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“My job is to keep my body healthy”: biopedagogies, beauty and institutional greed in professional ballet

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ABSTRACT

Context: The ballet institution is known for its aesthetic and performative standards. In professional dancers' everyday lives, self-improvement and body awareness entwine with striving for artistic excellence. In this context, 'health' has primarily been explored in relation to eating disorders, pain, and injuries.

Aim: This paper explores dancers' health practices, namely how they are shaped by the ballet institution and how they relate to broader health discourses.

Methodology: A reflexive thematic analysis was conducted upon interviews with nine dancers (each interviewed twice) using a theoretical framework based on the concepts of greedy institutions and biopedagogies.

Analyses: Two themes were developed: *What it takes to be an 'insider' of the ballet institution* and *Learning to develop an acute embodied self-awareness*. Dancers described ballet as a 'lifestyle' rather than a 'job'; practices of self-care defined by continuous self and body work were framed as necessary to meet the demands of this lifestyle. Participants 'played with' institutional and societal norms, often resisting docile bodies promoted within the ballet institution.

Conclusion: Dancers' constructions of health and the art of ballet as not fitting neatly into 'good' nor 'bad' make room to consider the tensions between adopting and resisting dominant health discourses in this institution.

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Introduction

Watching ballet dancers move across the stage in seemingly gravity-defying ways pulls audiences into another world—one where the limits of the body seem to no longer exist. Much has been written on the 'ballet body' and the intricacies of this beautiful although sometimes cruel artistic discipline (e.g. Clark & Markula, 2017). The 'ideal ballet body' has been held up as a harbinger of disordered eating (Heiland et al., 2008; Oliver, 2005; Ringham et al., 2006), and professional ballet dancers¹ are often idealized for

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their ability to self-regulate (Green, 2002; Kleiner, 2009). The intermingling of the wonder and fascination of ballet as it meets sacrifice, body pain, and narrow body standards invites an approach that considers the complex interplay of agency, health, and embodiment in professional dancers' lives (Wainwright, Williams, & Turner, 2006).

Engaging with the ways in which dancers' bodies, health, and subjectivities entwine requires a close look at institutional values, norms, and expectations that shape professional experiences in the ballet world. Ballet remains a prototypical institution for its high artistic, aesthetic, performative, and technical standards (Aalten, 2005). Its organisation is highly hierarchical and competitive, especially since positions in ballet companies are scarce and ballet dancers' careers tend to be extremely short compared to other artistic professions (Clark & Markula, 2017). Dancers working in these companies spend countless hours engaged in physical training throughout their careers; as they engage in highly specific embodied practices of health and self-discipline, ballet dancers 'participate in power relations' from a young age (Clark & Markula, 2017, p. 435). Dancers are expected to self-surveil (Green, 2002), to embody a particular kind of beauty (Aalten, 2007), and to sacrifice to fulfill the disciplinary principles that define the ballet institution and shape dancers' bodies (Markula & Clarke, 2018).

Discourses around the importance and 'necessity' of constantly striving for excellence are not specific to the world of ballet, as they are more broadly prevalent among Western societies governed by neoliberalism (Riley, Evans & Robson, 2018). Underpinned by logics of individual merit, competitiveness, and productivity, such discourses tend to promote self-responsibility, self-development, and self-improvement (Gill, 2007; Riley et al., 2018). They often cohere around health as a site of self-development and responsibility.

Given this context of institutional and personal pressure both inside and outside of ballet spaces, this paper is focused on the ways in which professional ballet dancers perform their bodies, selves, and health in the contexts of their everyday lives. In this article, we explore dancers' health practices and how they describe and attach meaning to them. In so doing, we seek to understand the (co-constitutive) influence of dancers' embodied health practices and the ballet institution, as well as the ways in which these connect to and resist and/or reinforce broader societal discourses on health and subjectivities. To do so, we draw upon a Foucauldian framework on disciplinary power (Foucault, 2008) and elaborate upon the concept of 'greedy institutions' (Coser, 1974) and 'biopedagogies' (Rodney, 2021). This theoretical framework allows an analysis of the subjectivation and self-care practices through which professional dancers nurture their work, health, and subjectivity at and through the ballet institution.

Situating dancers' subjectivities: the ballet institution in the contemporary era

Greedy institutions and subjectivation

Professional ballet is a job, a passion, and an artistic performance that demands exceptional physical and psychological dedication from dancers, especially in terms of discipline, time, and commitment. Such full engagement between a profession and

the subjectivities of those who perform it has been theorised in relation to ‘greedy institutions’ (Coser, 1974), which absorb their participants to such an extent that they:

“may end in an obliteration of the characteristics that mark the private person as an autonomous actor [...] [in a] submission to the all-encompassing demands of organization that greedily devour the whole man in order to fully fashion him into an image that serves their needs” (Coser, 1974, p. 18).

