenting emotionally dense material and feeling as though they were 'the instrument' and therefore criticism, negative feedback was personal. The sense of identity in the work also contributed to participants demonstrating a high level commitment to the work. Whilst this commitment led to a sense of fulfilment, this population struggled when this commitment impacted other aspects of their lives and lifestyle. The sense of identity in the work also made it hard for when participants worked in areas outside the industry.

The second theme related to the competitive nature of the industry, which underpinned a large part of the experience from training, to auditioning and to working. Participants reported feeling pressure to work for less remuneration because of this competitiveness and to work when injured and/or unwell. They also

reported a reluctance to speak out for fear that they would be badly regarded and then not get future work.

The third theme in the experience of musical theatre performers related to pervasive thoughts of inadequacy. Participants reported feeling as though they needed to demonstrate perfection in their work, and that if it was not at this standard, they were inadequate. They also indicated that they felt that weakness in one skill (for example singing) detracted from strength in another (for example, dancing) and that when this occurred, they thought of themselves as wholly inadequate. Taken together, these vulnerabilities offer some explanation of the overall experience of musical theatre performers and the relationships between this experience and mental health.

There are a range of parallels between the two studies, as discussed. These include, but are not limited to, the parallels between injury and physical and mental health related quality of life, social support and income. Within the acknowledged limitations of both studies, the results present a range of implications for both clinical practice and future research.

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# Appendices

## Appendix A: Advertisement to recruit participants for Study One

entindustryresearchproject

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## Helping people overcome the pitfalls of the Australian Entertainment Industry

 ENTERTAINMENT  
**ASSIST**

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Entertainment Industry Research Project

You are invited to participate in a research project entitled **"Working in the Australian entertainment industry: Key factors in longevity and transition"**. This project is being conducted by Entertainment Assist in association with a research team at the College of Arts, Victoria University.

We need our entertainment industry brothers and sisters to participate in confidential interviews and/or a major online survey. Want to have your say? Then register your interest in participating in this exciting research project.

**REGISTER NOW**

Click [here](#) to download further information re **interview** participation



How can I help?



### Why do we need to conduct this research project?

Those in the entertainment industry will have experienced, or heard stories about, the negative effects of the risky, itinerant and speculative nature of the industry. However, there is limited research to test the accuracy of the anecdotal evidence.

To enable carefully targeted support and prevention programs, identifying critical issues is pertinent. What are the pitfalls of the industry? How do people cope with these? What other support is needed? What are the gaps?

Our research project will help to identify the risk factors for workers involved in all sectors of the Australian Entertainment Industry including (but not limited to): dancers, musicians, actors, comedians, circus performers, directors, producers, technicians and backstage

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## **Working in the Australian entertainment industry: Key factors in longevity and transition- Phase 2**

### **INFORMATION TO PARTICIPANTS INVOLVED IN RESEARCH**

You are invited to participate in a research project entitled “ Working in the Australian entertainment industry: Key factors in longevity and transition- Phase 2”. This project is being conducted by a research team from the College of Arts at Victoria University (Melbourne, Victoria) with support from Entertainment Assist.

### **Project explanation**

The aims of this research project are (a) to identify the factors that Australian entertainment industry workers have utilised to ensure and maintain a long term career in the entertainment industry, and (b) to identify the stressors which Australian entertainment industry workers have experienced while navigating the ups and downs of their careers.

### **What will I be asked to do?**

For the purpose of this research, you are invited to participate in an online survey to inform us of your experiences while working in the entertainment industry. There are questions related to demographics, mental health and wellness, substance use, social support, communication methods and social media use. The survey should take around 40 minutes to complete. Your responses will be completely confidential. All the responses will be collated and aggregated, thus no individual data will be able to be retrieved.

### **What will I gain from participating?**

The expected results from this research project will increase knowledge of the experiences of entertainment industry workers in Australia during their careers. Additionally, it is hoped the information gained from this research project will assist in the development and implementation of prevention programs to assist Australian entertainment industry workers in maintaining their careers, and successfully



transitioning from the entertainment industry.

### **How will the information I give be used?**

All the data from the survey will be aggregated and analysed using SPSS statistical package. A report will then be generated. The report may be used for publication, and/or conference presentations. At no stage will your identity be revealed, in any of these activities.

### **What are the potential risks of participating in this project?**

The survey will focus on your own experiences whilst working in the entertainment industry, i.e., the stresses and joys of your career. Thus, this may cause some distress, emotional discomfort or anxiety. If this does occur, you may withdraw from participating in the survey at any time. Information will be provided to you, where you can access psych-social assistance free of charge if you so wish.

### **How will this project be conducted?**

The research project is being conducted by inviting entertainment industry workers in Australia, to participate in an online survey. Researchers from Victoria University (Melbourne, Australia) will aggregate the data, analyse the data, and generate a report of the findings.

### **Who is conducting the study?**

Dr Julie van den Eynde, PhD  
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Entertainment Assist: Web site <http://www.entertainmentassist.org.au/>

Any queries about your participation in this project may be directed to the Chief Investigator listed above.

If you have any queries or complaints about the way you have been treated, you may contact the Ethics Secretary, Victoria University Human Research Ethics Committee, Office for Research, Victoria University, PO Box 14428, Melbourne, VIC, 8001, email [researchethics@vu.edu.au](mailto:researchethics@vu.edu.au) or phone (03) 9919 4781 or 4461.





## **CONSENT FORM FOR PARTICIPANTS INVOLVED IN RESEARCH**

### **INFORMATION TO PARTICIPANTS:**

You are invited to participate in a research project entitled “ Working in the Australian entertainment industry: Key factors in longevity and transition - Phase 2”. This project is being conducted by a research team from the College of Arts at Victoria University (Melbourne, Victoria) with support from Entertainment Assist.

The aims of this research project are (a) to identify the factors that Australian entertainment industry workers have utilised to ensure and maintain a long term career in the entertainment industry, and (b) to identify the stressors which Australian entertainment industry workers have experienced while navigating the ups and downs of their careers.

For the purpose of this research, you are invited to participate in an online survey to inform us of your experiences while working in the entertainment industry. There are questions related to demographics, mental health and wellness, substance use, social support, communication methods and social media use.

The survey should take around 40 minutes to complete.

Your responses will be completely confidential. All the responses will be collated and aggregated, thus no individual data will be able to be retrieved.

The expected results from this research project will increase knowledge of the experiences of entertainment industry workers in Australia during their careers. Additionally, it is hoped the information gained from this research project will assist in the development and implementation of prevention programs to assist Australian entertainment industry workers in maintaining their careers, and successfully transitioning from the entertainment industry.

