

## Tips on Depression for Dancers

During the course of daily living, the dancer may experience feelings of sadness, physical and emotional fatigue or apathy because of high performance demands. Normal mood states of depression (e.g., feeling moody after a bad day, or a disappointing experience) should not be confused with mood disorders or mourning after a painful loss. The following paper discusses the common causes, symptoms, and types of depression that dancers may face at times. Helpful tips to cope more effectively with depressive states will be presented, along with common practices of health professionals in treating depression.

### Common Reasons for Depression in Dancers

- Social isolation or relationship turmoil: love break-ups, social rejection, distance from family and social network.
- Identity loss: sense of self is consumed by dance.
- Social inequity, marginalization and discrimination: for people of color and other minority groups (e.g., indigenous, LGBTQ).
- Injury: impairing dance practice for a long period or ending a career.
- Body image issues: comparing negatively one's appearance or physical abilities to others or to aesthetic ideals.
- Relocation: causing loss of close ties and familiar surroundings.
- Career transitions: at all stages of dance practice (e.g. from school to company, maternity/paternity leave, retirement).
- Financial hardship: Dancers are poorly paid, often less than other artists.
- Reduced self-esteem: negative self-talk, feelings of toxic shame or guilt
- Trauma: all forms of maltreatment or abuse (physical, verbal, non-verbal, sexual, cyber) causing harm. Self-abuse occurs when one loses touch with personal needs and limits, allowing dancers to be victims or harm themselves as they feel inadequate.

### Symptoms of Depressive Illness

- Low mood lasting most of the day.
- Decreased interest in almost all activities that you normally enjoy.
- Significant changes in weight and /or appetite.
- Sleeping more or less than usual.
- Others notice that you seem agitated or have a loss of energy.
- Feelings of worthlessness or guilt.
- Having difficulty concentrating or trouble making decisions.
- Thoughts of death and thoughts of suicide, with or without a plan.

## Types of Clinical Depression

Clinical depression is a fairly common mood disorder (around 4 % of the general adult population) that falls under different categories. The following descriptions of the types of depression do not include the total criteria.

- Major Depressive Disorder: nearly every day, the person is faced with a loss of energy, motivation, and most of the mental and physical symptoms listed above.
- Bipolar Disorder: persistently elevated mood with increased energy and activity, and decreased need for sleep. One is distractible (e.g. trouble staying on topic in a conversation) and prone to risky behavior, such as over spending. They can become irritable and argumentative if confronted about inappropriate behaviors. Overactive episodes can alternate with depressive periods.
- Disruptive Mood Disorder: youths between 6 and 18 years of age who present severe and inappropriate temper tantrums, occurring three or more times a week. Mood between outbursts is irritable or angry.
- Peripartum and Premenstrual Mood Disorders: unlike common baby blues, a peripartum disorder is a major depressive episode, arising during pregnancy or in the four weeks following delivery, that may require hospitalization. Premenstrual Dysphoric disorder involves important physical and psychological symptoms related to the menstrual cycle (e.g., mood swings, irritability, low self-esteem).
- Depression with a Seasonal Pattern: a form of clinical depression linked to the change of seasons. Winter weather and diminished sunlight can sometimes affect mood and trigger a cycle of depression. Chemical messengers in the brain called neurotransmitters regulate sleep, mood and appetite. If altered, they may cause depression. In addition to the symptoms listed above, seasonal depression may present with cravings for foods high in sugar, increased need for sleep, and weight gain. Light therapy is usually recommended. The dancer is exposed to a specific intensity of light for a number of minutes per day. This should be prescribed and closely monitored to avoid the side effect of agitation.

## Post-performance Depression

A non-clinical form of depression very common among performing artists is called post-performance depression (PPD). Following a meaningful show, a series of shows, a disappointing performance or after receiving negative feedback, many professional and pre-professional dancers go through a brief body-mind let down process. PPD manifests itself by a general decrease in energy level, feelings of sadness, listlessness, and irritability, negative thoughts (e.g., harsh self-criticism) and a loss of purpose related to their art. PPD symptoms resemble other types of depression and range in intensity and in duration, depending on a dancer's artistic experience, personality traits, general level of well-being, coping abilities and performance satisfaction

Contrary to more serious depressive disorders, this necessary adjustment process helps artists to recover physically from the stress of high-intensity performing. Psychologically, dancers may also have to deal with a brief mourning period of the joys, thrills and sense of personal identity related to their performance project.

