

Online Psychological Support and Rehabilitation Education for Dance Students with Injuries

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This study investigated the role of online psychological support and rehabilitation education for dance students experiencing dance-related injuries. Such injuries can affect students beyond their physical condition by disrupting training and influencing emotional well-being, confidence, identity, and preparedness to return to dance. A qualitative interview approach was employed to explore injured dance students' experiences, perceptions, and support needs. Using purposive sampling, 10 students with dance-related injuries were recruited, and data were gathered through semi-structured online interviews and examined using reflexive thematic analysis. The findings indicated that participants experienced emotional distress, fear of reinjury, reduced confidence, peer isolation, and uncertainty about safely resuming dance. Online psychological support was considered beneficial when it offered privacy, reassurance, and emotional normalisation; however, concerns were raised regarding confidentiality, delays in receiving support, and the provision of generic advice. Online rehabilitation education also strengthened participants' understanding of their injuries and ability to manage recovery, particularly when visual guidance, staged rehabilitation plans, and dance-specific examples were provided. The study concludes that injured dance students require integrated and confidential online support tailored to the demands of dance, bringing together psychological care, rehabilitation education, and guidance for a safe return to dance.

Keywords: Dance Students; Injury Rehabilitation; Online Psychological Support; Rehabilitation Education; Qualitative Interviews

INTRODUCTION

Background of the Study

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Dance education places substantial physical demands on students, requiring them to develop technical accuracy, flexibility, strength, endurance, musicality and expressive performance simultaneously. Consequently, an injury may interrupt more than physical training, as it can also affect students' sense of identity, confidence and educational progression. Dwarika and Haraldsen (2023) identified perfectionism, expectations surrounding the body, performance pressures and the competitive nature of dance training as important contributors to mental health challenges among dance students and dancers. Similarly, Cheers et al. (2024) showed that dance-related injuries can produce interconnected physical, emotional and educational consequences, particularly where students continue dancing despite experiencing pain. The period following injury may be equally challenging. Marisa K. R. Fernandez (2023) reported that dancers commonly encounter fear, frustration, social isolation, diminished confidence and uncertainty regarding their ability to return to performance. Emerging evidence therefore suggests that injury rehabilitation within dance should extend beyond the restoration of physical function. Soundy and Lim (2023) demonstrated that dancers' responses to pain are shaped by wider contextual influences, including training culture, stigma, concerns about exclusion and the normalisation of pain.

This broader perspective is reinforced by Gao et al. (2026), who found that injury rehabilitation among university dancers involves interconnected biological, psychological and social experiences, encompassing information needs, emotional distress, supportive relationships and concerns surrounding the return to dance. Bae (2024) similarly advocated a biopsychosocial approach to sport injury, recognising that recovery is influenced by physical restoration, psychological readiness and the surrounding social environment. Within dance education, such an approach indicates that rehabilitation education should equip injured students with the knowledge and skills required to manage their recovery safely, understand their injuries, cope with emotional difficulties and develop realistic plans for returning to dance.

Online psychological support has become an increasingly relevant component of student support because it can facilitate flexible access to counselling, peer connection and psychoeducational resources. Philippe et al. (2022) observed that digital mental health interventions can broaden access to support, although their effectiveness depends on factors such as quality, suitability and user engagement. Venville et al. (2021) further demonstrated that psychosocial support delivered through telehealth can provide a comfortable and safe means of maintaining care when access to face-to-face services is restricted. Nevertheless, accessibility alone does not ensure a positive experience. Gatdula et al. (2024) found that although university students may value telemental health services, concerns can arise regarding privacy, trust and the development of an emotional connection. These considerations are particularly relevant to injured dance students, who may

need psychological assistance while temporarily separated from studio-based training or while managing rehabilitation schedules.

Digital provision may also strengthen rehabilitation education by giving injured students clearer guidance on injury recovery, exercise safety, adherence and the gradual resumption of activity. Marina P. Baroni (2023) indicated that telerehabilitation may represent a viable approach for musculoskeletal conditions when appropriately designed and supported. Likewise, Barger et al. (2024) suggested that, in some musculoskeletal rehabilitation contexts, telemedicine may achieve outcomes comparable with face-to-face approaches, although the available evidence and quality of implementation vary. Despite these developments, important gaps remain in relation to dancers. Zhang et al. (2025) noted that research concerning psychological interventions for dancers is expanding, yet evidence specifically addressing psychological rehabilitation following injury remains limited. Against this background, the present study explores how injured dance students experience and perceive online psychological support and rehabilitation education through qualitative interviews with ten dance students experiencing dance-related injuries.

Problem Statement

Injured dance students may encounter considerable psychological distress alongside interrupted training, reduced confidence and uncertainty about returning safely to dance. Chen et al. (2024) observed that research addressing mental health within dance remains fragmented, while Johnson-Sealey (2024) highlighted fear, frustration and disruptions to identity as important features of dancers' post-injury experiences. Although online support and rehabilitation education may offer flexible access to guidance during recovery, limited qualitative evidence exists regarding how injured dance students perceive and experience these forms of support. Mainwaring and Finney (2017) further noted that research on psychological interventions for dancers remains at an early stage, with psychological aspects of injury rehabilitation receiving comparatively limited attention. This evidence gap may restrict the ability of dance institutions to develop online support that adequately addresses students' psychological, educational and return-to-dance needs. Accordingly, this study addresses this gap by exploring the experiences and perspectives of ten injured dance students regarding online psychological support and rehabilitation education.

Research Objectives

- To explore the psychological challenges experienced by dance students with injuries during recovery.
- To examine injured dance students' perceptions of online psychological support during rehabilitation.

- To understand how online rehabilitation education supports injury knowledge, self-management and return-to-dance confidence.
- To identify students' suggestions for improving online psychological support and rehabilitation education for injured dance students.

Research Questions

- What psychological challenges do dance students with injuries experience during recovery?
- How do injured dance students perceive online psychological support during rehabilitation?
- How does online rehabilitation education support students' injury knowledge, self-management and return-to-dance confidence?
- What improvements do students suggest for online psychological support and rehabilitation education?

Significance of the Study

The significance of this research lies in its attention to the emotional and educational dimensions of injury recovery among dance students. Injured students may experience anxiety, social isolation and diminished confidence, yet these difficulties can remain unexpressed within training environments where pain is often normalised. By drawing directly on students' accounts, the study provides an opportunity to identify which forms of online psychological support and rehabilitation education they perceive as useful and accessible, as well as those considered inadequate or ineffective.

