

Kabuki Actors Study

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Abstract—The Kabuki Actors Study set out to explore the health status of Kabuki actors, their performance-related medical problems, and the nature and extent of their health care. Two hundred sixteen Kabuki performers voluntarily completed an anonymous three-page survey addressing their health issues. Thirty-eight percent of the actors reported a history of at least one significant medical condition, and 88% of them identified at least one musculoskeletal or nonmusculoskeletal problem associated with performance. Sixty-nine percent of the performers had visited a physician over the preceding year, and 30% of them had consulted nonphysician medical practitioners. Kabuki actors, the Kabuki management, and physicians can use the findings of this study as a starting point to investigate why these injuries occur and how to prevent and treat them. Pain severity scales or other measurable outcomes of therapy can be used to compare the efficacies of physician and nonphysician treatments. *Med Probl Perform Art* 16:94–98, 2001.

Kabuki, a traditional Japanese theatrical art, has its origins nearly 400 years ago. The three Chinese characters used to write “Kabuki” are song, dance, and skill. Music and dance are the foundation of Kabuki movement and acting.¹

Shortly after my arrival in Japan for a two-year tour at a naval hospital, I made my first visit to the Kabuki theater, known as *Kabuki za*, in the Ginza district of Tokyo. The five-hour performance included the standard sequence of *jidai-mono*, a history play; *shosagoto*, a dance performance; and *sewamono*, a play about common people.

The historical play featured the *aragoto* style of exaggerated movement, voice, and *kumadori* make-up. At the moments of greatest tension in the play, all action ceased and the music stopped. The actor held a pose, rotated his head, and crossed one eye, while the other looked straight. This pose, called *mie*, was accompanied by two wooden clappers, called *tsuke*, that were struck in a pattern called *ba-tan*. Several men known as *o-muko-san* on the top floor of the theater shouted out the *yago* and generation of the actor during the *mie* as a form of appreciation and applause known as *kakegoe*. The shouts, precisely timed to integrate with but not to disturb the actor, filled in the *ma*, or poignant pause, to create an exciting dimension and to aid the actor by supplementing his inner tension. As the pose dissolved, the music began and the play continued.²

The next performance was a dance to the musical accompaniment of stringed instruments called *shamisen*, percussion, and chanting. The two dancers with the help of their assistants demonstrated *hengemono*, or transformation pieces,

featuring rapid costume changes of magnificent kimonos, to perform several dances in quick succession. In a costume change technique called *hikinuki*, the threads of a special outer kimono are pulled out and the kimono comes apart to reveal the kimono beneath. In *bukkaeri*, the upper half of the costume falls over the lower, revealing a new pattern. *Bukkaeri* is used to symbolize the revelation of a character’s true nature, whereas *hikinuki* is done for the visual spectacle to maintain the audience’s attention.²

Dance largely defines the female, or *onnagata*, role. In Kabuki, both male and female roles are performed by men. Female impersonation gradually developed into an art that was no longer an attempt to represent a real woman. Naturalism gave way to exaggeration and a forced but refined femininity. The voice is pitched in a high falsetto and hand and arm movements are small and tightly controlled. The shoulders droop, and the knees are bent to reduce height. The walk becomes a tiny, feminine gait with knees held together and toes pointed inward. Male dances became popular much later with the emergence of dance dramas.²

Traditional Japanese dance, known as *buyo*, is fundamental to all Kabuki performance. All actors study dance from early childhood and continue formal lessons until about age 30. High-ranking dance teachers supervise the rehearsals of even the most senior dancers. Pure dances make up about one third of Kabuki repertoire, while dance gestures dominate even those plays in which there is no actual dancing.²

The three basic elements of Kabuki dance are called *mai*, *odori*, and *furi*. *Mai*, meaning “circle,” is the oldest form. The feet remain on the ground and the arms are moved in slow graceful gestures. The form includes a walking style known as *suri-ashi*, in which the heels slide along the ground. *Odori* is livelier, with more movement across the stage. The knees are bent to bring the whole body nearer to the ground. Mime gestures are called *furi*. *Furi* are always performed to songs rather than pure melodies. Mime gestures depicting writing a letter, the movement of waves, or falling petals often illustrate the song’s lyrics. Objects such as fans, *tenugui* hand towels, and sleeves of the kimono often illustrate the actions in mime.²

