



In the Presence of the Body: Theorizing Training, Injuries and Pain in Ballet

Author(s): Anna Aalten

Source: *Dance Research Journal*, Vol. 37, No. 2, Women's Health in Dance (Winter, 2005), pp. 55-72

Published by: [Congress on Research in Dance](#)

Stable URL: <http://www.jstor.org/stable/20444641>

Accessed: 28-03-2015 09:52 UTC

Your use of the JSTOR archive indicates your acceptance of the Terms & Conditions of Use, available at <http://www.jstor.org/page/info/about/policies/terms.jsp>

JSTOR is a not-for-profit service that helps scholars, researchers, and students discover, use, and build upon a wide range of content in a trusted digital archive. We use information technology and tools to increase productivity and facilitate new forms of scholarship. For more information about JSTOR, please contact support@jstor.org.



Congress on Research in Dance is collaborating with JSTOR to digitize, preserve and extend access to *Dance Research Journal*.

<http://www.jstor.org>

In the Presence of the Body: Theorizing Training, Injuries and Pain in Ballet

Anna Aalten

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

In this statement the American dancer Merrill Ashley, who had a memorable 30-year career with the New York City Ballet, expresses a view on injuries that goes against the grain of dominant thinking within the world of ballet. According to Ashley, who suffered from several injuries in her first two years with the company, an injury can be a positive experience for a dancer, because it heightens her awareness of her body and teaches her about its possibilities and limitations. This is a rather exceptional view in a world where the vast majority of professionals commonly see injuries as a disaster (Wulff 1998; Wainwright, Williams and Turner 2005). The dominant realization that a dancer's career is short makes dancers fear an injury, because it will prevent them from dancing and cause them to lose roles. Because "there is a rule in the ballet world against casting or promoting dancers who are injured" (Wulff 1998, 106), dancers who suffer from an injury will wait as long as possible before letting others know, because they are afraid it will stop them dancing (Mainwaring, Krasnow and Kerr 2001).

This is also the main reason why dancers continue to dance despite an injury. According to the British dancer Darcey Bussell:

Anna Aalten is an Associate Professor at the Department of Sociology and Anthropology of the University of Amsterdam and at Codarts, Professional University of Music and Dance in Rotterdam, The Netherlands. She received her PhD. in 1991 and has been teaching general anthropology courses, gender studies, body theory and qualitative methodology. At Codarts she is currently working on several research projects con-

cerning excellence, health and well-being in the performing arts. She has published in national and international journals in the fields of anthropology and feminist studies. She also works as a freelance journalist for the Dutch magazine *Dans*. Address: Department of Sociology and Anthropology, Oude Zijds Achterburgwal 185, 1012 DK Amsterdam, The Netherlands. [email: A.J.J.Aalten@uva.nl]

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 that it will make matters worse, but she herself still does so every now and then. But "every time, afterwards, I cannot believe I've taken such a stupid risk" (Bussell 1998, 150).

Young dancers are especially vulnerable to this feeling of urgency. They still have to prove themselves and they do want to be there when roles are handed out.

When I first started my career with the company I really had to prove myself. I left school feeling I had to show them what I was capable of. And I was always afraid to miss out on things. You know, thinking that if I would be absent for a few days I would miss the important roles. So I worked more than a hundred percent. That really cost me. In the first year with the company I have been over-fatigued three times (Daniëlle Valk, corps de ballet dancer in Het Nationale Ballet).

Moreover, they work with the recklessness of youth. Their young bodies can take a lot and heal quickly. Older dancers have their own reasons for not giving in to pain or an injury. They fear the injury will mean the beginning of the end of their careers and by ignoring it, they try to postpone the dreaded moment as long as possible.

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 and Mainwaring 1994; Brinson and Dick 1996; Liederbach and Compagno 2001; Mainwaring, Krasnow and Kerr 2001; Schärli 2005).¹ Against this background, Merrill Ashley's belief that "pain speaks a language that almost anyone can understand" has to be reconsidered. When it comes to pain, professional ballet dancers seem to suffer from a definite dullness of hearing.

