

Listening to the dancer's body

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Abstract

This article examines the occupational culture of ballet, specifically looking at body awareness and body experiences. Using a phenomenological approach, complemented by ethnographic interview data, the experiences of the ballet dancer's body, in its daily training process, are described and analysed. Focusing on the dancer's attitudes to and dealings with pain and injuries, but also looking at the issue of eating disorders, the implications of this analysis for theorizing the body as a material and only contingently elusive phenomenon are explicated. Drawing on contemporary body theory, the meaning of injuries and pain are analysed in the context of ballet culture. The concept of the phenomenologically 'absent body' is used to understand the temporary disappearance of the body from awareness, while the notion that pain and illness can be considered a form of communication offers an insight into the relationship between the individual body and the social and cultural worlds it is part of. The use of an ethnographic perspective ensures an attentiveness to the dancer's agency, informing and enriching the analysis.

Key words: ballet, occupational culture, absent body, phenomenology, agency.

Introduction

Ballet dancing is a physical profession and like all physical professions it involves specific health risks. The ballet technique, with its use of *pointe* shoes and the extreme turn-out of the legs and feet, invites dancers to

defy the principles of human design. (. . .) Human toes were not designed to stand on. Unfortunately, dancers know this very well, but they stand on them anyway. (. . .) When dancers learn to turn out 180 degrees from the hips, to dance on *pointe*, to hold their torsos high off their waists, to arch and point their feet unnaturally, the muscles involved in these operations are strengthened in one way, but weakened in others (Mazo, 1974: 230–231).

But the health risks for ballet dancers, and female dancers in particular, are not only the consequence of the physical character of the profession and its associ-

ated techniques. More than twenty five years ago Lawrence Vincent, an ex-dancer and long-time physician with the New York City Ballet, already pointed to a third factor: the occupational culture of the ballet world. In a critical review, with the compelling title *Competing with the Sylph*, Vincent (1979) discussed the aesthetic ideal in the ballet world and its consequences for the health of female dancers. Vincent described the obsessive ways in which the ballet world dealt with the body weight of female dancers and related this to the frequent occurrence of eating disorders among them. Ten years later Vincent, in his introduction to the special issue on eating behaviour of *Dance Medicine & Science*, concludes that the situation has not improved since then: 'The reason', Vincent writes, 'is our failure to confront the root of the problem, because it is a *cultural and aesthetic*, not a scientific or medical one' (Vincent, 1998: 4, my emphasis).

Every occupation has its own culture. People in the same profession usually share a moral belief system and a behavioural code, telling them how to behave and what, usually unwritten, rules to obey (Hochschild, 1983; Clark, Chandler & Barry, 1994). In *Competing with the Sylph* Vincent laid bare the rules concerning the shape of the female dancer's body and directed attention to the dangers these rules presented to her health. But the development of eating disorders is not the only health risk resulting from the occupational culture of the ballet world. The dominant attitude towards pain and injuries is equally hazardous.

Research in the world of professional dance has repeatedly and convincingly shown that most dance injuries are not the consequence of trauma, but the result of chronically overburdening the body. Because pain is often ignored, a minor physical problem eventually turns into a serious one (Krasnow, Kerr & Mainwaring, 1994; Brinson and Dick, 1996; Liederbach and Compagno, 2001; Mainwaring, Krasnow & Kerr, 2001; Schärli, 2005)¹ According to the British dancer Darcey Bussell

Dancers are always so desperate not to miss any part of their careers that we find it tempting to work through injuries if we possibly can. When we first join the company we're especially determined to prove ourselves, and I know many dancers who have been injured but who have carried on working without telling anyone (1998: 149).

Bussell continues her story by telling us that she knows it is not healthy to continue working while suffering from an injury and it will make matters worse, but that she herself still does so every now and then. But 'every time, afterwards, I cannot believe I've taken such a stupid risk' (Bussell, 1999: 150).

For the anthropologist studying body discourses and body practices in the ballet world, the ruthless ways in which dancers and dance teachers often treat the body is bewildering. In an occupation where the body is so all-important one would expect the practitioners to treat it with the utmost respect to keep it healthy and in shape. Like eating disorders, however, overburdening and exhaustion are considered by many dancers unavoidable risks of the profession. Why do dancers not take better care of their bodies? What are the moral beliefs that

bring forth such an attitude? Which behavioural codes do dancers adhere to when it comes to pain? And what does 'listening to the body' mean within the context of ballet?