The final play was a love tragedy that featured the male role of *wagoto*. *Wagoto* is a realistic style of acting and generally portrays a young lover. The actor’s face is painted white to indicate youth. The hair is styled in the standard topknot, and the crown of the head is shaven. The voice is natural but high-pitched to indicate youth. Movements are gentle and refined. Young men in love are portrayed as somewhat silly, and the comic side of their strained situations is often emphasized.²

The extraordinary Kabuki performance and my longtime interest in the health care of performing artists prompted me to send an e-mail to the address on the Kabuki program. The

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e-mail described the informal network of physicians and non-physician practitioners who specialize in the care of performing artists. The email also summarized the goals of performing arts medicine to promote communication of health-related information between physicians, performers, and teachers in the performing arts. I talked about the precedent of studying various groups of performing artists and that sometimes this type of effort had helped in the prevention and treatment of health conditions of the performers. The e-mail concluded by inquiring whether a study of the medical issues of the Kabuki actors could benefit the organization.

While I waited for a response from the Kabuki theater, Dr. Yuko Minami translated the initial draft of a survey. Around that time, a weekend tour of Tokyo brought me to pass the traditional Japanese architecture of the *Kabuki za*. Dressed in casual winter attire, I approached the ticket window to the side of the main theater entrance. I took this opportunity to determine whether any of the theater's promotional materials identified the name of a contact in the organization. My struggle to communicate around a significant language barrier was cut short by the ticket window attendant with her instructions to "*chotto matte kudasai*," or "wait a moment, please."

A few minutes later, a man about my age and dressed in a suit appeared next to me at the ticket window. I presented him my *meishi*, or business card. As is the custom of Western professionals in Japan, my business card was printed in English on one side and Japanese on the other. In our brief discussion, the young man, named Simon, learned about my passionate interest in health care for performing artists, the circumstances of my two-year stay in Japan, and my proposal to collaborate with the Kabuki organization. At the conclusion of our introductory talk that lasted but a few minutes, Simon offered to arrange a meeting with Dr. Ichikawa, the theater's primary physician.

The arrangements for the meeting with Dr. Ichikawa were finalized by e-mail. Simon instructed me to bring an interpreter. Hisae Shibusawa, who spent three years at the University of California at Berkeley, was the ideal translator. Intelligent, fluent in English, and well versed in the courtesies of Japanese culture, she agreed to join the study. On our way to the meeting with Dr. Ichikawa at the Kabuki theater, Hisae guided me to a bakery in Ginza to pick out a customary gift for Dr. Ichikawa.

After this purchase, we met Simon at the steps leading to the entrance of the Kabuki theater. He informed us that we had one hour to meet with Dr. Ichikawa. Simon directed us to a room on the first floor of the Kabuki theater behind two thick wooden doors and introduced us to the physician. As the three of us entered the room, a round of bows were exchanged around me, and I returned the bow from Dr. Ichikawa. Dr. Ichikawa accepted our gift that was wrapped in Japanese paper. He rested the still unopened gift on the ground beside him, and Simon invited us to be seated. Over the next hour, Dr. Ichikawa learned about our proposal to investigate the performance-related medical problems of the actors. The conversation was frequently interrupted for Hisae to translate.

While Dr. Ichikawa listened attentively, other people filed into the room until nearly all of the eight plush white chairs with large armrests were occupied. Hisae briefed me about proper business etiquette, and I read aloud the names on the business cards of Tsuneo Asahara, Japan Actors Association Chief Officer, Eiichi Kaneda, General Manager of the Kabuki theater, and Hiroto Maruyama. As Hisae negotiated with the five men, their serious faces lightened and her sense of humor prompted frequent smiles. Much of the conversation was in Japanese, so Hisae later explained to me that she was reassuring their concerns about trusting a foreign stranger who was unable to communicate in Japanese, had a temporary residence in Japan, and was employed by the United States military. As my first Japanese business meeting with one of Japan's most traditional organizations continued, I waited patiently for the decision of Ashara *san*. To my happy surprise, Hisae explained to me that Dr. Ichikawa and the management had already been considering a project along the lines of my proposal.

As the meeting drew to a conclusion, the management instructed us to draft a letter to the Kabuki actors. We were told to ask the elders for permission to distribute a survey to the actors and to explain how the survey might benefit them. The meeting ended with a gracious invitation to enjoy a Kabuki performance that evening, one of the highlights of which was the debut of young children in the final play of the performance.