Ballet culture and health

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 the technique. More than twenty-five years ago Lawrence Vincent, an ex-dancer and longtime physician with the New York City Ballet, already pointed at 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. More recently Vincent, in his introduction to the special issue of *Dance Medicine & Science* on eating behavior, 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 behavioral code, telling them how to behave and what, usually unwritten, rules to obey (Hochschild 1983; Clark, Chandler and 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. 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 in order to keep it healthy and in shape. However, like eating disorders, 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 behavioral codes do dancers adhere to when it comes to pain? And what does “listening to the body” mean within the context of ballet?

Theorizing the body

The research on which the present article is based can be situated within the sociology and anthropology of the body (Synnott 1993; Turner 1984; Csordas 1990; Williams and Bendelow 1998; Shilling 2003) and, more specifically, within the study of health and health practices in relation to social structures and cultural beliefs (Turner 1992; Lupton 1994; Nettleton 1995).

In the last two decades the body has become an important and well-respected subject of anthropological and sociological scholarship.² The widespread success of the journal *Body and Society* and the steadily increasing number of empirical studies on the

body are signs that this is not a temporary fad and that the body is here to stay. While the theories of Pierre Bourdieu and Michel Foucault are definitely of major importance in the field, theoretical approaches vary widely, finding inspiration in highly diverse sources. Researchers interested in bodily experience and a “more meat-and-bones approach” (Foster 1997, 235) often turn to phenomenology and more particularly to the work of Merleau-Ponty, advocating “embodiment as a paradigm for anthropology” (Csordas 1990), a focus on the “embodied experience” (Nettleton and Watson 1998) or a “carnal sociology” (Wacquant 2004, viii).

The starting point for these approaches has been Merleau-Ponty’s systematical challenge of Cartesian presumptions of the body and, more specifically, his radical rejection of the conceptual separation of body and mind. In a critical elaboration of Merleau-Ponty’s ideas, the philosopher Drew Leder (1990) offers an explanation for the persuasiveness of Cartesian dualism. Introducing the concept of “the absent body,” Leder shows convincingly how experiences of bodily absence are such an essential part of the human structure of embodiment that the idea that body and mind can be separated comes almost naturally (1990, 2–9).

In everyday life most people, although 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 focused 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 of my stomach’s efforts to digest it. This is even truer of the visceral processes that go on, hidden inside my body, of which I have only a vague knowledge. This “*disappearance from awareness*” (Csordas 1994, 8, italics in original) is the reason why Leder 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” (1990, 69, italics in original).

The tendency toward self-concealment 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 and causes 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 central characteristic of pain or illness is that it calls attention to the body.

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)

The notion that the body “speaks up” when in pain resonates with Ashley’s statement that “pain speaks a language almost anyone can understand.”

In their influential article, “The Mindful Body,” the anthropologists Nancy Scheper-Hughes and Margaret Lock (1987) propose seeing pain and illness as a form of communication. They consider the ways in which illness and pain come into being and are expressed as being the result of an interaction between an individual body, in-

cluding the mind, and the social relationships and cultural belief systems it is part of. 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 context of the social groups it is part of.

Ethnographic perspectives

The present analysis is based on an ethnographic study on body discourses and body practices in ballet, which was done 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 such as nutritionists, physiotherapists, and doctors specializing in dancers’ injuries were held over the years. Observation was another important method in the research: the author observed daily classes and rehearsals at Het Nationale Ballet, the major ballet company of The Netherlands, and watched numerous ballet classes at other companies and professional ballet schools. In addition to the formal and informal interviews and the 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 Attitudes towards pain and injuries were recurrent themes in all the interviews and a focus in the analysis of the autobiographies.