The findings are also relevant to dance teachers, programme leaders and performing arts institutions seeking to improve injury-related support. Student-centred evidence can inform the development of more integrated systems that combine psychological guidance, rehabilitation education and return-to-dance planning. This is particularly important because dance instructors can influence how students understand injury, rest, recovery and expectations surrounding performance. Greater attention to students' experiences may therefore support more responsible approaches to injury education while reducing reliance on informal or potentially unsafe sources of advice. The study may further benefit counsellors, physiotherapists and rehabilitation educators working with injured dance students by clarifying students' preferences regarding communication, online delivery formats and educational resources during recovery. From an academic perspective, the research contributes qualitative evidence to the limited literature concerning online psychological support and rehabilitation education for injured dance students. Rather than statistically evaluating intervention effectiveness, it develops a detailed understanding of students' experiences, perceived meanings and support needs, providing a foundation for future intervention development and mixed-method research.

LITERATURE REVIEW

Overview

This chapter reviews the literature on online psychological support and rehabilitation education for injured dance students. The discussion is organised into four focused sections aligned with the research aims: injury-related psychological challenges, online psychological support, rehabilitation learning and return to dance, and the improvement of online support design. The chapter subsequently presents the theoretical framework informed by the biopsychosocial model and self-determination theory before identifying the literature gap addressed by the present qualitative interview study.

Injury-Related Psychological Challenges

Injury can cause substantial psychological disruption among dance students because dance training is closely connected to personal identity, discipline, bodily control and future career aspirations. Cary (2023) highlighted performance pressure, perfectionism, concerns surrounding body image and competitive training environments as factors influencing mental health within dance. The effects of these pressures may intensify when injury prevents students from participating in regular studio activities, potentially creating a sense of disconnection from peers, educators and performance opportunities. Soundy and Lim (2023) found that pre-professional ballet dancers perceived injury as an experience extending beyond physical limitations, with consequences for their training, emotional well-being and relationships with teachers and healthcare professionals. Figure 1 shows the Prevalence of dance-related injuries according to Moita et al. (2019).

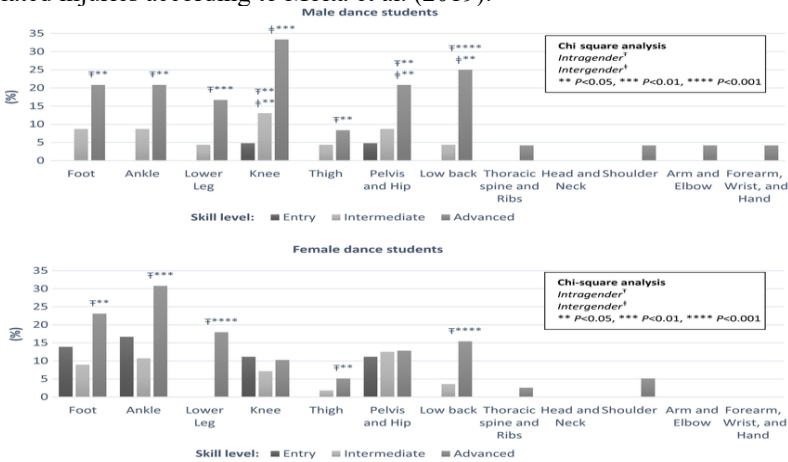


Figure 1: Distribution of Dance-Related Injuries
Source: Moita et al. (2019)

Qualitative evidence indicates that injury may expose dancers to considerable fear, frustration and uncertainty throughout the recovery process. Marisa K. R. Fernandez (2023) identified emotional distress, disruption to identity, coping difficulties and concerns surrounding the return to dance as important psychological consequences experienced by modern dancers following injury. These experiences may be further shaped by the culture of dance training. Soundy and Lim (2023) reported that professional and pre-professional dancers can encounter cultural expectations to tolerate pain and avoid displaying weakness, thereby influencing how injury and pain are perceived and managed. Within such environments, students may postpone reporting an injury or understate its severity, potentially increasing both psychological strain and physical risk. Astrid Junge (2024) further demonstrated that musculoskeletal pain and related health problems were prevalent among dancers and could restrict their ability to participate in dance activities.

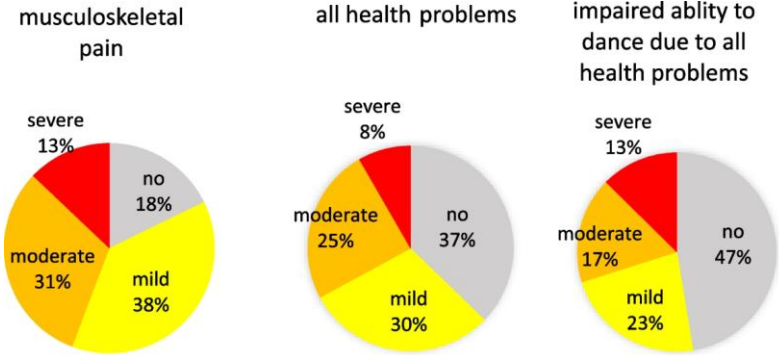


Figure 2: Health Problems of Professional Ballet Dancers
Source: Astrid Junge (2024)

Uncertainty about returning to dance at the same level of participation or performance represents another important challenge during rehabilitation. Gao et al. (2026) found that rehabilitation experiences among university dancers encompassed physical limitations, emotional responses, social support and the need for reliable information. Similarly, Bae (2024) argued that recovery from sport injury involves psychological and social dimensions alongside physical healing. Zhang et al. (2025) further indicated that existing interventions have not yet adequately addressed dancers’ mental health in relation to the complex psychological pressures associated with dance. Collectively, the literature suggests that rehabilitation for injured dance students should extend beyond exercise instruction to address anxiety, motivation, identity, fear of reinjury and the educational dimensions of the recovery process.

Online Psychological Support

Online psychological support encompasses counselling, psychoeducation, peer support, well-being guidance and structured mental health services delivered through digital platforms. Philippe et al. (2022) suggested that digital mental health interventions can broaden access to support and provide flexible forms of care, although their value depends considerably on user engagement and the suitability of the intervention. Such flexibility may be particularly relevant for injured dancers who are temporarily unable to participate in studio-based classes or who must manage rehabilitation alongside their academic responsibilities. Venville et al. (2021) found that psychosocial support delivered through telehealth can provide comfort, safety and continuity of care; however, its effectiveness is influenced by users’ experiences of communication and interpersonal connection. The coping strategies most frequently adopted by students are presented in Figure 3.

