

***“In daytime television you really get to take a storyline and work it to its fullest. I think that’s a big advantage.”  
—Natalia Livingston***

## **ENTERTAINMENT MATTERS**

An Interview with Natalia Livingston  
by David Michael Conner

**E**mma-winning actress [Natalia Livingston](#) took on the role of [Emily Quartermaine](#) on [General Hospital](#) in April 2003. The daughter of a physician, Natalia is right at home playing a medical student on *General Hospital*. It seems Natalia is fated to deal with pressing health issues in every aspect of her life—when she took on the role of Emily, the character won a year-and-a-half-long battle with breast cancer and survived a traumatic sexual assault, and she was a pivotal part of a storyline involving another character’s struggle to live with bipolar disorder.

Natalia spoke with us about how she was personally affected by the bipolar disorder-themed storyline, and the advantages she feels daytime dramas may have in bringing information about health and social issues to their audiences.

**Natalia Livingston:**  
My character was [Maurice Benard’s character’s] love interest for several months and she’s a doctor on the show, so she had more of a medical

perspective. She was really looking at [Sonny’s bipolar disorder] from that point of view. So I guess other people were not as able to diagnose his symptoms as well as she was able to. So she noticed certain symptoms and behavior patterns and then she started to be concerned about it. She was basically support for him and tried to help him get help.

*David Conner: Do you feel like you learned about bipolar disorder in the process?*



**NL:** Yeah, absolutely, I did. It was really interesting speaking with Maurice and talking to him to prepare for the role. It was a pretty incredible process to watch—how he dove into the role and sort of had to relive certain aspects of what he went through. It was interesting just to see how wonderful and productive

Maurice’s life has been. I think that’s kind of the message he wants to get out as well: that with proper help, how someone can be well afterwards.

DC: He spoke very openly when we talked about his depiction...he had [an anxiety attack] after this storyline because it was so emotional for him. He has a unique point of view of the character because of his own personal interest. So I'm just wondering, as far as you playing the doctor who was able to diagnose this and bring the character around to realizing he had the problem, what kind of research did you do? Were you looking up information about bipolar disorder?

***“I did a lot of research, talking to [Maurice Benard], talking to the writers, and they briefed me on a lot of different...aspects of symptoms.”***

NL: Yeah I did. My character—there was another character on the show who was the main doctor, and Maurice ended up having a lot of scenes where he went to her for the actual diagnosis and treatment and got on the road to recovery. I guess for me it was just noticing the initial symptoms and trying to get help. It was more as the love interest and the girlfriend, that sort of support. But yeah I did a lot of research, talking to him, talking to the writers, and they briefed me on a lot of different things and aspects of symptoms. And I know people that have struggled with bipolar disorder so it was something that I was already familiar with. So it was easy to jump right in and tackle that issue.

DC: *The Entertainment Industries*

*Council provides information to the entertainment industry and [tries] to encourage them to address health and social issues accurately, and that's what the PRISM Awards are for... that's what Maurice won the PRISM Award for. We heard from a lot of his fans encouraging us and thanking us for recognizing him for a nomination. Have you heard from a lot of fans? How do you believe showing this type of issue on television can influence the public?*

NL: I think it's so important. I think that we are all so ready in our society. We have so many other issues—cancer and...oh, gosh, on our show and on other shows so many issues are addressed and I guess I haven't really seen a lot as far as mental illness goes. I think it was pretty incredible [*General Hospital*] did a whole storyline that lasted about eight months and it was on TV every day, five days a week. People all across America got to see it. I know that it reached a lot of people that are really struggling with this in their real life and were so thankful to finally see it addressed on TV. And from the *PRISM Awards* I've seen that there are a lot of people out there in the industry that are addressing it—I'm so happy to see it in primetime shows. I think there has been a stigma in the past and a lot of people just don't talk about it, and you *have* to talk about it. It's been a real learning process for me to learn that if you do have a problem, just tackle it. With proper medicine, proper therapy, there really is hope out there for people. I'm really happy that the writers decided to work on this this year. They did a lot of research and I think they did an incredible job. The fan response was

great. A lot of people wrote in and said they were affected by the show and by Maurice's portrayal. It was great that he really jumped in there and gave it his all, and I'm sure that it was

scary for him, having to jump back into—to relive everything that he went through. I think it's amazing that he did that.