The world of ballet is a subculture with its own rules and regulations, which makes it hard for outsiders to get insight into a dancer’s identity and to understand her motivations and sacrifices. Until recently, personal stories of professional dancers were seldom heard publicly and anthropological or sociological studies of the ballet world were non-existent.⁵ Collecting life stories enabled me to get descriptions of the daily life of ballet dancers and their identities in the words of the participants themselves. Considering the closed nature of the ballet world, this is a valuable achievement. In their stories the dancers gave me a “presentation of self” that was usually less polished and more multi-dimensional than the published autobiographies.

Ethnographic research is based on the view that individuals are the (re) creators of meanings that form the basis of their everyday lives (Denzin 1997).⁶ People derive the tools to make meaning from institutionalized discourses, which offer them the words and concepts to describe and make sense of their lives (Langness and Frank 1981; Smith and Watson 1996; Holstein and Gubrium 2001). By collecting individual life stories, material on actual experiences and events is brought together with people’s perceptions and the meanings they give them. Taken together, an ethnographic approach allows the exploration of the subculture of ballet, exposing the context where injuries occur,

while the biographical interview offers insight into the individual identity of the dancer and tells us what an injury means to her.

Creating the dancer's body

Drawing on Leder's concept of "the absent body," I will now look at the conceptualization of the body in the world of ballet, concentrating on the process of creating the dancer's body. In their years of training, daily rehearsals, and class, professional dancers are confronted with "two bodies: one, perceived and tangible; the other, aesthetically ideal" (Foster 1997, 237).⁷ The perceived and tangible body is the body they feel and see in the mirror every day. This is the body that has muscles strong enough to lift a leg. This is the body with the toes that hurt when forced into pointe shoes and the stomach that aches for a meal, the body that is tired after a long working day. But also the body that fulfills the demands, the body that is able to do the difficult pirouette after endless hours of trying, the body that can keep a balance at the right moment and that makes 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. In ballet this form is well described and the 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 dictate which bodies fit the ideal and who operate as gatekeepers.

The two bodies, the perceived and tangible and the ideal, constantly interact.⁸ 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.⁹ During these years all 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 mold 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 focusing strongly enough.

With the right kind of training and exercises and enough will power, bodies can be molded. Dancers know this, because this is what they are told by their teachers and because they have experienced that when they really put their minds to it and work hard, they can realize physical change and improvement.

During their training years 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 molded. But in the process of creating the dancer’s body, she also learned another lesson. Discovering that pushing her legs “until they really hurt” would bring her closer to the desired ideal, she learned 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.

In ballet the keyword is lightness (Jowitt 1988). By using their will power and technique, dancers successfully challenge the law of gravity, creating the illusion of doing so without any effort. When female dancers get “on pointe,” making endless turns or jumping into the air, they seem to weigh nothing at all. 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 in one of the nation’s major newspapers to suffering from serious eating disorders since early puberty. 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. (in van Leeuwen 1995, 27)

A year after the publication, 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, where gaining and losing weight became obsessive. 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. Esther Protzman:

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.

This dancer is certainly not alone in her struggle. International research shows that female dancers in particular show an unhealthy eating behavior, especially when the physical strain of their daily activities is taken into account (Benson et al 1988; Warren 1989; Brinson and Dick 1996; Haight 1998; Wolman 1999; Koutedakis and Jamurtas 2004).¹⁰

Yet for years the dance world would not acknowledge the problem. The aesthetic ideal and the body practices that followed from it were so much a 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, but the subject still brings about strong emotions and resistance. The profession is slow to acknowledge the fact that the aesthetic ideal can be the cause of serious eating disorders among female dancers and that these are a health risk (Benn and Walters 2001).

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 relatively easy to control. All the dancers I interviewed told me that losing weight had never presented any difficulties. They were disciplined enough to lose 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 even body weight cannot be manipulated endlessly. Some of them, like Esther Protzman, had to suffer a serious collapse before reaching this insight.