This chapter examines the occupational culture of ballet, looking specifically at body awareness and body experiences. Using a phenomenological approach, complemented by ethnographic interview data, the experiences of the ballet dancer's body, in its daily training process, are described and analysed. Focusing on the dancer's attitudes and dealings with pain and injuries, but also dealing with the issue of eating disorders, the implications of this analysis for theorizing the body as a material, only contingently elusive, phenomenon are explicated.

Theorizing the Body

In the last two decades the body has become an important and well-respected subject of anthropological and sociological scholarship (Turner, 1984; Csordas, 1990; Turner, 1992; Synnott, 1993; Lupton, 1995; Nettleton, 1995; Williams & Bendelow, 1998; Shilling, 2003).² While initially the body tended to be treated as an 'object' controlled by government or 'discourse', researchers interested in bodily experience and a 'more meat-and-bones approach' to the subject (Foster, 1997: 235) often turned to phenomenology, and more particularly to the work of Merleau-Ponty, in advocating embodiment as a paradigm for anthropology and sociology (Nettleton and Watson, 1998; Csordas, 1990). The phenomenological approach holds much promise for the study of ballet dancers, given the extent to which their work is bound up with their bodies. Professional dancers present an interesting case in that they generally treat their bodies as objects controlled by their minds, and are highly selective about which features of their physical experiences they focus on. In this respect Drew Leder's (1990) account, of how it is that people's bodies can become 'absent' from their awareness but also force themselves to the front of it, is highly relevant to the study of ballet dancers.

In everyday life most people, while depending on their bodies to engage with the world, are usually not aware of their bodies. When I try to catch a ball, my attention will be focussed on the ball and not on the many complicated physical processes that allow me to catch it successfully. When I eat a sandwich I will be aware of the taste and structure of the food, but probably not of my mouth's movements to make the food enter my body or my stomach's efforts to digest it. The elusiveness of the body or, as Csordas (1994: 8) has formulated it, this '*disappearance* from awareness' is the reason why Leder (1990: 69) speaks of the 'absent body', stating that 'it is *the body's own tendency toward self-concealment* that allows for the possibility of its neglect'.

The tendency toward self-concealment, however, is disrupted when there is illness, pain or a sudden confrontation with physical failure. When I tear a

muscle trying to catch the ball, when I burn my tongue because the food is too hot or when my stomach rejects the shrimp salad that has gone bad, causing me to vomit for hours, I am suddenly very aware of my body. Then the body leaves its mode of absence, making its presence known.

A region of the body that may have previously given forth little in the way of sensory stimuli suddenly speaks up. . . . Even body regions that are ordinarily perceptible still present a heightened call when in pain (Leder, 1990: 71).

Taking Leder's statement that when the body is in pain it 'speaks up' one step further, pain is one of the ways the body escapes its elusiveness, making itself heard and thereby becoming undeniably material.

In their influential article 'The Mindful Body' the anthropologists Nancy Scheper-Hughes and Margaret Lock (1987) add a cultural dimension to Leder's concern with the reappearance of the body by proposing to see pain and illness as a form of communication. They suggest that illness and pain come into being and are expressed as a result of interaction between embodied individuals' feelings and thoughts, on the one hand, and the social relationships and cultural belief systems of which they are part, on the other. Through illness, which Scheper-Hughes and Lock call 'the language of the organs', nature, society and culture make themselves heard all at the same time (1987: 31). Here Scheper-Hughes and Lock explicitly draw attention to the relationship between the body, its 'owner' and the social and cultural worlds it is part of. To grasp the meaning of pain and illness it is not enough to look at the body's presence or absence in the individual's consciousness. Understanding the 'language of the organs' is only possible if the body is positioned firmly within the cultural symbolism and the context of the social groups it is part of.

This becomes clear if we delve further into the occupational culture of ballet, a culture that offers its participants not only a moral belief system and behavioural codes, but also a specific language that enables individual dancers to understand and communicate with each other. As such, this culture impacts upon how dancers are socialized into the beliefs dominant in the ballet world, and helps us to understand the meanings they attribute to pain, injuries, and bodily shape and weight.

