

‘POST-DRAMATIC’ STRESS: NEGOTIATING VULNERABILITY FOR PERFORMANCE

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THE GREATEST ACCOLADES GIVEN TO ACTORS is often those of ‘bravery’ and ‘risk-taking’, rather than that of technical competency. We admire actors who appear to (or may claim to) ‘lose themselves’ in a role or who ‘expose’ themselves through their vulnerable portrayals. In my research of acting schools I have observed one teacher comment that “. . . it affects the audience to see the lines take the actor somewhere, rather than see the actor controlling the delivery, the package” (de-identified teacher cited in Seton 2004). Furthermore, various stakeholders in Western performance contexts, whether actors, teachers of acting, agents, directors, critics or audiences, are often invested in the pursuit of such demonstrable vulnerability. It would be reasonable to argue that the majority of Western acting schools are committed to enabling actors to be intentionally vulnerable; that is, they demonstrate the ability to affect and be affected by others.

But at what price, to the actors, does vulnerability come in using their own embodied experiences as tools, mediums or channels? While some actors move from playing role to role with apparent ease, others seem to ‘live out’ their latest roles. Cheryl McFarren, in her doctoral thesis *Acknowledging Trauma/Rethinking Affective Memory: Background, Method, and Challenge for Contemporary Actor Training* (2003), interrogates the wisdom and ethics of training techniques that intentionally enable students (consciously or unconsciously) to tap into trauma as a resource for the development and enactment of characterisation. McFarren notes that acting teachers are neither trained nor necessarily equipped to recognise hyper-arousal and dissociative responses in students or help process traumatic experiences so that these do not leave a harmful residue (184, 201). While acting schools are effective in shaping actors in ‘taking on’ a role, there is far less guidance, if any, about ‘removing’ a role or debriefing after a season of performances. Actors may often prolong addictive, co-dependent and, potentially, destructive habits of the characters they have embodied. In fact, as Burgoyne, Poulin and Rearden (1999) have observed, many acting students are taken by surprise in the process of character creation. Yet, Burgoyne et al argue, they remain silent for fear of being judged odd or incompetent for not coping when they experience trauma as they embody ‘characters’ and their fictional lives.

As I’ve indicated above, McFarren specifically interrogates actor training techniques that either trigger prior traumatic experiences of student actors or that impose new traumas on students. In terms of actors’ embodied sustainability, I’d like to extend the consideration of how acting practices (training for, enactment of and debriefing from roles) impact on actors’ lives by coining the term ‘post-dramatic’ stress. I deliberately coin this term, not as a diagnosis, but as both an evocation and a

provocation to encourage further conversation and, hopefully, remedial action. In the remainder of this brief paper, I shall offer a few places where I believe the conversation needs to open up among acting teachers, acting students and the wider industry. The phrase, 'post-dramatic' stress, evokes the notion of Post Traumatic Stress Disorder (P.T.S.D.), a wide range of experiences that have existed for as long as there have been bodies encountering traumas. It is significant that P.T.S.D. carries a stigma around it even though it has gained a certain respectability since being included as a category of mental disorder in 1980. I could imagine that if we were to diagnose actors with 'post-dramatic' stress, we might impose on them a similar stigma that would be equally unhelpful.

It is also important to note that P.T.S.D. manifests in as diverse ways as there are diverse people. Trauma is the outcome of unique embodied persons and specific stressful experiences that, for them, become traumatic. This makes diagnosing the causes of a particular case of P.T.S.D. problematic: firstly, in identifying contributing factors and hopefully ways to, sustainably, alleviate discomfort; secondly, it becomes problematic for stakeholders, such as institutions (government, military, medical) and insurance companies, to apportion appropriate responsibility and necessary compensation.

McFarren's interest in P.T.S.D. research findings is directed specifically towards challenging the predominant use of Affective Memory techniques in training and rehearsal contexts, where the teacher or director may be unaware that this may trigger previously unknown traumas from the actor's past. My additional concern, which she addresses only in passing, is that the enactment and witnessing of trauma in the context of rehearsal and subsequent performance can also leave its imprint on the actors' lives, even if they had never experienced the trauma prior to performing the role. So, by coining the phrase 'post-dramatic' stress I am wanting to signal the broader complexities at stake.

I also use the term as a provocation because, like McFarren, I believe this is a significant area of neglect and culpability for stakeholders in Western performance contexts. McFarren observes that

although we in the profession accept stable mental health as a normal, desirable state, we have neglected grappling with a practice [Strasberg's Affective Memory] that may undermine it. Teachers of psychologically motivated acting, and Strasberg in particular, have pushed their students toward emotional truthfulness using exercises like affective memory without fully assessing the risks involved (McFarren 2003, 5).