### **CERTIFICATION BY SUBJECT**

I certify that I am at least 18 years old and that I am voluntarily giving my consent to participate in the study titled “Working in the Australian entertainment industry: Key factors in longevity and transition – Phase 2” being conducted at Victoria University by Dr Julie van den Eynde, Professor Adrian Fisher and Associate Professor Christopher Sonn

I certify that the objectives of the study, together with any risks and safeguards associated with the procedures listed hereunder to be carried out in the research, have been fully explained to me by reading the Information Form, and that I freely consent to participation involving the below mentioned procedures:

- The survey should take around 40 minutes to complete. Your responses will be completely confidential. All the responses will be collated and aggregated, thus no individual data will be able to be retrieved.
- I certify that I have had the opportunity to have any questions answered and that I understand that I can withdraw from this study at any time and that this withdrawal will not jeopardise me in any way.
- I have been informed that the information I provide will be kept confidential.

Any queries about your participation in this project may be directed to the researcher Dr Julie van den Eynde, Telephone: 03 9919 5221

If you have any queries or complaints about the way you have been treated, you may contact the Ethics Secretary, Victoria University Human Research Ethics Committee, Office for Research, Victoria University, PO Box 14428, Melbourne, VIC, 8001, email [Researchethics@vu.edu.au](mailto:Researchethics@vu.edu.au) or phone (03) 9919 4781 or 4461.

- ☐ I DO wish to participate in this survey. I have read the Consent Form.
- ☐ I DO NOT wish to participate in this Survey.

## Appendix D: Demographic Questionnaire

### Demographic Information

Please tell us your Age

- ☐ 18 - 24 years
- ☐ 25 - 29 years
- ☐ 30 - 34 years
- ☐ 35 - 39 years
- ☐ 40 - 44 years
- ☐ 45 - 49 years
- ☐ 50 - 54 years
- ☐ 55 - 59 years
- ☐ 60 - 64 years
- ☐ 65 - 69 years
- ☐ 70 - 74 years
- ☐ 75 - 79 years
- ☐ 80+ years

How do you define your Gender?

- ☐ Male
- ☐ Female
- ☐ Other

What is your main role in the Entertainment Industry?

Other than your main role in the Entertainment Industry, what other roles do you take on to earn income within the Entertainment Industry ?

Please list these in the box below.

---

What is your annual income range generated from working within the Entertainment Industry?

- ☐ None
- ☐ Below \$20,000
- ☐ \$20,000 - \$29,999
- ☐ \$30,000 - \$39,999
- ☐ \$40,000 - \$49,999
- ☐ \$50,000 - \$59,999
- ☐ \$60,000 - \$69,999
- ☐ \$70,000 - \$79,999
- ☐ \$80,000 - \$89,999
- ☐ \$90,000 - \$99,999
- ☐ \$100,000 - \$109,999
- ☐ \$110,000 +

What is your Highest Level of Education completed?

- ☐ Year 10 (or below)
- ☐ Year 11
- ☐ Year 12
- ☐ Certificate 1 & 2. Please state details below.
- ☐ Certificate 111 & IV. Please state details below
- ☐ Advanced Diploma/Diploma. Please state details below
- ☐ Bachelor Degree. Please state details below
- ☐ Post Graduate Degree/Graduate. Please state details below

What is your Current Relationship Status?

- ☐ Single
- ☐ Partnered
- ☐ Divorced/Separated
- ☐ Widowed

Do you have Children?

- ☐ No
- ☐ Yes. Please enter the ages of your children below.

What are your current Living Arrangements?

- ☐ I live alone
- ☐ I live with my partner
- ☐ I live with my parents
- ☐ I live in a shared house
- ☐ I live with other family
- ☐ Other living arrangements. Please list these in the box below.

Have you ever been diagnosed with a mental health disorder by a health care professional?

If YES, what mental health condition were you diagnosed with,

- ☐ Depression
- ☐ Anxiety
- ☐ Eating Disorder
- ☐ ADHD
- ☐ PTSD
- ☐ Bipolar Disorder
- ☐ Personality Disorder
- ☐ Please specify\_\_\_\_\_

Other\_\_\_\_\_

Appendix E: Hospital Anxiety and Depression Scale.

The next series of questions are related to how you are feeling during the LAST WEEK. There are 14 questions in this block.

Please read each sentence, and mark which answer best describes how you have been feeling.

You do not have to think too much to answer. In these questions, spontaneous answers are more important.

During the last week I felt tense or 'wound up'

- ☐ Most of the time
- ☐ A lot of the time
- ☐ From time to time
- ☐ Not at all

During the last week I still enjoy the things I used to enjoy

- ☐ Definitely as much
- ☐ Not quite as much
- ☐ Only a little
- ☐ Hardly at all

I get a sort of frightened feeling as if something awful is about to happen

- ☐ Very definitely and quite badly
- ☐ Yes, but not too badly
- ☐ A little, but it doesn't worry me
- ☐ Not at all

I can laugh and see the funny side of things

- ☐ As much as I always could
- ☐ Not quite so much now
- ☐ Definitely not so much now
- ☐ Not at all

Worrying thoughts go through my mind

- ☐ A great deal of time
- ☐ A lot of the time
- ☐ From time to time but not often
- ☐ Only occasionally

I feel cheerful

- ☐ Not at all
- ☐ Not often
- ☐ Sometimes
- ☐ Most of the time

I can sit at ease and feel relaxed

- ☐ Definitely
- ☐ Usually
- ☐ Not often
- ☐ Not at all

I feel as if I am slowed down

- ☐ Nearly all the time
- ☐ Very often
- ☐ Sometimes
- ☐ Not at all

I get a sort of frightened feeling like 'butterflies' in the stomach

- ☐ Not at all
- ☐ Occasionally
- ☐ Quite often
- ☐ Very often

I have lost interest in my appearance

- ☐ Definitely
- ☐ I don't take as much care as I should
- ☐ I may not take quite as much care
- ☐ I take just as much care

I feel restless as I have to be on the move

- ☐ Very much indeed
- ☐ Quite a lot
- ☐ Not very much
- ☐ Not at all

I look forward with enjoyment to things

- ☐ As much as I ever did
- ☐ Rather less than I used to
- ☐ Definitely less than I used to
- ☐ Hardly at all

I get sudden feelings of panic

- ☐ Very often indeed
- ☐ Quite often
- ☐ Not very often
- ☐ Not at all

I can enjoy a good book or radio/TV program

- ☐ Often
- ☐ Sometimes
- ☐ Not often
- ☐ Very seldom

Please check you have answered all the questions



## Appendix F: Multidimensional Scale of Perceived Social Support (MSPSS)

Please indicate the strength of your Agreement or Disagreement with the following statements.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
There is a special person with whom I can share my joys and sorrows.					
My family really tries to help me.					
I get the emotional help and support I need from my family.					
I have a special person who is a real source of comfort to me.					
My friends in the entertainment industry really try to					

help me.					
I can count on my friends in the entertainment industry when things go wrong					
I can talk about my problems with my family.					
I can talk about my problems with my friends in the entertainment industry					

## Appendix G: Short Form 12 Item Health Survey Version 2

### SF-12 Health Survey

This survey asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities. **Answer each question by choosing just one answer.** If you are unsure how to answer a question, please give the best answer you can.