Coping with the suffering body

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 insisted, 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 and Rose 1995; Ramel 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 ballet dance world there are “easy” bodies and “difficult” bodies. An easy body is a body that can be molded 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 dancer and the ideal body is longer. Many dancers, also 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 dressings 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 so-called difficult body. In school 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 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 their bodies and work on them as a daily practice and therefore they 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, 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. 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 can be an injury.

Acknowledging the body's presence

Dancers who silence their bodies systematically run the risk of meeting the boundaries of its malleability. During the 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 Daniëlle Valk's feet were apparently not up to this. The small problem of over-burdening that she told me about in our first interview went gradually from bad to worse. The 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.¹¹ Her body had spoken in ways that could no longer be ignored.

Within the world of ballet Valk's choice to continue dancing despite an injury is not at all exceptional. Wainwright and Turner state that on an everyday level "dancing and performing with niggling injuries is the norm" (2004, 317). The fear of losing roles and the feeling of urgency 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 and Kerr 2001; Wainwright, Williams and Turner 2005). This is why a serious injury, that is an injury which prevents a dancer from doing what she loves most—dancing—always has such a devastating effect (Macchi and Crossman 1996).

But in an occupational culture that teaches its participants to systematically ignore the language of the body and actively silence it, an injury can also be a good thing. According to Merrill Ashley, whose words were quoted at the beginning of the article, an injury can heighten the dancer's awareness of her body. Ashley (1984) states that because she was injured often during the first years of her professional career, she had to learn to find ways to treat her body that differed from how she was trained. In the

course of my research, I met many dancers who told similar stories. 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 immediately after she finished her education as a dancer. 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.

Mariët Andringa, who described herself as a “fighting machine,” has had a comparable experience. She says:

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.

These stories and those of other dancers show how the silencing of the body is so much part and parcel of the occupational culture of the ballet world that “listening to your 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 positive. I have interviewed dancers who were confronted early in their careers with the boundaries their bodies set them 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 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 to 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 chronically overburdening 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 behavioral 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 analyze 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 involved in the process are considered necessary and even somewhat heroic.

Because of their profession, dancers relate differently to their bodies than do 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. On the other hand, the dancer’s training also creates an 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 frappé*, the dancer does not have to think about her body anymore when she is asked to execute this particular movement; it has become part of her basic “techniques of the body” (Mauss 1973).

The “absence of the body” in the ballet world is not a passive taken-for-granted one,

but an absence that is actively achieved. In their attempts to create the ballet body, professional dancers knowingly silence their own bodies. The “language of the organs” is purposely misunderstood. Pain and injuries are not viewed as signs that the body needs to be listened to, but rather as boundaries that need to be crossed. The process of silencing does not always go unpunished. Sometimes the body makes its presence known in a way that cannot be ignored, as is the case when the dancer is confronted with an injury so serious that she has to stop dancing. Paradoxically, a serious injury can incite a dancer to start “listening to her body,” enabling her to work differently and probably in a healthier way. Thus, an injury allows the dancer’s body to become a presence, not because it is painful, but because it requires action. The body becomes a presence to be reckoned with.

Acknowledgment

I would like to thank Kathy Davis, Jill Green, and the two anonymous reviewers for their stimulating and helpful suggestions.

Notes

1. According to dancers’ self-assessment in a recent quantitative study in The Netherlands, 60% of their injuries were chronic, either due 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” (2003, viii), serving as “an enormously productive focus for theoretical and, increasingly, empirical work” (2003, 211).

3. The results of the study were published in a book written in Dutch (Aalten 2002). For publications in English, see: 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 1975; Bentley 1982; Brady 1982; Seymour 1984; Ashley 1984; Kirkland 1986; Porter 1989; Farrell 1990; Kent 1997; Bull 1999; and Bussell, 1999.