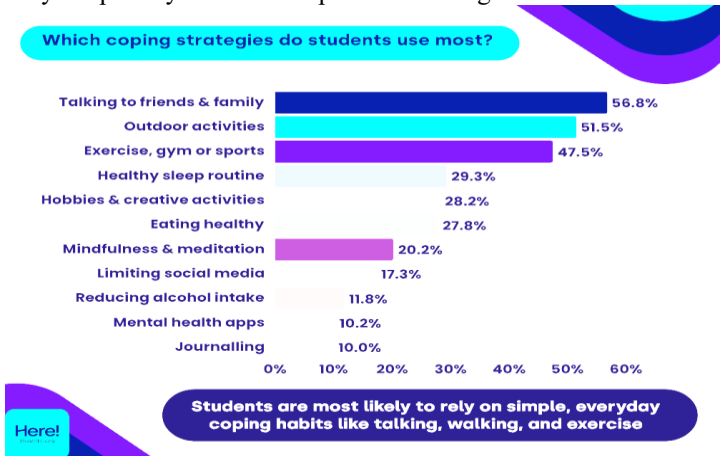


Figure 3: Coping Strategies Most Commonly used by Students
Source: Living (2026)

Online psychological support is not uniformly accepted by university students. Aldhamri (2026) reported that although students valued the convenience of telemental health services, concerns remained regarding privacy, emotional distance and trust. Such concerns are particularly relevant to injured dance students because discussions surrounding injury may involve sensitive issues, including fear of losing performance roles, body-related concerns and perceived pressure from teachers. Chiu (2022) argued that engagement in online learning depends on the extent to which digital environments support autonomy, competence and relatedness. In the context of psychological support, this suggests that providing information alone may be insufficient; students also need to feel understood, capable and socially connected.

Online psychological support may further help injured dancers recognise difficult emotions as a normal part of recovery rather than interpreting them as signs of weakness. Zhang et al. (2025) indicated that psychological interventions for dancers remain an emerging area requiring further evidence. Guay (2022) explained that autonomy-supportive educational environments can strengthen motivation by recognising learners’ needs and choices. When applied to injury recovery, this perspective suggests that online psychological support should extend beyond directing students towards particular actions. Instead, it should help them understand their emotional responses, establish realistic goals and sustain confidence throughout rehabilitation. Overall, the literature indicates that online psychological care for injured dance students should be confidential, interactive, responsive to emotional needs and integrated with rehabilitation education.

Rehabilitation Learning and Return to Dance

Rehabilitation education is an essential component of recovery because injured students need a clear understanding of their injury, safe movement practices, expected recovery periods, adherence requirements and available options for returning to dance. Marina P. Baroni (2023) identified telerehabilitation as a potentially beneficial approach for musculoskeletal conditions, particularly when supported by appropriate resources, effective communication and professional guidance. Similarly, Barger et al. (2024) suggested that telemedicine may achieve outcomes comparable with face-to-face treatment in certain musculoskeletal contexts, although implementation quality and suitability for individual patients remain important considerations. For dance students, online rehabilitation education should therefore extend beyond generic exercise recommendations and provide guidance relevant to the specific demands of dance. Comparing the effectiveness of traditional and new media dance education, Song and Liu (2024) report the results in Figure 4.

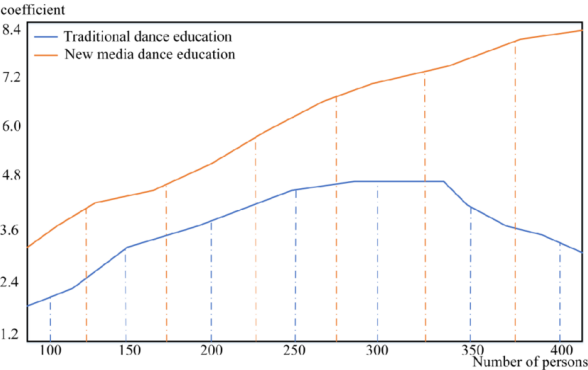


Figure 4: Effectiveness of Traditional and New Media Dance Education
Source: Song and Liu (2024)

The specific demands of dance create distinct rehabilitation needs. Cheers et al. (2024) emphasised the importance of health professionals and dance educators developing a stronger understanding of dancers' training demands and injury experiences. Soundy and Lim (2023) further demonstrated that dancers' responses to pain can be shaped by cultural norms and concerns about social exclusion. Rehabilitation education should therefore address potentially unsafe beliefs surrounding injury and challenge the assumption that pain must be tolerated in order to improve performance. Gao et al. (2026) similarly highlighted the importance of informational support during recovery, including clear guidance on understanding and managing injury and preparing for a return to dance.

A successful return to activity also depends on psychological readiness. Keith Goddard (2021) indicated that adherence to sport injury rehabilitation can be influenced by psychological factors, including motivation, confidence and beliefs about recovery. Forsdyke et al. (2022) reported that perceived social support and anxiety concerning reinjury are associated with psychological readiness to return to sport. Although dance differs from sport through its combined artistic and educational characteristics, these findings remain relevant because injured dance students likewise require confidence, encouragement and gradual re-engagement with performance activities. Hwang et al. (2024) argued that rehabilitation should integrate biological, psychological and social dimensions rather than treating physical recovery as the sole objective. Accordingly, online rehabilitation education should enable injured dance students to understand their injuries, develop safe self-management practices and rebuild realistic confidence in preparation for returning to dance.

Improving Online Support Design

The design of online psychological support and rehabilitation education should reflect the realities of students' lives rather than simply transferring face-to-face guidance to a digital setting. Philippe et al. (2022) emphasised that digital mental health interventions should be developed with careful consideration of quality, user needs and engagement. Similarly, Gatdula et al. (2024) indicated that students' acceptance of telemental health is influenced by privacy, trust, convenience and the perceived quality of emotional connection. In the context of injured dance students, these findings suggest that online support should provide confidential communication, clearly defined boundaries, flexible scheduling and opportunities to seek personalised guidance. Chen et al. (2024) provide a description of the proportions between the participants and enrollments at the Beijing Dance Academy and other dance institutions. You (2022) notes that most of the participants were enrolled in the Beijing Dance Academy, with smaller percentages represented across the other dance institutions.