Organisations such as the clergy, army, and academia have been described as ‘greedy’, as they tend to structure their members’ subjectivities through complex prescriptions for behaviors and dynamics of recognition and power, which impose and reproduce the institution’s norms and values (Currie et al., 2000; Scott, 2010). Work enters into competition with other roles in one’s life, such as those related to family, social, or leisure milieus. Although greedy institutions may guide members’ lives through specific disciplinary practices, expectations and norms, such commitment appears to be a voluntary choice, justified through the will to engage with a larger purpose such as art, religion, science, or care (Coser, 1974).

Foucault’s approach to institutional power and subjectivation (Foucault, 2008) seems useful for further understanding how greedy institutions work. Indeed, to be part of such institutions, members are led to internalise—not necessarily consciously—certain forms of discipline and surveillance. These act as modes of control not only of practices, but also of the ways in which people think of themselves and define themselves (Foucault, 1977). In this perspective, modes of control translate into compliance with institutional norms and values. Self-control and self-surveillance thus contribute to produce ‘docile bodies’, which neatly fit within dominant institutional and biopolitical discourses (Foucault, 1977).

Greedy institutions generate a strong sense of belonging for their members as well as a sharp distinction between the life of the ‘lay’ person and of the insider to the institution (Coser, 1974). This thick symbolic barrier between insiders and outsiders is a feature of many close-knit communities (McMillan & Chavis, 1986) and many professionals consider their careers to be a key aspect of their life. However, a distinctive feature of greedy institutions is that they structure and reproduce specific power dynamics, values, rituals, rewards, as well as practices of selfcare that shape their members’ subjectivities to such an extent that the professional identity becomes the main one for the individual. The utility of Coser’s concept is that it brings together broader social pressures, institution-specific requirements, and individual desires and practices for belonging to and identifying with a given community or group.

Biopedagogies

The localised and broader dictates for body, health, and self-management that characterise the dancer’s practices of care of the self can be further explored through the concept of ‘biopedagogies’, which are ‘knowledge practices concerned with the “bios,”—how people should live, including how and how much to eat and move, to be healthy’ (Rodney, 2021, p. 158). Biopedagogies form sets of practices that are locally considered ethical and desirable for bodies to be valued and cared for in the everyday.

The care of the self—and more specifically, the body—is a central duty among dancers, given the institutional expectations of perfection and productivity that they

(are led to) embody (Aalten, 2005). It is not just a matter of personal choosing to care of one's health. Rather, taking care of the body becomes a way to care for institutional discourses aimed at shaping—thus controlling—one's body. The specific sets of rules of what it means to be a fit, healthy dancer, and technologies that are in place to do so at work interact with those that exist in society more broadly. For instance, what is held up as 'healthy' within the context of ballet (e.g. extremely high levels of physical activity and self-discipline) may take more general dictates for 'health' in the general population to an extreme—perhaps even 'unhealthy'—degree.

Understanding health among ballet dancers through everyday practices

Health risks are often coded as individually-enacted behaviours based on personal agency and will, and the ballet context is no exception. Researchers have explored the potential for ballet to act as a 'cult of slenderness' (Heiland et al., 2008), a breeding ground for unhealthy dietary practices designed to maintain low weight (Oliver, 2005). Injury is also common in ballet (Sobrino & Guillen, 2017).

Pain has been another area of interest for researchers aiming to better understand dancers' experiences. Aalten (2007) discussed the normativity of pain in the context of dance, arguing that 'being able to endure a high level of pain [...] can only be understood within the framework of the ballet culture and the dancer's relationship with her body' (p. 114). In accounts of both eating disorders and injuries amongst dancers, individual behaviours tend to be foregrounded, with an emphasis on problematic practices adopted in the service of attaining or maintaining a body standard (e.g. getting thinner, specific attitude in relation to food, etc.). Some have explored 'docile bodies' in the context of ballet, highlighting the problematics of body norms and regulation in ballet (e.g. Green, 2002). However, dancers are not passive objects of control. Indeed, Clark and Markula (2017) argue that dancers are actively involved in shaping power dynamics in dance studios, not simply absorbing disciplinary techniques but responding to them, sometimes in disruptive ways that destabilise these dynamics.

In exploring the embodied practices of ballet as they interact and intersect with the ideological contexts of contemporary societies, we develop a stronger understanding of why and how certain practices are enacted by dancers (Clark & Markula, 2017). We cannot ignore how, despite individual health risks, ballet is a practice that has been described as joyful or even spiritual (Flower, 2016). Studies that move beyond individual cognitions and actions draw our attention beyond the risks of ballet and the pursuit of perfection. They offer, instead, complex explorations of the interweaving of joy and pain, and freedom and surveillance, which arguably characterizes ballet.

To understand ballet dancers' health and health practices, it is necessary to delve into the meanings of these practices within the localised contexts of everyday life, and to explore how such meanings draw upon broader social structures (del Río Carral & Lyons, 2020; Shove et al., 2012). Here, we do this by 1) analysing dancers' talk about their day-to-day practices of health and embodiment, and 2) investigating the tensions between these constructions of embodied health and broader health discourses.