5. When I started the research, I could only find one article on the socialization of the ballet dancer (Hall, 1977). Later an article on social hierarchies in the ballet world (Dietz, 1994) and a comparative study on international networks in four ballet companies (Wulff, 1998) were published. In the absence of anthropological and sociological studies, I made use of several portraits of ballet companies by journalists (Mazo, 1974; Stevens, 1976; Gordon, 1983) to formulate my own research questions.

6. Interpretation can be considered a central concept in ethnographic research, which has become even more central with the growing importance of constructionist approaches. See, for further discussion, Denzin (1997).

7. 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.

8. The anthropologist Lewis, who took Leder's concept of the absent body as his starting point and analyzed 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).

9. Early in the research I had an interview with the French dancer Sabine Chaland, who said that "it takes ten years to make a dancer's body." Other dancers made similar statements.

10. 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 reported having suffered from an eating disorder at least once in their lifetime (Schärli 2005, 34). However, the sample of this study 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.

11. Thanks to the growing body of literature on dancers' 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

the present article is the strong correlation between injury occurrence, fatigue, and (the lack of) social support (Patterson, Smith, Everett and Ptacek 1998; Liederbach and Compagno 2001; Adam, Basington, Schneider and Martheson 2004).

Works cited

- Aalten, Anna. 1997. "Performing the Body, Creating Culture." *The European Journal of Women's Studies* (4) 2: 197–217.
- Aalten, Anna. 2002. *De bovenbenen van Olga de Haas. Achter de schermen van de Nederlandse balletwereld*. Amsterdam: Van Gennep.
- Aalten, Anna. 2004. "The beliefs we work with—health and occupational culture in Dutch ballet." In: *Not Just Any Body & Soul. Health, well-being and excellence in dance*. Edited by Mirjam van der Linden, pp. 58–66. Amsterdam: Uitgever International Theatre and Film Books.
- Aalten, Anna. 2005. "'We Dance, We Don't Live'. Biographical Research in Dance Studies." *Discourses in Dance* (3) 1: 5–20.
- Adam, Maya U., Glen S. Basingstoke, Hans Steiner and Gordan O. Matheson 2004. "Psychological Factors Associated with Performance-Limiting Injuries in Professional Ballet Dancers." *Journal of Dance Medicine and Science* (8) 2: 43–46.
- Ashley, Merrill. 1984. *Dancing for Balanchine*. New York: E.P.Dutton Inc.
- Benn, Tansin and Walters, Dorcas. 2001. "Between Scylla and Charybdis. Nutritional education versus body culture and the ballet aesthetics: the effects of the lives of female dancers." *Research in Dance Education*, (2) 2: 139–155.
- Benson, Joan. et al. 1988. "Nutritional con-