Ethnographic perspectives

The present analysis is based on an ethnographic study of body discourses and body practices in ballet conducted between 1993 and 2000 in The Netherlands (Aalten, 2002).³ Formal in-depth interviews with male and female ballet dancers, informal conversations backstage and during touring trips, and interviews with professionals like nutritionists, physiotherapists and doctors specializing in dancer's injuries, were held over the years. Observation was another important method in the research: I attended daily classes and rehearsals at Het Nationale Ballet, the major ballet company of The Netherlands, and numerous ballet

classes at other companies and professional ballet schools. In addition to the formal and informal interviews and observations, extended biographical interviews were conducted with twenty-five female professional ballet dancers and nine dance students at professional schools. The life stories that were written on the basis of this interview material were complemented by a collection of dancers' autobiographies.⁴ In both the biographical interviews and the autobiographies, the attitude towards pain and injuries was a focus of the analysis, but much was also revealed about weight and body shape. These ethnographic and biographical methods complemented each other well. While the former allowed for an exploration of the subculture of ballet, exposing the context where injuries occur and body norms are established, the latter offered more insight into the individual identities of dancers.

Creating the dancer's body

In their years of training, professional dancers are confronted with 'two bodies: one, perceived and tangible; the other, aesthetically ideal' (Foster, 1997: 237).⁵ The perceived and tangible body is the body they experience daily, with the toes that hurt because they are being forced into *pointe* shoes, the stomach aching for a meal, and the muscles that are tired after a long working day. This experienced body is also one that struggles to fulfil the demands placed on it in terms of being able to do the difficult pirouette after endless hours of trying, keeping balanced at the right moment, and physically forcing itself into harmony with the long lyrical lines the choreographer is asking for. The second body is the ideal body that is presented to a dancer by her teachers, ballet masters and choreographers. This ideal body has a specific form and the ability to perform specific movements endlessly and with ease. In ballet this bodily form is well described and its movement patterns are known (Lawson, 1979; Jowitt, 1988; Warren, 1989). Within the power relations of the ballet world, teachers, ballet masters, choreographers and artistic directors are the ones who operate as gatekeepers to the profession and dictate which bodies approximate most closely to the ideal.

These two bodies, the perceived and tangible, and the ideal, constantly interact.⁶ During the first ten years of education and training, the years in which the dancer's body is created, the nature of this interaction is highly unequal.⁷ Throughout these years, training is aimed at *creating* a dancer's body, using the ideal body as yardstick. The dancer who works with her body is constantly aware of the ideal. She is also aware of the fact that working, and working hard, can bring the ideal closer. Dancer Tessa Cooke had legs that did not fit the necessary 'ballerina look'.

I really needed to mould my body into the required shape. I have literally formed my legs through training and dancing. In my case the malleability is proven. When your body is your instrument you can do that. When you really put your mind to it, you

can change your body. Not only by getting thinner, but also in other aspects. It's simply a matter of focussing strongly enough.

With the right kind of training and exercises and enough will power, bodies can be moulded. Dancers know this because this is what they are told by their teachers and because they come to experience the relationship between constant hard work and physical change and improvement.

During their training years, in short, dancers learn that the body is indeed malleable. The steps that seemed impossible at the outset can now be mastered, constant exercises have effect and the ideal body can be created. A young dancer told me how she put her lessons into practice: 'Every night I sat down in front of my bed and pushed my legs wider until they really hurt. The next day I could go a bit further.' This dancer literally felt how the body could be moulded. But in the process of creating the dancer's body she also learnt another lesson. Discovering that pushing her legs 'until they really hurt' would bring her closer to the desired ideal, she learnt to regard pain as a sign of improvement. In the pain of her hurting legs nature, society and culture came together, telling her the story of her own physical boundaries, the social constraints of her profession, and the symbolic meaning of the necessity of discipline and suffering all at the same time.

If dancers encounter lessons in pain, so too are they subject to lessons in weight. In ballet the keyword is lightness (Jowitt, 1988). By using their will power and technique, dancers challenge the law of gravity, creating the illusion of doing so without any effort. When female dancers get 'on *pointe*', make endless turns or jump into the air, they seem to be weightless. The beauty of ballet is not in the presentation of the human body as it is, struggling, sweating and subjected to gravity, but in the stylization of it. As the American dance scholar Roger Copeland states:

In the tradition from Plato to Freud, art is conceived as a mode of sublimation, an alchemical conversion of lower or bodily energy into a higher, mental or spiritual state. To create a work of art is to transcend the lowliness of the body. Hence the odd paradox that dance – the only art form whose raw material is the human body – began to idealize the image of the disembodied woman (Copeland, 1990: 27).