1. In general, would you say your health is:

☐1 Excellent    ☐2 Very good    ☐3 Good    ☐4 Fair    ☐5 Poor

The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

	YES, limited a lot	YES, limited a little	NO, not limited at all
2. <b>Moderate activities</b> such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Climbing <b>several</b> flights of stairs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

	YES	NO
4. <b>Accomplished less</b> than you would like.	<input type="checkbox"/>	<input type="checkbox"/>
5. Were limited in the <b>kind</b> of work or other activities.	<input type="checkbox"/>	<input type="checkbox"/>

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

	YES	NO
6. <b>Accomplished less</b> than you would like.	<input type="checkbox"/>	<input type="checkbox"/>
7. Did work or activities <b>less carefully</b> than usual.	<input type="checkbox"/>	<input type="checkbox"/>

8. During the past 4 weeks, how much did pain interfere with your normal work (including work outside the home and housework)?

☐ Not at all      ☐ A little bit      ☐ Moderately      ☐ Quite a bit      ☐ Extremely

These questions are about how you have been feeling during the past 4 weeks.

For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the past 4 weeks...

How much of the time during the past 4 weeks...

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
9. Have you felt calm & peaceful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Did you have a lot of energy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you felt down-hearted and blue?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

☐ All of the time   ☐ Most of the time   ☐ Some of the time   ☐ A little of the time   ☐ None of the time

Appendix H: Paykel Suicide Feelings in the General Population  
Questionnaire

Have you ever felt that life was not worth living?

- ☐ No
- ☐ Yes

Have you ever wished you were dead for instance, that you could get to sleep and not wake up?

- ☐ No
- ☐ Yes

Have you ever thought of taking your life, even if you would not really do it?

- ☐ No
- ☐ Yes

Have you reached the point where you seriously considered taking your life and even made plans for how you would go about it?

- ☐ No
- ☐ Yes

Have you ever made an attempt to take your life?

- ☐ Yes
- ☐ No

## Appendix I: Items measuring alcohol consumption

In the last 12 months, how often did you have an alcoholic drink?

- ☐ Everyday
- ☐ 5 to 6 days a week
- ☐ 3 to 4 days a week
- ☐ 1 to 2 days a week
- ☐ 2 to 3 days a month
- ☐ About 1 day a month
- ☐ Less often

In the last 12 months, please state how often you have had the following number of Standard Alcoholic Drinks. Please mark a response in each row, even if your answer is "Never"

	Everyday	5-6 days a week	3-4 days a week	1-2 days a week	2-3 days a month	About 1 day a month	Less often	Never
20 or more drinks a day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11-19 drinks a day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7-10 drinks a day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5-6 drinks a day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3-4 drinks a day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1-2 drinks a day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Less than 1 drink a day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
None	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Appendix J: Study Two Advertisement



**CALLING  
ALL MUSICAL  
THEATRE  
PERFORMERS!**

We need professional musical theatre performers to participate in a study investigating musical theatre and mental health. If you are aged between 18 and 45 and actively working in the industry (or seeking professional musical theatre work), we would love to interview you. Interviews take approx. 60 to 90 min. **Please contact Dr. Glen Hosking to find out more and get involved.**

Email **[glen.hosking@vu.edu.au](mailto:glen.hosking@vu.edu.au)** or call: **9919 2266**

**VICTORIA UNIVERSITY**  
MELBOURNE AUSTRALIA

This research is being conducted by the College of Health and Biomedicine (Psychology) at Victoria University CRICOS PROVIDER: 00124K



# **INFORMATION TO PARTICIPANTS INVOLVED IN RESEARCH**

## **You are invited to participate**

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You are invited to participate in a research project entitled 'An investigation into the Mental Health of Australian Musical Theatre Performers'

This project is being conducted by a student researcher Dr Glen Hosking as part of a PhD study at Victoria University under the supervision of Professor Jenny Sharples and Dr Kim Shearson from the College of Health and Biomedicine at Victoria University.

## **Project explanation**

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The project aims to investigate the experiences of people working as a musical theatre performer. It aims to explore areas pertaining to mental health, substance use and suicidality, attitudes to mental health, working in the musical theatre industry and help seeking behaviours.

## **What will I be asked to do?**

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Participation will involve partaking in one semi-structured interview for 1-1.5 hours either face to face or via an online platform. This interview will invite you to discuss your experiences as a musical theatre performer. It will involve inviting you to share your experiences with mental health, substance use and suicidal ideation, the passion in performing, the musical theatre environment and overall attitudes. This interview will be digitally recorded, and then transcribed by the researcher. During transcription all identifying information will be removed to ensure your anonymity. All information you provide will be kept strictly confidential. You are free to choose not to answer any question/s at any time, and you are free to withdraw from the study at any time.



### **What will I gain from participating?**

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You will gain an experience of sharing your experiences as a musical theatre performers. You will also contribute to the knowledge of the industry which will likely lead to an increased understanding how mental health practitioners can assist this population.

### **How will the information I give be used?**

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Your demographic information and responses to interview questions will be collated with those of other participants. This data will be analysed to gain insight into Australian musical theatre performers' experience. No person's information or responses will be analysed individually. It is expected that results of the study may encourage further research in this area, or inform possible support services for Australian musical theatre performers. The results of this research will be published in professional academic journals.

### **What are the potential risks of participating in this project?**

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Given that the study involves an exploration of mental health, you may experience some distress or discomfort when answering interview questions. You are free to choose not to answer any question/s at any stage, simply by saying, "pass", and you are free to withdraw from the study at any time. If you do experience distress, during or after your interview, you may wish to contact Lifeline (ph: 13 11 14), or Beyond Blue (ph: 1300 224 636), for free, confidential telephone counselling services. Alternatively, you may contact Monika Naslund, a Psychologist independent to the project, to discuss possible treatment or support options. Ms Naslund may be contacted on 99198739 or [monika.naslund@vu.edu.au](mailto:monika.naslund@vu.edu.au).

### **How will this project be conducted?**

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You will be asked to participate in an interview lasting 1-1.5 hours either face to face or via an online platform. Interviews will be digitally recorded and transcribed, and all identifying information (names, titles, locations etc.) will be removed for confidentiality reasons. Transcribed interviews will then be collated and analysed to explore themes relating to the experiences of musical theatre performers.