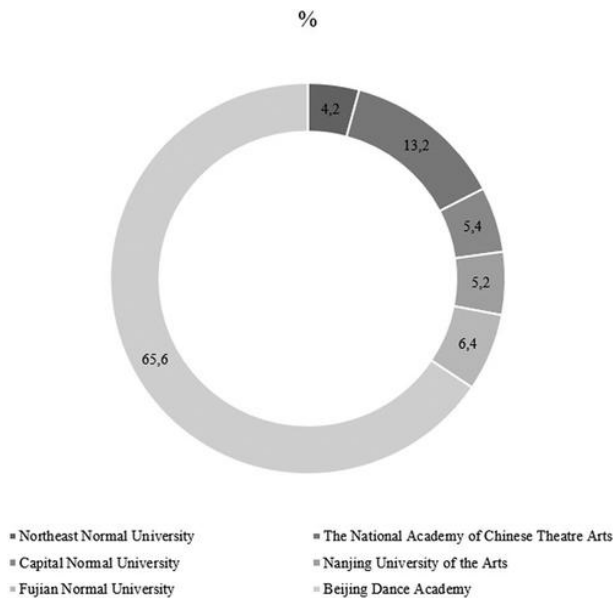


Figure 5: Online Technologies in Dance Education
Source: You (2022)

A second consideration in designing online support concerns the relational dimension of care. Venville et al. (2021) indicated that telehealth-based psychosocial support can promote safety and continuity, although both service users and practitioners may need to adapt to different forms of communication. For dance students, this means that support should recognise them as both performers and learners rather than viewing them solely in terms of their injuries. Guay (2022) explained that educational environments can strengthen motivation when they respond to autonomy, competence and relatedness. Similarly, Chiu (2022) argued that engagement in online settings is enhanced when digital learning environments address students’ psychological needs. Together, these perspectives suggest that online programmes should allow injured dance students to establish recovery goals, understand their progress and maintain meaningful connections with teachers, peers and support professionals.

A third design consideration relates to the specific context of dance. Cheers et al. (2024) reported that dancers value health professionals who understand the particular demands of dance. Zhang et al. (2025) further noted that psychological interventions for dancers remain limited, indicating a need for programmes that reflect the language, routines and pressures associated with dance education. Marina P. Baroni (2023) likewise emphasised that telerehabilitation should account for barriers, professional facilitators and educational requirements. In practice, enhanced online support could incorporate psychoeducational videos, concise rehabilitation learning modules,

injury diaries, guided reflection, peer discussion, safe return-to-dance checklists and referral pathways. Collectively, the literature supports the importance of directly exploring injured dance students’ needs, perceptions and experiences to determine which aspects of online support they consider valuable and what improvements they would propose.

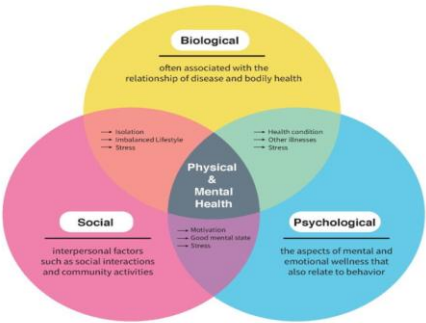
Theoretical Framework

This study is theoretically informed by two frameworks: the biopsychosocial model and self-determination theory.

Biopsychosocial Model

The biopsychosocial model was selected because the study does not conceptualise dance injury solely as a physical condition. Engel (1977) proposed that health should be understood through the interaction of biological, psychological and social dimensions rather than being viewed exclusively from a biomedical perspective. Bae (2024) similarly explained that sport injury research increasingly recognises the importance of a biopsychosocial approach because recovery is shaped by physical symptoms, psychological responses and social support. Within dance, Gao et al. (2026) demonstrated that university dancers’ rehabilitation experiences encompass physical limitations, emotional responses, social relationships and informational needs. Soundy and Lim (2023) further showed that dancers’ experiences of pain are influenced by cultural meanings, stigma and performance expectations. The biopsychosocial model therefore provides an appropriate framework for understanding how injured dance students experience online psychological support and rehabilitation education.

Biopsychosocial (BPS) model



Graphic: Chrystie Tyler



Figure 6: Biopsychosocial Model
Source: Wustl.edu (2021)

Self-Determination Theory

The second theoretical foundation of this study is self-determination theory. Deci and Ryan (2000) proposed that human motivation is shaped by the fulfilment of three fundamental psychological needs: autonomy, competence and relatedness. Guay (2022) explained that autonomy-supportive educational environments can strengthen motivation by recognising learners’ needs, preferences and sense of self-efficacy. Chiu (2022) applied self-determination theory to online learning engagement, suggesting that students are more likely to engage with digital learning environments when these settings support autonomy, competence and relatedness. Within the present study, autonomy refers to students’ capacity to make informed decisions about rehabilitation, competence reflects their confidence in understanding and managing their injuries, and relatedness concerns the extent to which they feel supported by teachers, peers, counsellors and rehabilitation professionals.

Together, these two theories provide a complementary framework for examining the experiences of injured dance students. The biopsychosocial model explains the need for online support to address physical recovery alongside emotional coping and the wider social context, while self-determination theory highlights the importance of rehabilitation education that empowers students rather than merely prescribing actions. For example, providing an injured student with an online exercise programme may have limited value if the student remains isolated, uncertain about recovery or pressured to return to dance prematurely. Similarly, psychological support may be helpful but could have reduced relevance when disconnected from the specific demands of dance rehabilitation. The theoretical framework therefore positions effective online support for injured dance students as holistic, autonomy-supportive, competence-building and relationally connected.

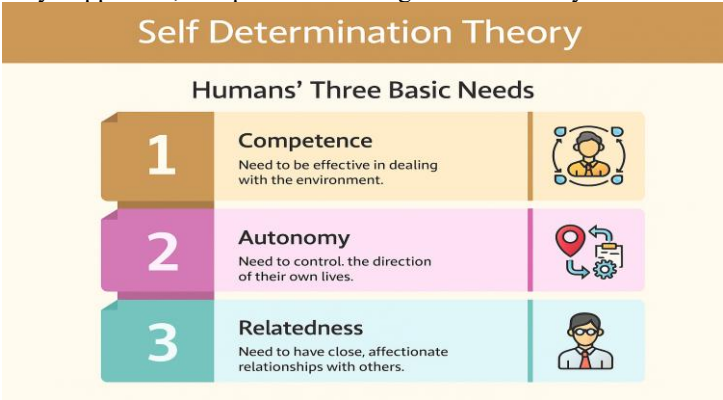


Figure 7: Self-Determination Theory
Source: King (2025)

Literature Gap

The reviewed literature demonstrates that dance injury involves interconnected psychological, social and educational dimensions; however, important gaps remain. Dwarika and Haraldsen (2023) observed that research on mental health within dance is still at an early stage and remains unevenly developed. Zhang et al. (2025) similarly identified a limited body of evidence concerning psychological interventions for dancers, particularly those addressing injury-specific rehabilitation. Although Gao et al. (2026) provided recent qualitative evidence on dancers' biopsychosocial rehabilitation experiences, relatively few studies have specifically examined online psychological support alongside online rehabilitation education. Existing research generally considers injury, mental health and digital support as separate areas rather than exploring their interrelationship within dance rehabilitation. Accordingly, the present study addresses this gap through qualitative interviews with ten injured dance students, focusing on their experiences, perceptions and recommendations concerning online psychological support and rehabilitation education.