Methodology

Participants and ethics

In this article, we draw on a qualitative research study conducted with nine professional ballet dancers. Following a short presentation by the first author to a national ballet company in Central Europe on the initial aims, methods, and potential benefits of participating, nine dancers volunteered to be part of the study.

Four participants identified as female and five as male. Participants' ages ranged widely, as some were junior dancers and others were more senior within the company. All participants were immigrants from a variety of countries within and outside Europe. To protect identities, pseudonyms were used instead of real names, and further details on each participants' status will not be disclosed. This project followed ethical guidelines for research in psychology. The research protocol was approved by a regional ethical committee (Req-2019-00324).

Data collection

This study adopts a social constructionist perspective, as we considered dancers' reported experiences to be a combination of their situated and relational perceptions, interpretations, and roles in the world. We also acknowledge that the interview context is reflexive and shapes interactions and 'results' (Gemignani, 2011; Gergen, 2014). The first author conducted all interviews, as she had the deepest connection with participants' ways of talking, experiences, and engagement with the study; the second and third authors did not have contact with participants.

Data collection began in 2019. An activity-based method was adapted (del Rio Carral, 2014) to encourage participants to reflect on meanings underpinning their own everyday practices. This method included two individual interviews (first stage (S1) and second stage (S2)) with each participant. Each semi-structured interview in S1 and S2 lasted between 45–120 minutes. During the first interview (S1), participants were invited to describe their everyday behaviour as precisely as possible by focusing on three 'typical days' in their life: a 'class day', a 'performance day' and a 'free day', from the moment they woke up until the moment they went to sleep. The initial question for S1 was: 'I am interested in three typical days of your everyday life—a rehearsal day, a performance day and a free day. Can you tell me about each of them in detail, from the moment you wake up until the moment you go to bed?' Each participant, guided by the first author, produced a detailed account of his/her own routines and habits. Additional questions in S1 were aimed at exploring feelings and affects attached to dancers' descriptions.

During the second interview (S2), participants were encouraged by the first author to reflect upon the content of their first interview. Interview guides for S2 were adapted to each dancer, based on their previous accounts of their practices from S1 on the basis of identified cross-cutting themes: taking care of the body and the self; pain and injuries; being a dancer; class, rehearsals and performances. During S2, each dancer (re)considered his/her own everyday practices by adopting a different positionality (i.e. that of the 'observer' and 'teller' of their own actions and constructions). S2 took place

between three to six months after S1, to enhance perspective-taking among participants regarding their own everyday activities. This two-stage method allowed for innovative, critical, reflexive and, therefore, potentially useful considerations for analysing meanings attached to everyday activities (del Río Carral, 2014; Vygotski, 1997).

In their interactions, participants and researchers reflected on how dancers perform and position themselves in relationship to both daily practices and in relation to institutional, individual, relational, and societal expectations. Honing in on behaviours and repetitions allowed the interviewer to gather information on how dancers allow and script specific practices of subjectivation and self-care. In this sense, all participants were actively involved in the co-construction of data, and in the production of key themes.

Data analysis

We conducted a reflexive thematic analysis (Braun & Clarke, 2021) to explore patterns of meaning in dancers' responses, looking not just at content but also at the participants' non-verbal communications. We especially focused on how they talked about health, self, and care, guided by our theoretical framework based on greedy institutions and biopedagogies. Each of the authors individually coded a selection of interview transcripts. Alongside code development, each author wrote descriptive notes about patterns they were noticing in the dataset and among codes. The research team held regular discussions to collectively explore and interpret the data in relation to the theoretical concepts that framed the analysis. After several meetings, the first and second authors each developed a concept map representing their interpretation of the data. This involved combining and configuring codes to develop a meaning-rich pattern that spoke to an aspect of the dataset, including identifying and analyzing relevant quotes. The third author developed a theoretical reflection bringing in his interpretation of the data in relation to health, power/knowledge, and discourse. The first author then generated a table bringing together proposed themes from each author, and we met to discuss each of these in turn and in relation to the data. Finally, the first author met with each of the participants who were willing to do so ($n=5$) to discuss the main themes and to provide personalised feedback. In this feedback session, all dancers found that the themes resonated with their experiences and practices. The data from these feedback sessions is not included in this paper.

Analysis and discussion

Dancers unanimously described ballet as a 'lifestyle', rather than a 'job'. They talked about how they learnt to navigate the ballet life, working hard to meet expectations and comply with the norms and rules of their job, which we interpreted in relation to the concepts of 'greedy institution' and biopedagogies. All participants reported that ballet was an important part of their identities and that it required an array of continuous, everyday practices of health and care toward the self and the body.

We categorised the participants' engagement with specific everyday practices into two main themes with two subthemes each. The first theme, *What it takes to be an 'insider' of the ballet institution* reflected dancers' engagement with the ballet institution

as community (subtheme: *sense of belonging to the ballet community*). It also reflected their simultaneous appreciation of and connection to ballet as an artform and sense of the constant potential for loss (subtheme: *love of ballet and precariousness*). The second theme, *Learning to develop an acute embodied self-awareness*, connected closely to our aim of understanding health practices in the context of ballet and society more broadly. We explored dancers accounts of continual body work to achieve a standard of health specific to the ballet world (subtheme: *engagement in body work to 'stay healthy'*). Dancers described a strong awareness of and engagement with the balance between pushing the body and taking care of it, to sustain the demands of their lives in the long run (subtheme: *learning how far to push the body*). Although we present these two main themes separately, they were linked through tensions, showing that meanings of health and self-care are complex, embodied, and contextualised.