In 1989, the Performing Arts Medicine Association (P.A.M.A.) was founded to serve the health interests of musicians, dancers and actors with a mission that included two significant statements of relevance to the concerns I have raised:

- Developing educational programs designed to enhance the understanding and prevention of medical problems related to the performing arts; and
- Fostering research into the etiology, prevention, treatment, and rehabilitation of medical problems of performing artists (<http://www.artsmad.org/membership.htm>).

The Association's founder, Dr Alice Brandfonbrener, in a December 1992 editorial of the Association's Journal, *Medical Problems of Performing Artists*, wrote of "The Forgotten Patients", referring to actors. The following series of quotes is taken from that editorial:

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

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As with other performers, there are also health risk factors in the lifestyles of many people associated with the theatre. Among those are sleep deprivation; poor dietary habits; excesses of caffeine, tobacco, and alcohol; and a higher use of street drugs than I have encountered either in musicians or in dancers . . .

While not necessarily condoning risk-taking behaviour in their peers, there tends to be an attitude of “live and let live” unless the situation approaches an emergency level. Consequently, many of these individuals fail to seek help when treatment might be appropriate and efficacious . . .

Regarding the many areas of potential research in “theatrical medicine” those in the psychological realm are particularly intriguing. In addition to all of the stresses discussed earlier, some additional factors clearly add to the psychological hazards of the theatre. I refer to the need of the actor/actress to portray convincingly the emotions of their characters and, indeed, temporarily to take on the personality traits of this character . . .

It has been my observation in providing medical care to many actors and actresses in this process, while integral to being what they are, can put them in touch with some of their own feelings for the first time . . .

For some this is a positive experience, but for others the process can range from difficult to unbearable. Even the most mature, stable, and experienced actor suffers the effects of playing Willy Loman night after night, and this is not confined to what transpires on the stage. This consequence is one that all of us should think about when we go to the theatre and especially when we are treating the medical problems of actors and actresses (Brandfonbrener 1992, 101).

What I find significant is that since then, in spite of such an editorial, there have been only few contributions to this publication about healthier actor training and practice. Unlike musicians’ and dancers’ embodiment and proneness to injury, actors’ embodiment, and the potential for physiological and psychological injury, hasn’t gained any greater recognition. Possibly, one reason for this neglect of embodiment is that the craft of acting is predominantly regarded in terms of mind/body dualism and its assumptions, as explicated by Elizabeth Grosz (1994).

In such a dualism, the body may be perceived as an object of investigation in that it is commodified and generalised. The industry seeks to locate acting talent in bodies that have ‘it’. Or the body may be regarded in terms of metaphors which locate it as an instrument—“a machine at the disposal of consciousness; a vessel occupied by an animating, wilful subjectivity, which requires careful training and discipline.” In training, the actor is encouraged to prepare his or her ‘instrument’ (i.e. body) to play upon. Or, the body is seen as a signifying medium, transforming what is regarded as ‘private’ (thoughts, ideas, beliefs, emotions) into something public and communicable. Again, in training, there are competing discourses of working from the internal to the external, or, constructing character from the external to the internal. As a consequence of such dualisms in acting discourse and practice (and in actor training), the body becomes an “*absent presence*” (Dale 2001, 20-21, italics in original). So in re-asserting the importance of embodiment in actor training, I believe that this requires some significant re-framing of how the experience of acting is ontologically narrated.

Furthermore, I am not advocating the removal of stress and trauma or the diminishing of intentional vulnerability. I acknowledge that stress, trauma and vulnerability, in sustainable measure, are inevitable and integral to embodied life and performance. However, I would also argue that stress, trauma

and vulnerability are qualities of life that require intrapersonal and interpersonal negotiations in order for lives to flourish. Therefore, if we are to apply lessons to teaching of acting, learnt from the care of those experiencing unsustainable trauma and stress such as P.T.S.D., there are several principles to be observed. First, that the perception and manifestation of trauma and stress are particular to each individual. One cannot presume that a technique or a text will impact all participants in the same way. Second, that the resilience of a person, in the face of inevitable vulnerability to stress and/or trauma, is a consequence of both personal history and a supportive network of relationships. Contexts of actor training and performance making should also be contexts of ongoing, supportive relational networks. A key practice to be considered here is that of relational resilience (see Jordan et al. 2004). Third, and most crucially, any trauma triggered is “‘locked’ in the body, and it’s through the body that it must be accessed and processed” (Levine 1997).

To address these matters, in practical terms, requires two concurrent processes: enabling actors to prepare themselves more wisely as they construct an embodied performance, and, providing support for actors, in the cool-down and aftermath, with the space and interpersonal resources to incorporate the experience of their performance in a resilient manner. I believe we, who are teachers of performance, can find ways in which vulnerability (and its inevitable traumas and stresses) can become a transformative process rather than treating vulnerability as something that has to be either defended against or denied. The challenge is in creating training and performing spaces in which actors will be willing to explore an alternative practice that addresses the diverse experiences of what might be understood as ‘post-dramatic’ stress.

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