

# Psychology of Dealing with the Injured Dancer

Donna Krasnow, B.A., B.A., Gretchen Kerr, Ph.D., and Lynda Mainwaring, Ph.D.

**Abstract**—In addition to the alarming injury rates reported by dancers, it also appears that very few of the injuries are seen and treated by medical professionals. This article theorizes about the possible practical and psychosocial barriers that prevent dancers from seeking or obtaining medical assistance. Finally, recommendations are made to remove these barriers with the hope of facilitating the acquisition of medical treatment for dancers' injuries. *Med Probl Perform Art* 9:7-9, 1994.

Previous reports have indicated injury rates as high as 97% among dancers.<sup>1</sup> Although the majority of dancers report experiencing pain during or after class,<sup>2</sup> few cease training because of injury.<sup>2,3</sup> Dancers seem to view injuries as a fact of life and simply accept the need to live and work with associated pain and discomfort. Furthermore, most dancers do not seek medical attention for their injuries. Bowling<sup>3</sup> reported that fewer than 50% of dancers' injuries are treated by a physician. On the basis of a previously reported study,<sup>1,4</sup> the authors found that only 20% of injuries were reported to a physician. Robson and Gitev<sup>5</sup> reported that of dancers who sought medical attention for their injuries, 43% continued dancing against their doctor's advice. As Hamilton<sup>6</sup> observes:

Dancers are highly motivated individuals. Unless their injuries are significant, they often do not pay attention to them. Frequently they do not seek treatment, or continue working when they should take time off. All too often, they return to dancing either too early or with unrecognized residual weaknesses that make them prone to reinjury.

Dancers' experiences with injury are a cause for concern not only because of the alarming rate of injury, but also because few of the injuries are treated by medical professionals. Such findings imply that many dancers simply accept the need to live and work with pain and thus may increase the risks of long-term or career-ending injuries.

This article attempts a better theoretical understanding of the psyche of the injured dancer. In specific, explanations

for dancers' reluctance to seek medical attention for their injuries are postulated. Finally, recommendations are made with the hope of facilitating improved medical care of dancers' injuries.

Groups of dancers in professional companies with their own medical staff on site or with special arrangements with a medical center for treatment are not included. Instead, the focus is on the large percentage of dancers who work on a freelance basis; professional dancers in small companies that cannot afford associations with medical centers; dancers training in university and preprofessional programs; and amateur dancers.

## BARRIERS TO SEEKING MEDICAL ATTENTION FOR INJURIES

### Practical Barriers

**Financial Considerations.** Although medical treatment does not involve direct costs to patients in Canada, patients in the United States often must pay for physical therapy, even when they have medical insurance. In both countries indirect costs are associated with treatment, such as prescription drugs, alternative therapies, costs of transportation to and from therapy, supplies (e.g., tape, orthotics), and associated loss of income due to time lost from work. The burden of such costs for the dancer is enormous when one considers that the average dancer lives below the poverty line and that only a small percentage of dancers are employed on a full-time basis.<sup>7</sup>

**Accessibility to Appropriate Medical Professionals.** Finding medical professionals with training in dance medicine is often a problem. Dancers frequently report that doctors, including sports medicine doctors, do not understand their unique needs. In addition, because most dancers' injuries are chronic or due to overuse rather than traumatic (e.g., tendinitis vs. fractures), their injuries are not appraised by medical professionals as emergencies. As a result, depending on where they live, dancers may be put on long waiting lists for physical therapy. However, if

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Address correspondence to Professor Gretchen Kerr, School of Physical and Health Education, University of Toronto, 320 Huron Street, Toronto, Ontario, Canada M5S 1A1.

an overuse injury flares up 2 weeks before a performance, the dancer perceives an emergency, and the delay in therapy, which may be as long as 4–6 weeks, does not help.

**Time.** To seek medical assistance and to travel to and from therapy require a significant amount of time. Because most university, amateur, and freelance dancers train many hours a day, attend school, and/or work one or more part-time jobs, the hours required for treatment of injuries pose a major problem. In addition, with every hour of lost rehearsal time the dancer loses ground in the highly competitive dance market.

### Psychosocial Barriers

**Dancers' Perceptions of the Medical Field.** Dancers commonly report that doctors, including specialists in sports medicine, do not understand their unique needs. This lack of understanding, according to dancers, is manifested in several ways:

1. Physicians often recommend that injured dancers stop dancing temporarily. Dancers appraise this recommendation as both traumatic and impossible to follow. As mentioned earlier, in one study 43% of dancers continued to dance against their doctors' advice.<sup>7</sup> They cannot afford, financially or in terms of career, to stop dancing.

2. Because dancers know their bodies extremely well, they often question the diagnosis and recommended treatment. Often the remedial exercises prescribed to injured dancers for strength or flexibility are less demanding than their usual practices. Thus dancers ignore them. Furthermore, if dancers are not given additional exercises for total conditioning of the body, they fear deconditioning.

3. Dancers, like many others in the general population, report a lack of communication in their interactions with physicians.

Such experiences with medical professionals often leave the injured dancer feeling misunderstood and inadequately treated.

**Social Culture of the Dance World.** Dancers' reluctance to seek medical assistance is also perpetuated by the social culture in which they live and work. It is important to consider the type of person who pursues dance. In what other profession does one train for 10 years or more, investing time, money, and energy, with the knowledge that gainful employment is questionable and that even success may involve living at the poverty level?