METHODOLOGY

Research Approach and Design

A qualitative research approach was adopted because the study sought to understand participants' experiences, perceptions and meanings rather than quantify statistical relationships. A qualitative interview design was particularly appropriate for exploring how injured dance students understood and experienced online psychological support and rehabilitation education throughout their recovery. The study followed a descriptive and exploratory orientation, allowing participants to articulate, in their own words, their emotional challenges, support needs, rehabilitation learning experiences and recommendations. This methodological approach was considered suitable because previous qualitative research has demonstrated that dancers' injury experiences involve complex psychological and social dimensions that cannot be fully captured through numerical data alone (Gao et al., 2026; Marisa K. R. Fernandez, 2023).

Participants and Sample Size

The study sample comprised ten students who had experienced dance-related injuries. Participants were drawn from dance, performing arts and other movement-based programmes. A sample of ten was considered appropriate for this focused qualitative interview study because all participants shared the specific experience of dance-related injury and had either accessed or required online psychological support and rehabilitation education.

Table 1

Participant Profile					
Participant	Gender	Dance Experience	Injury Type	Injury Period	Online Support Experience
P1	Female	4 years	Ankle injury	Within 12 months	Received online counselling
P2	Male	5 years	Knee injury	Within 18 months	Used online rehabilitation videos
P3	Female	3 years	Lower back injury	Within 12 months	Received online psychological support
P4	Female	6 years	Foot injury	Within 24 months	Used online physiotherapy guidance
P5	Male	4 years	Hip strain	Within 12 months	Searched online support resources
P6	Female	5 years	Hamstring injury	Within 18 months	Needed online psychological support
P7	Female	3 years	Ankle sprain	Within 12 months	Used online peer support
P8	Male	6 years	Knee injury	Within 24 months	Used online rehabilitation advice
P9	Female	4 years	Shoulder injury	Within 18 months	Used online learning resources
P10	Female	5 years	Lower limb injury	Within 12 months	Received mixed online support

Source: Author

Konstantina Vasileiou (2018) explained that the adequacy of a qualitative sample depends on the study objectives, sample specificity, quality of the data and required depth of analysis. Wutich et al. (2024) further suggested that theme saturation may be achieved with relatively small interview samples when the research addresses a focused topic within a reasonably non-homogeneous participant group. On this basis, ten interviews were considered sufficient to generate detailed, meaningful and analytically manageable data for the present study.

Sampling Technique

Purposive sampling was used to recruit participants who could provide directly relevant insights into the phenomenon under investigation. Campbell et al. (2020) explained that purposive sampling is appropriate when researchers seek participants with first-hand experience of the issue being examined. Eligibility criteria required participants to be aged 18 years or above; to be current or recent dance students; to have experienced a dance-related injury within the previous two years; and to have received, sought or required online psychological support or rehabilitation education. Students without experience of dance-related injury were excluded because they could not provide first-hand accounts of the phenomenon under investigation.

Data Collection Method

Data were collected through semi-structured online interviews conducted via Zoom or Microsoft Teams, with each session lasting approximately 30–45 minutes. This format provided a consistent framework across participants while retaining sufficient flexibility for follow-up questions and more detailed exploration of individual experiences. The interview guide addressed injury experiences, psychological challenges, online support, rehabilitation learning, confidence in returning to dance and recommendations for improvement. With participants’ consent, all interviews were audio-recorded and transcribed verbatim. Before data analysis commenced, participants were informed of their right to decline any question and to withdraw from the study.

Data Analysis

Reflexive thematic analysis was employed to examine the interview data. Victoria Clarke (2022) described thematic analysis as a useful approach for identifying patterns of meaning within qualitative data. Byrne (2022) further explained that this method allows researchers to progress systematically from data familiarisation and coding towards theme development and interpretation. The analytical process followed six broad stages: repeated reading of the transcripts, generation of initial codes, organisation of related codes, development of themes, review of the identified themes and preparation of the final interpretation.

Table 1

Stages of Thematic Analysis

Stage	Description	Application in This Study
Familiarisation	Reading and re-reading interview transcripts	The researcher reviewed all ten transcripts several times to understand participant experiences.
Initial coding	Identifying meaningful words, phrases and ideas	Codes were created for anxiety, isolation, confidence loss, online privacy, rehabilitation knowledge and return-to-dance fear.
Grouping codes	Combining related codes	Similar codes were grouped under broader areas such as psychological impact, online support and rehabilitation learning.
Theme development	Creating potential themes	Six themes were developed from repeated patterns across participant responses.
Reviewing themes	Checking whether themes reflected the data	Themes were reviewed against participant quotations to ensure they represented the interview evidence.
Final interpretation	Writing the analysis	Themes were explained using participant quotations, comparison, contrast and interpretation.

Source: Author

The analysis generated themes relating to injury-related anxiety, reduced confidence, online accessibility, privacy concerns, rehabilitation knowledge,

social support and readiness to return to dance. An inductive approach was maintained throughout, allowing the final themes to emerge from participants' accounts rather than being predetermined before data collection.

3.6 Trustworthiness and Ethical Considerations

Trustworthiness was strengthened through attention to credibility, dependability, confirmability and transferability. Stahl and King (2020) emphasised that qualitative trustworthiness requires transparent procedures, systematic documentation and interpretations that remain firmly grounded in the data. Credibility was supported by incorporating direct participant quotations within the findings chapter. Dependability was addressed by maintaining an audit trail documenting the interview questions, coding decisions and development of themes, while reflexive notes were used to support confirmability by limiting the influence of researcher bias. Transferability was facilitated through clear descriptions of the participants, injury context and circumstances surrounding online support. Data collection commenced only after ethical approval had been obtained. Participants received an information sheet and provided written informed consent, while pseudonyms replaced their names to protect confidentiality. Given the potentially sensitive nature of discussions concerning injury and psychological distress, participants were reminded that they were not required to disclose information that caused discomfort. Where necessary, referral information for relevant student support services was also provided.