The ideal of the disembodied woman has concrete consequences for the ways in which female dancers treat their bodies. The most obvious consequence is the constant striving to be slim. In the daily life of female dancers, the ambition to weigh as little as possible and the specific attitude towards food that is related to this ambition are omnipresent and eating disorders are frequent.

Female dancers working in companies that present nineteenth-century ballets cannot escape the ideal of the disembodied sylph. In 1995 Esther Protzman, a soloist with Het Nationale Ballet in Amsterdam, confessed to her suffering from serious eating disorders since early puberty in one of the nation's major newspapers. She had just started training again, after a total collapse several months before. Esther Protzman said:

I could not do anything any more. I had no energy left. My obsession with non-eating had completely taken over my dancing. I thought I would be a better dancer if only I could be extremely thin and it has taken me a lot of effort to realize that I had gone too far in that.

A year after the publication of this admission I interviewed Esther Protzman. She told me that her problems had already started at school. After finishing her training she was accepted into Het Nationale Ballet, the most prestigious ballet company of the Netherlands, and it was at this stage that she became obsessive about her weight. The staff of the Het Nationale Ballet did not offer any help and she did not ask for it. On the face of it nothing was wrong, because for years Esther Protzman danced beautifully and was promoted steadily until she became a first soloist. It was only after a complete collapse that she herself and the staff of the ballet company realized that something was very wrong.

This dancer is certainly not alone in her struggle. International research shows that female dancers in particular engage in unhealthy eating patterns, especially when the physical strain of their daily activities is taken into account (Benson *et al.*, 1988; Warren, 1989; Brinson & Dick, 1996; Haight, 1998; Wolman, 1999; Koutedakis & Yamurtas, 2004).⁸ Yet, for years the dance world would not acknowledge this problem. The aesthetic ideal and the body practices that followed from it were so much part of the occupational culture of ballet that people closed their eyes to its negative consequences (Gordon, 1983; Vincent, 1979, 1998). In recent years eating disorders and their consequences are on the agenda. Nevertheless, the fact that the aesthetic ideal can be the cause of serious eating disorders for female dancers, disorders that constitute a general health risk for the profession as a whole, is only slowly being acknowledged (Benn & Walters, 2001).

Coping with pain and hunger

In 1995, at an international conference of dance scholars, Susan Foster told an anecdote about a female dancer visiting her physician. The doctor asked the dancer where she felt the pain and for how long she had been feeling it. The dancer looked at him with a look of complete incomprehension. When the doctor asked her what it was that was so incomprehensible, she answered: 'But I feel pain all the time!' This little story may be exaggerated, but it touches on a fundamental element in the life of all dancers. Physical pain is part of the daily life of dancers, and is considered an inevitable aspect of the profession. Writing about the occupational culture in four ballet companies the anthropologist Helena Wulff even speaks of a 'culture of injury and pain' (1998: 105). Most dancers find this so obvious that my questions about pain were met with a shrug of the shoulders. When I persisted I was usually given stories of funny accidents or really serious injuries, before we finally arrived at the day-to-day experiences with pain.

Psychological research shows that dancers, despite their continuous complaining, actually have a high level of pain endurance (Tajet-Foxell & Rose, 1995; Ramel & Moritz, 1998). This strange junction of experiencing and complaining about pain, on the one hand, and being able to endure a high level of pain, on the other, can only be understood within the framework of the ballet culture and the dancer's relationship with her body. Listen to what Yoko van der Tweel told me about her relationship with pain in our first interview, when she had been with Het Nationale Ballet for four years.

I remember having a corn once and I still needed to go on *pointe* for the ballet we were doing at the time. Then I discovered that it is possible to focus yourself mentally up to the point where you do not feel the pain anymore the moment you get on stage. In a way you surpass the pain.

Seven years later I talked to her again and asked her how she looked at pain now. She told me the following anecdote.

I think you feel pain when you are doing nothing. That's when you feel it. But when you are dancing you do not feel any pain. Once, during a rehearsal one of my *pointe* shoe ribbons broke. I put it together with a safety pin and while I was dancing the pin started to bend and the point of it went through my foot. This had been going on for some time and the bleeding was heavy. But I did not feel a thing! Because I had been dancing and concentrating on the dancing. Therefore you do not feel pain in that situation.

All dancers I interviewed had comparable stories about being able to ignore pain and physical problems. They accepted pain as an inevitable part of their profession, while at the same time experiencing a certain level of control over it.