1. What it takes to be an 'insider' of the ballet institution

Dancers presented a strong sense of belonging to the ballet community by citing specific everyday practices and by (re)producing discourses that favor their subjectivities as 'insiders' to ballet. Yet, a tension developed between job precarity and the desire to belong and fulfil their love for the art of ballet.

1.1. Sense of belonging to the ballet community. Participants' everyday lives and practices of health and care reproduced and renewed an overarching sense of belonging to a community of professional dancers. In ballet, developing 'what it takes' involves an intricate relationship between physical ability, skill development, training, artistry, and perseverance. The time and effort spent on honing skills and caring for the body play into the development of 'a symbolic boundary between insiders and outsiders' (Scott, 2010, p. 218) that gets woven into the dancers' subjectivities. Becoming a member of the ballet community involves constant hard work on the body and the self. Josh explained how, to become an 'insider', it was imperative for him to train and perform for years, despite acute knee pain:

I kind of just went really fast and that's partly where I ignored my pain because I didn't want to stop. I wanted to focus on getting as high as I could 'cause that was my goal. (Josh, S1)

Identifying closely with a community was thus built through years of hard work and dedication—sometimes at the expense of taking care of pain and injury. Such a sense of belonging was also constructed through an embodied expertise on self-care and health. This knowledge, which was typically described as being specific to dancers' profession, translated into certain practices of managing chronic pain or recovering from physical injuries. These included different forms of rest, physiotherapy, medical treatments, special regimes, etc.

"I did some therapy for my knees because I had still some inflammation and I just rested a lot, like did nothing because I had gone like nine months with not even one day off and my body was feeling it. *What about the gym?* I kept the gym, especially in my upper body because I did not have any pain there but doing basic movements, really clean movements you know, nothing like dancing or twisting; some stretching, basta." (Jonas, S2)

While dancers sensed the personal significance of being 'inside', they were also well-aware of the precariousness related to their profession, their body, and their health. For Jonas, this translated into not being able to take time off for 'like nine months' to recover from a knee injury. Indeed, dancers noted that one must constantly assert the right to belong, otherwise other people will take the job. As Flora explained:

"They always say being a ballet dancer it's not a job, it's a lifestyle, it's a way of living, it's a way of being, it cannot be only a job. If you just take it as a job, you fail at it. And somebody else that has the vocation and the passion for it will come behind you and will take your spot and fair enough, you know. So it's normal to take care of my body and my sleeping." (Flora, S1)

This dancer reflected on the totality of her involvement in a precarious profession. She configured that it is normal and expected ('fair enough') that someone would always be there to 'take your spot'. This constant threat of job loss hung in the air and contextualised the experience of being a dancer.

Despite this, living with the uncertainty related to their health, particularly regarding pain and injury, was constructed as both inherent to and constitutive of the job, as well. The following two excerpts by Flora and Diana, both senior dancers, illustrate how being an 'insider' was intricately associated to a sense of precariousness:

"I always push through! and I'm not saying I'm a hero for that, maybe I'm actually not that smart for that but I've been taught like that maybe that's one of the old school things that that I've got: like you push through pain you push through that you dance when you have fever you dance when you have a little pain and that's what I always did." (Flora, S1)

Caring for the body was formulated by dancers as normal ('I'm not saying I'm a hero for that') and, furthermore, as necessary for reducing the risk and fear of losing this life-defining profession. However, being aware of these dynamics may not ease feelings of frustration or anxiety:

"I know that I have to be patient, and stay calm, and do all my exercises, and go to the physio, and I don't know how long it's going to take. Not knowing. **Hm, the uncertainty?** The uncertainty! This feeling, and you just have to deal with it, be patient – try to be patient. It doesn't make it easier, it's like "here we go again, one more time, I know it's going to be fine, I've been there" (Diana, S1)

Here, Diana described not only physical (exercises, physio) strategies for managing her risk, but also the mental work required to get through a period of injury (be patient, stay calm). Male dancers likewise commented on the need to constantly engage in specific biopedagogical practices as part of their profession. For instance, a junior male dancer highlighted that his job required him to 'be healthy' for his body to be at its best. From this perspective, staying healthy becomes an ambivalent institutional demand, since it collides with that of giving one's best by pushing the body further:

"If we're feeling healthy, I will never think twice about giving my 100%. [However] if I feel that my body is not 100% good, I will always have the fear to do my 100%, as I will feel the pain and maybe I will increase the pain, you know? But that's inevitable. [...] We, we need to keep going because, as I will always keep saying, it is our job, you know?" (Gabriel, S2)