Children make their debut in a *koyaku*, or child role, between 5 and 8 years of age. They begin the long process of taking stage names of increasingly higher status until they achieve the highest rank open to them. This promotion process, with the associated ceremony, is called *shumei*.²

Kabuki is an inherited profession, and male children of stars are expected to become Kabuki actors. Traditionally, children of Kabuki actors had no choice but to follow their fathers into the profession. In contemporary Japanese society, there is now a trend to let sons make their own decisions when they are older. A system of adoption exists, and an actor with no male children sometimes takes the second or third son of another actor as his *deshi*, or student. Adoptions from outside the Kabuki world are rare.³

Children are taught to imitate teachers without explanations. In his book, Kabuki actor Nakamura Matazo suggests that young people are receptive to this kind of training and master the fundamentals by absorbing them naturally. Matazo explains that children of star actors may possess abilities ordinary people do not have, because "since birth they have breathed the air of the Kabuki world as though it were the most natural thing in the world. Experience has created the acting traits that are carefully copied and transmitted through the generations of a family. A family line has been nourished by history and creates actors with all kinds of tangible and intangible qualities that cannot be acquired through education."¹

The first draft of the letter to the Kabuki elders was translated by Kyoko Tamura, a Japanese medical student. The spring season approached after a series of meetings with Simon to refine the letter. When Simon was satisfied that we

were prepared to formally introduce our proposal to the Kabuki management and actors, he arranged a meeting with Asahara *san*, Japan Actors Association Chief Officer, and Nakamura Shikimatsu, a Kabuki *onnagata* actor.

At the onset of the meeting, Hisae and I presented Asahara *san* with a Charlie Byrd compact disc and the actor was given a video of the Broadway musical "Joseph and the Technicolor Dream Coat." The choice of the compact disc was a stroke of luck, as the actor noted he was an avid jazz fan. Our mutual musical interests helped us develop an easy rapport.

After we all agreed on the final draft of the survey, Shikimatsu offered further insights into Kabuki culture, while smiling frequently during the conversation. The actor explained that Kabuki actors often have no formal contract, but rather, an understood agreement binds the theater and the actors. He also explained that Kabuki actors receive no pension at the end of their long careers so that after retirement they depend on the financial support of younger actors. In return, the elders mentor the younger actors and sometimes even themselves appear on stage. After this exciting glimpse into the Kabuki world, the meeting ended and Asahara *san* agreed to fully support the study. He assured us that the organization would distribute the surveys and that they would be completed over the next few weeks.

The arduous task of translating 216 surveys into English started at the end of the summer. I recruited the help of Shino Kocho, and we met every lunch hour over the next month to transcribe the answers to all the questions into English. Over the following few weeks the answers to the survey questions were transferred to a database, a program unfamiliar to me and with a steep learning curve. Shinobu Suzuki generously offered his computer expertise and several hours of his time to reproduce the data and associated graphs in Japanese. Nearly nine months after the first meeting with Simon outside the *Kabuki za*, Dr. Daisuke Yamashita translated the summary of the results and Simon and Asahara *san* reviewed them along with the data tables and graphs.

OBJECTIVE

The Kabuki Actors Study (KAS) set out to define the health status of Kabuki actors, their performance-related medical problems, and the nature and extent of the artists' health care.

METHODS

The KAS explored these health issues via a survey completed by the Kabuki performers. The study also drew from a survey of performers appearing in Broadway musicals by Evans and colleagues in 1996.³ No previous study on Kabuki actors has been published.

A three-page survey comprised questions that required yes/no or brief responses to fill in the blanks. The final draft of the survey was a joint collaboration between the Shochiku organization, the actors, and the investigator. Shochiku, the organization that owns Kabuki, distributed the surveys to the actors in June 2000. The actors were offered the option of

filling the surveys out anonymously. In spite of this, many of them included their names on the survey.

The survey set out to gather information on the actors' age at initiation into Kabuki, training, roles, work schedules, and jobs outside of Kabuki. The artists were asked to identify any current or past significant medical problems or symptoms and current medications. They were also instructed to report health habits, including smoking and alcohol use. In addition, the actors identified any problems that affected performance from a list of 12 common health conditions, including pain, cramping, numbness, swelling, stiffness, weakness, loss of control of movement, voice problems, depression, anxiety, stage fright, and sleep disturbance. The study's final goal was to investigate the frequency of visits to physicians and non-physician medical practitioners by the actors over the previous year.

RESULTS

The 216 performers who completed the survey represent 68% of the total population of Kabuki performers. All Kabuki male and female roles are played by men. The average age was 43 years, with a range of 18 to 83 years. The population represented all types of Kabuki roles, including 123 *tachiyaku* (male role), 60 *onnagata* (female role), six *kyogen* (director), and one *todori* (stage manager). An additional seven actors performed both *tachiyaku* and *onnagata*. Nineteen performers did not identify their roles.