In the dance world there are 'easy' bodies and 'difficult' bodies. An easy body is a body that can be moulded into the required dancer's body without too much effort and pain. Slim, supple, a good turn-out, long legs that can go upwards in a straight line, beautiful feet and a straight back. With a difficult body the distance between the body of the dance and the ideal body is greater. Many dancers, even the ones with the so-called easy bodies, used the term 'fighting' when they talked about their relationship with their bodies. As journalist Joseph Mazo so aptly put it: ballet dancers have to teach their bodies to do things that 'defy the principles of human design' (1974: 230). The word 'defy' can be taken literally here. For dancers physical boundaries must be crossed and bodily limitations are seen as challenges.

A dancer's attitude toward pain has to be understood within this context. Every dancer knows: if you want to be good, you have to suffer. For a dancer the experience of pain is not only negative, precisely because of this heroic aspect. Pain can be a sign that you are working hard or that you are improving yourself physically. Therefore pain is often even welcomed (Wulff, 1998: 106–107). Most dancers gave descriptions of this attitude towards pain that went far back into their training years.

At school you were never allowed to show if something hurt. There was this little note in the dressing room saying: 'Blood is good, no pain no gain'. That really said it all.

Crying if you were in pain was absolutely forbidden. When you did, the reaction was always: 'Keep smiling! You are the one who wants to be here, if you don't like it you can leave. If you want to stay, stop whining!' So you simply did not dare to stop, you just went on. There was a time when I had terrible cramps, but I never stopped. Never! (Nienke Bonnema).

Dancer Mariët Andringa had a 'difficult body'. In school, however, she learned how to diminish the distance between the two bodies, her own and the ideal.

I had a good feeling when I left school. I felt like a winner. I was a fighting machine. I was so strong that I pulled my tendons until they snapped. Looking back now I know that I treated my own body with hatred. I danced when I was in pain or injured. After a holiday I would do thirty-two *changements* straight from a grand *plié*. And the next day, with legs like this, I would do them again. Or *frappés* for at least half an hour. While the teacher sat at my feet to make sure I would not give up. The tears would be streaming down my face, but I would keep going. That was the only thing that mattered: not giving up. You will definitely develop a specific kind of mental strength. But physically? What you learn is to close off all feeling. This can be good in some situations. But it takes you away from your ability to feel pain.

In both stories these dancers describe how during their training years they were socialized to accept the body's suffering as an inevitable part of their profession.

The denial of food, the necessary fuel for the body, is also part of this. Every one of the dancers I interviewed had some personal experience with eating disorders. Most managed to overcome them, but for some food and eating were always fraught with emotions. The problems usually started during puberty in school. Numerous dancers told me the story of how a teacher would point at the thinnest girl in the class, telling the others to follow her example. They talked about the 'contagiousness' of disordered eating behaviour; even when no remarks were made about one's own body, criticisms of the bodies of friends was enough to start dieting. Yoko van der Tweel told me:

I have never had any trouble to stay thin. But at school I was surrounded by girls who were obsessed by their weight and had problems. So I sort of went along and started to have doubts about myself. As a consequence I gained weight and had to go on a diet as well. So for a time I went up and down. Fortunately that has changed after I became a professional dancer. Ever since I joined the company I have been okay.

Another story I was often told was that when a dancer had lost weight as the result of an illness, she would receive praise and be encouraged to continue dieting.

Dieting can be seen as part of the constant work on the body that is part and parcel of the ballet world. All dancers had the capacity to loose some weight whenever it was really necessary, for example if a ballet with very revealing costumes was staged. For some, not eating became a way of life.

When I had just joined the company I experimented with diets and even with pills. But after a while I stopped that and since the birth of my daughter I have never been on a diet again. But even now, after leaving the company, I still don't like to eat. I

never feel hungry. I don't eat three meals a day, I hate feeling full (Nicolette Langestraat).

The ability to control one's appetite and to go without food in order to reach the ideal of the disembodied woman was all part of the socialization of a dancer.