The imperative to give one's best and to stay healthy through biopedagogical practices reproduces internalised ballet standards; in order for dancers to maintain their job and status as community insiders, they must align with this imperative. Indeed, dancers may feel and fear that their position is at stake. This pressure to be at one's best despite physical pain or illness resonates with broader societal expectations on the values of productivity and performance. It indicates how individuals may fear being 'disposable' at work, given the insecurity and precariousness that neoliberal contexts generate (Harvey, 2005; Gemignani & Hernandez-Albujar, 2022). The institutional pressure to maintain a certain standard of quality and to constantly improve in their job can also be a source of psychological stress among dancers. For instance, a senior male dancer said:

"I think it's stressful. It's stressful. Depends, depends how good you get at it, but then also to maintain the standard and to be consistent, it's really... you know? If you do a ballet once and it goes well and then you come back to it a couple of seasons later, you want to do it better. You don't want to just go back. [I: There's a pressure.] There's a pressure, yeah. And people remember how you did it and they note it, and then if you come back to it, it's- and it's, yeah, it's hard. It's hard." (Francesco, S2)

Dancers who participated in our study repeatedly mentioned being aware of their privileged status as part of a ballet institution, in comparison to other professional dancers. They also recognised that this privilege was the result of many years of hard work and constant commitment. Participants did not take their position for granted, nor did they see it as stable. Their sense of belonging was often associated with anxiety, since their ongoing self-work and training was so encompassing that ballet became 'all that they know'.

1.2. Love of ballet and precariousness. Despite the physical and psychological challenge of being a professional ballet dancer, participants underscored the embodied joy of the artistry of ballet. Dancers referred to the 'love of dance' as a complex process involving the joy and sacrifice involved in performing. For instance, Josh related the 'sacrifice' of performing and the 'eagerness to push yourself' to the art of ballet.

"Yeah. I probably meant the word sacrifice, when I'm talking about performing because when, if you're performing your eagerness to push yourself into a kind of, I can't even, it's hard to explain. But you're doing it for the audience, you're doing it for the moment, you're doing it for the art." (Josh, S2)

At times, dancers reflected on losing the balance between sacrifice and gain, particularly in moments of repetition. To regain this balance, dancers analysed why they love what they do. For instance, in the second interview, George reflected on his participation in a workshop with different choreographers:

"I found it really beneficial to remind myself why I'm doing this. And I do love it and I care about it. And I want to work in, in that way with my brain, not just because my body has- I have to do I have to dance I want to express it artistically. So today I would say I feel pretty good." (George, S2)

George's love of dance is conveyed, here, through his reflection on ways in which ballet enabled him to move with his whole self—body and mind—rather than performing

on autopilot or because he 'has' to. This whole-self movement is related to artistic expression for the dancer—and core to enjoyment of this vocation beyond merely 'a job'.

Such a deep love for dance was intimately tied to dancers' awareness of their precariousness, which could threaten their ability to continue dancing and identifying as a ballet member. As noted in the first subtheme, dancers constructed ballet as highly important to their subjectivities and their sense of belonging. Consequently, participants competed for excellence to escape from the spectre of precariousness. Despite this goal to seek control, they often talked about feeling powerless, since many aspects of their career were seen as outside of their personal control. Even when a job was secured, dancers would often continue to feel the need to appear as 'hard workers', as Flora, female senior dancer in the company, described:

"It's not about complaining or not, it's more about being there and doing your job, and trying the best, you know, no matter what, I have to. I am professional in what I do, and I take my job very seriously. I take my job seriously and I know I tried my best. This doesn't mean that maybe it's the best of what they expect, but I'm just trying my best, you know. In this way I am confident. But I am also confident. And I do fail sometimes, probably because I'm not committed to it." (Flora, S2)

This dancer linked her commitment to her view of herself as someone with a strong work ethic, who is confident, and who always tries her best because otherwise she may fail. She adopted a broader meritocratic discourse of 'giving one's all', or the idea that one can succeed by adopting a self-improvement and commitment orientation. While foregrounding institutional pressures ('what they expect'), this dancer constructed herself as confident. Yet, the anxiety linked to precariousness, the threat of losing one's sense of belonging, and the inability to determine outcomes converts into self-blame in case of failure. Institutional precariousness seems internalised as dancers are led to strive for 'excellence' through their complete dedication to work and by committing to self-improvement. This discourse can be seen as embedded in neoliberal societies and ideologies (Gill, 2007; Riley et al., 2018).

To summarise this first theme, dancer's subjectivities develop through practices of self-care associated with discourses of belonging and precariousness, competition, sacrifice, and health. These discourses seem to fit within a neoliberal logic and can contribute to the dancers' sense of anxiety (Binkley, 2018). They also relate to the ballet institution's requirement for constant self-improvement and body work. Participants' accounts suggested that while symbolically strong, their sense of belonging to the ballet community does not imply an unconscious and unconditional obedience to expectations formulated within the institution. Rather, dancers seem well-aware of these expectations, and unanimously reflected on them. Despite the challenges and precariousness of this job (or lifestyle), dancers spoke of their love and joy for their job and art. Being a part of the ballet institution seemed to be crucial for these dancers, even if staying a part of this institution required them to engage in specific health-related biopedagogical practices.