## **Who is conducting the study?**

---

### **Chief Investigators**

Professor Jenny Sharples

e: jenny.sharples@vu.edu.au

ph: (03) 9919 4448

### **Student Researcher**

Dr Glen Hosking

e: glen.hosking@vu.edu.au

ph: (03) 9919 2266

Dr Kim Shearson

e:kim.shearson@vu.edu.au

ph: (03) 9919 2784

Any queries about your participation in this project may be directed to the Chief Investigators listed above.

If you have any queries or complaints about the way you have been treated, you may contact the Ethics Secretary, Victoria University Human Research Ethics Committee, Office for Research, Victoria University, PO Box 14428, Melbourne, VIC, 8001, email [researchethics@vu.edu.au](mailto:researchethics@vu.edu.au) or phone (03) 9919 4781 or 4461.



# **CONSENT FORM FOR PARTICIPANTS INVOLVED IN RESEARCH**

## **INFORMATION TO PARTICIPANTS:**

### **An investigation into the Mental Health of Australian Musical Theatre Performers**

This project aims to explore musical theatre performers' experiences in the musical theatre industry. You will participate in an interview lasting 1-1.5 hours. The interview will be digitally recorded and transcribed, and all identifying information (names, titles, locations etc.) will be removed to ensure your anonymity. All information and interview responses will be kept confidential, and will be combined with those of all other participants for analysis (your information and data will not be individually analysed). You are free to give as much or as little detail as you feel comfortable with when answering questions. You may choose not to answer any question by simply saying, "pass", and you may choose to withdraw from the study at any time. If you experience distress during, or following the interview, you may wish to contact Monika Naslund, who is independent to the project, to discuss treatment or support options. Alternatively, Lifeline and Beyond Blue offer free telephone counselling services. All contact details are listed on the information to participants involved in research letter.

## CERTIFICATION BY PARTICIPANT

I,

---

[Participant's name]

of

---

[Participant's suburb]

certify that I am at least 18 years old\* and that I am voluntarily giving my consent to participate in the study: An investigation into the Mental Health of Australian Musical Theatre Performers being conducted at Victoria University by Dr Glen Hosking, Professor Jenny Sharples and Dr Kim Shearson.

I certify that the objectives of the study, together with any risks and safeguards associated with the procedures listed hereunder to be carried out in the research, have been fully explained to me by:

Dr Glen Hosking

and that I freely consent to participation involving the below mentioned procedures:

- A face to face interview, lasting 1-1.5 hours either face to face or via online platforms.
- Interviews will be digitally recorded

I certify that I have had the opportunity to have any questions answered and that I understand that I can withdraw from this study at any time and that this withdrawal will not jeopardise me in any way.

I have been informed that the information I provide will be kept confidential.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Any queries about your participation in this project may be directed to the researcher

**Professor Jenny Sharples. E: [jenny.sharples@vu.edu.au](mailto:jenny.sharples@vu.edu.au) P: 99194448.**

If you have any queries or complaints about the way you have been treated, you may contact the Ethics Secretary, Victoria University Human Research Ethics Committee, Office for Research, Victoria University, PO Box 14428, Melbourne, VIC, 8001, email [Researchethics@vu.edu.au](mailto:Researchethics@vu.edu.au) or phone (03) 9919 4781 or 4461.

## Appendix M: Semi structured research questions for Study Two.

Can you tell me about your journey into musical theatre?

How would you describe what being a musical theatre performer means to you personally?

How has your identity been shaped by your work in musical theatre?

What is a typical day like for you when you're performing in a show?

What aspects of performing bring you the most fulfilment or joy?

What are some of the most challenging aspects of working in musical theatre?

How does performing affect you emotionally or psychologically?

Have you experienced pressure or stress in your career? How do you manage it?

What impact does auditioning or job uncertainty have on your mental wellbeing?

How do relationships with castmates, directors, or audiences influence your experience?

What is your experience of substance use in the music theatre industry?

What kind of support systems do you rely on in this industry?

Have you ever felt isolated or unsupported in your work? Can you describe that experience?

How has your experience in musical theatre changed over time?

What have you learned about yourself through your performance work?

What is your experience of the music theatre industry?

What is your experience of the instability of employment?

What is your experience of the culture of the music theatre industry?

What are some of the emotional and psychological challenges in working in the musical theatre industry?

Appendix N: Data for the theme 'Sense of Identity in the Work' and associate subordinate themes.

Theme: Sense of Identity in the Work.

<Files\\Alistair> - § 5 references coded [3.90% Coverage]

Reference 1 - 1.14% Coverage

I absolutely love it. Like I love the sense of we're all pulling this together. Like you know, it gives me tingles is thinking about the fact that there are so many people working together in this hive to make this magic and to make it seem completely organic, and for everything to just be purely coordinated timing wise, that there's just this sort of, yeah, this sort of magic around. I think that's, I think for any musical theater lovers, that's probably like what they feel when they're sitting out in the audience. And that's certainly what we aim to do is, is for people to be like, wow, yeah, like, I don't know how that happend, but it just, it's gives you, you know..... tingles,

Reference 2 - 0.25% Coverage

You know, it really sort of it gives it gives you a great sense of fulfillment and satisfaction to be able to, you know, to do that day in day out and yeah,

Reference 3 - 0.93% Coverage

Yeah, it's pretty, intrinsic, sort of something that I have felt from a really young age in terms of just my interest in musicals. I was just immediately drawn to them, I think the combination of music and movement and this sort of larger than life visual presentation. The whole combination of that and the sort of on mass thing that I was trying to grab before about being a part of this. I think I remember sitting there as a

kid and watching it and just, I think it is quite a powerful, intoxicating kind of thing to experience as a performer but also as an audience.

#### Reference 4 - 1.00% Coverage

And it's sort of an undeniable source of energy and inspiration for me, I just, I've always felt that about musicals and especially when, when you have that magic combination of, a whole gamut of emotional exploration, and for me being able to find, the various areas of the spectrum all satisfied within the one piece where you get some hard hitting kind of dramatic moments and some, belly laughter, comedy, some really beautiful, quite touching sensitive elements, some huge, big, larger than life ensemble dancing over the top kind of moments. It's it's very satisfying, and I've just always been drawn to that

#### Reference 5 - 0.57% Coverage

And I've done a couple of like, I did a graphic design course and I did an advertising course last year and I've done these things but all they've really done for me is, shout out to me how much I just love being a performer and being in this community it kind of smacked me in the face with 'what are you doing?' That's not where your passion lies

<Files\\Erica> - § 6 references coded [2.45% Coverage]

#### Reference 1 - 0.20% Coverage

But it almost put fire up my arse to be like, "No, I'm not being that. I'm going to show you that I will follow my art, and I will fight for it and I will ...