The necessity of crossing physical boundaries and the definition of pain and suffering as heroic bring forth a mode of bodily absence that is specific for ballet dancers. In ballet it is not 'the body's own tendency towards self-concealment' that is responsible for its absence in the dancer's consciousness. Dancers work with and on their bodies in a highly conscious manner and therefore do not experience the taken-for-granted, passive absence of the body that is common for non-dancers. As became apparent in the life stories, the absence of the dancer's body is an *active* absence, an absence that is *forced* upon the body. The body's ability to make itself known, by crying out in pain or hunger, is taken away by the dancer in her struggle to achieve the required technique and bodily perfection. When the body 'speaks up' it is habitually silenced into a mode of bodily absence to allow the dancer to continue working, thereby denying the body its materiality. In an occupational culture that on the one hand believes in the malleability of the body, striving for disembodiedness, and on the other hand gives a heroic status to pain, the neglect of the body of the dancer is the result of a conscious act. But this act does not go unpunished. Despite the dancer's discipline and capacity to silence her body, it still retains some of its abilities to call attention to itself, one of which is through injury.

Listening to the body

Dancers who systematically silence their bodies run the risk of meeting the boundaries of its malleability. When Esther Protzman told the national press in 1995 about her problems with eating, she had just returned to training again after a serious collapse several months before. For years she had subjected her body to an unhealthy eating pattern and suddenly it had refused to continue. She literally could not do anything anymore and was forced to stop dancing. When I interviewed Protzman a year later, she said:

Now I know that a dancer has to take very good care of herself. That you have to give your body what it needs. But this is difficult, because the demands are high. A dancer wants to dance. So when you are not chosen for a role, there is a problem. I always thought that my main problem was my weight and that I would be chosen more if only I would be thinner. But this is not how it works. You have to be yourself. Dancers have to work with their own bodies, not with some idealized image of it. You have to know what you are worth and accept that maybe you will not be chosen for every ballet.

The reason why it took a talented and intelligent dancer like Esther Protzman so many years to discover that she needed to take better care of her body is related to the more general belief in the malleability of the body within the ballet

world. Body weight is regarded as relatively easy to control. All the dancers I interviewed told me that losing weight had never presented any difficulties. They were disciplined enough to loose the pounds that had to go, even within a very short time. But for every one of them there comes a moment when they realize that body weight cannot be manipulated endlessly. Some of them, like Esther Protzman, had to suffer a serious collapse before reaching this insight.

During my research I repeatedly interviewed Daniëlle Valk, a *corps de ballet* dancer with Het Nationale Ballet. In our first interview I asked her how she dealt with physical problems:

Sometimes the company only has a few people available who can dance a particular role and in that case you feel responsible. I remember having a problem with the knuckle of the big toe in one of my feet. This was one of those typical problems of over-burdening. It was really painful with certain movements, but not serious enough to stop me from dancing. Before I went on stage I had to make the movements that hurt the most repeatedly to make it through the performance. That wasn't very pleasant. I would have skipped the performance, but when they tell you they do not have anybody to take your place, what can you do? And then, when you see other colleagues continuing, you do not want to disappoint them.

So she continued dancing despite the problem, which she considered a minor discomfort anyhow. But Het Nationale Ballet's repertoire contains much pointe work and the feet of Daniëlle Valk were apparently not up to this. The small problem of over-burdening that she was telling me about in our first interview went gradually from bad to worse. Inflammation of the knuckle of her big toe became chronic and caused her much trouble. Because of the company's tight schedule and a repertoire with multiple dancing styles, Valk's feet did not have enough time to heal properly. The medicines she took helped her to fight the inflammation but were a cause of serious stomach trouble. Within three years after our first interview Valk was forced to stop dancing.⁹ Her body had spoken in ways that could no longer be ignored.

Within the world of ballet, Protzman's long history of distorted eating and Valk's choice to continue dancing despite an injury is not at all exceptional. Wainwright and Turner (2004: 317) state that on an everyday level 'dancing and performing with niggling injuries is the norm'. The fear of losing roles and the sense that performance is obligatory are only partly responsible for the dullness of hearing that dancers seem to suffer towards the language of their bodies. For many dancers their identity is so closely tied up with their profession that not being able to dance presents a major threat to their sense of self (Mainwaring, Krasnow & Kerr, 2001; Wainwright, Williams & Turner, 2005). This is why a serious injury, that is an injury that prevents a dancer from doing what she loves doing most, dancing, always has such a devastating effect (Macchi and Crossman, 1996).

