Injury in Dance: Acknowledging Injustice in Performing Arts Care

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Straddling the line between sport and art, the field of dance suffers the worst pressures of both fields. Embedded in dance is a subculture that encourages pain tolerance, where dancers are often reluctant to acknowledge and/or report injury. This is further exacerbated by the fact that most dancers are not afforded the luxury of a practitioner who appreciates and understands the dance world. These problems contribute to a lack of appropriate care and support for dancers, fostering a general lack of confidence in medical practitioners and leaving dancers vulnerable to various forms of injustice. In sport, there is an entire medical infrastructure built to support athletes in facing these challenges, but dancers are rarely afforded such specialized care. With sports medicine already having the attention of bioethics, dance is an area ripe for bioethics. Using Iris Young's *Five Faces of Oppression,* I will demonstrate the ways that dancers are vulnerable to oppression as a result of the lack of infrastructure available to support their unique challenges.

While there is an existing profit center around dance, dancers are typically inadequately paid for their labor. Dancers experience systematic *exploitation* to the extent that they see a small portion of the profit that their work produces. One of the reasons that dancers are often reluctant to report their injuries is out of fear that they will be told to stop dancing. Living in fear of losing an already inadequate income discourages injury reports regardless of severity.

In a culture that undervalues performing arts, positions of prominence are precious and few. The small number of dancers that do achieve such recognition are rewarded with specialized medical care, while the rest face disadvantage. Dancers are *marginalized* because societal standards of what makes a useful, relevant dancer are too high – a dancer's value is dismissed unless they have achieved a permissible level of recognition. If they were properly valued despite

low recognition, perhaps dancers would have a more prominent specialized field of medicine available.

One clear privilege in professional dance is that it is a growth-centered career that moves in the direction of increasing status and values. However, dancers often lack autonomy in the studio. Under the direction of a choreographer or director, dancers are often used merely as instruments. They rarely control their day-to-day activities and their personal identities are dismissed. This lack of authority indicates a degree of *powerlessness*, which may carry over into misgivings of how they will be treated by a medical practitioner. Being seen merely as an instrument, they may fear being labeled as weak or even defective.

Dancers are also subject to a degree of *cultural imperialism*, as they have a number of stereotypes attached to their bodies and practice that may contribute to lack of confidence in medical professionals. The degree of physical and psychological labor in dance is often quite nuanced, especially compared to sport activities, such that dance injuries are often dismissed as superficial or nonexistent (erasure). 'Dance bodies' are also under intense scrutiny, as many are considered underweight according to dominant health standards. Fearing that their bodies and habits will be compared to dominant norms of health, rather than to norms of the practice, dancers may avoid reporting their injuries.

Although dancers may not always feel safe in practice, the injuries and challenges that arise do not qualify as *violence* according to Young's criteria. The fact of the matter is that dancers' consent to participating in a dangerous practice and so it would be a disservice to groups who experience *oppressive violence* to consider dance as a practice prone to violence.

I have identified two potential avenues for corrective justice in regard to dancers' relationship to medical care. One avenue is implementing dance literacy initiatives and programs

for medical professionals, which will help 1) practitioners understand how to attend to the unique challenges faced by dancers, and 2) help mend the stigma around medical care in dance. Assessments of dance-related injuries and illnesses should include a careful history and consideration of intrinsic factors, including cultural de-conditioning and psychosocial stress. The second avenue is a cultural shift needed in the field of dance, which will 1) destigmatize reporting injury, 2) destabilize pain in dance practice, and 3) dismantle structures that undervalue dancers. This type of shift would need to take place on an institutional and systemic level, targeting both educational norms and socio-economic structures to support dancers in the face of injury. Together, these two avenues can work toward mediating injustices to support flourishing in dance.