FINDINGS AND ANALYSIS

Overview

This chapter presents the qualitative findings derived from semi-structured interviews with ten dance students who had experienced dance-related injuries. The analysis generated six themes: emotional disruption and loss of dance identity, fear and uncertainty surrounding the return to dance, the value of online psychological support, barriers to online psychological support, rehabilitation education and self-management, and the importance of integrated, dance-specific online psychological support. The findings are presented using anonymised participant identifiers (P1–P10). The chapter also considers similarities and differences across participants, recognising that injury was not experienced uniformly. While some participants primarily emphasised fear, others focused more strongly on pressure, whereas several highlighted the perceived benefits or limitations of online support.

Table 2

Summary of Themes from Interview Analysis

Theme Number	Theme	Main Meaning	Related Research Question
Theme 1	Emotional disruption and loss of dance identity	Injury affected students' confidence, identity, belonging and emotional wellbeing.	RQ1
Theme 2	Fear and uncertainty about returning to dance	Students felt anxious about reinjury, recovery speed and safe return to performance.	RQ1 and RQ3
Theme 3	Value of online psychological support	Online support was valued when it offered privacy, reassurance and emotional normalisation.	RQ2
Theme 4	Barriers to online support	Students identified confidentiality concerns, delayed access and lack of emotional connection.	RQ2 and RQ4
Theme 5	Rehabilitation education and self-management	Online rehabilitation education supported knowledge, planning and safer self-management.	RQ3
Theme 6	Need for integrated and dance-specific support	Students wanted combined psychological, educational, peer and dance-specific support.	RQ4

Source: Author

Theme 1: Emotional Disruption and Loss of Dance Identity

This theme captures the emotional consequences of injury for dance students. Participants understood injury as extending beyond physical pain or restricted movement, describing its effects on identity, self-confidence, daily routines, social connection and personal development. A particularly prominent pattern was the disruption of students’ sense of themselves as dancers following injury.

P2 Stated: *"The injury made me feel as if I was no longer part of the class. Everyone was rehearsing, improving and performing, but I was just watching from the side."* This response illustrates how injury extended beyond physical limitations by creating emotional separation from the dance community. Being unable to perform was therefore experienced psychologically as a form of exclusion.

Similarly, P6 Explained: *"I felt embarrassed because dance is about controlling your body, and suddenly my body was the thing stopping me from learning."* This response demonstrates that injury challenged the participant’s sense of self. Rather than being perceived as a temporary physical setback, the injury raised concerns about losing both competence and confidence in the body.

In contrast, P9 Described a Quieter but Persistent Emotional Struggle: *"I did not cry or talk about it much, but I kept thinking that I was falling behind and maybe I would never catch up."* Compared with the more explicit distress

expressed by P2 and P6, this response reflects a different emotional pattern characterised by anxiety, comparison with others and concern about academic disadvantage. Overall, the theme indicates that injury affected students emotionally because physical capability was closely connected to their sense of identity, progression and belonging within dance.

Theme 2: Fear and Uncertainty About Returning to Dance

The second theme captures the uncertainty students experienced when considering their return to movement, studio training and performance. Their concerns extended beyond physical healing to include the possibility of re-injury, teachers' expectations and uncertainty about whether they could regain trust in their bodies.

P1 Reported: *"Even when the pain reduced, I was scared to jump properly. I kept thinking that one wrong landing could take me back to the beginning."* This account indicates that improvement in physical symptoms did not necessarily correspond with psychological readiness to return. Rebuilding confidence therefore required both reassurance and a structured approach to resuming dance activities.

P4 Added a Different Concern: *"My teacher told me to take it slowly, but I did not know what slowly meant. I needed clearer stages for returning to class."* This response highlights the need for practical rehabilitation education rather than general encouragement. The participant's uncertainty arose from difficulty translating broad medical or teacher guidance into clear, dance-specific steps for returning to practice.

P8 Expressed a Contrasting Pressure: *"I wanted to return quickly because auditions were coming, so I kept pushing even when I knew I was not fully ready."* In contrast to P1, whose return was restricted by fear, P8 felt pressure to resume dancing prematurely because of upcoming performance and career demands. Taken together, these accounts demonstrate that both fear and urgency can shape return-to-dance decisions. Students therefore require psychological support and educational guidance that enable them to balance safety and confidence with their performance ambitions.

Theme 3: Value of Online Psychological Support

This theme explores how students perceived online psychological support during injury recovery. Most participants regarded online support positively because it offered flexibility, privacy and access to assistance throughout the recovery period. However, its perceived usefulness varied according to whether the support addressed the specific circumstances of dance injury or remained focused on general well-being.

P3 Stated: *"Online support helped because I could talk from home without feeling exposed in front of classmates. It was easier to say I was anxious when I was not in the studio."* This account suggests that the online environment

provided a greater sense of emotional safety. For this participant, being physically removed from the studio reduced feelings of embarrassment and made it easier to communicate openly about anxiety.

Similarly, P7 Explained: *"The best part was knowing that someone understood the stress of missing rehearsals. It made me feel less dramatic and more normal."* This response demonstrates the normalising role of psychological support. The participant particularly valued having emotional reactions to injury recognised as legitimate rather than excessive.

However, P10 Offered a More Cautious View: *"It was useful, but sometimes it felt like general counselling. I wanted the person to understand dance pressure, not just tell me to rest."* This contrasting perspective demonstrates that accessibility alone does not determine the value of online support.

Psychological support appeared most helpful when it acknowledged pressures specific to dance culture, including expectations surrounding performance, concerns about being replaced and disruption to dance identity. Overall, the findings suggest that online psychological support can assist injured dance students effectively, but its relevance is strengthened when those providing support understand the demands and experiences associated with dance.

Theme 4: Barriers to Online Support

Despite recognising several benefits, participants also identified barriers that weakened their trust in and engagement with online support. These concerns centred on privacy and confidentiality, limited emotional connection, the suitability of the support provided and doubts about whether online services could adequately understand movement-related injuries.

P5 Stated: *"I was worried that if I said I was struggling, it might somehow reach my teacher and affect how they saw me."* This response highlights confidentiality as an important concern. The participant feared that disclosing psychological difficulties might influence how they were perceived by their teacher or affect educational decisions and casting opportunities.

P1 Described a Different Barrier: *"Video calls were helpful, but sometimes I felt the person could not really read how upset I was through the screen."* This account suggests that online communication may restrict the expression or recognition of emotional distress for some students. The absence of physical presence may make it more difficult for support providers to recognise and respond fully to psychological needs.