But in an occupational culture that teaches its participants to ignore the language of the body and actively to silence it, an injury can also be a good thing. In her memoirs, the American dancer Merrill Ashley, who had a 30-year career

with the New York City Ballet, expresses a view on injuries that seems to go against the grain of dominant thinking within the world of ballet. According to Ashley an injury can be positive, because it heightens the awareness of the dancer towards her body. Ashley states:

After an injury, a dancer learns, at least for a short time, to heed his body if only because pain speaks a language almost anyone can understand. This heightened awareness should not disappear once the dancers returns to form; rather it should help him continue to learn about the ways in which the body moves and reacts (1984: 217–218)

It is possible that Ashley's views have more to do with wishful thinking than with an accurate description of ballet reality. When interviewing twenty-six dancers of the professional division of the Royal Winnipeg Ballet School in Canada, the researchers discovered that the majority of them did not change their way of working after an injury. A considerable minority, however, (eleven) did actually modify their exercises, were more careful and aware of their bodies and used better technique (Macchi & Crossman, 1996).

In the course of my research I met several dancers whose stories resonated with Ashley's view on injuries. Mariët Andringa, who described herself as a 'fighting machine', told me:

I used to be that dancer who could almost die of pain and still go on smiling. So typical. That enormous distance between how you feel and what your body tells you. I have had to learn how to discover my own boundaries. I really needed my injury to teach me that. Now I know what I can do and this is so much better, because now I can prevent myself from getting injured. But I needed the injury for that.

Another dancer described a similar experience. Cora Bos-Kroese was a dancer with the Nederlands Dans Theater when I first interviewed her. She told me how happy she had been when she was accepted in the company immediately after she had finished her education. To prove her worth she worked extremely hard and managed to dance a lot. But then she was struck by a serious back injury in her second year with the company, making it impossible for her to walk for a week. The shock of the injury and its consequences changed her attitude towards her work. Bos-Kroese:

Before the injury I worked from positions. I had this *arabesque* that I wanted to get right and I simply worked as long and as hard as possible to get there. Every day I stretched and pulled. Then suddenly I could not do anything anymore. All the vertebrae were irritated, all the muscles were hard. It was as if my body had created its own defense against my working it. Imagine, I could not walk for a whole week! That really made me think. I realized I could try to work differently. I decided to start listening to my body. To work with what it can do instead of with the ideal. Now I stretch and I consciously feel how far I can go. It's a matter of consciousness. But I needed the injury before I could do that.

Stories such as these show how the silencing of the body is so much part and parcel of the occupational culture of the ballet world that 'listening to the body'

has to be learned actively. Paradoxically, an injury can serve as an impetus to start this learning process.

An injury that prevents a dancer from dancing is the worst that can happen to her. But my research shows that within an occupational culture that systematically silences the body, an injury can also be a good thing. I have interviewed dancers who were confronted with the boundaries their bodies set to them early in their careers and others for whom this experience came later. But to all of them it offered the same lesson: first they had forced their bodies to fit to the ideal image but then this injury happened and made them realize that there was an end to the malleability of their bodies. Or, as dancer Esther Protzman formulated it: 'You have to be yourself. Dancers have to work with their own bodies, not with some idealized image of it'. Once this message hit home, the dancer started to work differently. The nature of the interaction between her own body and the ideal changed. Instead of the unequal subordination of the perceived and tangible body by the ideal came an interchange between the two bodies. The perceived and tangible body was given a voice and was allowed to be present in the discussion on the goals that the dancer was striving for.

Conclusion

At the outset of this article I was looking for answers to the question of why so many dance injuries are the result of a chronically overburdening of the body. Why do dancers not take better care of their bodies? As an anthropologist studying the unwritten rules and regulations of the ballet world I was bewildered by the often harsh ways in which many ballet dancers treat the instrument they depend on most. Eating disorders, overburdening, exhaustion and dancing with pain and minor injuries are considered by many dancers unavoidable risks of the profession. What are the moral beliefs that bring forth this attitude? Which behavioural codes do dancers adhere to when it comes to pain? And what does 'listening to the body' mean in the context of ballet?

Drawing on contemporary body theory I aimed to analyse the meaning of injuries and pain in the context of ballet culture, while my use of an ethnographic perspective allowed me to be attentive to the dancer's agency. The concept of 'the absent body' helped me to understand the disappearance of the body from awareness, while the notion that pain and illness can be considered a form of communication offered an insight into the relationship between the individual body and the social and cultural worlds it is part of.