- siderations for ballet dancers." In *Science of Dance Training*. Edited by Clarkson en Skrinar, 223–237. Champaign: Human Kinetics Publishers.
- Bentley, Toni. 1982. *Winter Season. A Dancer's Journal*. New York: Random House.
- Brady, Joan. 1982. *The Unmaking of a Dancer. An Unconventional Life*. Washington: Washington Square Press.
- Brinson, Peter and Fiona Dick. 1996. *Fit to Dance? The report of the national inquiry into dancers' health and injury*. London: Calouste Gulbenkian Foundation.
- Bull, Deborah. 1999. *Dancing Away. A Covent Garden Diary*. London: Methuen.
- Bussell, Darcy (with Judith Mackrell). 1999. *Life in Dance*. London: Arrow Books.
- Clark, Heather, John Chandler and Jim Barry, eds. 1994. *Organizations and Identities*. London: Chapman and Hall.
- Copeland, Roger. 1990. "Duncan, Graham, Rainer, and Sexual Politics." *Dance Theatre Journal* (8). 3: 6–30.
- Csordas, Thomas. 1990. "Embodiment as a Paradigm for Anthropology." *Ethos* 18: 5–47.
- Csordas, Thomas. (Ed) 1994. *Embodiment and Experience: The Existential Ground of Culture and Self*. Cambridge: Cambridge University Press.
- Denzin, Norman. 1997. *Interpretive Ethnography*. London: Sage.
- Dietz, Mary Lou. 1994. "On Your Toes: Dancing Your Way into the Ballet World." In *Doing Everyday Life. Ethnography as Human Lived Experience*. Edited by Mary Lou Dietz, Robert Prus, and William Shaffir, 76–85. Mississauga: Copp Clark Longman.
- Douglas, Mary. 1970. *Natural Symbols: Explorations in Cosmology*. London: Barrie and Rockliff, the Cresset Press.
- Farrell, Suzanne. (with Bentley, T.) 1990. *Holding on air. An autobiography*. New York: Summit Books.
- Fonteyn, Margot. 1976. *Autobiography*. New York: Warner.
- Foster, Susan. 1997. "Dancing Bodies." In *Meaning in Motion. New Cultural Studies of Dance*. Edited by Jane Desmond, 235–259. Durham and London: Duke University Press.
- Haight, Holly J. 1998. "Morphologic, Physiologic, and Functional Interactions in Elite Female Ballet Dancers." *Medical Problems of Performing Artists* (13) 1: 4–13.
- Hall, Gail A. 1977. "Workshop for a Ballerina: An Exercise in Professional Socialization." *Urban Life. A Journal of Ethnographic Research* 6: 193–221.
- Gordon, Suzanne. 1983. *Off Balance. The Real World of Ballet*. New York: Pantheon Books.
- Hochschild, Arlie R. 1983. *The Managed Heart*. Berkeley, CA: University of California Press
- Holstein, J.A. and Gubrium, J. F. (2000) *The Self We Live By: Narrative Identity in a Postmodern World*. New York: Oxford University Press.
- Jowitt, Deborah. 1988. *Time and the Dancing Image*. New York: William Morrow.
- Kent, Allegra. 1997. *Once a dancer . . . An autobiography*. New York: St. Martin's Press.
- Kirkland, Gelsey and Lawrence, Greg. 1986. *Dancing on my Grave*. New York: Doubleday.
- Krasnow, Donna, Gretchen Kerr and Lynda Mainwaring. 1994. "Psychology of Dealing with the Injured Dancer." *Medical Problems of Performing Artists* (9) 1: 7–19.
- Koutedakis, Yiannis and Athanasios Jamurtas. 2004. "The Dancer as Performing Athlete: Physiological Considerations." *Sports Medicine* (34) 10: 651–661.