#### Reference 2 - 1.09% Coverage



I watched that and I just went, "Whatever's happening, I want that," because what connected to my soul was it felt very real, it felt very vulnerable, it felt very powerful, it felt very ... all my senses were ignited when I was watching Sunset Boulevard, and then it started ... I was just crazed about it. Every weekend was doing Norma Desmond makeup because there was a Woman's Day how to do Norma's ... I mean, I still have the article on it, the to-dos of how to do the face. I have the scrapbook that even Maria when we did Hats Off! Together was like, "Hey I've heard ... you're the only one that has all of the articles of when I took over a few of the matinees," or people were sending me ... from all around the world, friends of friends were sending me merch of theirs they didn't want anymore. It stated this thing. I don't know what it was, but I just loved it.

#### Reference 3 - 0.26% Coverage

To be honest, it never really ... I was so passionate about it that I was like, "Sorry, no. That's not just even ..." I would pity them. I mean not ... but in my head, I was like, "You just don't understand."

#### Reference 4 - 0.22% Coverage

I was like, "Musicals can be that and it can feel ..." It was the same very different, but the same as the Sunset thing. It felt real. It felt vulnerable. It felt exciting.

#### Reference 5 - 0.23% Coverage

I was like, "You've got to call your own bullshit, because you really care. You love it so much that that's why you've put all this protection all over you because you love it so deeply,"

#### Reference 6 - 0.45% Coverage

But it is extremely physically and mentally demanding, and also, I think it doesn't ... to some actors, the straight acting world, it doesn't get taken seriously, not that serious is ... "serious" is the wrong word because it's not serious, but it doesn't get taken with ... maybe sometimes the integrity, it really does deliver to the world because it's like ...

<Files\\Jake> - § 5 references coded [3.57% Coverage]

Reference 1 - 1.00% Coverage

I think just that I loved it. I think growing up I was quite torn between whether I should go down an academic path or follow my passion, because I knew it's what I wanted to do, it's just that I'm not much of a risk taker so I never knew whether I would be willing to take the risk and relinquish my need for control and knowing that this kind of career makes you go all over the place. So I was deciding between that and something academic, and I could never decide what that academic path would be. I could never kind of hone it in.

Reference 2 - 0.94% Coverage

And I really strongly believe that we do art because we need to tell stories and to entertain others and to do it for other people, and I think that's a big part of it. But as selfish as it sounds, I do it because I love it. And it's just really fun. And I think it's amazing that so many stories we tell are so important to society. But I kind of think of it selfishly in that it's a passion because I enjoy doing it and ultimately, it's fun. Yeah, it's kind of simple and maybe selfish monster. That's

Reference 3 - 0.67% Coverage

Yeah, I feel like they always say, pursue a career in the arts, if there's nothing else that it'll make you as happy. And I think that's pretty true. I think everything else I've done it, there's not that kind of overwhelming sense of, of needing to do it. And yet

nothing else kind of makes me as happy. Sometimes I wish it did, but I haven't found that yet.

#### Reference 4 - 0.31% Coverage

I think I've been lucky that everyone I've worked with so far have been really passionate about what they do, because otherwise they can go and do something else.

#### Reference 5 - 0.66% Coverage

I've been singing since I was like three years old and I would watch Les Mis over and over again and mums got home videos of me singing using a walking stick as a microphone singing '<Master of the House'. Like I shouldn't have been watching I Les Mis at that age, but it seems like I was that kid who was just obnoxiously doing it from a very young.

<Files\\Jasmine> - § 3 references coded [1.69% Coverage]

#### Reference 1 - 0.45% Coverage

And so I started doing amateur theatre productions, which worked with a full time schedule of work. And I just loved it. Absolutely loved it, and I wasn't even in the leads. I just was part of the ensemble. And it was just heaven for me. And then I'd sing in a pop group and do top 40 covers and I drive to Sydney or Newcastle and sing with the band. So it was always just love. That was it. I just did it for love.

#### Reference 2 - 1.04% Coverage

I think it's something that fills me up. So, like, you can do lots of things and you enjoy what you do, but there's something, like it consumes me with with happiness. And I love the challenge of it. And I also feel like that's what I'm supposed to be doing. So it's a deeper feeling of like, this was given to me and I should be using it if I can. So it's something bigger than an ego thing, if that makes sense, because I didn't think that I'd ever be a singer. I've just sort of been taking opportunities that would come my way. So there's a flow to it in a sense, because I feel like I'm meant to be using it if I can, even through the hard times. And there's been plenty of those because I did Elphaba for a really, really, really long time. There's been a lot of challenges, but there was still still something underneath that that made me feel like I was still doing the right thing. And it still filled me up. And I was still always grateful for it.

Reference 3 - 0.20% Coverage

So even though I had vocal fatigue and pressure and all that kind of stuff, there was this feeling of, 'well, this is where I'm meant to be'. And that fuels me to keep moving forward.

<Files\\Reece\_otter.ai> - § 1 reference coded [0.45% Coverage]

Reference 1 - 0.45% Coverage

actually can't remember much of primary school, apart from the times where I was performing at an assembly or dancing and a weird random dance quest. So it's weird that most of my childhood is very pinpointed around dance, because I think that I just weirdly blocked out the day at school until I could go to dance.

<Files\\Simone> - § 2 references coded [1.01% Coverage]

Reference 1 - 0.24% Coverage

When I left high school, I knew exactly what I wanted to do. I thought, God I'm lucky that I love my job this much and that I'm so fulfilled.

Reference 2 - 0.77% Coverage

but I think that there's just something about, like that saying that people are just born to do some things and I think you can either feel it or you can see it in someone and when I'm performing, I just feel that that's what my natural ability is, and unfortunately, my natural abilities and to sing really great or to dance really great, and there's something about when music starts playing from a musical or that ignites me and makes me really happy

Subordinate Theme: Commitment to the work and impact on lifestyle

<Files\\Jake> - § 2 references coded [2.42% Coverage]

Reference 1 - 1.66% Coverage

I guess the first one I think of is social life, like I very rarely go out or live an extremely social lifestyle. I have to be very careful how I live my life throughout the day before a show, like I could maybe catch up for lunch with one person but I wouldn't be able to have three social gatherings and be able to talk all day. And you kind of have to be very boring and healthy in terms of how much sleep you get and diet and exercise, which, obviously in long term is great. But you just have to be a bit of a nun. You kind of can't live whatever lifestyle, well some people can actually, some people can go out all night and do two shows the next day and be absolutely fine and good on them. My body can't do that to my voice can't do that. So yeah, I have to be pretty careful about not doing anything too extreme outside of the show and having lots of rest and lots of vocal rest too.

