Addiction: Physiology in Performance, Opioid Pharmacology in Character Development for the Theater

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Abstract

Actors inquire into the physical, mental, and emotional impulses of their respective characters in the effort to develop a cohesive persona for the stage. The goal of this research is to determine whether a more thorough, scientific understanding of the physiopsychological phenomena a character experiences, specifically opioid withdrawal, will aid in the depiction of symptoms on stage. The project began with a research period and culminated in physical dissemination through theater performance. Both video, audio, and text media were utilized to establish a thorough comprehension of the physiological mechanisms in opioid addiction. Further profiling of the characteristics and symptomatic episodes of addicted persons were emphasized in the research period to be implemented and represented in rehearsal. The rehearsal process was comprised of three-four hours of rehearsal for seven weeks and included both individual character work with the director as well as scene work with fellow actors. Six shows in total were performed in the Barnelle Theater and research was found to be particularly applicable in Act 1, Scene 2 of the show. Physical symptoms of withdrawal, such as hot and cold sweats, muscle cramping, shaking, and physical anxiety, were mimicked and integrated into performance to convey opioid dependence. It was determined that understanding the science behind the symptoms allowed for a more realistic depiction of addiction in performance. Further research should include in-person testimony and interviews from individuals who have experienced substance abuse, withdrawal, and addiction.

Background

Opioids

Opioids are the most frequently prescribed and utilized analgesics. They are intended, negative cognitive abnormalities. Further research should include in-person testimony and interviews from individuals who have experienced substance abuse, withdrawal, and addiction.

Heroin

A morphine-derivative, the heroin molecule is formed by substitution of both hydroxyl groups in morphine with acetyl groups, thereby increasing the lipid solubility of the molecule and facilitating a quicker penetration of the blood-brain barrier. Consequently, heroin can be ten to four times more potent than morphine with a faster onset. Within the brain, heroin is metabolized into morphine and binds to reward pathway receptors, producing a cognitive and physiological "high".

Substance-Related and Addictive Disorders

Chronic use of opiates can lead to tolerance, defined by the American Psychiatric Association as a need for markedly increased amounts of substance to achieve intoxication. Tolerance can rapidly lead to addictive disorders often characterized by impaired ability to resist using, disruption of typical social functioning, and cognitive, behavioral, and physiological symptoms of withdrawal.

Methods

Research

• The observational period took place immediately upon being cast and began with multiple read-throughs of Hristo Boytchev’s original work, The Colonel and the Birds

Further investigation of opioid pharmacology occurred utilizing documentary footage, recorded video testimony, scholarly articles, and scientific text.

Substance-Related Scene Breakdown

<table>
<thead>
<tr>
<th>Act and Scene</th>
<th>Intoxication/Substance</th>
<th>Physical Symptoms Exhibited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Act 1, Scene I</td>
<td>Intoxicated/Morphine</td>
<td>Compensatory neurologic function, relaxed muscular movement, measured compound</td>
</tr>
<tr>
<td>Act 1, Scene II</td>
<td>Withdrawal/Heroin</td>
<td>Muscle spasms, uncontrollable shaking, sweating, joint pain, cognitive stress (facial)</td>
</tr>
<tr>
<td>Act 1, Scene III</td>
<td>Venlafax/Alcohol</td>
<td>Dryness, headache, light sensitivity, dizziness</td>
</tr>
<tr>
<td>Act 1, Scene IV</td>
<td>Intoxication/Alcohol</td>
<td>Slurred speech, muscle relaxation, social disorientation</td>
</tr>
</tbody>
</table>

Rehearsal

Rehearsal began on September 9th, 2015 and continued until the opening of the show. The process included read-throughs, collaborative scene work, individual monologue work, and numerous discussions about the visual translation of the script onto the stage. Personal character work occurred throughout the process and incorporated a belief in the character’s motivation with the designated use of substance, or lack there of, in each scene.

Results

Performances occurred on October 29th, 30th, and November 4th, 5th, 6th, 7th in the LMU Barnelle Theater. Particularly supported by a theoretical space in which the audience is close in proximity to the actor (as in the Barnelle theater), an understanding of the physiological mechanisms of opioid addiction was crucial to a realistic depiction of the disorder. It was determined that a comprehension of opioid-induced cognitive affectation was particularly useful in the development of character response to the actions and intentions of other character’s throughout the play. Establishment of a specific mindset (either theoretically added or enhanced by substance use) within scenes induced reactions to externally imposed demands that would have otherwise remained static. Further research and experimentation should involve the actor interviewing persons who have directly experienced symptoms of withdrawal and intoxication and should more heavily focus on the technique of realistic substance administration in front of an audience.

“Everything I’ve said about myself is true except for one little thing – the truth is that I’m no doctor, I’m simply an addict.”

- Doctor, The Colonel and the Birds, Act I, Scene II

References and Acknowledgements

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