- Langness, Lewis L. and Geyla Frank. 1981. *Lives. An Anthropological Approach to Biography*. Novato: Chandlees & Sharp.
- Lawson, Joan. 1979. *The Principles of Classical Dance*. London: Adam & Clarks Black.
- Leder, Drew. 1990. *The Absent Body*. Chicago: Chicago University Press.
- Lewis, John L. 1995. "Genre and Embodiment: From Brazilian Capoeira to the Ethnology of Human Movement." *Cultural Anthropology* (10) 2: 221-243.
- Liederbach, Marijeanne. and Julietta M. Compagno 2001. "Psychological Aspects of Fatigue Related Injuries in Dancers." *Journal of Dance Medicine and Science* (5) 4: 116-120.
- Lupton, Deborah. 1995. *The Imperative of Health*. London: Sage.
- Mainwaring, Linda M., Donna Krasnow and Gretchen Kerr 2001. "And The Dance Goes On: Psychological Impact of Injury." *Journal of Dance, Medicine and Science* (5) 4: 105-115.
- Macchi, Rosemarie. and Jane Crossman 1996. "After the Fall: Reflections of Injured Classical Ballet Dancers." *Journal of Sport Behavior* (19) 3: 221-234.
- Mazo, Joseph. 1974. *Dance Is A Contact Sport*. New York: Da Capo Press.
- Mauss, Marcel. 1973 [1934]. "Techniques of the body." *Economy and Society* 2: 70-88.
- Mille, Agnes. de 1951. *Dance to the Piper: Memoirs of the Ballet*. London: Hamish Hamilton.
- Nettleton, Sarah. 1995. *The Sociology of Health and Illness*. Cambridge: Polity Press.
- Nettleton, Sarah and Jonathan Watson (Eds) 1998. *The body in everyday life*. London and New York: Routledge.
- Patterson, Elizabeth L, Ronald E. Smith, John J. Everett and John T. Ptacek 1998. "Psychological Factors As Predictors of Ballet Injuries: Interactive Effects of Life Stress and Social Support." *Journal of Sport Behavior* (21) 1: 101-112.
- Porter, Marguerite (with Dunhill, Anne.) 1989. *Ballerina. A Dancer's Life*. London: Michael O'Mara Books.
- Ramel, Eva M. and Ulrich Moritz 1998. "Psychosocial Factors at Work and Their Association with Professional Ballet Dancer's Musculoskeletal Disorders." *Medical Problems of Performing Artists* (13) 2: 66-74.
- Schärli, Andrea. 2005. *Fit to dance?- The Netherlands. A national inquiry into Professional dancers' health and injury*. Amsterdam: MA thesis Vrije Universiteit.
- Seymour, Lynn. (with Gardner, P.) 1984. *Lynn. The autobiography of Lynn Seymour*. London: Granada.
- Scheper-Hughes, Nancy and Margaret M. Locke 1987. "The Mindful Body. A Prolegomenon to Future Work in Medical Anthropology." *Medical Anthropology Quarterly* (1) 1: 6-41.
- Shilling, Chris. 2003. *The body and social theory*. London: Sage.
- Smith, Sidonie and Julia Watson, eds. 1996. *Getting a Life. Everyday Uses of Autobiography*. Minneapolis: University of Minnesota Press.
- Stevens, Franklin. 1976. *Dance as Life. A Season with the American Ballet Theatre*. New York: Avon Books.
- Tajet-Foxell, Britt and David F. Rose 1995. "Pain and Pain Tolerance in Professional Ballet Dancers." *British Journal of Sports Medicine* (29) 1: 31-34.
- Synnott, Anthony. 1993. *The Body Social: Symbolism, Self and Society*. London: Routledge.
- Turner, Bryan. 1992. *Regulating bodies: essays in medical sociology*. London: Routledge.

- Turner, Bryan. 1984. *The Body and Society: Explorations in Social Theory*. Oxford: Blackwell.
- Vincent, Lawrence M. 1979. *Competing with the Sylph: Dancers and the Pursuit of the Ideal Body Form*. New York: Andrews and McMeel.
- Vincent, Lawrence M. 1998. "Disordered Eating: Confronting the Dance Aesthetic." *Dance Medicine & Science* (2) 1: 4-6.
- Wacquant, Loïc. 2004. *Body & soul. Notebooks of an apprentice boxer*. Oxford: Oxford University Press.
- Wainwright, Steven P. and Bryan S. Turner 2004. "Epiphanies of embodiment: injury, identity and the balletic body." *Qualitative Research* (4) 3: 311-337.
- Wainwright, Steven P., Clare Williams and Bryan S. Turner. 2005. "Fractured Identities; injury and the balletic body." *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine*, (9) 1: 49-66.
- Warren, Gretchen W. 1989. *Classical Ballet Technique*. Tampa: University of South Florida Press.
- Williams, Simon J. and Gillian Bendelow 1998. *'Embodying Sociology': critical perspectives on the dualist legacies*. London: Routledge.
- Wolman, Roger. 1999. "Body Weight and Bone Density." In *The Fit and Healthy Dancer*. Edited by Yiannis Koutedakis and N.C. Craig Sharp, pp. 249-265. New York: John Wiley and Sons.
- Wulff, Helena. 1998. *Ballet Across Borders. Career and Culture in the World of Dancers*. Oxford and New York: Berg.