In Contrast, P6 Did Not Reject Online Support but Criticised Its Organisation: *"The support was offered, but the appointment came too late. By then I had already searched online and confused myself more."* This response emphasises the importance of timely access. Online support may be

particularly valuable when provided early in the injury process, before students turn to potentially inconsistent or unreliable external sources of information.

Overall, this theme indicates that injured dance students are more likely to trust and engage with online support when it is confidential, timely and responsive to their emotional needs.

Theme 5: Rehabilitation Education and Self-Management

The fifth theme concerns online rehabilitation education. Participants valued educational resources that improved their understanding of injury, stages of recovery, safe exercise and the gradual return to dance. Practical and visual information tailored to dance movement was perceived as particularly useful.

P4 Explained: *"The videos helped me understand what I could do without making the injury worse. Written advice alone was not enough for me."* This account illustrates the value of multimodal online education in supporting self-management. For dance students, who often require clear demonstrations of movement, visual examples may provide more meaningful guidance than general written instructions alone.

Similarly, P9 Stated: *"I liked having a weekly plan because it gave me something to follow. Without that, I would either do too much or avoid everything."* This response indicates that structured rehabilitation education reduced uncertainty and encouraged a more balanced approach to recovery. Having a clear plan helped the participant avoid both excessive activity and complete avoidance of movement.

However, P2 Expressed a Limitation: *"Some online exercises were useful, but I was not always sure if my alignment was correct because nobody was physically correcting me."* This contrasting experience suggests that although online rehabilitation education can strengthen knowledge and support self-management, it may not fully replace supervised movement correction.

Overall, online rehabilitation education was valued for improving injury awareness and supporting independent management of recovery, but participants also highlighted the importance of feedback, visual demonstration and individual adaptation. These elements are particularly significant in dance, where subtle differences in alignment may influence pain, confidence and perceived readiness to return to dance.

Theme 6: Need for Integrated and Dance-Specific Support

The final theme brings together participants' recommendations for improving support during injury recovery. Students expressed a preference for a coordinated system that combines psychological support, rehabilitation education, communication with teachers and peer connection. They also emphasised that support should reflect the specific demands of dance rather than simply reproduce resources developed for general sport or student well-

being services. This theme is particularly important because it shifts the analysis from identifying existing challenges towards establishing practical principles for the design of online student support.

P8 Suggested: *"The ideal support would include a counsellor, a physiotherapist and someone who understands dance training. They should all know what the student is trying to return to."* This response highlights participants' preference for coordinated support. Rather than viewing injury recovery as a collection of separate services, the participant understood it as an interconnected educational and health process requiring collaboration among relevant professionals.

P3 Recommended Peer Support: *"It would help to hear from other dancers who had injuries and came back. That would make the online sessions feel more real."* This account demonstrates the importance of relatedness and shared experience during recovery. Hearing from other dancers who have experienced injury may reduce feelings of isolation while strengthening motivation and confidence.

P10 Emphasised Flexibility: *"I would like short online sessions, recorded advice and optional private meetings because injury recovery changes every week."* This response provides a practical recommendation for the delivery of online support. Flexible resources are important because injury symptoms, confidence and academic demands may change throughout the recovery process.

Overall, this theme indicates that effective online psychological support and rehabilitation education should be integrated, flexible, confidential and specifically tailored to the context of dance.

Summary of Findings

The findings demonstrate that dance-related injury affected participants across emotional, educational and social dimensions. Students described disruption to their sense of identity, concerns about falling behind, uncertainty surrounding their return to dance and pressure to recover quickly. Online psychological support was valued when it provided privacy, reassurance and emotional normalisation, but was perceived less positively when the guidance was generic or delayed. Online rehabilitation education strengthened participants' knowledge and capacity for self-management, particularly when visual guidance and clearly structured plans were available. However, participants also emphasised that digital education could not fully replace personalised feedback concerning movement quality and alignment.

Across the six themes, the central finding is that psychological care for injured dance students should be combined with rehabilitation education, practical recovery guidance and an understanding of the specific demands of dance. A purely medical approach to recovery is insufficient because students must also rebuild confidence, motivation, identity and trust in their bodies.

Comparisons across participants further indicate that support needs may change at different stages of recovery, ranging from immediate reassurance following injury to practical rehabilitation education during recovery and confidence-building before returning to performance. The findings therefore suggest that online provision should adapt over time rather than remain limited to a single brief session or static webpage. Online support should consequently function as an integrated educational and psychological system rather than merely as a source of information.

Table 3

Participant Evidence Across Themes			
Theme	Supporting Participants	Contrasting or Different View	Overall Interpretation
Emotional Disruption and Loss of Identity	P2 felt excluded from class; P6 felt embarrassed by bodily limitation; P9 feared falling behind.	P9 showed quieter internal distress rather than open emotional expression.	Injury affected identity, confidence and belonging in different ways.
Fear and Uncertainty about Return to Dance	P1 feared reinjury; P4 needed clearer return stages; P8 felt pressure to return quickly.	P1 avoided movement, while P8 pushed too quickly.	Return-to-dance support must balance safety, confidence and performance pressure.
Value of Online Psychological Support	P3 valued privacy; P7 valued reassurance; P10 found it useful but too generic.	P10 wanted dance-specific understanding rather than general counselling.	Online support is helpful when it is confidential, relevant and emotionally responsive.
Barriers to Online Support	P5 feared confidentiality issues; P1 felt video calls limited emotional connection; P6 received support too late.	Barriers varied between trust, timing and communication quality.	Online support must be timely, confidential and relationally strong.
Rehabilitation Education and Self-Management	P4 valued videos; P9 valued weekly plans; P2 needed feedback on alignment.	P2 showed that online resources alone may not replace professional movement correction.	Online rehabilitation education supports learning but should include feedback and adaptation.
Integrated Dance-Specific Support	P8 wanted counsellor and physiotherapist input; P3 wanted peer examples; P10 wanted flexible resources.	Participants wanted different formats, including live sessions, recorded advice and peer support.	Effective support should be integrated, flexible and designed around dance-specific recovery.

Source: Author

DISCUSSION

The findings of this study indicate that injury disrupted dance students' identity, sense of belonging and confidence. Participants described feeling disconnected from classes, embarrassed by their physical limitations and concerned about falling behind. These findings correspond with Dwarika and Haraldsen (2023), who observed that performance culture, perfectionism and pressure contribute to mental health challenges within dance. They are also consistent with Marisa K. R. Fernandez (2023), who reported that injured dancers commonly experience fear, frustration and diminished confidence following injury. Soundy and Lim (2023) similarly demonstrated that dancers' experiences of pain and injury are shaped by stigma, training culture and expectations to continue dancing despite physical difficulties. Collectively, these findings reinforce the view that dance injury should be understood as a psychosocial and educational experience rather than solely as a physical condition.