Reference 2 - 0.76% Coverage

Yeah, the only kind of point I had thought of going into this was interesting about how does mental health affects music theater actors as opposed to any other medium and I think the biggest thing I thought it was the the sacrifice or the commitment we have to make to the show is more when you add singing and dancing to it and how you can look after yourself outside of the show. That was kind of explicit

“The biggest thing about mental health from a music theatre perspective is the sacrifice or the commitment we have to make to the show. It is more when you add singing and dancing to it and how you have to look after yourself outside of the show”

<Files\\Peter> - § 2 references coded [2.42% Coverage]

I was touring non-stop for five years. The longest I was in one spot was five months. I've always really enjoyed it but I did find it very challenging in other ways. I missed so many family birthdays. Building any type of romantic relationship I found impossible because no-one really wants to date someone who's going to leave in three months. And yet we do it and yet it continues even though you kind of hate it.

<Files\\Hamish > - § 2 references coded [2.42% Coverage]

For me it always comes back to the fact that relationships aren't possible. Ten years ago I consciously made the decision to choose career. Every relationship I've ever had has ended due to me either getting a job elsewhere or something about the work.

Reference - .66% Coverage

There's just so much to do all of the time and not much time to do many other things.

<Files\\Jane> - § 2 references coded [.42% Coverage]

#### Reference 1.56% Coverage

The longer I'm with my partner and the longer the tours are going to be – that means longer times away and more travelling on your day off, which is exhausting to be like, Okay, I've got a day off, but I'm going to wake up really early and fly and then have to fly back the next morning.

#### Reference 2 – 0.12% Coverage

It's more than a job. You just miss heaps of stuff.

Subordinate Theme: Difficulty managing emotional boundaries when presenting emotionally dense material.

<Files\\Alistair> - § 6 references coded [5.08% Coverage]

#### Reference 1 - 1.76% Coverage

I played a part where I was required to be, borderline suicidal kind of thing. And that's incredibly tough to do once let alone, like, let alone and rehearsals are a unique process too because you go from 10 till six, you kind of go all day and you might, you might work on one scene that is quite an emotionally demanding scene for a few hours and you repeat it, non stop a few hours and you get right into this sort of emotional stage. And then you might run the show, towards the end of rehearsals, you might run the show twice, every, every day or at least once every day. For for the last week of rehearsals or something, so you're sort of having to, to find, to kind of dig

deep to find those emotions and you're trying to, you're exploring it and trying to unpack it and then present it and yeah, rehearsals are a unique process but then when it comes to performance, you're doing it again, you've got to find, that emotional journey day in day out, sometimes twice a day and depending on the role but for a really intense dramatic part, it is sometimes hard to shake it.

#### Reference 2 - 0.97% Coverage

And sometimes too, it's hard to, it's hard to self monitor exactly how far you're going with with reaching a certain emotional truth because as you do something for a long period of time, you're not feeling it as much. So you go a bit harder sometimes, Right I can certainly admit that I've done that. Or you want to get more out of it yourself. You want to, you want to keep finding something new or making it feel fresh. And therefore you push yourself into a slightly different psychological territory to find it. So yeah, the the sort of psychophysiological aspect is something quite complex.

#### Reference 3 - 0.23% Coverage

But I just I know that I have a sort of an interest in emotional truth within myself that I want to feel real I want to go there emotionally.

#### Reference 4 - 0.42% Coverage

And that's something I've actually found difficult to do because I just, I'm a bit more of an emotional beast and I just like to, I just like to honestly feel it and I don't want to feel like I'm sort of managing it too sort of strictly or too by numbers.

#### Reference 5 - 1.19% Coverage

But then what I was gonna say is, and then you've got a piece, you know, that's, that's highly uplifting. And the same thing can happen in the opposite sort of direction



where, where you're, you're absolutely kind of boyd by the pace and you come off stage and you've sort of bouncing off the walls and, and even if you're really tired and and I've certainly done that with with one role in particular where I was on stage for like two hours like running around jumping up and down, dancing, singing it was the most demanding role I've done. And it was just it was such a life-giving part and the music was so infectious and uplifting, the choreography, like you just you kind of you just kind of get elevated by the piece itself.

#### Reference 6 - 0.51% Coverage

Well, certainly when I went through drama school, we were very much encouraged to sort of concentrate on acting first. If within the musical theater course that I did, there did seem quite a bit of expectation around making sure that there was there was truth from an acting perspective above everything else.

<Files\\Erica> - § 4 references coded [2.94% Coverage]

#### Reference 1 - 0.36% Coverage

It's pretty incredible, but it's also understanding now, playing Grizabella, that it's actually ... it's one of those fucked up blessings of you can infuse your truth and fragility with this stuff and then it creates magic. Is that the healthiest thing in the world? Who the fuck knows?

#### Reference 2 - 0.90% Coverage

But I cared so deeply for her and you just want that to be accessible every night because you don't want someone to leave. You want to sing Memory from somewhere so truthful that you can ... I mean, that's why I do this, so I can affect others, how Debra affected me. It's so important because it can change someone's life, or just take someone away or whatever, so I would really try to ... then there'd people ... you'd be in a corner by yourself, isolating, and you'd have people giggling at you thinking it's ridiculous what you're doing or whatever, and it's like, "What the

fuck?" This is my gig. This is what I'm employed to do. So I don't even know what happened there. I don't even know what we were talking about.

#### Reference 3 - 0.73% Coverage

But throughout Cats ... how do I explain it? I brought it up so much, the emotion, so it would be left on stage. But then what would happen was I then couldn't put it back and so, we'd be on the Cats bus with my frigging face on, on the way home, living the dream with my cast member sitting next to me who played Gus, but I'd be sitting there crying. Then one night he just went, "You've just got to get your fucking shit together." He's like, "This is ridiculous." So I didn't know what to do because I was so worried about if I put it back, then I couldn't find it again or something.

#### Reference 4 - 0.94% Coverage

Sometimes that's sometimes what happens as well, or once in Cats, we did an impro, and the impro was for the whole room to ... everyone had their cat tails on and everyone's doing their little impro, and then I was to leave the room because I'm the only walking cat in this impro and I was to come back in and just respond to what happened. It was basically an hour of people spitting, pushing, pretending that they're pissing on me, just an hour. Then afterwards, "Lunch break," and then I just was in the corner and I was like, "I don't want to go to lunch." My friend Jarrod who was playing Skimbleshanks, he was like, "It's over now. You need to come have lunch with us." "Yes, I do." But then you're trying to sit there and ... it's just the weirdest ...