2. Learning to develop an acute embodied self-awareness

The second theme concerns the ways in which dancers learn to develop an acute embodied self-awareness within the constraints of their profession and institution. Health

appeared as an overarching concern, as dancers talked about the skills, resources, and competencies they were able to develop to take care of their bodies and health.

2.1. Engagement in body work to ‘stay healthy’. Despite being aware of their bodies’ needs and voices (e.g. dealing with pain, pampering the body), dancers purposefully push the body to its limits through strenuous exercises and hard routines. Through this tension, dancers develop a sense of what is required to care for their bodies and selves and how to foster a highly specific form of ‘health’ appropriate to a work context that is both highly competitive and precarious, and that demands them to self-discipline and fully commit to the greedy institution.

Diana, a female senior dancer, stressed the importance of individual responsibility involved in ‘staying healthy’ as a dancer—a responsibility that is nonetheless difficult to fulfil if the work requirements do not allow time for self-care. She explained that during her leisure time, she enjoys going to the gym to stay fit and healthy. This additional exercise was framed as a professional obligation that helps her to enhance her physical strength (‘I *have* to work on my stamina’—emphasis added). However, she described this same practice as something she does for herself, instead of being a job requirement. As is typical of greedy institutions, the line between lay and professional life becomes blurry.

These kinds of practices operated at the edge of institutional expectations, with some dancers pursuing additional body work covertly, to not invite any questions that may undermine their image as fit and strong. Another participant explained this approach:

“I go every morning at 8:00 in the morning to physiotherapy and my director is not even aware of it, because I don’t wanna tell. [I: How come?] Because I think if I say that I’m taking care of my calf, then they’re going still have a reason to be even, even more [suspicious], yeah. [...] I’m taking therapy and I can deal with it, like that, I don’t need to tell them.” (Flora, S2)

To disclose a vulnerability might invite scrutiny around a potential injury. This dancer’s performance of health within the institution is upheld by her self-sufficient (‘I can deal with it’) engagement with health and care practices outside of the institution. She normalised having to do these care practices covertly:

“Everybody takes care, like [I do]. I don’t believe these dancers that are 30 years old and say “I don’t take care” [...] it can be a different way of taking care, but we all take care, and so it’s something that you don’t really speak about it, because everybody takes care you know, so we never talk about it.” (Flora, S2)

The process of constantly problematising and taking care of one’s body is done universally, individually, and often quietly. It cannot be too public, partly to escape institutional surveillance. Yet, it cannot be avoided, if job expectations require that the dancers’ body remains strong, invulnerable, resilient, and capable of being pushed to its limits.

Dancers also adopted an array of health practices involving eating and drinking. They did not speak about disordered eating patterns, but rather engaged with broader dominant discourses on the importance of ‘healthy food’. They reported limiting ‘junk food’, sugar, alcohol, tobacco, or drug consumption. Overall, health practices were

localized and context-specific, such as eating a banana after class, having a croissant before a performance, or having a glass of wine with a good meal on weekends.

2.2. Learning how far to push the body. Dancers' engagement with localised health-related practices might also be articulated in relation to a specific biopedagogy, where they learn how far to push their bodies according to how 'care' is understood, embraced, and represented in the ballet institution. As dancers learn about their bodies, they also learn to normalise physical pain in the ballet context. Whereas in a broader health context, 'pain' or 'suffering' might be interpreted as a sign to stop, dancers might push past this if they learn to be attuned to types of pain that they configure as healthy or unhealthy. Gabriel, junior male dancer, articulated how pain is part of the job and not necessarily incongruous with health:

I will feel the pain and maybe I will increase the pain, you know? But that's, that's inevitable. That's something that we feel but we need to keep going because, as I will always keep saying, it is our job, you know? I mean I don't know if other dancers have this image, but I think my job is to keep my body healthy, to be able to dance good. (Gabriel, S2)

This extract illustrates the tension between pushing the body's limits and taking care of it, which implies learning to respond to bodily needs. Health, here, is equated with performance and 'goodness' in the context of the job. Framing pain as inevitable illustrates the centrality of the pain concept to the experience of professional ballet.

Knowledge of their bodies allows dancers to resist the pressure to perform at all costs. They want, instead, to preserve their health, as 'consequences will come if I push through [...] They [ballet companies] don't care if I get injured, because they can put someone [else] in, but I care about my health' (Gabriel, S2). This dancer described feeling precarious or replaceable, once again drawing on the idea of dancers being individually responsible for preserving their health in contrast to the focus on performance and results reinforced within the greedy institution of ballet.

Institutional pressures and discourses converged to form the dancers' biopedagogy, which entails knowledge about embodiment and physical, relational, and emotional care. In the words of Francesco, the ability to enact this biopedagogy entailed 'being able to deliver and perform under high pressure as well as receiving criticism, handling the difficult personalities that one can come across in the world of theatre.' Criticism is made normative in the ballet context, since it is seen as a provocation for dancers to 'self-improve', which is a dominant expectation of the institution.