The analysis further revealed that the return to dance was shaped by two contrasting influences: fear and pressure. While some participants were hesitant to resume dancing because of concerns about re-injury, others felt compelled to return quickly because of auditions, rehearsals or assessment requirements. This finding supports Keith Goddard (2021), who established that motivation, confidence and fear can influence adherence to injury rehabilitation. Forsdyke et al. (2022) similarly highlighted the importance of psychological readiness and reinjury anxiety in the return-to-sport process. Although their research focused on sport rather than dance, the present findings suggest that comparable processes operate within dance education, where technical performance and assessment demands may create additional pressures surrounding recovery. Gao et al. (2026) likewise demonstrated that rehabilitation among university dancers is biopsychosocial, involving physical symptoms, emotional responses and social expectations.

The present study extends this understanding by demonstrating that online support should help students interpret the stages of returning to dance in a clear and safe manner. Online psychological support was particularly valued when it provided privacy, reassurance and normalisation of emotional responses. Participants appreciated being able to discuss anxiety from home without feeling observed by classmates. This finding is consistent with Philippe et al. (2022), who noted that digital mental health interventions can broaden access to psychological support. Venville et al. (2021) similarly identified continuity and emotional safety as potential benefits of telehealth-based psychosocial support, while (Gatdula et al., 2024) indicated that university students may value telemental health because of its convenience.

However, participants were less positive about support that appeared generic or insufficiently connected to dance culture. This finding suggests that accessibility alone is insufficient; online psychological support should also be

context-sensitive and responsive to the demands of dance training. Rehabilitation education was likewise considered valuable for self-management when it provided clear plans, visual demonstrations and guidance on safe progression. Marina P. Baroni (2023) reported comparable findings, indicating that appropriately designed telerehabilitation can support recovery from musculoskeletal conditions. Barger et al. (2024) similarly suggested that telemedicine may be effective in managing musculoskeletal conditions, while emphasising the importance of implementation quality. Participants' concerns regarding alignment correction also correspond with Cheers et al. (2024), who highlighted the importance of dancers receiving support from professionals who understand the movement-specific demands of dance.

Online rehabilitation education may therefore provide meaningful support during recovery, but its effectiveness is likely to depend on the inclusion of feedback mechanisms, movement demonstrations and individualised adaptation. The theoretical framework provides a useful basis for interpreting these findings. The biopsychosocial model, initially developed by Engel (1977), conceptualises health through the interaction of biological, psychological and social dimensions. Bae (2024) further argued for the relevance of this model to sport injury, while the present findings demonstrate its applicability to dance injury. Self-determination theory also helps explain participants' experiences because students consistently expressed needs related to autonomy, competence and relatedness during recovery. These psychological needs were identified by Deci and Ryan (2000), while Guay (2022) argued that autonomy-supportive educational environments can strengthen motivation. Chiu (2022) similarly suggested that competence and connection within digital environments can enhance engagement in online learning. Taken together, the findings indicate that injured dance students require online support that integrates the different dimensions of recovery, promotes autonomy and competence, sustains meaningful relationships and responds specifically to the context of dance.

CONCLUSION AND RECOMMENDATIONS

Conclusion

This qualitative study explored the experiences, perceptions and support needs of ten injured dance students regarding online psychological support and rehabilitation education. The findings demonstrate that dance injury extends beyond physical impairment, affecting identity, confidence, social connection, educational participation and expectations of progress. Participants experienced emotional distress, fear of re-injury, concerns about falling behind and pressure to return to dance. Online psychological support was valued when it was accessible, confidential, timely and emotionally responsive. Privacy allowed some students to discuss anxiety and frustration more openly;

however, support was considered less useful when it was generic, delayed or disconnected from the realities of dance training. Participants particularly valued support that recognised pressures surrounding auditions, rehearsals, assessment and the possibility of being replaced. Online rehabilitation education also strengthened recovery knowledge and self-management. Visual demonstrations structured weekly plans and staged return-to-dance guidance helped students manage activity safely. Nevertheless, online resources could not fully address individual concerns relating to alignment, technique and movement quality, highlighting the continued need for personalised professional feedback. Overall, the findings support an integrated model combining online psychological care, rehabilitation education, peer connection and dance-specific professional guidance. Dance institutions should therefore move beyond fragmented provision towards coordinated support that addresses both emotional well-being and rehabilitation learning. Treating students as active participants in recovery by enabling them to ask questions, express concerns and make informed return-to-dance decisions may contribute to safer and more student-centred dance education.

Recommendations

- Dance institutions should develop structured online programmes that integrate psychological support with rehabilitation education, enabling students to receive emotional guidance and practical recovery information through a coordinated pathway.
- Online rehabilitation resources should provide dance-specific videos, structured return-to-dance plans and clear guidance on safe progression rather than generic injury advice. Familiar dance terminology and movement demonstrations should help students connect rehabilitation guidance with studio practice.
- Confidential online psychological support should be available promptly after injury to address anxiety, isolation and concerns about falling behind. Early support may also reduce unsafe responses, such as returning prematurely or concealing emotional distress.
- Communication between teachers, counsellors and rehabilitation professionals should be coordinated to establish realistic return-to-dance expectations while maintaining student confidentiality. Such collaboration can reduce conflicting guidance during recovery.
- Peer support should be incorporated so that injured students can learn from dancers who have successfully returned to training. Shared experiences may reduce isolation, strengthen hope and make online support more relevant to dance injury. These measures should form part of formal institutional support rather than depending solely on individual teachers.

Limitations

The study is limited by its small sample of ten participants, which restricts the generalisability of the findings to the wider population of dance students. Reliance on self-reported interview data may also introduce influences related to memory, emotion and individual interpretation. Participants' experiences may further vary according to dance style, injury severity, institutional support and previous exposure to online services. As a qualitative study, the research focuses on experiences, meanings and perceptions rather than measuring intervention effectiveness or clinical recovery outcomes.

Future Directions

Future research should include larger and more diverse samples across different dance styles, institutions and injury types. Mixed-method studies could examine whether structured online psychological support and rehabilitation education improve confidence, rehabilitation knowledge and readiness to return to dance. Further research could also compare fully online, blended and face-to-face support models to determine how each approach supports injured dance students. Longitudinal studies following students from injury onset through return to dance would provide additional insight into changes across recovery. The perspectives of teachers and rehabilitation professionals should also be incorporated to inform the development of more coordinated support systems.

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