<Files\\Jake> - § 2 references coded [4.02% Coverage]

#### Reference 1 - 0.94% Coverage

.I guess it's a way of expressing myself. I feel like a lot of the characters I play I kind of bring myself to the character, so, for me, it's less about the transformative experience. Yes, it's cool to delve into other situations and other people's lives that I

don't live but ultimately, I bring myself to those situations. So it's kind of what part of myself can I explore each time so there's kind of that in terms of expressing myself and then the fun aspects and.....I don't know. I

#### Reference 2 - 3.08% Coverage

Maybe it's because I've done a lot of comedy but I think as I go on more and more like I disassociate a bit, whereas it used to be, when I started drama school, I'm such an eager actor, I was so keen for the experience to overcome me and I forget what had happened when I just walked off stage and, now I need to be very clear that I am an actor playing a part and this is an imaginary circumstance. I think that's that's more healthy. I do sometimes find like a character I'm playing, because like I said, I I'm exploring a different part of myself and how I can bring that to a character, so sometimes I find it does change my personality a little bit outside of the show, like a couple of years ago I played a character who was a real asshole and I was like, I feel like I'm becoming a tiny bit of an asshole at the moment. But I think when I'm performing I'm less and less transported. I think that my subconscious is always more and more aware of the difference between me and the situation I'm in which I think is healthy. It's meant when I've had more dramatic roles that hasn't really affected me as much outside of the show. I'm sure there'll be a role one day that forces me to have that overwhelming experience and kind of transformative process. But I think luckily, most of the things I've done up until now, you don't need to affect me psychologically outside of the show, because I'm a big believer in that acting is not therapy. And I think there are too many training methods where acting becomes your therapy, I think. I think we can act through imaginary circumstances and don't always have to use our own baggage to get us there.

<Files\\Jasmine> - § 5 references coded [2.53% Coverage]

#### Reference 1 - 0.31% Coverage

So during Ghost, which was the next show that I got, I had a psychologically bad time. The role itself was really hard because the character was grieving her partner who died and I was like so serious about giving that performance eight shows a week of physically crying, every single show.

#### Reference 2 - 0.75% Coverage

And there was a couple things I still don't actually know what it was, but I was doing really heavy exercise because the role I had to take off my top and so I was like a little bit in my head about looking amazing. And so I was exercising way more than what I would normally exercise and I think I probably tightened a lot of stuff up, plus being fearful, plus crying every show. Because singing and crying don't go together. Whenever you sing, like most people who aren't singers will sing in the shower because they're happy and they're relaxed. That's where organically singing comes from. And so I was singing from these places that were just not organic to where it should be coming from.

#### Reference 3 - 0.19% Coverage

So I feel like I've got something that I was born with, and if I can use it, I'll use it. And it doesn't matter if I studied or not. As long as I work hard, which is what I do.

#### Reference 4 - 0.99% Coverage

talented, actor, performer, she's amazing. She's from the UK. She said to me, 'Oh, you've got to get this tear stick'. Which is like in a lipstick container. And it's a menthol thing and she said, 'You just dab a little bit near your eyes and your eyes start crying'. And I remember thinking, 'I'm not going to do that because I really want to feel it'. And, the joke's on me that I took it too serious and went so deep into my self that it ended up being a really hard experience. I should have just use the tear stick. But I was bringing up stuff that happened to me when I was a kid I was deliberately doing stuff that I would never normally do to bring tears organically. It happened at the easily at the beginning because the music and the whole experience, I could cry like that. But then as time goes by, you got to start pulling from different areas of your life to bring it up. And like that shit's not normal.

#### Reference 5 - 0.28% Coverage

Because now I know. I just won't go that deep into something. I'll still do my best and I'll still feel what comes organic. But I don't think I'll ever do that again, where it's like pulling from stuff. I'm like opening Pandora's box in front of 2000 people.

<Files\\Reece\_otter.ai> - § 6 references coded [6.92% Coverage]

Reference 1 - 0.59% Coverage

So it's only been very recently that I've started to understand that acting is about taking your life trauma and your life issues and working through that. And if you can take your trauma and work on yourself through acting, and take the content of a show and learn about that content through becoming a character, it kind of never stops you from learning how to be a good actor, therefore, how to be a better person.

Reference 2 - 0.70% Coverage

So you have no real shielding. Because if I were to go in and be like, 'Hey, this is my thesis'. And your thesis is shit, they're not saying you're shit, they're saying your thesis is shit. They can be like, "you're not this". And there's no differentiation. They're not saying "your acting is not this" or "your singing is not this" because it's all connected to you. And it's a part of you as well. And sometimes you can't change the way that you sing or act, because that's just you as a human.

Reference 3 - 2.49% Coverage

Reece 58:47

It's this brilliant show. Oh, my God. It's about it's basically the first mass murdering of gay people. And it was in the 70s. And it was about this upstairs lounge that was torched and burned. And the guy who wrote it was studying gay history and music theater at the same time. He was doing a double degree. And he learned about this

upstairs lounge and it wasn't in the gay history module. Like it was just completely skipped. Anyway, so I got into this show and I was playing a drag queen, which was heaven. And we just just learning through the way that this writer had discovered this event that has never really been added in any type of history. And the fact that he was studying music theater at the same time and music theater is all about communication. He combined the two made a show. So when we started rehearsals for this, it created such (and we had brilliant creatives in that, like our director was phenomenal at being like, this is not about you, this is about the event, and it's about the show). And so it created this camaraderie between the cast as a group of people that felt a very important need to tell a very important story. And it was the best experience on stage. And it makes, it's got my heart like going now, and it's so memorable because we, because it was in such a small theatre as well, the Hayes's tiny, you can feel everything in that box. We really affected people with that. And we had a good time together. And we made some good money. So all these things just lined up, and it it has just affected my mindset on how I want to perform and how I want to be involved with theatre moving into my career.

#### Reference 4 - 0.99% Coverage

I've kind of come up with this idea that if you're anxious, that's okay. Because the character is anxious. So if you find a way that the character is anxious, you can feed your audition anxiety into your character's anxiety, and have it affect your performance. So I used to find it's the same with being emotional on stage and doing it weekly. You always have emotional things going on in your life. Some people choose to just like clock off at the door, not bring themselves into work, and just do the show. Or you can just like really pull yourself into the show. and use it to heal yourself [gets emotional]. Like in within the characters pain, you can find joy. And within the joy, you can find pain.

#### Reference 5 - 1.07% Coverage

So any type of show that I'm doing, if I'm feeling something or if I'm learning something that day, I will immediately try to link it to what I'm doing in the show at night. So then it becomes less emotionally taxing. Because you're not actually taking your emotion to that emotional level. You're just allowing the emotion to feel, whatever. Whatever energy you're feeling that day. So even if it's a sad scene, you can be filled with the greatest joy and it can still come out as sad on stage, it just has

to be an intense emotion. Yeah, and also, it's this idea that you are not your character, it is not your job to feel that emotion, it is your job to get out of the way, and let the character experience it. And then you drop back into your life after.