Dancers have entirely different values and priorities from people in mainstream careers. They live in a culture that generally mistrusts traditional structures and authority of any kind, including doctors. This mistrust creates an overdependence on choreographers, teachers, and more accomplished dancers. If these role models avoid doctors, the younger generation will do so as well. Thus dancers tend to seek nontraditional means of treating their injuries, such as acupuncture, massage, herbal treatments, special diet, and Rolfing. The use of alternative therapies is simply an extension of the alternative lifestyle and value systems adopted by dancers. In addition, dancers view their bodies

and health in an holistic way, and alternative modalities of treatment seem less compartmentalized than traditional methods. As Hamilton<sup>7</sup> observed:

Whether they are avid students, Baryshnikov, or one of the multitudes attending every open audition, dancing is more than a job for this population. It is a way of life—as natural and necessary as breathing.

**Overwhelming Fear of Loss of Employment.** When a dancer is injured, technique may regress, leaving the dancer in a less competitive position. If an understudy is used in performance, the dancer fears permanent replacement. For the university dancer, injury may mean the loss of credit or delay of graduation and thus loss of potential money-earning years.

Dance offers little job security and, in most cases, no workers' compensation or unemployment insurance to compensate for lost income when a dancer must miss rehearsal or performance. Some initiatives, however, are being taken to enhance financial security for dancers. The Sun Financial Group in Massachusetts, for example, offers dancers an insurance plan that provides income if they become injured and unable to perform. Although the plan is a step in the right direction, it applies only to a small group of performers: those between the ages of 24 and 29 years with an annual income of \$20,000. Older dancers are also covered, although the cost is more.<sup>8</sup>

The dancers' fears are accentuated by the phenomenal pressure from choreographers and peers to keep rehearsing and performing, despite injuries, simply because the show must go on. One frequently hears phrases such as "work through your injury," "transcend your injury," and "mind over matter." Furthermore, dancers report that their injuries are not taken seriously by their teachers. The worst fear is that the injury may mean the end of the dance career.

**Perceived Personal Changes.** Seeing a medical doctor is an acknowledgment of the seriousness of the injury. By not seeking help, the dancer can pretend that the injury is simply an annoyance and that he or she can continue to rehearse. In addition, dancers fear weight gain and a permanent decrease in skill level with time off. Dancers also worry that injury may lead to excessive caution and loss of risk-taking ability, which choreographers may easily detect. Finally, living and working with the pain associated with injuries interferes not only with dance performances but also with other aspects of life.

## RECOMMENDATIONS

Because the structure and cultural atmosphere of the dance world is not conducive to medical treatment of injuries, recommendations are needed to address the existing practical and psychosocial barriers:

1. Dialogue must be established between medical people and dance educators. Two-way communication is needed to improve physicians' understanding of the unique needs

of dancers and dance educators' understanding of the relationships among training, choreography, and injuries.

2. Medical professionals would be more successful in treating the injured dancer if they had a more thorough understanding of the dancer's financial and time constraints.

3. Psychological counseling would meet several needs of the injured dancer. The dancer needs to be reassured that the injury does not necessarily mean the end of his or her career and that prompt treatment enhances the chance of recovery. Reassurance that skill level, technique, and risk-taking ability may be regained would also be helpful. Questions such as "how much rehearsal time should or should not the dancer watch while injured?" are important to address. Counseling may help to facilitate communication with medical professionals. Dancers may be taught or encouraged to express their needs, knowledge, and limitations to maximize the effectiveness of treatment. At the present time, the responsibility for psychological counseling lies with physicians. It is hoped that eventually consultants in dance psychology, similar to sport psychologists, will be available. A large body of literature cites the benefits of psychological counseling for the injured athlete.<sup>9-12</sup>

4. A long-term goal is the inclusion of dance medicine specialists on the staff of sports medicine facilities. Medical professionals with a thorough understanding of the dance world and a sensitivity to dancers' unique needs are obviously needed.

5. Dancers need further education about dance injuries, possible treatment modalities and the healing process, psychological implications of injury, and physical implications of failure to treat injuries. As mentioned earlier, dancers may benefit from instruction in how to satisfy their needs within the medical community.

6. Traditional medical doctors and professionals working in alternative systems of treatment should form a partnership or complementary working relationship. Dancers would benefit significantly from the knowledge and treatment modalities of both traditional and alternative medicine.

7. Ideal changes at the systemic level include job security, greater financial security, and assistance with medical care for dancers. Suggestions for such initiatives include subsidies from governmental organizations, insurance plans, and the pacing of dancers in performance companies.

## SUMMARY

Dancers' experiences with injuries are a cause for concern, not only because of the alarming rate of injury in dance, but also because few of the injuries are treated by medical professionals. Such findings imply that many dancers simply accept the need to live and work with pain and thus may increase the chances of long-term or career-ending injuries.

To remedy the situation, we need to strive for numerous goals—some short-term, some long-term, but all important. We need medical professionals who understand and accommodate the unique needs of dancers. We need to educate dance teachers and choreographers about their roles in injury prevention, recognition, acceptance, and rehabilitation. We should educate dancers about the importance of seeking medical assistance and about means to obtain it. Dance companies need to consider pacing their dancers to reduce overuse injuries. In addition, consultants in dance psychology are needed to address the psychological problems of the injured dancer.

Although these goals may appear to be logistically difficult, every step in the proper direction will show benefits in terms of dance performances and the physical and psychological health of dancers. If we want the arts to be humane, we must care for the dancer.

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