Part of the dominant institutional discourse on personal meritocracy and precariousness, specific practices of self-care and self-development are constructed as pillars of health. These practices include meditation, swimming, or listening to music, and they tend to be accomplished alone. For instance, Francesco further explained: 'I realise how important it is for me to have a bit of time to myself in the morning, doing something which is good for me and not just getting ready to leave for work.' He ostensibly acted, here, according to his embodied awareness and prefers meditating or swimming to the institutional expectation of warming up before class. This can be seen as an act of resistance against institutional greediness, in his own words: 'I don't have to push myself. I don't have to break myself.'

In this vein, several dancers negotiated their sense of agency by challenging certain instructions during class. For example, Josh's experience and status as senior dancer seem to reinforce his position of power within the institution through a learning process of becoming healthier through increased embodied awareness:

"I've definitely got better at not caring as much. You know, as I'm a bit older, I'm not as physically capable. Sometimes the teacher would come by and say like "Hey stretch your leg" or something, and it'll just make me laugh because I'm not like a kid. I cannot be so upset with myself just because I didn't stretch my leg about ten percent more, you know. I have a different approach on it now and it's much healthier, I think." (Josh, T1)

In a similar perspective, George analysed the growing self-awareness regarding the use of his own body, namely after a hip surgery. His dancing became more meaningful through a focus on the intention of body movements rather than their physicality. Nonetheless, this approach goes against ballet's institutional expectations:

"Now I'm more reflective on how I use my body, aware of the hip surgery [...] There are pieces that are serious and require a lot more depth but your intention from your inside is what creates the movement and the beauty of the movement rather than just literally because you're told "put your leg there and your hand there"" (George, T1)

Here, George subtly subverts the expectation of pushing beyond pain through reflecting on his own situation as a dancer following hip surgery. This subversion echoes Josh's subtle re-engagement with the physicality of ballet, learning to move with a different intentionality than before.

To summarise this second theme, dancers learned to develop an acute embodied self-awareness through their day-to-day practices embedded within institutional expectations and dominant discourses and practices on health. Staying healthy was portrayed as part of a dancer's duty in their job—and the version of health constituted within the institution rubs up against, but is slightly divergent from, dominant health norms. Often, the implementation of health and care-related practices was seen as one's personal responsibility - both within and outside of work. Furthermore, dancers engage in learning processes towards increased embodied awareness. Interestingly, these are sometimes opposed to rather than in line with institutional norms and expectations. Such forms of 'micro-resistance' in dancers' everyday life may mingle to assert the participants' ethics of self-care and freedom, in contrast to feelings of powerlessness and precariousness in their daily life experiences (Knights, Courpasson, & Vallas, 2016).

Concluding thoughts

The aim of this study was to analyse how professional ballet dancers talked about practices of health and care in their everyday lives. The two main themes that we generated from the data explored the ways in which professional ballet dancers embodied, performed, navigated, and resisted institutional norms, values, and expectations for bodies and health. The first theme conveyed what it takes to be an 'insider' of the ballet institution. It explored how the sense of belonging to the ballet community was constructed among dancers. Participants unanimously described the constant body and identity work required to be part of this community. This ongoing

training involving self-work and self-improvement contributed to the construction of ballet as a way of being rather than a job. This commitment was not taken for granted, as dancers had developed an acute awareness of the precariousness. The latter was constructed as inherent to their profession and was intimately related to their body and health. Accounts regarding the uncertainty of recovering from physical injuries and pain enhanced the feeling of being an insider. Further, we illustrated how dancers developed an array of care and health practices. These practices were interpreted as being necessary for navigating their precarious positionality, since they allowed them to respond to the imperative of giving their best. The stress and anxiety described by some co-existed in complex ways with the increased joy and love of dance experienced as a vocation.

The second theme related to dancers' learning processes as they developed an acute embodied self-awareness via specific sets of practices and meanings. It referred to dancers' continuous engagement in self-care practices inside and outside work. These forms of self-discipline aimed at staying healthy and, in doing so, at complying with institutional standards on what is expected from them as professional ballet dancers. In this second theme, we also explored how dancers learned how far to push their bodies. Here, we encountered practices that are locally considered ethical and desirable to value bodies in relation to biopedagogies. As a response to institutional pressure, participants learned to nurture specific self-care practices that they constructed as central to their health and wellbeing (e.g. avoiding certain types of pain). Some of these practices could be interpreted as forms of resisting ballet norms, such as meditating instead of warming up for class and challenging the authority when the latter requires to push the body too far.

Overall, our study portrayed the complex intertwining of dancers' bodies, health, and subjectivities in relation to the ballet institution and, more broadly, to neoliberal discourses. Therefore, disciplinary power was not merely exercised upon the dancers to produce subjectivities through 'docile bodies' as an established Foucauldian framework would argue (Foucault, 1977). Rather, power was constructed relationally through them and through their bodies (Butler, 1997; Clark & Markula, 2017). In their relations with the ballet institution, with fellow dancers, and with themselves, dancers embodied health practices that were both forms of care of the self and job requirements.