The artists began performing Kabuki professionally at an average age of 17 years, with a range of 3 to 40 years. The actors received training under the supervision of a mentor, sometimes a family member, and through intensive study of Japanese traditional arts. Twenty-two percent of the actors attended a two-year Kabuki program at the National Theater Training Center in Tokyo. The artists performed an average of 255 days each year, with a range of 60 to 325 days. Nineteen percent of the performers reported a second occupation, which included television, radio, cinema, dance, theater, teacher, lecturer, restaurant employee, and makeup artist.

Current Health Status

Thirty-eight percent of the performers reported a history of at least one significant health problem. Medical problems included lung cancer, colon cancer, vocal cord cancer, bladder cancer and nephrectomy, esophageal cancer, pituitary tumor, nerve fiber tumor, spine surgery, congenital heart disease, coronary artery disease with bypass grafting, stroke, cardiomegaly, arrhythmia, diabetes, hyperlipidemia, hypertension, ulcer, reflux, gastritis, ileus, kidney stone, gout, hernia, vocal cord polyp, esophageal polyp, colonic polyp, anemia, asthma, allergic rhinitis, benign prostatic hypertrophy, autonomic imbalance, Ménière's disease, trigeminal neuralgia with tinnitus, glaucoma, depression, alcoholism, scoliosis, cataract, malaria, diphtheria, pancreatitis, pneumonia, hepatitis A and C, pyelonephritis, appendicitis, and cholelithiasis. Twenty-three percent of the performers reported they were taking at least one prescribed medication. Five percent were taking vitamin supplements.

TABLE 1. Musculoskeletal Complaints

No. Actors per Role	No Complaints per Actor	Pain	Cramping	Numbness	Swelling	Stiffness	Weakness	Loss of Control
Tachiyaku—123	2.6	Ab-3, N-9, An-5 B-4I, W-1, Ft-1 Fe-13, Ac-1, S-8 Hd-1, K-25, G-2	An-1, Am-2, B-13 Fe-2I, L-4, S-7 N-3, G-5, T-4	Ab-3, An-1, B-14 N-3, Fe-2, G-1 Hd-2, K-4, S-1, W-1	An-3, K-18, Fe-4 Hl-1, L-1, W-2	An-7, Hp-3, B-4 K-16, W-3, E-1 Fe-3, G-6, S-3 L-1, N-1	Ab-1, Am-1, B-3 W-1, Fe-2, Hn-5 G-4, S-1	Ab-1, An-1, B-4 W-2, Fe-1, Hn-1 G-6, K-1, L-1
Onnagata—60	2.4	Ab-2, N-4, An-1 B-II, Fe-6, Hd-4 K-8, Cx-1, G-1	B-13, Fe-8, L-1 S-12, N-2, G-1 Hn-1	B-8, N-3, Cg-1 Fe-3, Hd-2, S-1	An-1, K-5, Am-1 Fe-2, Hp-1, N-1	An-3, Hp-1, B-2, K-3, Fe-6, G-3 Hn-1, S-2, N-2	Am-1, W-1, Ft-1 Fe-1, G-3, K-1	B-2, Hn-1, Fe-1 S-1, G-1, L-1 N-1
Tachiyaku/onnagata—7	1.7	B-2, S-1, K-1	Am-1, B-1, S-1	B-1	K-1	K-1, E-1,	Fe-1	—
Kyogen—6	0.5	B-1	—	—	—	S-1	S-1	—
Todori—1	4	N-1, B-1	Am-1, B-1, S-1	—	—	—	Fe-1	—
No identification—19	1.4	Ab-1, N-1, An-1, B-1, Fe-1, S-1 K-1	Am-2, B-2, Fe-2 G-1	B-2, Fe-1	An-1, K-1, Fe-1	An-1, Hp-3, K-1	Fe-1	Fe-1

Key: B = back (127), K = knee (87), Ft = foot (81), S = shoulder (42), G = general (35), N = neck (31), |An = ankle (26), W = wrist (11), Ab = abdomen (11), Hd = hand (9), Hn = hand (9), L = leg (9), Am = arm (8), Hp = hip (8), Fi = finger (4), T = thigh (4), E = elbow (2), Hl = heel (2), Cg = costalgia (1), Cx = coccyx (1).

In regard to health habits, 46% of the performers smoked at least one half pack of cigarettes per day. Twelve percent of the actors reported three to four alcoholic drinks per day, 3% reported five to six drinks a day, and 5% reported more than six drinks per day.