#### Reference 6 - 1.09% Coverage

And a brilliant performer really helped me out when I was doing Jersey Boys, especially because that one is a drainer, that one drains your life, you have no time offstage, you're just chugging along. And she was like, find a way to rid yourself of the character. And physically say goodbye to it at the end of every show. Because I used to, spray myself, and take a few breaths, and say 'goodbye, mate, have a good night'. And it was very weird. And people thought I was a bit crazy. But it was a very, very healthy for my brain to go 'he used my body for a good two hours', and now I'm going to have it back and I'm going to experience my own thing. Thank though for helping me get through some things. But I'm just going to be over here while you chill for the night.

<Files\\Simone> - § 2 references coded [1.27% Coverage]

#### Reference 1 - 0.47% Coverage

Well, it comes back to having too much worth in what you do. And I suppose it's a really interesting fact because the minute that I realized that a lot of people don't believe that they anything other than in their job or they have no worth. Like unless they're in their job.

#### Reference 2 - 0.80% Coverage

She goes through a lot, I don't know if you know the show at all. It was very, very hard to perform that every single night there. There were tears involved. There was a lot. And every single night that I finished, I felt like I'd put it out on the floor. And during those times, ironically, whenever I'm playing a very high stakes kind of role

that demands a lot, my life kind of becomes shoddy, my relationship becomes a bit shoddy, everything relays through that role.

Subordinate Theme: Difficulty working outside the industry

<Files\\Alistair> - § 2 references coded [2.03% Coverage]

Reference 1 - 0.91% Coverage

Over the years, I've done a bit of retail, I've done a bit of hospitality. Over the last few years, I did some deliveries of flowers. Like I've had these sort of odd jobs here and there. I've often chosen to live a little more simply and meagally, frugally in order to not have my life dominated by those those jobs because they felt a bit soul destroying at times. Not always sometimes they're enriching too, but but more often than not, you know, it's just to get some cash in and it's just, a couple of times I've been like 'yeah, I can't do this anymore'.

Reference 2 - 1.12% Coverage

Well, it's, it's, it is yeah, it's, it's very, um, what's the word? I suppose humbling. But you know, you go from playing a big part, a big lead role in a big commercial musical that tours the country, and you've got people lining up at stage door and wanting your autograph and, having this amazing experience going on TV and singing little excerpts of the show and you're having interviews and you're the talk of the town, all that sort of stuff. Maybe winning awards, those sorts of things and just feeling this great sense of fulfillment, living the dream. And then and then you're, folding clothes in a retail store and it just feels like how am I here? It's hard, without a doubt,

<Files\\Jake> - § 1 reference coded [0.54% Coverage]



#### Reference 1 - 0.54% Coverage

I'm very lucky to be employed right now. I kind of don't mind having a.....it's so arrogant, I call them like muggle jobs. I don't mind having to go back to a muggle job in between shows, I'm kind of the type of person that would prefer to be working in some capacity, otherwise, I get bored.

<Files\\Jasmine> - § 1 reference coded [0.99% Coverage]

#### Reference 1 - 0.99% Coverage

And I'm also open to getting another job if need be, like when I was doing the album, I didn't have a lot of money coming in. I still had my savings, which I was using for the album, but I still had that buffer. And then I was doing some singing teaching on the side. Just little kids nothing big and serious but always a little bit of money on the side as well. So a lot of people are good at the hustle because they're used to it. So they'll be dance teachers, yoga instructors, to get that money to sustain them waiting for a gig. It's a real hustling industry and I think that's what's making it so hard at the moment because people can't do those things. So they've got no side hustle. And it's also the unknown of like, what's even going to be the industry once we even come out of this because people are gonna, you know, they're going to lose all their money and not even want to be able to invest in a show.

Subordinate Theme: We are our instrument

<Files\\Alistair> - § 2 references coded [1.28% Coverage]

#### Reference 1 - 0.57% Coverage

And that's one thing that's interesting too is, a musician picks up their instrument and it stays the same. They can go and do what they want. We are our instrument. That's a really big difference, I think. Because you can never separate yourself from your instrument. Everything that you do to your body affects the way your instrument functions.

Reference 2 - 0.71% Coverage

but the same kind of idea that I've always fantasize about, or, have been a bit jealous of people that work as creative people on something, you know, they might do a painting and it's over there, or they might do the sculpture and it's over there or they might build this amazing architecturally designed house and it's over there. Whereas we are our piece of creation, if you know what I mean. We are it. It follows you around? Yeah

<Files\\Jake> - § 3 references coded [2.32% Coverage]

Reference 1 - 0.70% Coverage

What I've been working on a lot since graduating is not having my self-worth based on the industry. And I think I've been getting pretty good good at that. But I also think that is much easier to do when you are somewhat consistently working. I've had gaps, but I always knew what the next project would be, so I could focus on that. So I think that's, so far, made it easy.

Reference 2 - 1.28% Coverage

would you have about the overall mental health challenges in the industry?

Participant 1:02:31

First thing that came to mind is when I talk about your self-worth and self-esteem not being what you do. That's still an issue and I think that's going to be an issue for most actors. And I think that's hard when what you do is so up and down and up uncertain and most actors I know, generally their mental health is better when they are working as an actor. And so that's hard to navigate when you're not working as an actor, or especially if you're not working as an actor for a long period of time.

Reference 3 - 0.35% Coverage

But I feel like I'm not as fulfilled as when I am working as an actor in this. Yeah, it's like the tank isn't quite full, even though I'm making the best of what I have at the moment.

<Files\\Jasmine> - § 2 references coded [0.45% Coverage]

Reference 1 - 0.06% Coverage

And so then I was like, well, who am I without a voice. I

Reference 2 - 0.39% Coverage

And like for me when my voice had trouble after Ghost, I put so much of my identity into my voice. So then when my voice wasn't doing what was normally doing, I then was 'well, who the fuck am I?' And then I felt really bad about myself because I was like, 'What do I have to offer now?' That was what I had to offer and now I don't have that. And that was huge

<Files\\Reece\_otter.ai> - § 1 reference coded [0.56% Coverage]

Reference 1 - 0.56% Coverage

I actually can't remember much of primary school, apart from the times where I was performing at an assembly or dancing and a weird random dance quest. So it's weird that most of my childhood is very pinpointed around dance, because I think that I just weirdly blocked out the day at school until I could go to dance. So it wasn't like, what motivated me it was kind of what I was living for.