*DC: I think it's amazing too and it's certainly nothing you can expect from anybody, but when it happens it can really change people's lives. We heard from people who are huge fans of his who also have bipolar disorder, and they felt like seeing it on television, they were able to feel less of that stigma. People were able to really understand what they were going through because they were able to see it in an objective way.*

**NL: Yeah, absolutely.**

*DC: You mentioned primetime. Do you think there's any advantage in addressing issues in daytime dramas? I know that issues aren't written in just to be "issues," but what advantages do you think there are for viewers to be able to see the show touch on these issues every single day?*

**NL: Primetime shows air one night a week and sometimes they aren't able to carry a whole storyline, to develop it as well as we [can] in daytime. Primetime shows, shows like, let's say, *ER*, or the law shows, they'll deal with [an issue] for one particular episode, maybe they'll last a series of four**

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[episodes]. Where the [primetime] story is told very, very well, but in a shorter period of time, we can take a story—if it's a story like bipolar disorder—we can really, really

develop that story and work with it for months and months. Sometimes we'll work on a story for up to a year. The bipolar storyline was eight months, which is pretty incredible to be able to do that. Really in no other medium are you allowed that. Movies, obviously not; primetime, no. So obviously in daytime you really get to take a storyline and work it to its fullest. I think that's a big advantage.

*DC: I think also that the...[projected] audience of daytime dramas often are the heads of families and so they have such a huge influence over their families' health. I heard that you had a personal experience with skin cancer?*

**NL: Yeah, last year I had a melanoma on my back. I had the surgery to have it removed and everything's okay now but it was really an eye-opener for me. You know, I had a pool in the backyard and I used to lay out and get some sun all the time when I was growing up, and...I wasn't careful. Now I see how important it is to stay out of the sun, wear sunscreen, that sort of thing. You know, usually with skin cancer, they find it in people that are older, but I was pretty young when they found it. I think it's pretty important. It's one of those preventable problems if you just take the precautions. Sunscreen is**

**important. I still have to remind myself if I go outside biking or jogging and I think, gosh, I need to put my sunscreen on or [wear] a long-sleeved top. Even [after having had melanoma] I forget, so it's hard but I think it's something important that people should think about.**

*DC: Have you thought about touching on that...with your character?*

**NL: I haven't...my character had a cancer storyline already when I first got to the show—and that was another storyline that lasted a year and a half, almost two years, so there again is another example of how they were able to take a storyline and develop it over time. But I think our writers, maybe more than other shows, tackle a lot of great issues.**

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*DC: You really do. I’m sure having a hospital setting probably helps bring some of that stuff in. I was asking about skin cancer because EIC has a depiction project about skin cancer and it’s interesting to us because it’s such a prevalent cancer and it’s the only one*

*that’s generally fully preventable. We know how to prevent it by reducing sun exposure. It seems like it would be a sort of “sexy” sell in a way to the entertainment industry because you can show people less clothed and exposed to UV radiation, but it’s something that people don’t tend to pay a lot of attention to very often.*

**NL: It’s something that we’re hearing a lot more about now. I know that back when I was in high school—I guess it wasn’t that long ago [laughs]—no one really talked about it and no one really cared and now they do.**

*DC: That’s good, and I think that as we discussed, the entertainment industry can really help people become more aware. Millions of people watch a single show.*

**NL: That was the great thing about the PRISM Awards. That night was wonderful for me because sometimes you can get disheartened with the entertainment industry and think, *what are we really doing to contribute to society?* What we’re doing sometimes just seems empty and shallow and when you go to the PRISM Awards and you see all those people there—producers, directors and actors that are really working together and tackling all these issues. It was really great for me. It’s inspiring to see that, so I really thought it was really great that we were able to go. It was really a great night.**

*DC: That’s great for me to hear. I’ve been at EIC for going on ten years now and it’s good to hear that because I*

*know the general public often has the perception that the entertainment industry is just in it for the bottom line.*

**NL: Yeah**

*DC: We know that to some extent, it's a business and that's true [laughs], but [the entertainment industry is made up of] individual people and most of those people have the best intentions.*

**NL: Absolutely. When you see that the head of NBC was there and [people from] other big networks. When you see so many people supporting important causes...I've never seen anything like that before.**

*DC: Well, we hope to see you there next year!*

**NL: I'd love to go!**

For more information about Natalia Livingston, go to [www.natalia-livingston.com](http://www.natalia-livingston.com).

For information about bipolar disorder, go to [www.eiconline.org](http://www.eiconline.org).



PHOTO CREDIT: SCOTT GARFIELD/ABC

**Natalia Livingston as Emily in a scene from *General Hospital* with co-star Maurice Benard**