Performance-related Health Issues

Eighty-eight percent of the Kabuki performers reported at least one performance related medical problem. The 216 musicians identified a total of 508 musculoskeletal problems associated with their performance (Table 1). Back pain was the most common musculoskeletal problem. Other injuries from performing included dislocated shoulder, fractured wrist, sprained ankle, and torn hamstring.

The performers who completed the survey identified 408 nonmusculoskeletal problems (Table 2). Anxiety, reported by 60% of the population, was the most common nonmusculoskeletal complaint.

Interaction With Health Care System

Sixty-nine percent of the performers visited a physician over the preceding year, ranging in frequency from one to 80 visits. Thirty-seven percent of the performers noted having a regular yearly physical exam. Thirty percent of the actors received care from a practitioner other than a medical doctor. Alternative medicine treatments included manipulation, massage, acupuncture, moxibustion, Chinese herbs, and electricity therapy (Table 3).

DISCUSSION

The Kabuki performers reported a significant number of problems associated with performance in addition to their numerous general health ailments. Eighty-eight percent of the performers reported at least one medical condition that affected performance, in comparison with 55% of the Broadway actors and dancers surveyed by Evans and colleagues. Lower-extremity injuries were most common for Broadway performers, followed by neck and back injuries.³ Back, knee, and foot injuries were most common in Kabuki actors.

The Broadway actors and dancers identified a number of hazards of their working environments to include dancing with heavy wigs and costumes, a turntable stage with moving sets, multiple flights of stairs to dressing rooms, tight quarters offstage, jumping from high sets, and trap doors.³

The Kabuki actors, like the Broadway performers, noted pain from wearing heavy wigs. *Onnagata* actor Nakamura Shikimatsu confided that he was afflicted by frequent neck and shoulder pain that he attributed to the body positions and movements demanded by his female role. Actors who performed female roles were twice as likely to complain of neck and shoulder pain than actors who performed male roles. A number of the actors also attributed injuries to a lack of rest from their daily schedule of performances during the first 25 days of every month. "Old age" made movement difficult for other actors. One actor complained of voice problems from stage dust.

TABLE 2. Nonmusculoskeletal Complaints

No. Actors per Role	No. Complaints per Actor	Anxiety	Depression	Sleep Problem	Voice Problem	Stage Fright
Tachiyaku—123	1.4	77	56	41	37	36
Onnagata—60	1.7	36	29	19	15	12
Tachiyaku/onnagata—7	1.4	4	2	2	2	2
Kyogen—6	0.7	2	0	2	0	1
Todori—1	3	1	1	1	0	1
No identification—19	1.3	9	7	5	4	4
Total—216	—	129	95	70	58	56

Aside from the prevalent musculoskeletal complaints, a majority of the Kabuki actors (60%) also suffered from anxiety. Some of the actors attributed anxiety to long work hours, too little rest, and a stressful working environment. The Broadway study did not quantify anxiety among the performers. The prevalence of anxiety in Japanese society in general was not available.

Similar to the Broadway population, many of the Kabuki actors received help from nonphysician medical practitioners. The majority of Broadway performers were treated by nonphysician practitioners. Manipulation and massage were the most common alternative therapies for the Broadway actors and dancers.³ Thirty percent of the Kabuki performers visited a nonphysician practitioner. Acupuncture, manipulation and massage were the most common alternative therapies for the Kabuki population. The number of visits to nonphysician practitioners by the general Japanese population was not available.

CONCLUSION

Similar to other elite artists, Kabuki actors identified a large number of performance-related symptoms. Capitalizing on an environment of mutual respect, trust, and friendship,

arts and medical professionals can generate new understanding of why injuries occur as well as ideas on how to prevent and treat them. Through communication and collaboration, individual actors can benefit from the other actors' collective experiences with therapies that have proven to be effective. Pain severity scales or other measurable outcomes of therapy can be used to prospectively compare the efficacies of treatments by physicians and nonphysician practitioners.⁴

My experience with the Kabuki theater is a treasure that will always remain with me. The carefully guarded Kabuki world opened its doors to a Western physician for the first time in nearly 400 years. We can build on this relationship to develop a network of performing arts medicine specialists in Japan and around the world as a resource for referrals and for the care of artists on tour.⁵

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TABLE 3. Nonphysician Treatments

Treatment	No. Responses
Acupuncture	21
Manipulation	20
Massage	19
Chinese herbs	7
Moxibustion	7
Electricity	2