### **Self-care Measures**

- Stay connected to people you trust: Keep in contact either virtually or safely in-person. If very depressed, the dancer might consider going to visit family and friends, even if in another city
- New Activities: trying physical, leisure or social activities other than dance, especially things the dancer has never done before
- Mindfulness or meditation exercises: staying in the present moment, practicing self-compassion
- Life balance: sufficient sleep, rest and proper nutrition
- Challenging negative thoughts: having lower expectations and positive self-talk.
- Identifying depressive triggers: e.g., an excessive desire to please, perfectionism, obsessive passion
- Expressing emotions: with the right people at the right time, in a respectful way.
- Being assertive: a dancer may have to express personal needs, and set limits. Find a physician that understands dance culture or one who is prepared to learn that dancers need to return to dance as quickly as possible
- Dancing and Exercising: continuing with a modified dance practice can help with mild to moderate depressive symptoms. If it makes the dancer more comfortable, then watching rehearsal can give a sense of belonging to the company or dance group.

### **Supports**

Research has shown that Self-Help Groups, Mindfulness based therapy, Cognitive Behavioral Therapy and Compassion Based Therapies are therapeutic. If left untreated, a person can become so withdrawn they simply cannot get out of bed or contemplate self-harm and suicide. Some concerning behaviors that are high risk for suicide include: the use of alcohol and other substances, feelings of hopelessness, previous attempts or a family history of suicide and having an actionable plan. The dancer may need the support of friends and family to get assistance from a health care professional or to get to an emergency department. The Task Force on Dancer Health has two additional informational papers on the topic of suicide.

### **Medication**

- Early Treatment: It's important to recognize that medication may take a few weeks to take effect.
- Individual Responses: Different medications target different symptoms. For example, one type is more likely to increase energy and another to increase alertness. One medication works better on one person than another. The dancer may expect the physician to make adjustments or alterations to get the best response.

- Familial Response: Just as depression tends to occur in some families and not in others, so do specific symptoms such as insomnia or listlessness. The physician may recommend trying a medication that has been helpful for another family member as the medication of choice.
- Recent Advances: Current research focuses on other neurotransmitters and immunity. New medications may offer the dancer an improved response and the dancer may wish to inquire about these.

### **Additional Therapies**

- Electrical Stimulation: This has been used for many years to help with prolonged severe depression lasting more than 10-14 weeks. It usually has some effect on short term memory.
- Transcranial Magnetic Stimulation: This is an outpatient treatment that may be effective when other therapies are not or there are unacceptable side effects. It is usually only available in large medical centers.

### **Recovery and contact with Administration**

- Review the Contract: The dancer should check their contract and see what provisions there are for compensation, treatment and time off. There may be provisions to ensure equity for the dancer. This reduces risk of depression related to stress for people of color and other minority groups.
- Paperwork: The dancer may want to ask for help with paperwork that is required to obtain benefits. Sometimes an official support organization is available such as The Actor's Fund for advice and assistance.
- Confidentiality: The dancer needs to be aware of whom to contact. There may be a designated administrative staff member who is assigned to help dancers who are injured or ill and unable to participate fully.
- Previous Experience: Most companies or dance groups have had dancers with depression or other illnesses and injury. The company is as invested as the dancer in early treatment and response and a speedy return to the full program.

### **Additional Information**

National Mental Health Association Hotline  
800-273-8255  
[www.nmha.org](http://www.nmha.org)

Depression and Bi-polar Support  
800-273-8255  
[www.dballiance.org](http://www.dballiance.org)

Canadian Mental Health Association  
Mood Disorders  
[www.cmha.ca](http://www.cmha.ca)

American Psychiatric Association

Desk Reference for the Diagnostic Criteria In. DSM-5 (2013). Arlington, VA.

Ettman, C.K., Abdalla S.M. et al, JAMA Not Open (2020 Sep 1, 3(9): 686) Depression Symptom Prevalence.

La Flèche, J. (2019). Post-Performance Depression. Coping with the Inner Silence after the Applause. Open-access Resources, *Healthy Dancer Canada*.

***Disclaimer: The information on depression contained in this paper is intended to help guide and inform the dancer. It is not meant to take the place of the advice of a medical professional. This information is provided by Dance/USA Task Force on Dancer Health.***

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