Professional dancers are in an extremely demanding occupation when it comes to physical capabilities and strength. The daily reality of classes, rehearsals and performances forces them to work themselves literally into a sweat and to defy 'the principles of human design'. The physical demands of the profession, however, are not the only reason why dancers suffer from serious health risks. Another reason can be found in the occupational culture of the ballet. The belief in the malleability of the body creates a world where a dancer's

body is always under construction. Dancers are well aware of the notion that continuous practice and perseverance will lead to a change and improvement of their own perceived and tangible bodies towards the required ideal. The pain and suffering that are involved in the process is considered to be necessary and even somewhat heroic.

Because of their profession, dancers relate to their bodies differently from non-dancers. Dancers do not have the same kind of disappearance from awareness of the body that is common for most people. During their training their bodies are present as the focus of the dancer's attempts to incorporate the specific ballet technique and master the necessary skills. Their bodies are quite literally the building material for their art. On the other hand, the dancer's training also creates a particular absence of the body. The constant repetition of well-known movement patterns in the daily class brings dancers to a state where they can do them unconsciously. After having mastered the skill of performing a *battement frappés* the dancer does not have to think about her body anymore when she is asked to execute this particular movement, as it has become part of her basic 'techniques of the body' (Mauss, 1973).

The 'absence of the body' in the ballet world is not passive and taken-for-granted, but an absence that is actively achieved. In their attempts to create the ideal ballet body, professional dancers knowingly silence their own material bodies. Many female dancers develop eating disorders while striving to become the disembodied sylph that is the ideal in ballet. They purposely misunderstand the 'language of the organs', ignoring their hunger and lack of energy. Pain and injuries are not viewed as signs of the materiality of the body and the necessity to listen to its needs, but as boundaries that have to be crossed.

The process of silencing does not always go unpunished, however. Sometimes the body speaks up in a way that cannot be ignored, by confronting the dancer with an injury that is so serious that she has to stop dancing. Paradoxically, a serious injury can incite a dancer to start 'listening to her body', working in a different and probably healthier way.

Notes

- 1 According to dancer's self-assessment in a recent quantitative study in The Netherlands 60% of their injuries were chronic, due either to fatigue, overwork, ignoring early warning signs, an incorrect technique or a combination of these (Schärli, 2005: 18–20).
- 2 According to Chris Shilling 'the body has moved to the very centre of academic analysis', serving as 'an enormously productive focus for theoretical and, increasingly, empirical work' (2003: viii, 211).
- 3 The results of the study were published in a book that was written in Dutch (Aalten, 2002). See for publications in English on the methodology Aalten, 2005, on body images in ballet Aalten, 1997 and on body practices in relation to dominant beliefs in the ballet world Aalten, 2004.
- 4 Most important were De Mille, 1951; Fonteyn, 1976; Bentley, 1982; Brady, 1982; Seymour, 1984; Ashley, 1984; Kirkland, 1986; Porter, 1989; Farrell, 1990; Kent, 1997; Bull, 1999 and Bussell, 1999.
- 5 The reader is reminded of 'the two bodies', the physical and the social body, as described by the anthropologist Mary Douglas in her well known work on natural symbols. According to Douglas

- (1970) it is the social body that constrains the way the physical body is perceived and experienced. However, this is not a one-way process: the social and physical body continually exchange meanings, each reinforcing the categories of the other.
- 6 The anthropologist Lewis, who took Leder's concept of the absent body as his starting point and analysed the bodily modes of Brazilian *capoeira* players, says that learning a physical skill requires the individual to mediate between an embodied and a disembodied state, claiming that 'body practitioners such as dancers, athletes, and actors in our world are in this intermediate mode more of the time than are others, and thus their worlds of embodiment are different from the norm' (1995: 229).
 - 7 In an interview I had with the French dancer Sabine Chaland she said that 'it takes ten years to make a dancer's body'. Other dancers made similar statements.
 - 8 It is impossible to give exact figures on the occurrence of eating disorders among female dancers as the information available and the definitions used in the different studies vary widely. In the latest quantitative study among professional dancers in The Netherlands nearly half of the female dancers report having suffered from an eating disorder at least once (Schärli, 2005: 34). The sample of this study, however, was based on a majority of modern dancers working freelance, while there is some evidence that eating disorders occur more frequently among ballet dancers than among modern dancers.
 - 9 Thanks to the growing body of literature on dancer's injuries there is much more information available now than there was twenty years ago. One of the interesting findings in relation to the subject of this chapter is the strong correlation between injury occurrence, fatigue and (the lack of) social support (Patterson, Smith, Everett & Ptacek, 1998; Liederbach & Compagno, 2001; Adam, Brassington, Steiner & Martheson, 2004).

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