For the participants, 'staying healthy' was part of their job and also a strategy to avoid forced interruptions due to pain or injury. Such health-related practices were implemented mostly individually and more or less covertly, following logics of competition and self-management that are in tune with neoliberal forms of governance (Gill, 2007; Riley et al., 2018). Regarding their institutional position, for instance, dancers saw themselves as potentially and dichotomously in or out, employed or disposed of.

Psychologically, the sense of precariousness translated into the heightened awareness of their body and the need to take care of it to prevent injuries that could potentially derive from bringing the body to its limits. On the one hand, this seemed necessary to excel in the profession, to safeguard their job, and to nurture the art of ballet. On the other hand, it led to having to deal with types of body pain and (the fear of) injuries. These analyses echo the perception and threat of precariousness as a major source of power struggles, within the broader context of market-based societies, marked by logics of individuality, productivity, and constant competition

(Brown, 2015; Lorey, 2015). The consequence is a constant underlying feeling of anxiety—palpable in certain dancers' accounts—related to losing a social or professional position or to not being perceived as good enough. This pushes individuals to perform and produce more and more (Ahmed, 2013). In this dynamic, the profession becomes even more central in dancers' lives and identities, as other realms of life that might distract them from the possibility of success were often pushed aside.

Dominant social discourses concerning the care of the body and health habits were normalized and internalized in the dancers' everyday lives and identity in ways that heightened self-responsibility, self-surveillance, and self-improvement (Crawford, 1980). Specific, context-linked, localised biopedagogies (Rodney, 2021) enabled dancers to maintain their sense of belonging to a special community that, in many ways, they loved—that brought them personal satisfaction and close relationships with fellow dancers. Thus, while self-care practices extended beyond performance and the work environment and stretched across dancers' lives, this institutional greediness, and the commitment it asks, should not be seen as merely negative, nor should dancers be paternalistically perceived as victims and awaiting liberation.

The relationship between biopedagogical and subjectivation practices was central in the lives of dancers. Dominant ways of teaching oneself and others how to care for the body became ethical practices of self-care and freedom. They allowed for constructions of health and of the art of ballet that nurtured the body and facilitate dance beyond good and bad binarizations. Yet, this relation was not always free from pain and from struggles and stress-related emotions typically associated to neoliberalism (Binkley, 2018). The study was limited by a small sample of professional dancers working in the same company, although it was relatively diverse in terms of gender, country of origin, and age. It was also limited in that it explored bodies, identities, and practices through the discursive realm. Materialities, including assemblages and configurations of the human and non-human, and which constitute and shape the ballet world could also be explored, for example through post qualitative inquiry (St. Pierre, 2021).

Beyond these limitations, our study pointed out that health and care practices implemented by the dancers could not be neatly categorised as either 'good' or 'bad'. Clark and Markula (2017) note the importance of moving beyond such binaries in explorations of ballet studios and training for exploring how the creative potentiality and community engagement aspects of ballet might be fostered. Here, we explored the dynamic negotiations dancers undertook between acting according to discourses that are aimed at respecting their own body/health limitations and acting following institutional demands that strongly encourage them to go beyond these limitations. We similarly found that dancers' articulation of their engagement with disciplinary practices did not reveal passive, unconscious acceptance of 'rules' but rather creative engagement to sustain their sense of belonging and of joy in the artform. The heightened degrees of reflexivity dancers displayed throughout the study testified to their ability to navigate, play with, or even resist institutional standards, rules, and expectations (Knights et al., 2016). This reflexivity illustrated an acute awareness regarding their psychosocial positionalities as well as the health risks raised by their job in everyday life.

Dancers' approach to health in everyday life opens a more nuanced framework within the field of health psychology. Concerned with objectifying individual behaviour

change, health psychology has traditionally focused on the variables which are deemed to be responsible for protective and risk health behaviours, yet has at times overlooked the roles of meaning, context, and social structures (Lyons & Chamberlain, 2017; Marks et al., 2018). Thus, our analyses may be useful to better understand health and care practices in the ballet context and, more broadly, regarding other precarious jobs in contemporary Westernised societies.

To conclude, it is imperative to reflect upon how we position ourselves as psychologists and/or researchers in health psychology regarding the enactments, intertwinements, and repercussions that, on the one hand, greedy institutions, and neoliberal ideologies and, on the other hand, commitment, love, and art may have upon experiences and practices related to health, self-care, and subjectivation. This study shows the importance of relating knowledge to the 'rules of the game' in which individuals, groups and institutions take part. This requires enhancing reflexivity and awareness of the researchers' and the participants' psychosocial positionalities and to consider dominant discourses of power and knowledge to promote new possibilities for meaning making and agency.

Note

1. Throughout the paper we refer to professional ballet dancers, even if, for the sake of brevity, we may just say "dancers."

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Data availability statement

Data is not available due to ethical and legal restrictions: Due to the nature of this research, participants of this study did not agree for their data to be shared publicly, so supporting data is not available.

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